



training will be provided later this summer. IHDA is still making changes to the application form, August 30 is the last day IHDA has to change the ap. Currently the application needs a 3 year commitment by landlords. Dan suggested working with public housing authorities or other professionally-managed rental properties. For more information see <http://www.ihda.org/ViewPage.aspx?PageID=173>

- d. IHDA Tax Credits (Suzan Nash): A private developer wants to build 45 units of affordable rental housing in Macomb. They are applying for tax credits from IHDA. If approved, 7 units would be set aside for persons with disabilities.
8. Future meetings/conference calls (normally 2<sup>nd</sup> Thursday of month)
  - Sept. 13, 10:30 a.m., WCICCC Steering Committee conference call
  - Peer-to-Peer, September, more to come
  - Oct. 11, 10:30 a.m., WCICCC Full Continuum conference call
9. Training Opportunities

Rental Housing Support Program, training sessions for Local Administering Agencies. Other interested parties, such as landlords and service providers are welcome to attend. The trainings are free but have a limited capacity. Please see the following website for registration information and additional training schedules (<http://www.ihda.org/ViewPage.aspx?PageID=228>)

- Dixon - Wednesday May 30, 2007
- Urbana -Wednesday June 27, 2007
- Collinsville - Tuesday June 12, 2007
- Joliet - Wednesday July 11, 2007
- Carbondale - Thursday June 14, 2007
- Palatine - Tuesday July 17, 2007

Making the Connection: *Accessing Public Benefits for Low Income Persons*, various dates between August 2006 and May 17, 2007 – see meeting minutes for September 7, 2006 for copy of brochure -- [http://www.wciccc.com/MeetingSchedule/docs/1152722400\\_28747.pdf](http://www.wciccc.com/MeetingSchedule/docs/1152722400_28747.pdf).



Rod R. Blagojevich, Governor

Illinois Department of Human Services

Carol L. Adams, Ph.D., Secretary

100 South Grand Avenue, East • Springfield, Illinois 62762  
401 South Clinton Street • Chicago, Illinois 60607

**IMPORTANT . . . ACTION REQUIRED!!**

March 20, 2007

Ms. Suzan J. Nash - Western Illinois CoC  
Western Illinois Regional Council/CAA  
223 South Randolph  
Macomb, IL 61455



RE: IDHS Homeless Prevention Program / Continuum-Wide Funding Cap Policy

Dear Ms. Nash:

**IDHS Homeless Prevention Program policy requires that each Continuum of Care obtain approval prior to implementing any caps on program funding.** This includes dollar amount caps (i.e., no greater than \$1,500 per household) as well as span of time caps (i.e., no greater than one month of assistance).

Furthermore, **all caps have to be implemented Continuum-wide. Individual agencies receiving IDHS homeless prevention funds can not establish their own cap criteria.** It's an all-or-none policy: all agencies need to either adhere to an approved Continuum-wide cap or not.

The least restrictive caps for the Homeless Prevention Program are the ones outlined in legislation. They are as follows:

- No greater than three months of rental arrears.
- No greater than two months of a rent or security deposit.
- Payment of utility bills and arrearage in the amount established as necessary to defeat shut-off (no maximum dollar amount stipulated in legislation).

If you decide, as a Continuum, to establish caps that are more restrictive than the ones outlined above, then you need to complete the attached Funding Cap Request Form. **Even if your Continuum has received prior funding cap approval, the attached form still needs to be completed, as a renewal has to be issued for the upcoming fiscal year.**

If you decide, as a Continuum, to default to the legislatively-imposed caps outlined above, then just check the first box on the attached Funding Cap Request Form and fax it back.

Therefore, within the next month, we are asking that your Continuum meet with all of your IDHS Homeless Prevention fund recipients and do the following:

1. Ensure that there are **no** individual, agency-imposed funding caps for the IDHS Homeless Prevention Program.
2. Decide whether or not you are going to establish Continuum-wide funding caps that are different from the ones outlined (above) in legislation.
3. Based upon your decision, complete the attached Funding Cap Request Form accordingly.
4. Fax your completed form to (217) 557-9673 no later than Tuesday, May 1, 2007.

Thank you, in advance, for your cooperation. As always, please do not hesitate to contact me at (217) 524-5850 with any questions or concerns.

Sincerely,

*Gerrah L. Caldwell*

Gerrah L. Caldwell, Coordinator  
IDHS Homeless Prevention Program  
Bureau of Homeless Services & Supportive Housing

**IDHS HOMELESS PREVENTION PROGRAM  
 FUNDING CAP REQUEST FORM  
 Fiscal Year 2008**

Continuum of Care: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_  
 Telephone Number: \_\_\_\_\_

- Our Continuum of Care has elected not to impose any dollar amount funding caps (i.e., no greater than \$1,500 per household) or span of time caps (i.e., no greater than one month of assistance) on the IDHS Homeless Prevention Program. We will default to the programmatic caps outlined in legislation.
- Our Continuum of Care has elected to impose funding caps on the IDHS Homeless Prevention Program that are different from those outlined in legislation.

If the second box is checked, please outline (in detail) your Continuum-wide funding cap proposal, including an exception clause whereby requests that surpass your proposed cap would be evaluated and approved when it is in the best interest of the household to do so. (Please use the space provided below and do not attach any additional pages):

**Remember: All caps must be implemented Continuum-wide. Individual agencies receiving IDHS homeless prevention funds can not establish their own cap criteria.**

## Part I: CoC Organizational Structure

<b>HUD-Defined CoC Name:*</b>	<b>CoC Number*</b>
<b>West Central Illinois CoC</b>	<b>IL519</b>
*HUD-defined CoC names and numbers are available at: <a href="http://www.hud.gov/offices/adm/grants/fundsavail.cfm">www.hud.gov/offices/adm/grants/fundsavail.cfm</a> . If you do not have a HUD-defined CoC name and number, enter the name of your CoC and HUD will assign you a number.	

### A: CoC Lead Organization Chart

<b>CoC Lead Organization: West Central Illinois CoC's Steering Committee</b>		
<b>CoC Contact Person: Suzan Nash, Chair</b>		
<b>Contact Person's Organization Name: Western Illinois Regional Council- Community Action Agency</b>		
<b>Street Address: 223 South Randolph</b>		
<b>City: Macomb</b>	<b>State: IL</b>	<b>Zip: 61455</b>
<b>Phone Number: (309)837-3941</b>	<b>Fax Number: (309)836-3640</b>	
<b>Email Address: Suzan@wirpc.org</b>		

### B: CoC Geography Chart

Using the Geographic Area Guide found on HUD's website at <http://www.hud.gov/offices/adm/grants/fundsavail.cfm>. List the name and the six-digit geographic code number for every city and/or county participating within your CoC. Because the geography covered by your CoC will affect your pro rata need amount, it is important to be accurate. Leaving out a jurisdiction will reduce your pro rata need amount. For further clarification, please read the guidance in Section III.C.3.e of this NOFA regarding geographically overlapping CoC systems.

<b>Geographic Area Name</b>	<b>6-digit Code</b>
Adams County	179001
Brown County	179009
Cass County	179017
Hancock County	179067
Henderson County	179071
McDonough County	179109
Morgan County	179137
Pike County	179149
Schuyler County	179169

<b>Geographic Area Name</b>	<b>6-digit Code</b>
Scott County	179171
Warren County	179187

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## CoC Structure and Decision-Making Processes

### C: CoC Groups and Meetings Chart

The purpose of the CoC Groups and Meetings Chart is to help HUD understand the current structure and decision-making processes of your CoC. List the name and role (function served) of each group in the CoC planning process. Under “CoC Primary Decision-Making Group,” identify only one group that acts as the primary leadership or decision-making group for the CoC. Indicate the frequency of meetings and the number of organizations participating in each group. Under “Other CoC Committees, Sub-Committees, Workgroups, etc.” you should include any established group that is part of your CoC’s organizational structure *and which is involved in CoC planning* (add rows to the chart as needed). Please limit your description of each group’s role to 3 lines or less.

CoC Planning Groups		Meeting Frequency (check only one column)				Enter the number of organizations/ entities that are members of each CoC planning group listed on this chart.
		At Least Monthly	At Least Quarterly	At Least Biannually	Annually	
<b>Example: CoC Primary Decision-Making Group</b>						
<b>Name:</b>	River County Continuum of Care Executive Committee	X				5
<b>Role:</b>	This group sets agendas for full Continuum of Care meetings, oversees project monitoring, determines project priorities, provides final approval for the CoC application, and oversees application submission.					
<b>CoC Primary Decision-Making Group</b> (list only one group)						
<b>Name:</b>	West Central Illinois CoC's Steering Committee	X				7
<b>Role:</b>	This group provides the leadership to bring all the homeless service providers together in the eleven county region. This group is responsible for planning, maintains an inventory of resources and needs, develops HUD and non-HUD grant applications, and coordinates full CoC meetings.					
<b>Other CoC Committees, Sub-Committees, Workgroups, etc.</b>						
<b>Name:</b>	West Central Illinois CoC's Full Continuum		X			70
<b>Role:</b>	This group represents the service providers, economic/community development organizations, local public officials, law enforcement, ministerial associations, and formerly homeless persons. Steering Committee consults the larger full continuum members on matters of great importance. Continuum-wide documents and plans are approved by this group.					
<b>Name:</b>	West Central Illinois CoC's Evaluation Committee				X	2-3
<b>Role:</b>	This group evaluates HUD proposals, reviews APRs and determines project priorities.					
<b>Name:</b>	West Central Illinois CoC's HMIS Committee				X	6
<b>Role:</b>	This group addresses HMIS-related issues.					
<b>Name:</b>	Quincy Area Partnership for Unmet Needs	X				36
<b>Role:</b>	The group exists to compliment the social service system by compassionately responding through networking and collaborative funding provided by individual agencies, churches, and human service organizations to meet the needs of individuals in our community that may exceed the limits of any agency.					
<b>Name:</b>	Interagency Council in Quincy	X				36
<b>Role:</b>	The purpose of the group is to share what is happening in local organizations, such as new programs, services, and/or initiatives.					
<b>Name:</b>	Alliance for Building Community (Quincy)	X				75
<b>Role:</b>	This group is a collaboration of social service agencies, government, law enforcement, business, medical, and education. The purpose is to improve the health in the area by identifying indicators of health/well-being, establishing targets around these indicators and monitoring progress toward these targets/goals.					
<b>Name:</b>	Interagency Council of McDonough County	X				55
<b>Role:</b>	The purpose of the group is to share what is happening in local organizations, such as new programs or services.					

Other entities???

### D: CoC Planning Process Organizations Chart

List the names of all organizations involved in the CoC under the appropriate category. If more than one geographic area is claimed on the 2007 Geography Chart (Chart B), you must indicate which geographic area(s) each organization represents in your CoC planning process. In the last columns, identify no more than two subpopulation(s) whose interests the organization is specifically focused on representing in the CoC planning process. For “Homeless Persons,” identify at least 2 homeless or formerly homeless individuals. Do not enter the real names of domestic violence survivors.

