

# Rhode Island Continuum of Care

## Statewide Coordinated Entry System for Homeless Services and Homeless Management Information System Policies and Procedures Addendum to address COVID-19 Public Health Crisis

Updated February 4, 2021; in effect through April 15, 2021.

Please note: This is an ongoing and evolving public health crisis;  
effective dates and policy addendums may change as the response evolves.

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## Introduction

In December 2019, a new coronavirus known as SARS-CoV-2 was first detected. It has since caused outbreaks of the coronavirus disease COVID-19 that has spread globally. The first case was reported in the United States in January 2020 and in Rhode Island in March 2020. In March 2020, the World Health Organization declared the coronavirus outbreak a pandemic and the President declared the outbreak a national emergency. Since March 2020, Rhode Island has declared a state of emergency and made a disaster declaration; shut down large gathering places; and limited the movement of residents. As a consequence, many RICOC stakeholders and provider agencies are facing challenges in ensuring appropriate shelter and housing options are available for program participants who need to be separated from others because they are exhibiting symptoms; training staff on how to safely work with program participants and prevent spreading the virus; obtaining supplies to prevent the spread of the virus; and maintaining necessary staffing levels during the outbreak. Further, many program participants are suffering economic consequences from the mass shutdown of businesses and lack of availability of traditional mainstream benefits.

In response to COVID-19 the Rhode Island Continuum of Care (RiCoC) has updated and changed some of its Rhode Island Statewide Coordinated Entry System (CES) Policies and Procedures and Homeless Management Information System (HMIS) Policies and Procedures to position the system to respond to the COVID-19 public health crisis. This CES and HMIS Policies and Procedures addendum (“the addendum”) reflects those updates made to date and the date they are currently planned to expire. Please note this is a constantly evolving crisis and response, and dates and policies are subject to change as the RiCoC continues to refine its COVID-19 response.

Wherever applicable, the addendum supersedes the currently adopted [RI Statewide CES Policy and Procedure Manual](#) and the [HMIS Policy and Procedure Manual](#) for the duration of the COVID-19 crisis in Rhode Island, which is the timeframe during which this addendum is intended to be in effect.

## Determination of Eligibility and Priority for Shelter and Housing Options

To facilitate access to the most appropriate response to each household’s immediate and long-term housing needs and ensure that scarce permanent housing resources are targeted to those who are most vulnerable and/or have been homeless the longest, the *Statewide Coordinated Entry System* uses the following criteria. Please note: in all instances where the term “family” is used, the RICOC is using HUD’s definition of a family; [here is a link to more information on the HUD definition of a family](#):

Model	Eligibility/Entry Requirements -	Priority Populations for Service – used to establish admission priorities relative to other eligible applicants
ALL Program Models	<p>No additional eligibility requirements can be applied beyond those required by funders or established as a Coordinated Entry policy</p> <p>All eligibility requirements stipulated by funders will apply</p>	
Permanent Supportive Housing/ COC Rental Assistance	<p>Must meet HUD definition of literally homeless (category 1) <u>or</u> have met that definition prior to entering transitional or other COC assisted housing</p> <p>Must include at least one family member with a disability</p> <p>Must meet any additional eligibility criteria specified by funding source</p> <p>Must have a completed CES Standard Assessment</p>	<p>Households containing a person aged 50 years of age or older who also has a preexisting blood disorder, kidney, liver, heart or lung disease, diabetes, high blood pressure or any immunosuppressant illnesses</p> <p>Households containing a person with a preexisting blood disorder, kidney, liver, heart or lung disease, diabetes, high blood pressure or any immunosuppressant illnesses</p> <p>Households containing a person aged 50 years of age or older</p> <p>Households that have high CES Standard Assessment scores or are deemed appropriate byway of Housing Priorities</p>