	Specific Names of All CoC Organizations	Geographic Area Represented	Subpopulations Represented, if any* (no more than 2 per organization)	
<b>PUBLIC SECTOR</b>	<b>STATE GOVERNMENT AGENCIES</b>			
	Illinois Department of Human Services	STATE OF ILLINOIS		
	U.S. Department of Housing and Urban Development – Springfield Area Office	SPRINGFIELD REGION		
	<b>LOCAL GOVERNMENT AGENCIES</b>			
	Morgan County Commissioners	MORGAN COUNTY		
	<b>PUBLIC HOUSING AGENCIES</b>			
	McDonough County Housing Authority	MCDONOUGH COUNTY		
	Warren County Housing Authority	WARREN COUNTY		
	Morgan County Housing Authority	MORGAN COUNTY		
	<b>SCHOOL SYSTEMS / UNIVERSITIES</b>			
	Henderson-Mercer-Warren Extension Unit	HENDERSON, MERCER, & WARREN	Y	
	Illinois Institute for Rural Affairs	NONMETRO COUNTIES IN ILLINOIS		
	Western Illinois University			
	Regional Office of Education #1	MORGAN COUNTY	Y	
	Regional Office of Education #2	ADAMS & PIKE COUNTIES	Y	
	Regional Office of Education #26/Opening Doors-Statewide Program/Area 3 Homeless Liason Project	HANCOCK AND MCDONOUGH COUNTIES ALONG WITH STATEWIDE HOMELESS PROGRAM MANAGEMENT	Y	
	Regional Office of Education #22	SCHUYLER COUNTY	Y	
	Regional Office of Education #27	HENDERSON & WARREN COUNTIES	Y	
	Regional Office of Education #46	BROWN, CASS, MORGAN, & SCOTT COUNTIES	Y	
	<b>LAW ENFORCEMENT / CORRECTIONS</b>			
	Adams County Parole Office	ADAMS COUNTY		
	<b>LOCAL WORKFORCE INVESTMENT ACT (WIA) BOARDS</b>			
	IL Employment & Training Center	ADAMS COUNTY		
<b>OTHER</b>				
Housing Action Illinois	STATE OF ILLINOIS			

<b>PRIVATE SECTOR</b>	<b>NON-PROFIT ORGANIZATIONS</b>			
	Bridgeway	HENDERSON, MCDONOUGH, & WARREN	SMI & SA	
	North Central Behavioral Health Systems	MCDONOUGH COUNTY	HIV/AI DS	SMI
	Madonna House	ENTIRE GEOGRAPHIC AREA		
	MCS Community Service	MORGAN, CASS, & SCOTT COUNTIES		
	Mosaic	MCDONOUGH COUNTY	SMI	
	Prairieland United Way	MORGAN COUNTY		
	Quanada	ENTIRE GEOGRAPHIC AREA	DV	
	Samaritan Well, Inc.	MCDONOUGH COUNTY	SA	
	Transitions of Western Illinois	ENTIRE GEOGRAPHIC AREA	SMI	
	Two Rivers Regional Council	ADAMS, BROWN, PIKE, AND SCHUYLER COUNTIES		
	United Way of Adam County	ADAMS COUNTY		
	West Central Illinois Center for Independent Living	ADAMS, BROWN, HANDCOCK, MCDONOUGH, PIKE, & SCHUYLER		
	Western Illinois Regional Council	HANCOCK, HENDERSON, MCDONOUGH, & WARREN COUNTIES	DV	
	<b>FAITH-BASED ORGANIZATIONS</b>			
	YWCA	ADAMS, BROWN, & PIKE COUNTIES		
	The Salvation Army	MCDONOUGH COUNTY		
	The Salvation Army	ADAMS COUNTY	VETS	
	<b>FUNDERS / ADVOCACY GROUPS</b>			
	Two Rivers Regional Council Foundation	ADAMS, BROWN, PIKE, & SCHUYLER COUNTIES		
	<b>BUSINESSES (BANKS, DEVELOPERS, BUSINESS ASSOCIATIONS, ETC.)</b>			
	Gem City Ford	ENTIRE GEOGRAPHIC AREA		
	First Bankers Trust Co.	ENTIRE GEOGRAPHIC AREA		
	<b>HOSPITALS / MEDICAL REPRESENTATIVES</b>			
	<b>HOMELESS / FORMERLY HOMELESS PERSONS</b>			
	Lomax Citizen	HENDERSON COUNTY		
2 Quincy Citizens	ADAMS COUNTY			
Macomb Citizen	MCDONOUGH COUNTY			
<b>OTHER</b>				

\*Subpopulations Key: Seriously Mentally Ill (SMI), Substance Abuse (SA), Veterans (VET), HIV/AIDS (HIV), Domestic Violence (DV), and Youth (Y).

**E: CoC Governing Structure Chart**

HUD is considering establishing standards for the governing process and structure of Continuums of Care. As part of this consideration, HUD is gathering information on existing governing structures and processes in CoCs. Specifically, this chart asks for information about the primary decision-making group that you identified in Chart C: CoC Groups and Meetings Chart. No requirements are in place yet; however, the information that you enter will inform HUD’s decisions about how to move forward with standards in the future. **Please note:** a response to each question will earn full credit for this chart.

<p>1. Is the CoC’s primary decision-making body a legally recognized organization (check one)?</p> <p><input type="checkbox"/> Yes, a 501(c)(3)</p> <p><input type="checkbox"/> Yes, a 501(c)(4)</p> <p><input type="checkbox"/> Yes, other – specify: _____</p> <p><input checked="" type="checkbox"/> No, not legally recognized</p>	
<p>2. If your CoC were provided with additional administrative funds from HUD, would the primary decision-making body, or an agent designated by it (e.g. a city or non-profit organization), be able to be responsible for activities such as applying for HUD funding and serving as the grantee, providing project oversight, and monitoring? Explain.</p>	
<p>3. What percentage of the decision-making body membership represents the private sector, including non-profit providers, homeless or formerly homeless persons, advocates and consumer interests, etc.?</p>	<p>86%</p>
<p>4a. Indicate how the <b>members</b> of the primary decision-making body are selected (check all that apply):</p> <p><input type="checkbox"/> Elected                      <input type="checkbox"/> Assigned/Volunteer</p> <p><input type="checkbox"/> Appointed                      <input type="checkbox"/> Other – specify: _____</p>	
<p>4b. Briefly explain the selection process. (For example, if 5 members are appointed and 6 are elected, explain why this process was established and describe how it works.)</p>	
<p>5. Indicate how the <b>leaders</b> of the primary decision-making body are selected (check all that apply):</p> <p><input type="checkbox"/> Elected                      <input type="checkbox"/> Assigned/Volunteer</p> <p><input type="checkbox"/> Appointed                      <input type="checkbox"/> Other – specify: _____</p>	

**F: CoC Project Review and Selection Chart**

The CoC solicitation of projects and project selection should be conducted in a fair and impartial manner. Please mark all appropriate boxes to indicate all of the methods and processes the CoC used in the past year to assess project(s) performance, effectiveness, and quality, particularly with respect to the Project Priorities Chart (CoC-Q). This applies to new and renewal projects. Check all that apply:

<b>1. Open Solicitation</b>	
a. Newspapers <input type="checkbox"/>	d. Outreach to Faith-Based Groups <input type="checkbox"/>
b. Letters/Emails to CoC Membership <input checked="" type="checkbox"/>	e. Announcements at CoC Meetings <input checked="" type="checkbox"/>
c. Responsive to Public Inquiries <input type="checkbox"/>	f. Announcements at Other Meetings <input checked="" type="checkbox"/>
<b>2. Objective Rating Measures and Performance Assessment</b>	
a. CoC Rating & Review Committee Exists <input checked="" type="checkbox"/>	j. Assess Spending (fast or slow) <input type="checkbox"/>
b. Review CoC Monitoring Findings <input checked="" type="checkbox"/>	k. Assess Cost Effectiveness <input type="checkbox"/>
c. Review HUD Monitoring Findings <input checked="" type="checkbox"/>	l. Assess Provider Organization Experience <input checked="" type="checkbox"/>
d. Review Independent Audit <input type="checkbox"/>	m. Assess Provider Organization Capacity <input checked="" type="checkbox"/>
e. Review HUD APR for Performance Results <input checked="" type="checkbox"/>	n. Evaluate Project Presentation <input checked="" type="checkbox"/>
f. Review Unexecuted Grants <input type="checkbox"/>	o. Review CoC Membership Involvement <input checked="" type="checkbox"/>
g. Site Visit(s) <input type="checkbox"/>	p. Review Match <input checked="" type="checkbox"/>
h. Survey Clients <input checked="" type="checkbox"/>	q. Review All Leveraging Letters (to ensure that they meet HUD requirements) <input checked="" type="checkbox"/>
i. Evaluate Project Readiness <input checked="" type="checkbox"/>	
<b>3. Voting/Decision System</b>	
a. Unbiased Panel / Review Committee <input checked="" type="checkbox"/>	d. One Vote per Organization <input checked="" type="checkbox"/>
b. Consumer Representative Has a Vote <input checked="" type="checkbox"/>	e. Consensus (general agreement) <input checked="" type="checkbox"/>
c. All CoC Members Present Can Vote <input type="checkbox"/>	f. Voting Members Abstain if Conflict of Interest <input checked="" type="checkbox"/>

**G: CoC Written Complaints Chart**

<b>Were there any written complaints received by the CoC regarding any CoC matter in the last 12 months?</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>If Yes, briefly describe the complaints and how they were resolved.</b>	

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## **Part II: CoC Housing and Service Needs**

### **H: CoC Services Inventory Chart**

Using the format below, list the provider organizations and identify the service components currently being provided within your CoC. Place the name of each provider organization only once in the first column (add rows to the chart as needed), followed by an “X” in the appropriate column(s) corresponding to the service(s) provided by the organization. CoCs will only need to update this chart every other year; as such, the CoC may choose to provide the chart submitted in the 2006 application.

(1)  <b>Provider Organizations</b>	(2) <b>Prevention</b>				(3) <b>Outreach</b>			(4) <b>Supportive Services</b>										
	Mortgage Assistance	Rental Assistance	Utilities Assistance	Counseling/Advocacy	Legal Assistance	Street Outreach	Mobile Clinic	Law Enforcement	Case Management	Life Skills	Alcohol & Drug Abuse	Mental Health Counseling	Healthcare	HIV/AIDS	Education	Employment	Child Care	Transportation
Agency on Aging (various locations)			X	X	X				X									X
American Red Cross		X	X			X	X		X									X
Bridgeway, Inc.				X	X				X	X	X	X	X	X	X	X		X
Catholic Social Services				X					X			X						
Chaddock				X					X	X	X	X			X	X		X
Child and Family Connections				X					X						X		X	
Community Counseling Services				X					X		X		X					
Cornerstone Foundation for Families	X	X	X	X					X	X	X					X	X	X
Counseling Center of Pike County				X							X							
County Health Departments (various locations)				X					X	X	X	X	X	X	X	X	X	X
County Mental Health Departments (various locations)									X	X	X	X				X		X
Crisis Center Foundation				X	X				X	X								
Department of Human Services (Local Offices)		X	X						X									
Dept. of Health Care & Family Services				X					X	X								
Early Beginnings				X					X						X			
Early Childhood Center																		X
Elm City				X	X				X	X		X	X		X	X		X
Even Start				X					X						X		X	
Food Pantries (various locations)						X												
Great River Recovery Resources				X		X			X	X	X	X						
Hopewell Clinic									X									X
IL Employment & Training Center				X	X				X	X					X	X		
Illinois School for the Blind									X	X					X	X		X
Illinois School for the Deaf	X	X	X	X	X				X	X	X	X	X	X	X	X	X	X
Jacksonville Development Center		X	X	X	X				X	X	X	X		X		X		X
Ladies of Charity						X									X			
Land of Lincoln Legal Assistance				X														
MacArthur Early Childhood Center									X						X		X	X
Madonna House				X					X	X						X		X

(1)  <b>Provider Organizations</b>	(2) <b>Prevention</b>					(3) <b>Outreach</b>			(4) <b>Supportive Services</b>									
	Mortgage Assistance	Rental Assistance	Utilities Assistance	Counseling/Advocacy	Legal Assistance	Street Outreach	Mobile Clinic	Law Enforcement	Case Management	Life Skills	Alcohol & Drug Abuse	Mental Health Counseling	Healthcare	HIV/AIDS	Education	Employment	Child Care	Transportation
MCS Community Services	X	X	X	X	X				X	X					X	X	X	X
Ministerial Associations (various locations)	X	X	X		X	X												
Mosiac				X	X				X	X	X	X	X	X	X	X		X
Newman Clinic												X						
North Central Behavioral Health Services				X					X	X	X	X						X
Police, Sheriff, & Parole Offices (various locations)	X	X	X	X	X	X		X			X	X	X	X		X		X
Prairie State Legal Assistance Foundation					X													
Prairieland United Way	X					X												
Public Housing Authority (various locations)	X	X	X															
QUANADA				X	X				X	X						X	X	X
Quincy Mass Transit																		X
Quincy Para Transit																		X
Regional Office of Education Offices (various locations)				X					X	X					X	X	X	X
Samaritan Well				X					X	X	X	X	X	X	X	X	X	X
Starting Point				X					X	X	X	X			X	X		X
The Salvation Army of Jacksonville	X	X	X	X		X											X	X
The Salvation Army of Macomb	X	X	X	X		X											X	X
The Salvation Army of Quincy	X	X	X	X		X			X	X	X	X			X	X		X
Transitions of Western Illinois		X	X	X					X	X	X	X			X	X		X
Two Rivers Regional Council	X	X	X	X					X						X	X		X
United Way of Adams County	X	X	X			X												X
Veterans Affair (various locations)				X	X				X				X					
Wells Center (Substance Abuse case management only)									X	X	X							X
West Central Child Care									X								X	
West Central Illinois Center of Independent Living	X	X	X	X	X				X	X	X	X			X	X		X
West Central Mass Transit																		X
Western Illinois Regional Council	X	X	X	X					X	X					X	X	X	X
Western Illinois University					X		X						X		X			X
YMCA of Jacksonville										X					X		X	X
YMCA of Quincy										X					X		X	X
YWCA of Quincy				X					X	X	X	X			X	X	X	X

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## **CoC Housing Inventory and Unmet Needs**

### **I: CoC Housing Inventory Charts**

This section includes three housing inventory charts—for emergency shelter, transitional housing, and permanent housing. Note that the information in these charts should reflect a point-in-time count. For the Permanent Housing Inventory Chart, the beds listed under “new inventory” should indicate beds that became available for occupancy for the first time between February 1, 2006 and January 31, 2007. For complete instructions in filling out this section, see the Instructions section at the beginning of the application.

**I: CoC Housing Inventory Charts**

<b>Emergency Shelter: Fundamental Components in CoC System – Housing Inventory Chart</b>													
Provider Name	Facility Name* *Place an asterisk after the facility name if it receives HUD McKinney-Vento dollars.	HMIS Part. Code	Number of Year-Round Beds in HMIS		Geo Code <input type="checkbox"/>	Target Pop		Year-Round			Total Year-Round Beds	Other Beds	
			Ind.	Fam.		A	B	Fam. Units	Fam. Beds	Indiv. Beds		Seasonal	O/V*
<b>Current Inventory</b> (Available for Occupancy on or before Jan. 31, 2006)			Ind.	Fam.									
Crisis Center Foundation	Crisis Center Foundation	DV	0	0	179137	FC	DV			14	14		
QUANADA	QUANADA	DV	0	0	179001	FC	DV			8	8		
Salvation Army, Quincy	Salvation Army, Quincy	D	0	0	179001	M				14	14		10
Starting Point	Starting Point	D	0	0	179187	M		2	6	18	24	2	37
Salvation Army, Jacksonville	Salvation Army, Jacksonville	D	0	0	179137	M							10
Salvation Army, Macomb	Salvation Army, Macomb-Motel Vouchers	PA	0	0	179109	M							10
MCS Community Services	MCS-Community Services- Motel Vouchers	PA	0	0	179137	M							20
Prairieland United Way, Inc.	Prairieland United Way, Inc.	D	0	0	179137	M							2
Western Illinois Regional Council	Western Illinois Regional Council- Motel Vouchers	PA	0	0	179109	M	DV						20
Two Rivers Regional Council	Two Rivers Regional Council	D	0	0	179001	M							20
American Red Cross	American Red Cross, Motel Vouchers for Disasters	D	0	0		M							20
<b>SUBTOTALS:</b>			0	0	<b>SUBTOTAL CURRENT INVENTORY:</b>			2	6	54	60	2	149

<b>Emergency Shelter: Fundamental Components in CoC System – Housing Inventory Chart</b>													
Provider Name	Facility Name* <small>*Place an asterisk after the facility name if it receives HUD McKinney-Vento dollars.</small>	HMIS Part. Code	Number of Year-Round Beds in HMIS		Geo Code <input type="checkbox"/>	Target Pop		Year-Round			Total Year-Round Beds	Other Beds	
						A	B	Fam. Units	Fam. Beds	Indiv. Beds		Seasonal	O/V*
<b>New Inventory in Place in 2006</b> <b>(Available for Occupancy Feb. 1, 2006 – Jan. 31, 2007)</b>			Ind.	Fam.									
Not Applicable													
<b>SUBTOTALS:</b>					<b>SUBTOTAL NEW INVENTORY:</b>								
<b>Inventory Under Development</b> <b>(Available for Occupancy after January 31, 2007)</b>			Anticipated Occupancy Date										
Not Applicable													
<b>SUBTOTAL INVENTORY UNDER DEVELOPMENT:</b>													
<b>Unmet Need</b>						<b>UNMET NEED TOTALS:</b>		<b>56</b>	<b>169</b>	<b>166</b>	<b>335</b>	<b>5</b>	<b>43</b>
<b>Total Year-Round Beds—Individuals</b>				<b>Total Year-Round Beds—Families</b>									
1. Total Year-Round Individual Emergency Shelter (ES) Beds:			54	6. Total Year-Round Family Emergency Shelter (ES) Beds:						6			
2. Number of DV Year-Round Individual ES Beds:			22	7. Number of DV Year-Round Family ES Beds:						0			
3. Subtotal, non-DV Year-Round Individual ES Beds (Line 1 minus Line 2):			32	8. Subtotal, non-DV Year-Round Family ES Beds (Line 6 minus Line 7):						6			
4. Total Year-Round Individual ES Beds in HMIS:			0	9. Total Year-Round Family ES Beds in HMIS						0			
5. HMIS Coverage—Individual ES Beds (Divide Line 4 by Line 3 and multiply by 100. Round to a whole number):			0%	10. HMIS Coverage—Family ES Beds (Divide Line 9 by Line 8 and multiply by 100. Round to a whole number):						0 %			

\*In the column labeled "O/V," enter the number of Overflow and Voucher Beds

**I: CoC Housing Inventory Charts**

**Transitional Housing: Fundamental Components in CoC System – Housing Inventory Chart**

Provider Name	Facility Name* <small>*Place an asterisk after the facility name if it receives HUD McKinney-Vento dollars.</small>	HMIS Part. Code	Number of Year-Round Beds in HMIS		Geo Code <input type="checkbox"/>	Target Pop		Year-Round			Total Year-Round Beds
			Ind.	Fam.		A	B	Fam. Units	Fam. Beds	Indiv. Beds	
<b>Current Inventory</b> (Available for Occupancy on or before January 31, 2006)			Ind.	Fam.							
Cornerstone Foundation For Families	Cornerstone Foundation for Families	D	0	0	179001	YMF				20	20
Madonna House	Madonna House	D	0	0	179001	FC		5	13		13
MCS Community Services	MCS Community Services*	PA	0	8	179137	M		3	8		8
QUANDADA	QUANDADA	DV	0	0	179001	FC	DV			8	8
Samaritan Well	Samaritan Well	D	0	0	179109	FC		3	8		8
Starting Point	Starting Point	D	0	0	179187	M		2	8	4	12
YWCA of Quincy	YWCA of Quincy*	PA	0	24	179001	FC		5	24		24
Western IL Regional Council	WIRC-EFS	PA	0	5	179001	M		2	5		5
Western IL Regional Council	WIRC-HUD*	PA	0	15	179109	M		4	15		15
<b>SUBTOTALS:</b>			0	52	<b>SUBTOTAL CURRENT INVENTORY:</b>			24	81	32	113
<b>New Inventory in Place in 2006</b> (Available for Occupancy Feb. 1, 2006 – Jan. 31, 2007)			Ind.	Fam.							
Not Applicable											
<b>SUBTOTALS:</b>					<b>SUBTOTAL NEW INVENTORY:</b>						

<b>Inventory Under Development</b> (Available for Occupancy after January 31, 2007)		Anticipated Occupancy Date								
Not Applicable										
<b>SUBTOTAL INVENTORY UNDER DEVELOPMENT:</b>										
<b>Unmet Need</b>			<b>UNMET NEED TOTALS:</b>				<b>152</b>	<b>456</b>	<b>239</b>	<b>695</b>
<b>Total Year-Round Beds—Individuals</b>				<b>Total Year-Round Beds—Families</b>						
1. Total Year-Round Individual Transitional Housing Beds:	32	6. Total Year-Round Family Transitional Housing Beds:	81							
2. Number of DV Year-Round Individual TH Beds:	8	7. Number of DV Year-Round Family TH Beds:	0							
3. Subtotal, non-DV Year-Round Individual TH Beds (Line 1 minus Line 2):	24	8. Subtotal, non-DV Year-Round Family TH Beds (Line 6 minus Line 7):	81							
4. Total Year-Round Individual TH Beds in HMIS:	0	9. Total Year-Round Family TH Beds in HMIS	52							
5. HMIS Coverage—Individual TH Beds (Divide Line 4 by Line 3 and multiply by 100. Round to a whole number):	0%	10. HMIS Coverage—Family TH Beds (Divide Line 9 by Line 8 and multiply by 100. Round to a whole number):	64%							

**I: CoC Housing Inventory Charts**

<b>Permanent Supportive Housing*: Fundamental Components in CoC System – Housing Inventory Chart</b>													
Provider Name	Facility Name <small>*Place an asterisk after the facility name if it receives HUD McKinney-Vento dollars.</small>	HMIS Part. Code	Number of Year-Round Beds in HMIS		Geo Code <input type="checkbox"/>	Target Pop.		Year-Round			Total Year-Round Beds		
						A	B	Fam. Units	Fam. Beds	Indiv./CH Beds			
<b>Current Inventory</b> <b>(Available for Occupancy on or before January 31, 2006)</b>			Ind.	Fam.									
YWCA of Quincy	YWCA of Quincy*	PA	0	48	179001	FC		11	48	NA	48		
<b>SUBTOTALS:</b>					<b>SUBTOTAL CURRENT INVENTORY:</b>			11	48	NA	48		
<b>New Inventory in Place in 2006</b> <b>(Available for Occupancy Feb. 1, 2006 – Jan. 31, 2007)</b>			Ind.	Fam.									
Not Applicable													
<b>SUBTOTALS:</b>					<b>SUBTOTAL NEW INVENTORY:</b>								
<b>Inventory Under Development</b> <b>(Available for Occupancy after January 31, 2007)</b>			Anticipated Occupancy Date										
Not Applicable													
<b>SUBTOTAL INVENTORY UNDER DEVELOPMENT:</b>													
<b>Unmet Need</b>								<b>UNMET NEED TOTALS:</b>		170	510	202/ 10	712
<b>Total Year-Round Beds—Individuals</b>				<b>Total Year-Round Beds—Families</b>									
1. Total Year-Round Individual Permanent Housing Beds:		NA	6. Total Year-Round Family Permanent Housing Beds:					48					
2. Number of DV Year-Round Individual PH Beds:		NA	7. Number of DV Year-Round Family PH Beds:					0					
3. Subtotal, non-DV Year-Round Individual PH Beds (Line 1 minus Line 2):		NA	8. Subtotal, non-DV Year-Round Family PH Beds (Line 6 minus Line 7):					48					
4. Total Year-Round Individual PH Beds in HMIS:		NA	9. Total Year-Round Family PH Beds in HMIS					48					
5. HMIS Coverage—Individual PH Beds (Divide Line 4 by Line 3 and multiply by 100. Round to a whole number):		NA	10. HMIS Coverage—Family PH Beds (Divide Line 9 by Line 8 and multiply by 100. Round to a whole number):					100%					

## J: CoC Housing Inventory Data Sources and Methods Chart

Complete the following charts based on data collection methods and reporting for the Housing Inventory Chart, including Unmet Need determination. The survey must be for a 24-hour point-in-time (PIT) count during the last week of January 2007.

<b>(1) Indicate date on which Housing Inventory count was completed: <u>01/31/2007</u> (mm/dd/yyyy)</b>	
<b>(2) Identify the method used to complete the Housing Inventory Chart (check one):</b>	
<input checked="" type="checkbox"/>	<b>Housing inventory survey</b> – CoC conducted a housing inventory survey (via mail, fax, e-mail, web-based, phone or on-site) of homeless programs/providers to update current bed inventories, target populations for programs, beds under development, etc.
<input type="checkbox"/>	<b>HMIS</b> – Used HMIS data to complete the Housing Inventory Chart
<input type="checkbox"/>	<b>HMIS plus housing inventory</b> – Used HMIS data supplemented by a survey of providers NOT participating in the HMIS
<b>(3) Indicate the percentage of providers completing the housing inventory survey:</b>	
<b>75%</b>	Emergency shelter providers
<b>89%</b>	Transitional housing providers
<b>100%</b>	Permanent supportive housing providers
<b>(4) Indicate steps to ensure data accuracy for 2007 Housing Inventory Chart (check all that apply):</b>	
<input checked="" type="checkbox"/>	<b>Instructions</b> – Provided written instructions for completing the housing inventory survey.
<input checked="" type="checkbox"/>	<b>Training</b> – Trained providers on completing the housing inventory survey.
<input checked="" type="checkbox"/>	<b>Updated prior housing inventory information</b> – Providers submitted updated 2006 housing inventory to reflect 2007 inventory.
<input checked="" type="checkbox"/>	<b>Follow-up</b> – CoC followed-up with providers to ensure the maximum possible response rate and accuracy of the housing inventory survey.
<input checked="" type="checkbox"/>	<b>Confirmation</b> – Providers or other independent entity reviewed and confirmed information in 2007 Housing Inventory Chart after it was completed.
<input checked="" type="checkbox"/>	<b>HMIS</b> – Compared HMIS and housing inventory survey data to check for consistency.
<input type="checkbox"/>	<b>Other</b> – specify:
<b>Unmet Need:</b>	
<b>(5) Indicate type of data that was used to determine unmet need (check all that apply):</b>	
<input checked="" type="checkbox"/>	<b>Sheltered count</b> (point-in-time)
<input type="checkbox"/>	<b>Unsheltered count</b> (point-in-time)
<input type="checkbox"/>	<b>Housing inventory</b> (number of beds available)
<input type="checkbox"/>	<b>Local studies or data sources</b> – specify:
<input type="checkbox"/>	<b>National studies or data sources</b> – specify:
<input checked="" type="checkbox"/>	<b>Provider opinion through discussions or survey forms</b>
<input type="checkbox"/>	<b>Other</b> – specify:
<b>(6a) Indicate the method(s) used to calculate or determine unmet need (check all that apply):</b>	
<input checked="" type="checkbox"/>	<b>Stakeholder discussion</b> – CoC stakeholders met and reviewed data to determine CoC's unmet need
<input type="checkbox"/>	<b>Locally-determined formula</b> – Used locally-determined formula based on local point-in-time (PIT) count data and housing inventory to calculate unmet need
<input type="checkbox"/>	<b>Applied statistics</b> – Used local PIT enumeration data and applied national or other local statistics
<input type="checkbox"/>	<b>HUD unmet need formula</b> – Used HUD's unmet need formula*
<input type="checkbox"/>	<b>Other</b> – specify:
<b>(6b) If more than one method was used in 6a, please describe how these methods were used.</b>	

\*The HUD Unmet Need Guide and Worksheet can be found by going to:  
<http://www.hud.gov/offices/adm/grants/fundsavail.cfm>

## CoC Homeless Population and Subpopulations

### K: CoC Point-in-Time Homeless Population and Subpopulations Chart

Complete the following chart based on the most recent point-in-time count conducted. Your CoC must have completed a point-in-time count of sheltered and unsheltered homeless persons during the last week in January 2007. Part 1 and Part 2 must be completed using statistically reliable, unduplicated counts or estimates of homeless persons in sheltered and unsheltered locations at a one-day point in time. Please note: this chart is embedded as an Excel spreadsheet within this Word document. **To enter data, double-click anywhere on the chart.** For further instructions for filling out this section, see the Instructions section.