		Households that have longer length of time homeless relative to other PSH eligible households
<b>Rapid Re-Housing/CHF Rental Assistance</b>	<p>Must meet HUD's definitions of: Literally homeless (Category 1) (all CoC funded projects)</p> <p>-or-</p> <p>Fleeing domestic abuse or violence (Category 4)</p> <p>-or-</p> <p>Unaccompanied Youth may meet Category 2 homeless definition if the projects have received HUD approval to serve category 2 homeless, transition aged, youth (CoC funded projects)</p> <p>Must have a completed Standard Assessment</p> <p>Must meet any additional eligibility criteria specified by funding source</p>	<p>Households containing a person aged 50 years of age or older who also has a preexisting blood disorder, kidney, liver, heart or lung disease, diabetes, high blood pressure or any immunosuppressant illnesses</p> <p>Households containing a person with a preexisting blood disorder, kidney, liver, heart or lung disease, diabetes, high blood pressure or any immunosuppressant illnesses</p> <p>Households containing a person aged 50 years of age or older</p> <p>Households who are eligible for PSH but literally homeless and awaiting PSH placement</p> <p>Households that have high Standard Assessment scores relative to other households targeted for RRH and/or are deemed appropriate byway of Housing Priorities</p>
<b>Transitional Housing</b>  (Includes: Substance use treatment/ sobriety programs, VA Grant/Per Diem, Family programs)	<p>Not able to be diverted</p> <p>Income below 30% AMI</p> <p>Individuals or families who meet HUD's definition of literally homeless (category 1) homelessness</p>	Households containing a person aged 50 years of age or older who also has a preexisting blood disorder, kidney, liver, heart or lung disease, diabetes, high blood pressure or any immunosuppressant illnesses

	<p>Persons for VA supported programs (Grant/Per Diem) must meet VA eligibility criteria</p>	<p>Households containing a person with a preexisting blood disorder, kidney, liver, heart or lung disease, diabetes, high blood pressure or any immunosuppressant illnesses</p> <p>Households containing a person aged 50 years of age or older</p> <p>Young adults under age 25</p> <p>Households headed by young adults</p> <p>Households headed by persons with histories of foster care involvement</p> <p>Families with children</p> <p>Fleeing DV and DV is cause of recent homeless episode</p> <p>Households not in need of PSH</p> <p>At least one prior episode of homelessness (except unaccompanied youth)</p>
<p><b>Emergency Shelter</b></p>	<p>Households experiencing homelessness who cannot be diverted and with no other safe place to sleep</p> <p>Households who can be safely accommodated in shelter – not presenting danger to self or others</p> <p>A shelter may <b>NOT</b> require a negative COVID test as eligibility criteria to enter shelter. If a person is exhibiting COVID symptoms and cannot safely Q/I in the shelter program, that person should be supported to access testing and Q/I shelter as needed through established RIDOH protocol for homeless programs.</p>	<p>Households that have high acuity based on standard assessment score</p>

<p><b>Non-congregate hotel winter and COVID emergency shelter program operated by RI Coalition for the Homeless</b></p>	<p>Households experiencing homelessness who cannot be diverted and with no other safe place to sleep</p>	<ol style="list-style-type: none"><li>1. Unsheltered households identified by an outreach worker and/or CES lead</li><li>2. Individuals who are medically compromised and at high risk of COVID and medical complication if assisted in congregate shelter</li><li>3. People who are in emergency shelter and have a housing subsidy but are pending location of a unit to resolve their homelessness.</li></ol>
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## Change to HUD’s Definition of Homelessness

On September 30, 2020 HUD issued a new waiver for COC programs, which is summarized below. The RICOC’s CES is there for amending its definition of homelessness (effective November 5, 2020) to broaden to the 120-day definition described in the available HUD waiver. This will allow COC programs that choose to apply for this waiver, to continue to operate in accordance with the RICOC’s CES policy. Please note, this definition change is to HUD’s homeless definition, not to HUD’s Chronic Homelessness definition.

Waiver	Applicable Program/Project Type	Timeframe	Citation	Policy Waived
Homeless Definition - Temporary Stays in Institutions of <b>90 days or Less</b>	All CoC Projects and YHDP ESG-CV and Annual Entitlement ESG	Six months starting on 9/30/20	24 CFR 578.3 24 CFR 576.2	An individual may qualify as homeless so long as he or she is exiting an institution where they resided for <b>120 days or less</b> and resided in an emergency shelter or place not meant for human habitation immediately before entering that institution.

## Addendum to the process for Individual Shelter Referral and CES/HMIS entry expectations

Effective 7/1/2020, the Rhode Island Continuum of Care (RICOC) and Consolidated Homeless Fund (CHF) are **ending** the “pause” previously in place on the Rhode Island's Statewide Coordinated Entry System's (CES) requirement for a completed shelter assessment to enter a shelter serving individuals.