Indicate date of last point-in-time count: (01/31/2007)				
Part 1: Homeless Population	Sheltered		Unsheltered	Total
	Emergency	Transitional		
1. Number of Households <u>with</u> Dependent Children:	1	18	9	28
1a. Total Number of Persons in these Households (adults and children)	3	50	19	72
2. Number of Households <u>without</u> Dependent Children**	6	81	119	206
2a. Total Number of Persons in these Households	9	131	138	278
<b>Total Persons (Add Lines 1a and 2a):</b>	12	181	157	350
Part 2: Homeless Subpopulations (Adults only, except g. below)	Sheltered		Unsheltered	Total
a. Chronically Homeless	6		13	19
b. Severely Mentally Ill	15		*	15
c. Chronic Substance Abuse	66		*	66
d. Veterans	1		*	1
e. Persons with HIV/AIDS	1		*	1
Violence	55		*	55
g. Unaccompanied Youth (Under 18)	1		*	1

\*Optional for unsheltered homeless subpopulations

\*\* Includes single individuals, unaccompanied youth, and other adults (such as a married couple without children)

\*\*\*For "sheltered" chronically homeless subpopulations, list persons in emergency shelter only.

## L: CoC Homeless Population and Subpopulations Data Sources & Methods Chart

Complete the following charts based on the most recent point-in-time (PIT) count conducted.

### L-1: Sheltered Homeless Population and Subpopulations

<b>(1a) Check method(s) used to count sheltered homeless persons in the CoC (check all that apply):</b>	
<input checked="" type="checkbox"/>	<b>Survey</b> – Providers count the total number of clients residing in their programs during the PIT count.
<input checked="" type="checkbox"/>	<b>HMIS</b> – CoC used HMIS to complete the PIT sheltered count and subpopulation information.
<input type="checkbox"/>	<b>Other</b> – specify:
<b>(1b) If multiple methods are checked, briefly describe how data collected using the methods were combined to produce the count.</b>	
<b>(2a) Check the method(s) used to gather the subpopulation information on sheltered homeless persons reported in Part 2: Homeless Subpopulations (check all that apply):</b>	
<input type="checkbox"/>	<b>Point-in-time (PIT) interviews with each adult and unaccompanied youth</b> – All sheltered adults and unaccompanied youth were interviewed to gather subpopulation information.
<input type="checkbox"/>	<b>Sample of PIT interviews plus extrapolation</b> – A sample of sheltered adults and unaccompanied youth were interviewed to gather subpopulation information, and extrapolation techniques were applied to produce the total sheltered homeless population.
<input checked="" type="checkbox"/>	<b>Non-HMIS client-level information</b> - Providers used individual client records (e.g., case management files) to provide subpopulation data for each adult and unaccompanied youth.
<input checked="" type="checkbox"/>	<b>Provider expertise</b> – Providers estimated the percentage of clients belonging to each subpopulation based on their knowledge of their client population as a whole.
<input checked="" type="checkbox"/>	<b>HMIS</b> – CoC used HMIS to gather subpopulation information on sheltered homeless persons.
<input type="checkbox"/>	<b>Other</b> –specify:
<b>(2b) If multiple methods are checked, briefly describe how the methods were combined to produce the subpopulation information.</b>	
<b>(3) Indicate CoC’s steps to ensure data quality of the sheltered count (check all that apply):</b>	
<input checked="" type="checkbox"/>	<b>Instructions</b> – Provided written instructions to providers for completing the sheltered PIT count.
<input checked="" type="checkbox"/>	<b>Training</b> – Trained providers on completing the sheltered PIT count.
<input checked="" type="checkbox"/>	<b>Remind and Follow-up</b> – Reminded providers about the count and followed up with providers to ensure the maximum possible response rate and accuracy.
<input checked="" type="checkbox"/>	<b>HMIS</b> – Used HMIS to verify data collected from providers for the sheltered PIT count.
<input type="checkbox"/>	<b>Other</b> –specify:
<b>(4) How often will sheltered counts of sheltered homeless people take place in the future?</b>	
<input type="checkbox"/>	<b>Biennial (every two years)</b>
<input checked="" type="checkbox"/>	<b>Annual</b>
<input type="checkbox"/>	<b>Semi-annual</b>
<input type="checkbox"/>	<b>Other</b> – specify:
<b>(5) Month and Year when next count of sheltered homeless persons will occur: <u>1/2008</u></b>	
<b>(6) Indicate the percentage of providers providing populations and subpopulations data collected via survey, interview and/or HMIS:</b>	
<b>75%</b>	Emergency shelter providers
<b>89%</b>	Transitional housing providers

\*Please refer to ‘A Guide to Counting Sheltered Homeless People’ for more information on unsheltered enumeration techniques.

**L-2: Unsheltered Homeless Population and Subpopulations\***

<b>(1) Check the CoC's method(s) used to count unsheltered homeless persons</b> (check all that apply):	
<input type="checkbox"/>	<b>Public places count</b> – CoC conducted a point-in-time (PIT) count <u>without</u> client interviews.
<input type="checkbox"/>	<b>Public places count with interviews</b> – CoC conducted a PIT count and interviewed unsheltered homeless persons encountered during the public places count: <input type="checkbox"/> ALL persons were interviewed <b>OR</b> <input type="checkbox"/> Sample of persons were interviewed
<input type="checkbox"/>	<b>Public places count using probability sampling</b> – High and low probabilities assigned to designated geographic areas based on the number of homeless people expected to be found in each area. The CoC selected a statistically valid sample of each type of area to include in the point-in-time count and extrapolated results to estimate the entire homeless population.
<input type="checkbox"/>	<b>Service-based count</b> – Interviewed people using non-shelter services, such as soup kitchens and drop-in centers, and counted those that self-identified as unsheltered homeless persons.
<input type="checkbox"/>	<b>HMIS</b> – Used HMIS for the count of unsheltered homeless people homeless people or for subpopulation information.
<input checked="" type="checkbox"/>	<b>Other</b> – specify: based on unsheltered count last year and including discussions with service providers.
<b>(2) Indicate the level of coverage of the PIT count of unsheltered homeless people:</b>	
<input type="checkbox"/>	<b>Complete coverage</b> – The CoC counted every block of the jurisdiction.
<input type="checkbox"/>	<b>Known locations</b> – The CoC counted in areas where unsheltered homeless people are known to congregate or live.
<input type="checkbox"/>	<b>Combination</b> – CoC combined complete coverage with known locations by conducting counts for every block <u>in a portion of the jurisdiction</u> (e.g. central city) AND conducting counts in other portions of the jurisdiction where unsheltered persons are known to live.
<input type="checkbox"/>	<b>Used service-based or probability sampling</b> (coverage is not applicable)
<input checked="" type="checkbox"/>	<b>Other</b> –specify: based on unsheltered count last year and including discussions with service providers.
<b>(3) Indicate community partners involved in PIT unsheltered count</b> (check all that apply):	
<input type="checkbox"/>	<b>Outreach teams</b>
<input checked="" type="checkbox"/>	<b>Law Enforcement</b>
<input checked="" type="checkbox"/>	<b>Service Providers</b>
<input checked="" type="checkbox"/>	<b>Community volunteers</b>
<input type="checkbox"/>	<b>Homeless and/or formerly homeless persons</b>
<input checked="" type="checkbox"/>	<b>Other</b> – specify: Media personnel went with the service providers & law enforcement officers and created a series of reports on the homelessness in the area.
<b>(4) Indicate CoC's steps to ensure data quality of the unsheltered count</b> (check all that apply):	
<input checked="" type="checkbox"/>	<b>Training</b> – Conducted training(s) for PIT enumerators.
<input type="checkbox"/>	<b>HMIS</b> – Used HMIS to check for duplicate information.
<input type="checkbox"/>	<b>Other</b> – specify:
<b>(5) How often will CoC conduct PIT counts of unsheltered homeless people in the future?</b>	
<input checked="" type="checkbox"/>	<b>Biennial (every two years)</b>
<input type="checkbox"/>	<b>Annual</b>
<input type="checkbox"/>	<b>Semi-annual</b>
<input type="checkbox"/>	<b>Quarterly</b>
<input type="checkbox"/>	<b>Other</b> – specify:
<b>(6) Month and Year when next PIT count of unsheltered homeless persons will occur:</b> <u>1/2008</u>	

\*Please refer to 'A Guide to Counting Unsheltered Homeless People' for more information on unsheltered enumeration techniques.

# CoC Homeless Management Information System (HMIS)

## M: CoC HMIS Charts

CoCs should complete this section in conjunction with the lead agency responsible for the HMIS. All information is to be as of the date of application submission.

### M-1: HMIS Lead Organization Information

Organization Name: YWCA of Quincy	Contact Person: Julie Entrup
Phone: (217)221-9922	Email: julieentrup@ywcaofquincy.org
Organization Type: State/local government <input type="checkbox"/> Non-profit/homeless provider <input checked="" type="checkbox"/> Other <input type="checkbox"/>	

### M-2: List HUD-defined CoC Name(s) and Number(s) for every CoC in HMIS Implementation:

HUD-Defined CoC Name*	CoC #	HUD-Defined CoC Name*	CoC #
West Central Illinois CoC	IL-519		

\*Find HUD-defined CoC names & numbers at: <http://www.hud.gov/offices/adm/grants/fundsavail.cfm>

### M-3: HMIS Implementation Status

HMIS Data Entry Start Date for your CoC <b>OR</b> Anticipated Date Entry Start Date for your CoC (mm/yyyy) <b>09/2004</b>	<b>If no data entry date, indicate reason:</b> <input type="checkbox"/> New CoC in 2007 <input type="checkbox"/> Still in planning/software selection process <input type="checkbox"/> Initial implementation
Briefly describe significant challenges/barriers the CoC has experienced in: 1. HMIS implementation: 2. HMIS Data and Technical Standards Final Notice requirements:	

### M-4: CoC Client Records

Calendar Year	Number of Client Records Entered in HMIS / Analytical Database (Duplicated) for CoC	Number of Unduplicated Clients Entered in HMIS / Analytical Database for CoC
2004	136	220
2005	136	216
2006		

Please provide a brief explanation of the reason(s) for any decreases in the number of records (duplicated or unduplicated) from year to year.

### M-5: Data Collection/Completeness and Coverage

(a) Indicate the percentage of unduplicated client records with null or missing values on the date that the point-in-time count was conducted.

Universal Data Element	% Null/Missing Values	Universal Data Element	% Null/Missing Values
Name	%	Gender	%
Social Security Number	%	Veteran Status	%
Date of Birth	%	Disabling Condition	%
Ethnicity	%	Residence Prior to Program Entry	%
Race	%	Zip Code of Last Permanent Address	

Briefly describe how the CoC ensures that valid program entry and exit dates are being recorded in the HMIS for persons served.

(b) Indicate current OR anticipated HMIS bed coverage of 75% for each housing type.

	75% bed coverage	Anticipate 75% bed coverage	Date anticipate achieving
Emergency Shelter	Y/N	Y/N	
Transitional Housing	Y/N	Y/N	
Permanent Supportive	Y/N	Y/N	

Housing			
(c) If CoC has not yet achieved or does not anticipate achieving 75% bed coverage for all beds (including DV beds), please explain why.			