This means that an eligible shelter referral must have a completed shelter assessment and be referred to shelter through the designated CES Lead agency for shelter referrals.

The policy below has since been updated (above) and is no longer in effect; it is being included here for reference only:

Effective immediately [4/15/2020-6/30/2020], the Rhode Island Continuum of Care (RICOC) and Consolidated Homeless Fund (CHF) are continuing to pause Rhode Island's Statewide Coordinated Entry System's (CES) requirement for a completed shelter assessment to enter a shelter serving individuals. The CES hotline remains open for shelter assessments for families, housing, diversion and shelter resources.

Those persons entering individual shelters must be reported to CES (phone: 401-277-4316) within two (2) business days by the shelter provider in order to assure eventual completion of the CES assessment. The CES assessment should be completed in HMIS within five (5) business days.

The HMIS Lead ([HMIS@rihomeless.org](mailto:HMIS@rihomeless.org)) may be contacted for assistance needed in meeting HMIS entry expectations throughout the duration of the COVID-19 crisis.

The policy below has since been updated (above) and is no longer in effect; it is being included here for reference only:

Effective [3/19/2020 – 4/14/2020], the Rhode Island Continuum of Care (RICOC) and Consolidated Homeless Fund (CHF) are pausing Rhode Island's Statewide Coordinated Entry System's (CES) shelter assessment process for shelters serving individuals. Please message this to all staff and constituents within shelter provider agencies today. The RICOC/CHF will reassess the situation in approximately one month, on April 15th, and provide guidance going forward.

Agencies should make every effort to have clients shelter in the same location and bed whenever possible. Programs should continue to accept new clients for available beds until the individual shelter reaches capacity. Established procedures and protocols to screen clients and address any clients presenting with symptoms, should be followed to protect the safety of clients and staff.

The CES hotline will remain open for diversion and shelter resources. Additionally, those entering shelter should be referred to CES in order to complete assessments as soon as possible for housing placement.

Please note this change applies only to shelter assessment, the RICOC and CHF housing providers must still adhere to CES policy.



## Individual and Family Shelter and Outreach expectations regarding CDC guidelines

Agencies should make every effort to have clients shelter in the same location and bed whenever possible. Programs should continue to accept new clients for available beds until the individual shelter reaches capacity. Established procedures and protocols to screen clients and address any clients presenting with symptoms, should be followed to protect the safety of clients and staff. These include:

[Rhode Island's Shelter/Outreach COVID Screening Tool](#) (PDF; updated 6/17/20)

Rhode Island's Screening Tool Training: [15 minute video](#) | [pdf slideshow](#)

## Housing Help Rhode Island (HHRI)

HHRI is a homelessness prevention program; its access point is the website:

<https://www.housinghelpri.com/>

### Threshold/Eligibility:

#### 1. HUD Definition of "at-risk of homelessness"

Households must meet one of the following criteria:

- Is doubled up with another family because of economic hardship;
- Has been notified that their right to occupy their current housing or living situation will be terminated within twenty-one (21) days after the date of application;
- Has moved because of economic reasons two or more times during the sixty days immediately preceding the application;
- Is exiting a publicly funded institution or system of care;
- Lives in a hotel or motel, the cost of which is not paid for by charitable organizations or by federal, state, or local government programs for low-income individuals;
- Lives in an SRO (Single Room Occupancy) or efficiency apartment unit with at least one other person, or a larger housing unit in which there are more than one and a half persons per bedroom; or
- Otherwise lives in housing that has characteristics associated with instability and an increased risk of homelessness.

#### 2. Income Eligible

Households must earn (immediately prior to crisis) no more than 50% of Area Median Income, based upon family size and area, as published by HUD.

3. COVID Impact

Households must have suffered an income reduction during the COVID19 health crisis. This is documented by comparison of income prior to crisis (March) and current income (which may factor underemployment and other income).

4. Other Options Not Available

Households must have no other housing options and resources and there are no other community resources available to prevent literal homelessness. In other words, "but for" this assistance, the household would experience homelessness.

In some instances, households not eligible/suitable for this initiative may be referred to other programs/resources able to meet their need.