**M-6: Training, Data Quality and Implementation of HMIS Data & Technical Standards**

For each item listed below, place an “X” in the appropriate box to indicate your response: Yes (Y), No (N) or Planned/In Progress (P). Check *only one column* per item.

	Y	N	P
<b>1. Training Provided:</b>			
Basic computer training	X		
HMIS software training	X		
Privacy / Ethics training	X		
Security Training	X		
System Administrator training	X		
<b>2. CoC Process/Role:</b>			
Is the CoC able to aggregate all data to a central location at least annually?		X	
Does the CoC monitor compliance with HMIS Data & Technical Standards Final Notice?			X
<b>3. Security—Participating agencies have:</b>			
Unique username and password access?	X		
Secure location?	X		
Locking screen savers?	X		
Virus protection with auto update?	X		
Individual or network firewalls?	X		
Restrictions on access to HMIS via public forums (e.g. PKI digital certificates or IP filtering)?	X		
<b>4. Security—Agency responsible for centralized HMIS data collection and storage has:</b>			
Procedures for off-site storage of HMIS data?	X		
Disaster recovery plan that has been tested?	X		
<b>5. Privacy Requirements:</b>			
If your state has additional confidentiality provisions, have they been implemented? <input type="checkbox"/> Check here if there are no additional state confidentiality provisions.	X		
Is there a “Purpose for data collection” sign at each intake desk for all participating agencies?	X		
Has each participating agency adopted a written privacy policy, including the uses and disclosures of client information?	X		
Does each participating agency have a privacy policy posted on its website (if applicable)?	X		
<b>6. Data Quality—CoC has process to review and improve:</b>			
Client level data quality (i.e. missing birth dates etc.)?			X
Program level data quality (i.e. data not entered by agency in over 14 days)?			X
CoC bed coverage (i.e. percent of beds)?			X
<b>7. Unduplication of Client Records—the CoC:</b>			
Uses only HMIS data to generate unduplicated count?		X	
Uses data integration or data warehouse to generate unduplicated count?		X	
<b>8. OPTIONAL: Uses of HMIS Data—CoC uses HMIS data for:</b>			
Point-in-Time Count	X		
Project/Program performance monitoring	X		
Program purposes (e.g. case management, bed management, program eligibility screening)	X		
Statewide data aggregation (e.g. data warehouse)		X	

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## **Part III: CoC Strategic Planning**

### **N: CoC 10-Year Plan, Objectives, and Action Steps Chart**

Please provide local action steps and measurable achievements for attaining each of the five national HUD objectives listed, as part of the goal to end chronic homelessness and help to move families and individuals to permanent housing. The percentages listed in these national objectives are the national averages. Your CoC should aim for these targets as a minimum. HUD expects all CoCs to be meeting or exceeding these standards, as these standards will be modestly increasing over time. This is to ensure that CoCs continue to work to serve the hardest-to-serve homeless populations.

If your CoC will not be able to meet one or more objectives, please describe barriers in the space provided. You may list additional CoC objectives as needed. Please note that your Continuum will be reporting on your achievements with respect to each of these objectives in the 2008 application.

For further, detailed instructions for filling out this section, see the Instructions section.

**N: CoC 10-Year Plan, Objectives, and Action Steps Chart**

<b>Objectives to End Chronic Homelessness and Move Families and Individuals to Permanent Housing</b>	<b>2007 Local Action Steps</b> How are you going to do it? List action steps to be completed within the next 12 months.	<b>Lead Person</b> List name and title or organization of one person responsible for accomplishing each action step.	<b>Baseline (Current Level)</b>	<b>Numeric Achievement in 12 months</b>	<b>Numeric Achievement in 5 years</b>	<b>Numeric Achievement in 10 years</b>
1. Create new PH beds for chronically homeless persons.		Bridgeway?	Beds	Beds	Beds	Beds
2. Increase percentage of homeless persons staying in PH over 6 months to at least 71%.	1. Collaborate with area agencies to provide more skill and educational opportunities in a non-discriminatory manner. 2. Work with area businesses to assist in seeking jobs that will lead to self-sufficiency. 3. Develop a client service plan that assists them in reaching their goals in order to succeed. 4. Work with the clients to receive the services and assistance necessary to reach self-sufficiency.	Executive Director, YWCA of Quincy, Operator of TH and PH programs		Make sure clients going into PH have debts and other obligations reduced	5% increase in PH in region	10% increase in PH in region
3. Increase percentage of homeless persons moving from TH to PH to at least 61.5%.	1. Collaborate with area agencies to provide more skill and educational opportunities in a non-discriminatory manner. 2. Work with area businesses to assist in seeking jobs that will lead to self-sufficiency. 3. Develop a client service plan that assists them in reaching their goals in order to succeed. 4. Work with the clients to receive the services and assistance necessary to reach self-sufficiency.	Executive Director, YWCA of Quincy, Operator of TH and PH programs	%	Reduction in client's debt/obligations to maintain PH	5% increase in PH in region	10% increase in PH in region

<p>4. Increase percentage of homeless persons employed at exit to at least 18%.</p>	<p>1. Collaborate with area agencies to provide more skill and educational opportunities in a non-discriminatory manner.  2. Work with area businesses to assist in seeking jobs that will lead to self-sufficiency.  3. Develop a client service plan that assists them in reaching their goals in order to succeed.  4. Work with the clients to receive the services and assistance necessary to reach self-sufficiency.  5. Encourage economic development to increase employment opportunities.</p>	<p>Dan Little, Director, MCS Community Service, Operator of TH program</p>	<p>%</p>	<p>2% increase in net jobs</p>	<p>5% increase in net jobs</p>	<p>10% increase in net jobs</p>
<p>5. Ensure that the CoC has a functional HMIS system.</p>	<p>1. Contact smaller homeless housing providers to explore their interest in participating in HMIS if a paper form was developed.  2. If interested, what types of memorandums of understanding need to be developed.  3. Develop form and policies.</p>	<p>Lori Sutton, Western Illinois University, Researcher at Illinois Institute for Rural Affairs</p>		<p>To have one agency willing to participate with necessary forms being developed.</p>	<p>To have an agency that started on the paper form switch to the online HMIS</p>	<p>All agencies using the online HMIS or allowing annual aggregations of the data.</p>
<p><b>Barriers: If your CoC will not meet one or more of the above objectives, briefly describe why not (use less than two paragraphs).</b></p>						
<p><b>Other CoC Objectives in 2007</b></p>						

1. Amending the by-laws to have a chair and co-chair with the staggering 2-year terms and rotating between private and public sector.	1. The steering committee will review the by-laws and make necessary changes. 2. The amended by-laws will be sent out via e-mail for review by the full continuum. 3. At a full continuum meeting the amended by-laws will be voted on.	Suzan Nash, Director, Western Illinois Regional Council, Operator of TH program	Amended by-laws will be approved	No new measure needed.	No new measure needed.
2. Create code of conduct for the steering committee and the chair and co-chair.	1. The steering committee will create a code of conduct. 2. The code of conduct will be sent out via e-mail for review by the full continuum. 3. At a full continuum meeting the code of conduct will be voted on.	Suzan Nash, Director, Western Illinois Regional Council, Operator of TH program	Code of conduct will be approved.	No new measure needed.	No new measure needed.
3. Create procedures to start conducting site visits to HUD CoC-funded agencies	1. Contact other continuums to see how they conduct site visits. 2. Contact HUD representatives for benchmark criteria for comparison purposes.	Lori Sutton, Western Illinois University, Researcher at Illinois Institute for Rural Affairs	To be able to conduct a site visit on at least one HUD CoC funded program.	To be able to conduct a site visit on all HUD CoC funded programs.	To be able to conduct a site visit on all HUD CoC funded programs.

## O: CoC Discharge Planning Policy Chart

For each category of publicly funded institution or system of care in your CoC, check a box to indicate the level of development of a discharge planning policy. Check **only one** box per category. Use the space provided to describe the discharge planning policy for each category, or the status of development. For detailed instructions for filling out this section, see the Instructions section.

Publicly Funded Institution(s) or System(s) of Care in CoC Geographic Area	None	Initial Discussion	Protocol in Development	Formal Protocol Finalized	Formal Protocol Implemented
<b>Foster Care</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Health Care</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Mental Health</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Corrections</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Foster Care:

UPDATE: HUD McKinney-Vento homeless assistance providers in the region were contacted to see if they were helping individuals that were aging out of the foster care system. None of the providers noted a problem.

Formal Protocol: Every effort is made through careful discharge planning to work with the client and area resources to seek adequate, permanent housing. Permanent housing includes: client returns to family; adoption; live with a relative or friend; live on own; or go to an adult residence or group home. Identification of, and referral for, appropriate services for the client and family are also made.

Health Care:

UPDATE: HUD McKinney-Vento homeless assistance providers in the region were contacted to see if they were helping individuals that were being discharged from health care facilities into homelessness. None of the providers noted a problem.

Formal Protocol: The social work staff assists the homeless clients in being placed into an emergency shelter. Each individual/situation is different; therefore the assistance the client receives from the social worker varies appropriately. Emergency shelter staff assists clients in finding suitable housing for their situation.

Mental Health:

UPDATE: HUD McKinney-Vento homeless assistance providers in the region were contacted to see if they were helping individuals that were being discharged from mental health care facilities into homelessness. None of the providers noted a problem.

Formal Protocol: Planning for the discharge is started at initial assessment. Discharge criteria are dependent on situation/individual. Once outreach plan is in place, discharge form is completed which includes diagnosis information, treatment, goals, current status, reason for discharge, aftercare plan, and prognosis. Clients are assisted on finding housing and are not discharged into homelessness.

Corrections:\*

UPDATE: HUD McKinney-Vento homeless assistance providers in the region were contacted to see if they were helping individuals that were being discharged into homelessness from corrections.

Formal Protocol: The Field Service Unit at the correctional institution contacts the Placement Resource Unit to inform them that the client that is being released is going to be homeless due to not being able to find suitable housing. Placement Resource Unit will contact local shelters in and around the county of commitment that placed them in Department of Corrections. They are then sent to one of the shelters if placement is found. If no shelter is found based upon offense or availability, it is considered a parole violation and the person is sent back to Department of Corrections.

**Department of Corrections has a few contracts with selected transitional housing programs for clientele that difficulties exist in placing them in appropriate shelters due to the nature of their offenses. Please note, the emergency shelters in the region do not receive McKinney-Vento homeless assistance funds and the transitional/permanent supportive housing providers receiving McKinney-Vento funds do not accept clients straight from the correctional system.**

\*Please note that "corrections" category refers to local jails and state or federal prisons.

**P: CoC Coordination Chart**

A CoC should regularly assess the local homeless system and identify shortcomings and unmet needs. One of the keys to improving a CoC is to use long-term strategic planning to establish specific goals and then implement short-term/medium-term action steps. Because of the complexity of the existing homeless system and the need to coordinate multiple funding sources, 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 the local CoC shortcomings and unmet needs. Answer each question in the checkbox provided, using an X to indicate Yes or No for each.

<b>1. Consolidated Plan Coordination</b>	<b>YES</b>	<b>NO</b>
a. Do Con Plan planners, authors and other Con Plan stakeholders participate in CoC general planning meetings?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b. Do CoC members participate in Con Plan planning meetings, focus groups, or public forums?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Were CoC strategic plan goals addressing homelessness and chronic homelessness used in the development of the Con Plan?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>2. Jurisdictional 10-year Plan Coordination</b>		
a. Is there one or more formal jurisdictional 10-year Plan(s) being developed and/or being implemented within your CoC geography that are separate from the CoC 10-year plan? (If No, you may skip to Question 3a.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b. Do 10-year Plan conveners, authors and other stakeholders participate in CoC general planning meetings?	<input type="checkbox"/>	<input type="checkbox"/>
c. Have 10-year Plan participants taken steps to align their planning process with the local CoC plan?	<input type="checkbox"/>	<input type="checkbox"/>
d. Were CoC strategic plan goals used in the development of the 10-year Plan(s)?	<input type="checkbox"/>	<input type="checkbox"/>
e. Provide the number of jurisdictions within your CoC geography that have formally implemented a 10-year plan(s).		
<b>3. Public Housing Agency Coordination</b>		
a. Do CoC members meet with CoC area PHAs to improve coordination with and access to mainstream housing resources?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

## CoC 2007 Funding Priorities

### Q: CoC Project Priorities Chart

**Column (1):** New this year, check the box in this column if the first project listed is a proposed Samaritan bonus project. **Column (5):** The requested project amount must not exceed the amount entered in the project summary budget in Exhibit 2. If the project summary budget exceeds the amount shown on this priorities list, the project budget will be reduced to the amount shown on the CoC Project Priorities Chart. **Column (7):** Place the component type under the appropriate program for each project in column 7. Acceptable entries include PH, TH, SH-PH, SH-TH, SRO, SSO, HMIS, TRA, SRA, PRA, or PRAR. Do not simply enter an "X" in the box provided. **Column (9):** For the Shelter Plus Care Renewals priority number, please continue project numbering from the top portion of the chart – please do not restart S+C project priority numbering from 1. For further instructions for filling out this section, see the Instructions section.

HUD-defined CoC Name:* West Central Illinois CoC						CoC #: IL519			
(1) SF-424 Applicant Name  (Please Remove Examples)	(2) Project Sponsor Name	(3) Project Name	(4) Priority	(5) Requested Project Amount	(6) Term	(7) Program and Component Type			
						SHP New	SHP Renewal	S+C New	SRO New
<input checked="" type="checkbox"/> ** Example: ABC Nonprofit	ABC Nonprofit	Annie's House	1	\$451,026	3	PH			
Example: XYZ County	AJAY Nonprofit	Pierce's Place	2	\$80,000	5			TRA	
<input type="checkbox"/> ** YWCA of Quincy	YWCA of Quincy	Permanent Housing Program	1	<b>\$327,899</b>			PH		
YWCA of Quincy	YWCA of Quincy	Transitional Housing Program	2	<b>\$136,814</b>			TH		
MCS Community Services	MCS Community Services	Transitional Housing Program	3	<b>\$101,250</b>			TH		
Western Illinois Regional Council – Community Action Agency	Western Illinois Regional Council – Community Action Agency	Transitional Housing Program	4	<b>\$54,907</b>			TH		
<b>(8) Subtotal: Requested Amount for CoC Competitive Projects:</b>				<b>\$620,870</b>					
<b>(9) Shelter Plus Care Renewals:</b>					<b>S+C Component Type</b>				
			7		1				
			8		1				
			9		1				
<b>(10) Subtotal: Requested Amount for S+C Renewal Projects:</b>				<b>\$</b>					
<b>(11) Total CoC Requested Amount (line 8 + line 10):</b>				<b>\$620,870</b>					

\*HUD-defined CoC names & numbers are available at: <http://www.hud.gov/offices/adm/grants/fundsavail.cfm>.

\*\*Check this box if this is a #1 priority Samaritan bonus project.

CoC-Q

**R: CoC Pro Rata Need (PRN) Reallocation Chart**  
**(Only for Eligible Hold Harmless CoCs)**

CoCs that receive the 1-year Hold Harmless PRN amount may reduce or eliminate one or more of the SHP grants eligible for renewal in the 2007 CoC competition. CoCs may reallocate the funds made available through this process to create new permanent housing project(s). These reallocation project(s) may be for SHP (1, 2, or 3 years), S+C (5 years), and Section 8 SRO (10 years) projects and their respective eligible activities.

**\*Reallocation projects WILL be funded if all of the following apply:**

1. Reallocation project is for permanent supportive housing (SHP-PH, SHP-Safe Haven PH, S+C, Section 8 SRO).
2. Reallocation project is not rejected by HUD (meets all “threshold” requirements)
3. CoC scores at least 65 points in the CoC competition.
4. Reallocation project is **not** the Samaritan bonus project.

**Reallocation projects may have a 1-year grant term when they are SHP-PH or SHP-Safe Haven PH projects.**

**NOTE:** Reallocated funds placed in the Samaritan bonus project will lose their reallocation status. Therefore, if the CoC scores below the funding line, the CoC will lose the reallocated funds included in the Samaritan bonus project.

<b>1a. Will your CoC be using the PRN reallocation process?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
<b>1b. If Yes,</b> explain the open decision making process the CoC used to reduce and/or eliminate projects (use no more than one-half page).					
<b>2. Enter</b> the total 1-year amount of <i>all</i> SHP projects that are eligible for renewal in 2007, which amount you have <b>verified with your field office:</b>				<i>Example:</i>	\$
				\$530,000	
<b>3. Starting</b> with the total entered above for question 2, subtract the amount your CoC proposes to use for new permanent housing project, and enter the remaining amount: <i>(In this example, the amount proposed for new PH project is \$140,000)</i>				<i>Example:</i>	\$
				\$390,000	
<b>4. Enter the Reduced or Eliminated Grant(s) in the 2007 Competition</b>					
(1)	(2)	(3)	(4)	(5)	(6)
<b>Expiring Grants</b>	<b>Program Code</b>	<b>Component</b>	<b>Annual Renewal Amount</b>	<b>Reduced Amount</b>	<b>Retained Amount from Existing Grant</b>
<i>Ex: MA01B300002</i>	<i>SHP</i>	<i>TH</i>	<i>\$100,000</i>	<i>\$60,000</i>	<i>\$40,000</i>
<i>Ex: MA01B400003</i>	<i>SHP</i>	<i>SSO</i>	<i>\$80,000</i>	<i>\$80,000</i>	<i>\$0</i>
<b>(7) TOTAL:</b>					
<b>5. Newly Proposed Permanent Housing Projects in the 2007 Competition*</b>					
(8)	(9)	(10)	(11)		
<b>2007 Project Priority Number</b>	<b>Program Code</b>	<b>Component</b>	<b>Transferred Amounts</b>		
<i>Example: #5</i>	<i>SHP</i>	<i>PH</i>	<i>\$90,000</i>		
<i>Example: #12</i>	<i>S+C</i>	<i>TRA</i>	<i>\$50,000</i>		
<b>(12) TOTAL:</b>					

\*No project listed here can be a #1 priority Samaritan Bonus project

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**S: CoC Project Leveraging Summary Chart**

HUD homeless program funding is limited and can provide only a portion of the resources needed to successfully address the needs of homeless families and individuals. HUD encourages applicants to use supplemental resources, including State and local appropriated funds, to address homeless needs.

Enter the name of your Continuum and list the total amount of leveraged resources available. To get this number, find the total at the bottom of the Project Leveraging Chart for all Exhibit 2 project applications, add up all of these the totals, and enter this single number in the chart below. Complete only one chart for the entire CoC (do *not* add any rows). Provide information *only* for contributions for which you have a *written commitment in hand at the time of application*.

**Warning:** HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Name of Continuum	Total Value of Written Commitment
<i>Example:</i> River County CoC	\$10,253,000
West Central Illinois CoC	\$112,263
YWCA PH (Section F of Ex. 2)	
YWCA TH	
MCS	
WIRC	\$10,143

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**T: CoC Current Funding and Renewal Projections Chart**

Congress has asked HUD to provide estimates of expected renewal amounts over the next five years. Please complete the chart below to help HUD arrive at the most accurate estimate possible. For further instructions in filling out this chart, see the Instructions section.

**T: CoC Current Funding and Renewal Projections**

<b>Supportive Housing Program (SHP) Projects:</b>													
<b>Type of Housing</b>		<b>All SHP Funds Requested (Current Year)</b>		<b>Renewal Projections</b>									
		<b>2007</b>		<b>2008</b>		<b>2009</b>		<b>2010</b>		<b>2011</b>		<b>2012</b>	
Transitional Housing (TH)		\$292,971		\$292,971		\$292,971		\$292,971		\$292,971		\$292,971	
Safe Havens-TH													
Permanent Housing (PH)		\$327,899		\$327,899		\$327,899		\$327,899		\$327,899		\$327,899	
Safe Havens-PH													
SSO													
HMIS													
<b>Totals</b>		\$620,870		\$620,870		\$620,870		\$620,870		\$620,870		\$620,870	
<b>Shelter Plus Care (S+C) Projects:</b>													
<b>Number of S+C Bedrooms</b>		<b>All S+C Funds Requested (Current Year)</b>		<b>Renewal Projections</b>									
		<b>2007</b>		<b>2008</b>		<b>2009</b>		<b>2010</b>		<b>2011</b>		<b>2012</b>	
		Units	\$	Units	\$	Units	\$	Units	\$	Units	\$	Units	\$
SRO													
0													
1													
2													
3													
4													
5													
<b>Totals</b>													

## Part IV: CoC Performance

### U: CoC Achievements Chart

For the five HUD national objectives in the **2006** CoC application, enter the 12-month measurable achievements that you provided in Exhibit 1, Chart N of the **2006 CoC application**. Under "Accomplishments," enter the *numeric* achievement that your CoC attained within the past 12 months that is *directly related* to the measurable achievement proposed in 2006. Below, if your CoC did not meet one or more of your proposed achievements, please describe the reasons for this.

<b>2006 Objectives to End Chronic Homelessness and Move Families and Individuals to Permanent Housing</b>	<b>12-month Measurable Achievement Proposed in 2006</b> (from Chart N of your 2006 CoC application)	<b>Accomplishments</b> (Enter the numeric achievement attained during past 12 months)
<b>Example:</b> 1. Create new PH beds for chronically homeless persons.	1. Create 5 new TRA S+C beds for chronically homeless persons through New Hope Housing Project. 2. Create 12 new PH beds through the River County PH project.	1. Created 5 new PH beds. 2. Created 8 out of the 12 new beds proposed in 2006.
2. Increase percentage of homeless persons staying in PH over 6 months to 71%.	1. Hire 2 additional case managers at New Hope Housing Project, which will allow for improved service provision. 2. Complete assessment of barriers to staying in PH and implement 5 key findings from this assessment.	73% of homeless persons stayed in PH over 6 months.
1. Create new PH beds for chronically homeless persons.		
2. Increase percentage of homeless persons staying in PH over 6 months to 71%.		
3. Increase percentage of homeless persons moving from TH to PH to 61.5%.		
4. Increase percentage of homeless persons becoming employed by 11%.		
5. Ensure that the CoC has a functional HMIS system.		
<b>Briefly explain the reasons for not meeting one or more of your proposed measurable achievements.</b>		
<b>OPTIONAL: If desired, you may use this space to describe your CoC's most significant accomplishments over the past 12 months.</b>		

## V: CoC Chronic Homeless (CH) Progress Chart

The data in this chart should come from [point-in-time counts](#) also used for [Chart K: Populations and Subpopulations Chart](#) and [Chart I: Housing Inventory Chart](#). For further instructions in filling out this chart, please see the [Instructions](#) section.

Deleted: January 2007

1. Enter the total number of chronically homeless persons in your CoC and the total number of permanent housing beds designated for the chronically homeless in your CoC for each year.					
<u>Year</u>	<u>Number of CH Persons</u>	<u>Number of PH beds for the CH</u>			
<u>2005</u>	14	0			
<u>2006</u>	19	0			
<u>2007</u>					
Briefly describe the reason(s) for any increases in the total number of chronically homeless persons between 2006 and 2007:					
2. Indicate the number of <b>new</b> PH beds in place and made available for occupancy for the chronically homeless between February 1, 2006 and January 31, 2007:					0
3. Identify the amount of funds from each funding source for the development and operations costs of the <b>new</b> CH beds created between February 1, 2006 and January 31, 2007.					
Cost Type	Public/Government				Private
	HUD McKinney-Vento	Other Federal	State	Local	
Development	NA	NA	NA	NA	NA
Operations	NA	NA	NA	NA	NA
TOTAL	NA	NA	NA	NA	NA

## W: CoC Housing Performance Chart

The following chart will assess your CoC's progress in reducing homelessness by helping clients move to and stabilize in permanent housing, access mainstream services and gain employment. Both housing and supportive services projects in your CoC will be examined. Provide information from the most recently submitted APR for the appropriate RENEWAL project(s) on your CoC Project Priorities Chart. **Note:** If you are not submitting any renewals in this year's competition for the applicable areas presented below, check the appropriate "No applicable renewals" box in the chart.

<b>1. Participants in Permanent Housing (PH)</b>		
HUD will be assessing the percentage of all participants who remain in S+C or SHP permanent housing (PH) for more than six months. SHP projects include both SHP-PH and SHP-Safe Haven PH renewals. Complete the following chart using data based on the <u>most recently submitted</u> APR for Question 12(a) and 12(b) for PH projects included on your CoC Priority Chart:		
<input type="checkbox"/>	No applicable PH renewals are on the CoC Project Priorities Chart	APR Data
<input checked="" type="checkbox"/>	All PH renewal projects with APRs submitted are included in calculating the responses below	
a.	Number of participants who <b>exited</b> PH project(s)—APR Question 12(a)	
b.	Number of participants who did <b>not leave</b> the project(s)—APR Question 12(b)	
c.	Number who <b>exited</b> after staying 7 months or longer in PH—APR Question 12(a)	
d.	Number who did <b>not leave</b> after staying 7 months or longer in PH—APR question 12(b)	
e.	Percentage of all participants in PH projects staying 7 months or longer (c. + d. divided by a. + b., multiplied by 100 = e.)	%
<b>2. Participants in Transitional Housing (TH)</b>		
HUD will be assessing the percentage of all TH clients who moved to a permanent housing situation. TH projects include SHP-TH and SHP-Safe Haven/TH <i>not</i> identified as permanent housing. Complete the following chart using data based on the <u>most recently submitted</u> APR Question 14 for TH renewal projects included on your CoC Priorities Chart.		
<input type="checkbox"/>	No applicable TH renewals are on the CoC Project Priorities Chart	APR Data
<input checked="" type="checkbox"/>	All TH renewal projects with APRs submitted are included in calculating the responses below	
a.	Number of participants who exited TH project(s)—including unknown destination	
b.	Number of participants who moved to PH	
c.	Percent of participants in TH projects who moved to PH (b. divided by a., multiplied by 100 = c.)	%

**Need MCS APR**

## X: Mainstream Programs and Employment Project Performance Chart

HUD will be assessing the percentage of clients in all your renewal projects who gained access to mainstream services, especially those who gained employment. This includes all S+C renewals and all SHP renewals, excluding HMIS projects. Complete the following charts based on responses to APR Question 11 for each of the renewal projects included on your CoC Priority Chart. For further instructions for filling out this section, see the Instructions section at the beginning of the application.