## Targeting/Prioritization

Primary Criteria: Income\*

0%-30% AMI	5 points
31%-40% AMI	4 points
41%-50% AMI	3 points

\*While other factors such as history of evictions/homelessness and household indicators were considered for prioritization purposes, the COC/CES believes income alone is, during this current crisis, sufficient to target resources to those households most likely to experience homelessness but for this emergency assistance. Other criteria such as "urgency" and "sudden decrease of income" is factored due in the eligibility criteria for this program. Implementation of this program by Crossroads RI, the COC/CES Diversion lead, further assures consistency with CES.

### Note(s):

#### Mainstream Resources:

Participants in this program will be referred to mainstream resources which may assist the households in meeting their needs. When homelessness is unable to be prevented, a household may be referred to appropriate shelter, housing and/or resources through use of the State's Coordinated Entry System (CES).

#### Documentation:



whether the household has other housing options and resources available to them. Staff should be particularly mindful of any inappropriate, unsafe, or otherwise unhealthy relationship the household is reluctant or refuses to pursue and not assume such options are viable to prevent the household's homelessness.

Financial Resources – Staff should determine if the household has financial resource to pay for their immediate housing costs. This may include their own resources, community resources, or financial assistance they are eligible for and is available in time to prevent literal homelessness.

## CES Housing Referral Form

The CES Housing referral form has been updated to reflect the paperwork required for low barrier permanent housing programs, such as ESG and COC programs.

Recipient agencies may require additional paperwork in their policies and procedures, however this document summarizes paperwork required by federal regulation for program entry. **The RICOC encourages its recipient agencies to be as low-barrier as possible while aligning with federal regulations.**

[The remainder of this page is intentionally blank, please find the updated CES Housing referral form on the following 5 pages.]

## Coordinated Entry System: Housing Referral Application

Client Name: _____	Date Submitted to CES: _____
Client Phone: _____	HMIS#: _____
Client Email: _____	# in Household: _____
Client's Current Program: _____	

Date of Program Entry: _____	<b>Contact Info for Support Staff Submitting Packet:</b>
Client Gender Identity: _____	Name: _____
Client DOB: _____	Phone: _____
	Email: _____

VI Score (Head of Household):				Subpopulation (Check all that apply):				
VI 2.0	TAY VI	Fam VI	Full SPDAT	DV	Individual	TAY	Family	Veteran

### RRH and PSH Referrals

Required Documentation: Please check off when included in packet

	Chronic Homeless Checklist (P.4)	ROI made out to RICH	Case Summary	Foster Forward Only RI CoC ROI	Notes
Household	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p><b>Note 1:</b> At the present time, CES is not requiring any other documentation for CoC Programs.</p> <p><b>Note 2:</b> After referral, the following documents may be required: Disability Verification &amp; Income Verification</p>

**PSH:** Candidates qualifying for Permanent Supportive Housing must have a VI between 8-18 and be Chronically Homeless. This means the client must have a disability AND 12 months of homelessness within the most recent 3 years. The 12 months can be the last 12 months of homelessness without interruption or 4 episodes of homelessness within the past 3 years totaling 12 months.

### HCVP and New Lease Referrals

Required Documentation: Please check off when included in packet

	Photo ID (Adults Only)	Birth Certificate	S.S. Card	ROI made out to RICH	Case Summary	Not in Use	Notes
Household Member 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p><b>Note 1:</b> After referral, the following documents may be required: Disability Verification, Income Verification, BCI, and DD214. Please work toward obtaining.</p> <p><b>Note 2:</b> Clients referred to New Lease must have a VI 4-7 and be a current client from one of the following agencies: BLRI, CCA, Crossroads, House of Hope, Lucy's Hearth, or Sojourner.</p>
Household Member 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Household Member 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

\*\*\*\*\*CES Placement Personnel Only\*\*\*\*\*

CES Personnel Signature: \_\_\_\_\_

## Coordinated Entry System: Housing Referral Application

The Coordinated Entry Housing portfolio includes an opportunity that is directly connected to the Providence Community Health Center (PCHC). Please confirm you are a current patient of PCHC: Yes  No

Would you live in a unit where common areas are shared but you have your own bedroom? Yes  No

Would you live in a unit where all areas of the apartment are shared including the bedroom? Yes  No

Which towns/cities/neighborhoods would you like to live in most?

Which towns/cities/neighborhoods would you rather not live in?

ADA Requirements:

Is there any other information about your housing preferences that you would like to share?

**Homeless:** All Clients must be literally homeless or fleeing domestic violence to be added to the CES Housing Waitlist.

**HMIS:** All clients must be entered into HMIS with the exception of those fleeing Domestic Violence.

**CES Entry in HMIS:** All clients entered into HMIS must have an open CES Entry to remain on the CES Housing List.

**Completed Packets for Agencies with HMIS Users:** Please ask the HMIS User for your agency (if not yourself) to upload the completed application pages 1-4 and all documentation within a single PDF in the File Attachments section within in the Client Profile tab in HMIS. Once the referral application is uploaded in HMIS, email

CESHousing@rihomeless.org advising the packet is uploaded. Please include HMIS ID # in the email. CES will audit the packet and follow up with you if any documentation is missing or incomplete.

**Completed Packets for Agencies without HMIS Users:** Please attach the PDF of all documents to a secure email. All documents should be in a single PDF in a single email. If your agency cannot send the PDF securely, please request a secure email be sent to you by emailing CESHousing@rihomeless.org. Once received, you can then attach it to the email in your reply. You cannot add other email addresses as they will not be able to open the secure email.

**Referral Expectations:** When a subsidy is available CES will make the referral and introductions between the Support Staff and the Housing Provider. At this point the Support Staff submitting this application will provide the Agency with the documents in this application and assist the client with filling out additional paperwork when necessary.

## Coordinated Entry System: Housing Referral Application

### Case Summary

Case Summary: 1. Please provide a brief bulleted biography. 2. There is a section for Disabilities to include whether the client has physical, behavioral, or learning disability that **WILL** be verified by a licensed Healthcare Professional (MD, DO, LMHC, LMFT, LICSW). The disability should be considered a continuous impairment in ability verified on either a HUD Disability Verification form or by the Social Security Administration in the form of an award letter. Obtaining such documentation should be done as soon as possible. 3. Provide High Risk Factors to COVID-19 (To Review High Risk Factors please access URL: <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-at-increased-risk.html>) 4. Please also include barriers to housing such as RSO, evictions, arrears, etc.