<input type="checkbox"/>	No applicable renewal projects for the Mainstream Programs and Employment Chart are included in the CoC Priorities Chart.
<input checked="" type="checkbox"/>	All renewal projects on the CoC Priorities Chart that are not exempted from reporting in the APR are included in calculating the responses below.

(1) Number of Adults Who Left (Use same number in each cell)	(2) Income Source	(3) Number of Exiting Adults with Each Source of Income	(4) Percent with Income at Exit (Col 3÷Col 1 x 100)
<i>Example:</i> 105	a. SSI	40	38.1%
<i>Example:</i> 105	b. SSDI	35	33.3%
	a. SSI		
	b. SSDI		
	c. Social Security		
	d. General Public Assistance		
	e. TANF		
	f. SCHIP		
	g. Veterans Benefits		
	<b>h. Employment Income</b>		
	i. Unemployment Benefits		
	j. Veterans Health Care		
	k. Medicaid		
	l. Food Stamps		
	m. Other (please specify)		
	n. No Financial Resources		

**Y: Enrollment and Participation in Mainstream Programs Chart**

It is fundamental that your CoC *systematically* helps homeless persons 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.** Which policies are currently in place in your CoC to help clients secure these mainstream benefits for which they are eligible?

Check those activities implemented by a <b>majority</b> of your CoC’s homeless assistance providers (check all that apply):	
<input checked="" type="checkbox"/>	A majority of homeless assistance providers have case managers systematically assist clients in completing applications for mainstream benefit programs.
<input checked="" type="checkbox"/>	The CoC systematically analyzes its projects’ APRs to assess and improve access to mainstream programs.
<input type="checkbox"/>	<b>The CoC has an active planning committee that meets at least three times a year to improve CoC-wide participation in mainstream programs.</b>
<input type="checkbox"/>	A majority of homeless assistance providers use a single application form for four or more of the above mainstream programs.
<input checked="" type="checkbox"/>	The CoC systematically provides outreach and intake staff specific, ongoing training on how to identify eligibility and program changes for mainstream programs.
<input checked="" type="checkbox"/>	The CoC or any of its projects has specialized staff whose primary responsibility is to identify, enroll, and follow-up with homeless persons on participation in mainstream programs.
<input checked="" type="checkbox"/>	A majority of homeless assistance providers supply transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs.
<input checked="" type="checkbox"/>	A majority of homeless assistance providers have staff systematically follow-up to ensure that mainstream benefits are received.
<input checked="" type="checkbox"/>	The CoC coordinates with the State Interagency Council(s) on Homelessness to reduce or remove barriers to accessing mainstream services.

**Z: Unexecuted Grants Awarded Prior to the 2006 CoC Competition Chart**

Provide a list of all HUD McKinney-Vento Act awards made prior to the 2005 competition that are not yet under contract (i.e., signed grant agreement or executed ACC).

Project Number	Applicant Name	Project Name	Grant Amount
Example: MI23B901002	Michiana Homes, Inc.	TH for Homeless	\$514,000
Not Applicable			
		<b>Total:</b>	

### AA: CoC Participation in Energy Star Chart

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

Have you notified CoC members of the Energy Star initiative?  Yes  No

Percentage of CoC projects on CoC Priority Chart using Energy Star appliances: 87%

### AB: Section 3 Employment Policy Chart

	YES	NO
1. Is any project in your CoC requesting HUD funds for housing rehabilitation or new construction?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. <b>If you answered yes to Question 1:</b> Is the project requesting \$200,000 or more?	<input type="checkbox"/>	<input type="checkbox"/>
<p>3. <b>If you answered yes to Question 2:</b> What activities will the project undertake to ensure that employment and other economic opportunities are directed to low- and very low-income persons, per the Housing and Urban Development Act of 1968 (known as "Section 3")? <b>Check all that apply:</b></p> <p><input type="checkbox"/> The project will have a preference policy for hiring low- and very low-income persons residing in the service area or neighborhood where the project is located, and for hiring Youthbuild participants/graduates.</p> <p><input type="checkbox"/> The project will advertise at social service agencies, employment and training centers, community centers, or other organizations that have frequent contact with low- and very low-income individuals, as well as local newspapers, shopping centers, radio, etc.</p> <p><input type="checkbox"/> The project will notify any area Youthbuild programs of job opportunities.</p> <p><input type="checkbox"/> If the project will be awarding competitive contracts of more than \$100,000, it will establish a preference policy for "Section 3 business concerns"* that provide economic opportunities and will include the "Section 3 clause"*** in all solicitations and contracts.</p> <p><input type="checkbox"/> The project has hired low- or very low-income persons.</p>		
<p>*A "Section 3 business concern" is one in which: 51% or more of the owners are section 3 residents of the area of service; <u>or</u> 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; <u>or</u> 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.</p> <p>***The "Section 3 clause" can be found at 24 CFR Part 135.</p>		

Abbey: check to see if "Questionnaire for HUD's Initiative on Removal of Regulatory Barriers is still the same, also check the footer to see if the date or anything else changes. If every thing is still the same, fax a copy to Cathy Allen to see if all the information is still the same.

# West Central Illinois Continuum of Care

## Code of Conduct

This Code of Conduct applies to all agencies belonging to, officers of, and directors of the West Central Illinois Continuum of Care (WCICCC). All members of the Continuum must act in good faith to the Continuum and its mission, which is helping communities to develop comprehensive and long term solutions to address the problem of homelessness in their communities. All members must use care, skill, and diligence when carrying out any acts affiliated with the Continuum. All members must use the highest standards of integrity, honesty, ethics, and fairness when carrying out any and all duties associated with the WCICCC. They must never use their position to get ahead in society in any way.

All members must not share any confidential information. Members may have access to confidential information regarding the agency, clients, and services and must not be shared. All members should ensure clients that information will only be used for what is necessary and it will not be shared.

The West Central Illinois Continuum of Care prohibits the acceptance of gifts or gratuities by members for their personal use. Members may not accept money, goods, services, or gratuities in excess of \$50 from any person who receives benefits or services or who contracts with the WCICCC. Members must avoid any behavior or measures that may be in conflict with those of the WCICCC as much as possible.

Members will not discriminate against any person or group because of race, gender, age, religion, sexual orientation, or disability. Members will be fair towards clients and colleagues when handling all comments and complaints and make sure the appropriate action is taken.

Members should report any violations of the code of conduct to the chair or co-chair. The agency will investigate all reports and take appropriate disciplinary action. Retribution against any member reporting a violation will not be tolerated. All issues and questions will be kept confidential.

To be sure that all members of the Continuum are aware and understand the Code of Conduct, they will receive a copy and must sign that they will abide by the rules and regulations.

### **Acknowledgment of Code of Conduct**

I, \_\_\_\_\_, have received, read and understand the Code of Conduct policy for the West Central Illinois Continuum of Care.

Name of Agency \_\_\_\_\_

Member Signature \_\_\_\_\_ Date \_\_\_\_\_

## **West Central Illinois Continuum of Care Consortium BY-LAWS**

### **Article I — Name**

The name of the organization shall be West Central Illinois Continuum of Care Consortium (WCICCC). The name of the organization shall be West Central Illinois Continuum of Care Consortium (WCICCC). WCICCC serves the counties of Adams, Brown, Cass, Hancock, Henderson, McDonough, Morgan, Pike, Schuyler, Scott, and Warren.

### **Article II — Purpose**

The purpose of the WCICCC is to collaboratively work together to identify ways to serve the homeless and respond to issues related to the homeless. WCICCC hopes to achieve this through the coordinated social service efforts of social service agencies, nonprofit organizations, faith-based organizations, private businesses, government agencies, banks, housing developers, educators, those who are homeless, previously homeless and other interested parties in the designated counties, as well as through their respective networks.

### **Article III — Membership**

Membership is open to any of the above named parties in Article II, within the WCICCC jurisdiction, willing to actively participate in a long-term collaborative planning process focused on issues of homeless/at-risk individuals and families.

### **Article IV — Attendance**

Members will be requested to attend meetings quarterly to insure continuity in the planning process. In order to be considered an active member, an agency or entity must attend at least fifty percent (50%) of the regular, full continuum meetings, within a given year.

Members will be requested to attend quarterly, full continuum meetings and committee meetings if they utilize the following services:

1. HUD Funding
2. Other collaborative funding opportunities

### **Article V — Meetings**

Full continuum meetings will be scheduled, with advance notification provided, at a minimum on a quarterly basis.

### **Article VI — Requirements**

A majority vote of members present at any WCICCC full continuum meeting is required to make decisions affecting the entire Continuum.

### **Article VII — Officers**

Officers of the Continuum are: Chair, Co-Chair and Secretary. The officers will be elected by a majority vote and will serve a term of 2 years. The Chair and Co-Chair represent both the private and public sector at the same time, with staggered 2-year terms and the Chair position rotating between the private and public sector. Current office holders may seek re-

election. An officer may be removed if the majority of the Steering Committee feels that it is in the best interest of the Continuum.

### **Article VIII — Chair Responsibilities**

The Chair's duties will be:

1. Serve as leader of the Continuum;
2. Preside over meetings of the Continuum;
3. Assist in establishing an agenda for all meetings;
4. Appoint members of committees;
5. Communicate effectively with Consortium members; and
6. Coordinate continuum business with Technical Assistant

The Co-Chair's duties will be:

1. Assist the Chair in any way necessary; and
2. Fulfill the duties of the Chair in his/her absence

The Secretary's duties will be:

1. Take minutes at all meetings;
2. Post minutes on WCICCC's website;
3. Give adequate notice of any meetings or deadlines; and
4. Fulfill duties of Chair and Co-Chair in their absence.

### **Article IX — Election of Officers**

Election of officers will be held bi-annually. Steering committee will nominate a slate of officers for election by membership. The floor will accept other nominations.

### **Article X — Committees**

Committees will be established as deemed necessary by the Continuum as a whole. Committees will meet on an as needed basis. The Steering Committee Chair will appoint committee members. Committee members will choose a Chair of each committee. Current standing committees are as follows:

**STEERING COMMITTEE:** There will be a maximum of ten steering committee members. There must be a representative for each county, though this designated person may represent more than one county. The Steering Committee's responsibilities shall include the following:

1. Designate a Chairperson;
2. Actively recruit members to participate and identify membership criteria;
3. Track member participation;
4. Review By-Laws;
5. Oversee the creation of Exhibit 1 and the grant application as a whole;
6. Suggest the establishment of new committees where it sees a need;
7. Identify funding sources which may be beneficial to the Continuum;
8. Work with members to facilitate participation in funding;
9. Recommend changes to the full membership; and
10. Provide quarterly reports to full membership.

**EVALUATION COMMITTEE:** The Evaluation Committee will perform the following responsibilities:

1. Designate a Chairperson who becomes part of Steering Committee;
2. Evaluate Department of Housing and Urban Development and Illinois Department of Human Services proposals;
3. Establish a method, criteria and process for ranking projects and determining project priorities; and
4. Provide quarterly reports to full membership.

~~**HMIS/DATA COMMITTEE:** The HMIS Committee's will perform the following responsibilities:~~

- ~~1. Designate a Chairperson who becomes part of Steering Committee~~
- ~~2. Establish a continuum-wide process for usage of the homeless management information system.~~
- ~~3. Maintain communication with members of Heartland Continuum of Care's HMIS committee.~~
- ~~4. Create and finalize a needs assessment survey and gaps analysis form~~
- ~~5. Establish deadlines for data collection and survey completion~~
- ~~6. Review current service provider inventory and keep it up-to-date~~
- ~~7. Provide quarterly reports to full membership~~

**POINT-IN-TIME COMMITTEE:** The Point-in-Time Committee will perform the following responsibilities:

1. Designate a Chairperson who becomes part of Steering Committee;
2. Keep abreast of HUD guidelines for point-in-time counts;
3. Establish deadlines for data collection;
4. Review current service provider inventory and keep it up-to-date; and
5. Provide quarterly reports to full membership.

**HMIS COMMITTEE:** The HMIS Committee will perform the following responsibilities:

1. Designate a Chairperson who becomes part of Steering Committee;
2. Keep abreast of HUD guidelines for HMIS standards;
3. Establish protocols to be used by HMIS users; and
4. Provide quarterly reports to full membership.

#### **Article XI — By-Laws**

By-Laws shall be in effect upon approval by a majority vote of the current members of the Continuum of Care.

#### **Article XII — Amendments**

Recommendation to change or amend by-laws may be made by any member. If a member desires to change or amend by-laws, they shall submit proposals, in writing, at a regular, full continuum meeting of the board. Such proposals shall then stand for action at the next regular, full continuum meeting of the board. During this period, the Technical Assistant shall give a twenty (20) day notice to all members of the board about proposed changes. Changes will be in effect upon approval by two-thirds of the WCICC members present at a regular, full continuum meeting.

**Article XIII — Rules of Conduct**

The WCICCC's Code of Conduct shall be followed at all times. All members will be required to read and sign a form stating that they understand what is expected of them. If additional copies of the Code of Conduct are needed, one may be requested from the Chair.

**Article XIV — Voting Privileges**

All agencies/organizations as members shall have one vote. Members of state and federal governmental agencies who provide funding to the WCICCC members shall not have voting privileges and are present as members in an advisory capacity only. Local field office staffs of state agencies that provide funding are allowed to vote, one vote per local office.

## CoC Discharge Planning Policy Chart

**Foster care:** In 1999, Congress enacted the Foster Care Independence Act (FCIA), authorizing \$140 million for the John H. Chafee Foster Care Independence Program (Chafee) to improve service delivery for foster youth transitioning out of care. With the implementation of Chafee, Illinois developed the Youth Housing Assistance Program (YHAP), which provides housing advocacy and cash assistance to youth aging out of foster care. YHAP targets youth at risk of becoming homeless who are approaching emancipation or who have already emancipated from the foster care system.

Housing advocacy is provided for youth at least 17 ½ and less than 21. Cash assistance is provided to youth between their 18<sup>th</sup> and 21<sup>st</sup> birthdays. Caseworkers refer youth to YHAP six months before emancipation if they are in need of housing services. Youth may receive:

- 1) Housing Advocacy – services to help youth locate housing, receive budget counseling, and gain access to community resources and social services,
- 2) Start-up Grant – youth can receive up to \$800 (\$1200 if pregnant, parenting or disabled) to cover start-up costs including deposits, furniture, appliances, etc. The start-up grants assist youth to move into housing that they can afford near the time of emancipation.
- 3) Partial Housing Subsidy – if a youth's housing costs exceed 30% of her/his income, their landlord will receive up to \$250 for 6 months, and if the housing costs exceed 50% of the income, for an additional 6 months (stopping at 21<sup>st</sup> birthday). The subsidy is designed to be large enough to provide a cushion for youth people learning to live on their own for the first time, but small enough to discourage youth from becoming dependent on the subsidy,
- 4) Crisis cash assistance – cash assistance may be used for deposits, rent, furniture, appliances, utilities and other items necessary to avoid or manage a crisis. Youth may receive up to \$2000 per 12-month period, if needed to manage a crisis. If an employed youth loses a job and needs to pay rent to avoid an eviction before another job is secured, that youth may receive up to \$600 one-time exception for rent.

Follow-up services are provided for a minimum of three months after the client secures appropriate housing. In YOUR CONTINUUM JURISDICTION HERE, the Housing Advocacy is provided by AGENCY(IES) HERE, and cash assistance is provided by AGENCY(IES) HERE, active participants in the CoC (IF THEY ARE).

QuickTime™ and a  
TIFF (LZW) decompressor  
are needed to see this picture.

## **SUPPORT 5% CODB INCREASE FOR STATE EMERGENCY FOOD AND SHELTER PROGRAM**

Service providers are seeking a 5% Cost of Doing Business (CODB) increase, equaling \$445,000, for the Emergency Food and Shelter Grant Program for FY08. The FY08 budget proposal flat-funded the program at \$8.9 million. Because of the state's budget problems, funding for the program has decreased from \$9.7 million in FY03.

Rising costs for utilities and employee health care benefits are just some of the increased costs providers are facing that have inhibited their ability to provide services to people with no place else to go.

### **THE SERVICES PROVIDED HELP PEOPLE MOVE FROM HOMELESSNESS TO HOUSING**

- Overnight Shelters and voucher programs provide people in crisis a place to stay.
- Transitional Shelters provide up to 24 months of housing while families and individuals prepare to move back into permanent housing.
- Supportive Services, such as transportation assistance, case management and counseling, are provided to all participants to help them achieve stability and self-sufficiency.

### **MOST PEOPLE MOVE BACK INTO PERMANENT HOUSING AFTER GETTING SHORT-TERM ASSISTANCE BUT MANY ARE TURNED AWAY**

Here some key program statistics from FY06.

- 49,150 individuals served (58% in Chicago and 42% in the rest of the state).
- People were refused shelter almost 12,000 times due to lack of space (not including the City of Chicago, which does not track refusals).
- 35% of individuals served were aged 21 or younger.
- 56% of households stayed one month or less. Only 8% of households stayed more than 6 months.
- 56%, of households moved on to permanent housing or other shelter.

### **LACK OF AFFORDABLE HOUSING IS THE PRIMARY CAUSE OF HOMELESSNESS**

In FY06, Participants cited the following factors as their primary cause of homelessness:

- 38%—lack of income to afford housing.
- 22%—family and neighborhood problems, such as overcrowding, family disputes, neighborhood safety and domestic violence.
- 15%—housing problems, such as unsafe housing and evictions.
- 12%—personal problems, such as substance abuse and mental illness.
- 6%—institutional release from prison or a mental health facility.
- 6%—relocation to another community.

**THE EMERGENCY FOOD AND SHELTER GRANT PROGRAM IS AN ESSENTIAL PART OF THE  
STATE'S RESPONSE TO HOMELESSNESS**

- With increased funding, the City of Chicago and the 88 private agencies currently funded in the rest of the state would better be able to assist people to move back into permanent housing.
- Based on 49,150 individuals served in FY05, the FY07 funding level of \$8.9 million represents spending of only \$181 per person served.
- The Emergency Food and Shelter Grant Program is an essential part of the state's response to homelessness along with homelessness prevention, permanent supportive housing and other programs.



It Takes a Home to Raise a Child

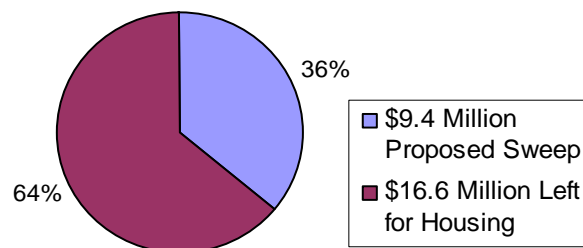
A CAMPAIGN TO PREVENT AND REDUCE FAMILY HOMELESSNESS

## Say “NO” to the Governor’s proposed sweep of the Rental Housing Support Program

- This year’s proposed sweep of **\$9.4 million** amounts to **36%** of the \$26 million expected to be generated by the fee this year.
- In 2005 the legislature passed the Rental Housing Support Program. This program created a new \$10 state recording fee to fund rental subsidies to help extremely low-income households afford rent.
- When this legislation was passed, the Governor’s Office of Management and Budget promised in writing that unspent balances would not be swept from the fund during the legislatively mandated start-up period.
- The Governor’s office is now proposing to do what it promised NOT to do, sweep large balances intended to house low-income people across the state.

**More than 1,700 families will NOT be able to access affordable housing if the Governor’s proposed sweeps are allowed to pass!**

**Proposed Sweep Amount from \$26 million  
Rental Housing Support Program**



**Let your leadership know that you intended for the Rental Housing Support Program to assist low-income households around the state to afford housing NOT to fill holes in the state budget**

# THE SAFE HOMES ACT – Effective Jan. 2007

## ENDING YOUR LEASE EARLY

## CHANGING YOUR LOCKS

### ***What is The Safe Homes Act?***

It is a law that gives you or anyone in your household, including children, who are victims of domestic violence, dating violence, stalking, or sexual violence (“domestic or sexual violence”) the right to:

- End your lease (written or oral) early and leave the home. Tenants who properly use the law will not be responsible for rent due after they leave the home.
- Change the locks to keep the abuser out of the home in an emergency. You can only do this if you have a written lease and the abuser is not on the lease.

### ***Is my home covered by the Act?***

You can protect yourself under the Act if you live in:

- Private rental housing, no matter the size.
- Subsidized housing, including housing choice “Section 8” vouchers.
- Public housing is NOT covered.

### **NEED HELP?**

In Chicago—

*Domestic Violence Help Line:* 877-TO END DV

*Rape Crisis Hotline:* 888-293-2080

*Legal Assistance Foundation:* 312-341-1070

Outside Chicago—

*Land of Lincoln Legal Help:* 800-252-8629

*Prairie State Legal Services:* 800-531-7057

Under The Safe Homes Act, you or a household member who is a victim of domestic violence or sexual violence, can end the lease early, even when the abuser is a member of the household, if:

- There is a credible imminent threat of harm on the premises.
- You give the landlord written notice of the credible imminent threat 3 days before or after you leave the home.

If you end your lease early, you must remove all your belongings and turn over your keys to your landlord or property manager. This shows that you have given up the apartment.

### **Extra Protections for Sexual Violence**

You or anyone in your household, including children, may end the lease early WITHOUT showing a credible imminent threat, if an act of sexual violence took place on the premises. To end the lease you, or anyone in the home, must:

- Give the landlord written notice 3 days before or after you leave the unit and within 60 days of the event, or as soon as possible.
- Include evidence such as police reports, medical records, court records, or a statement from a victim services organization with the notice.

You can ONLY change your locks if you have a written lease and the abuser is NOT on the lease. If you are covered, you have the right to ask your landlord for an emergency lock change.

You must give your landlord a written request from everyone who is on the lease. The request must be due to a credible imminent threat of domestic or sexual violence. The request must include at least ONE of the following:

- A statement from an employee of victim services, domestic violence, or rape crisis organization from which you or anyone in your household, including children, has sought services.
- Medical, court, or police evidence.

Your landlord must change the locks or give you permission to change the locks within 48 hours of the written request. If your landlord does not change the locks within 48 hours, you may change them on your own without the landlord’s permission, or sue the landlord in court to have the locks changed. If you change the locks, you must give the landlord a new key within 48 hours.

## EXAMPLES OF:

## VIOLENCE AGAINST WOMEN ACT (VAWA)

### Credible Imminent Threat

- The abuser comes to your or a household member's job and you fear he will come to your house next.
- A stalker stands across the street from your or a household member's apartment.
- You are sexually assaulted on the premises and the police have not caught the abuser.
- An abusive ex-boyfriend knows where you live.
- Your wallet and keys were stolen by the abuser and have not been found.

### On the Premises

- Laundry room, back yard, parking lot, hallways, front and back entrances, inside the apartment unit, etc.

### Written Notice

- "My ex-husband just got out of jail and found out where I live. He said he would kill me. I have to leave my apartment now" (to end the lease early).
- "My date sexually assaulted me in my apartment last night. I don't feel safe here anymore" (to end the lease early).
- "My ex-boyfriend made a copy of my house key without permission. I want to change the locks because I don't feel safe" (to get the locks changed).

### What is VAWA?

VAWA is a federal law that protects victims of domestic violence, dating violence, and stalking who live in or with:

- **Public Housing**
- **Project-Based Section 8 Housing**
- **Private Housing with a Housing Choice "Section 8" Voucher**

Victims of sexual violence are only protected in some situations.

### Admissions

Property owners CANNOT use an applicant's history of domestic violence, dating violence, or stalking as a reason to refuse housing assistance if they otherwise qualify.

### Evictions

Incident(s) of ACTUAL or THREATENED domestic violence, dating violence, or stalking, including related criminal activity, do NOT give a landlord the right to evict if the victim is a tenant or immediate member of the tenant's family.

### Ending the Abuser's Lease

The building owner may evict, remove, or terminate the lease of a single tenant who commits physical violence against family members or others. The building owner also must obey any court order that gives victims of violence possession of the home.



# Housing Rights For Victims of Domestic & Sexual Violence



SHRIVER  
CENTER

Sargent Shriver National Center on Poverty Law

housingactionillinois

For more information, please contact:

Kate Walz, [katewalz@povertylaw.org](mailto:katewalz@povertylaw.org)  
312.263.3830, ext. 232,  
Wendy Pollack, [wendypollack@povertylaw.org](mailto:wendypollack@povertylaw.org)  
312.263.2830, ext. 238, or  
Housing Action Illinois, 312.939.6074