#### Bulleted Biography:

#### Disabilities:

#### High Risk Factors to COVID-19:

#### Barriers to Housing:



**Chronic Homelessness Documentation Checklist**

Mo./Yr.	Month # 1	Month # 2	Month # 3	Month # 4	Month # 5	Month # 6	Month # 7	Month # 8	Month # 9	Month # 10	Month # 11	Month # 12
(Current Month)												
Location	<input type="checkbox"/> Streets <input type="checkbox"/> Shelter	<input type="checkbox"/> Streets <input type="checkbox"/> Shelter	<input type="checkbox"/> Streets <input type="checkbox"/> Shelter	<input type="checkbox"/> Streets <input type="checkbox"/> Shelter	<input type="checkbox"/> Streets <input type="checkbox"/> Shelter	<input type="checkbox"/> Streets <input type="checkbox"/> Shelter	<input type="checkbox"/> Streets <input type="checkbox"/> Shelter	<input type="checkbox"/> Streets <input type="checkbox"/> Shelter	<input type="checkbox"/> Streets <input type="checkbox"/> Shelter	<input type="checkbox"/> Streets <input type="checkbox"/> Shelter	<input type="checkbox"/> Streets <input type="checkbox"/> Shelter	<input type="checkbox"/> Streets <input type="checkbox"/> Shelter
Check all that Apply	<input type="checkbox"/> Safe Haven <input type="checkbox"/> Inst.	<input type="checkbox"/> Safe Haven <input type="checkbox"/> Inst.	<input type="checkbox"/> Safe Haven <input type="checkbox"/> Inst.	<input type="checkbox"/> Safe Haven <input type="checkbox"/> Inst.	<input type="checkbox"/> Safe Haven <input type="checkbox"/> Inst.	<input type="checkbox"/> Safe Haven <input type="checkbox"/> Inst.	<input type="checkbox"/> Safe Haven <input type="checkbox"/> Inst.	<input type="checkbox"/> Safe Haven <input type="checkbox"/> Inst.	<input type="checkbox"/> Safe Haven <input type="checkbox"/> Inst.	<input type="checkbox"/> Safe Haven <input type="checkbox"/> Inst.	<input type="checkbox"/> Safe Haven <input type="checkbox"/> Inst.	<input type="checkbox"/> Safe Haven <input type="checkbox"/> Inst.
Doc. Type	<input type="checkbox"/> HMIS <input type="checkbox"/> Obsv. By <input type="checkbox"/> Outreach	<input type="checkbox"/> HMIS <input type="checkbox"/> Obsv. By <input type="checkbox"/> Outreach	<input type="checkbox"/> HMIS <input type="checkbox"/> Obsv. By <input type="checkbox"/> Outreach	<input type="checkbox"/> HMIS <input type="checkbox"/> Obsv. By <input type="checkbox"/> Outreach	<input type="checkbox"/> HMIS <input type="checkbox"/> Obsv. By <input type="checkbox"/> Outreach	<input type="checkbox"/> HMIS <input type="checkbox"/> Obsv. By <input type="checkbox"/> Outreach	<input type="checkbox"/> HMIS <input type="checkbox"/> Obsv. By <input type="checkbox"/> Outreach	<input type="checkbox"/> HMIS <input type="checkbox"/> Obsv. By <input type="checkbox"/> Outreach	<input type="checkbox"/> HMIS <input type="checkbox"/> Obsv. By <input type="checkbox"/> Outreach	<input type="checkbox"/> HMIS <input type="checkbox"/> Obsv. By <input type="checkbox"/> Outreach	<input type="checkbox"/> HMIS <input type="checkbox"/> Obsv. By <input type="checkbox"/> Outreach	<input type="checkbox"/> HMIS <input type="checkbox"/> Obsv. By <input type="checkbox"/> Outreach
Check One	<input type="checkbox"/> Database	<input type="checkbox"/> Database	<input type="checkbox"/> Database	<input type="checkbox"/> Database	<input type="checkbox"/> Database	<input type="checkbox"/> Database	<input type="checkbox"/> Database	<input type="checkbox"/> Database	<input type="checkbox"/> Database	<input type="checkbox"/> Database	<input type="checkbox"/> Database	<input type="checkbox"/> Database
INCLUDE ATT. VERIFICATION	<input type="checkbox"/> Discharge <input type="checkbox"/> Paperwork <input type="checkbox"/> Referral <input type="checkbox"/> Self-Cert. <input type="checkbox"/> Staff	<input type="checkbox"/> Discharge <input type="checkbox"/> Paperwork <input type="checkbox"/> Referral <input type="checkbox"/> Self-Cert. <input type="checkbox"/> Staff	<input type="checkbox"/> Discharge <input type="checkbox"/> Paperwork <input type="checkbox"/> Referral <input type="checkbox"/> Self-Cert. <input type="checkbox"/> Staff	<input type="checkbox"/> Discharge <input type="checkbox"/> Paperwork <input type="checkbox"/> Referral <input type="checkbox"/> Self-Cert. <input type="checkbox"/> Staff	<input type="checkbox"/> Discharge <input type="checkbox"/> Paperwork <input type="checkbox"/> Referral <input type="checkbox"/> Self-Cert. <input type="checkbox"/> Staff	<input type="checkbox"/> Discharge <input type="checkbox"/> Paperwork <input type="checkbox"/> Referral <input type="checkbox"/> Self-Cert. <input type="checkbox"/> Staff	<input type="checkbox"/> Discharge <input type="checkbox"/> Paperwork <input type="checkbox"/> Referral <input type="checkbox"/> Self-Cert. <input type="checkbox"/> Staff	<input type="checkbox"/> Discharge <input type="checkbox"/> Paperwork <input type="checkbox"/> Referral <input type="checkbox"/> Self-Cert. <input type="checkbox"/> Staff	<input type="checkbox"/> Discharge <input type="checkbox"/> Paperwork <input type="checkbox"/> Referral <input type="checkbox"/> Self-Cert. <input type="checkbox"/> Staff	<input type="checkbox"/> Discharge <input type="checkbox"/> Paperwork <input type="checkbox"/> Referral <input type="checkbox"/> Self-Cert. <input type="checkbox"/> Staff	<input type="checkbox"/> Discharge <input type="checkbox"/> Paperwork <input type="checkbox"/> Referral <input type="checkbox"/> Self-Cert. <input type="checkbox"/> Staff	<input type="checkbox"/> Discharge <input type="checkbox"/> Paperwork <input type="checkbox"/> Referral <input type="checkbox"/> Self-Cert. <input type="checkbox"/> Staff
(Except Self-Cert. select both)	<input type="checkbox"/> Doc. of Situation <input type="checkbox"/> steps to obtain evidence	<input type="checkbox"/> Doc. of Situation <input type="checkbox"/> steps to obtain evidence	<input type="checkbox"/> Doc. of Situation <input type="checkbox"/> steps to obtain evidence	<input type="checkbox"/> Doc. of Situation <input type="checkbox"/> steps to obtain evidence	<input type="checkbox"/> Doc. of Situation <input type="checkbox"/> steps to obtain evidence	<input type="checkbox"/> Doc. of Situation <input type="checkbox"/> steps to obtain evidence	<input type="checkbox"/> Doc. of Situation <input type="checkbox"/> steps to obtain evidence	<input type="checkbox"/> Doc. of Situation <input type="checkbox"/> steps to obtain evidence	<input type="checkbox"/> Doc. of Situation <input type="checkbox"/> steps to obtain evidence	<input type="checkbox"/> Doc. of Situation <input type="checkbox"/> steps to obtain evidence	<input type="checkbox"/> Doc. of Situation <input type="checkbox"/> steps to obtain evidence	<input type="checkbox"/> Doc. of Situation <input type="checkbox"/> steps to obtain evidence
If in HMIS, What Bin #? (must attach)												
Doc. Att.?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Break Mo./Yr. & Description or N/A	Break 1: Break 2: Break 3:											
Notes	If there are additional breaks please detail and attach evidence.											
Self-Cert. Check	Does the documentation include more than 3 Months of Self-Certifications? * <input type="checkbox"/> Yes <input type="checkbox"/> No											
Key	* Please be advised that if you answered YES, that for at least 75% of the households assisted by a recipient in a project during an operating year, no more than 3 months can be self-certified. Please check with you project administrator to ensure your project has not exceeded its self-certification cap. Mo. = Month, Yr. = Year, Inst. = Institution, Doc. = Documentation, Obsv. = Observation, Comp. = Comparable, Cert. = Certification, Descr. = Description											

## ACRONYM LIST

<b>ADA</b>	Americans with Disabilities Act (ADA) ensures access to the built environment for people with disabilities.
<b>BCI</b>	Bureau of Criminal Investigation (BCI) background check
<b>CES</b>	Coordinated Entry System
<b>CoC</b>	Continuum of Care
<b>DV</b>	Domestic Violence (DV) Survivors
<b>ESG</b>	Emergency Solutions Grants (ESG) Program
<b>HCVP</b>	Housing Choice Voucher Program
<b>HMIS</b>	Homeless Management Information System (HMIS) is a local information technology system that is used to collect client-level data and data on the provision of housing and services to homeless individuals, families and persons at risk of homelessness.
<b>PCHC</b>	Providence Community Health Center
<b>PSH</b>	Permanent Supportive Housing (PSH) is only accessible to those who meet HUD's chronically homeless definition.
<b>RICH</b>	Rhode Island Coalition for the Homeless
<b>ROI</b>	Release of Information
<b>RRH</b>	Rapid ReHousing (RRH)
<b>RSO</b>	Registered Sex Offender
<b>TAY</b>	Transitional Age Youth (TAY) refers to youth aged 18-24. Individuals within this category should be administered a TAY-SPDAT.
<b>VI-SPDAT</b>	The Vulnerability Index Service Prioritization Decision Assistance Tool (VI-SPDAT) is a survey utilized to determine the risk and prioritization when providing to individuals who identify as homeless, or at-risk of homelessness.

## The Landlord Challenge

In June 2020, Governor Raimondo announced [The Landlord Challenge](#), an incentive program run by the State Office of Commerce to support landlords in pledging vacant units to help combat COVID and end homelessness in Rhode Island. The program provides:

- \$2,000 signing bonus for the first pledged unit
- \$500 for each additional unit
- Up to \$2,000 per unit move-in upgrades and repairs
- Guaranteed first and last month's rent

To be eligible to receive the incentives, vacant units must be pledged by the landlord or property manager contacting United Way Rhode Island's 211. An attestation and a W9 form must also be submitted to United Way of RI to receive incentive payment.

If vacant units pledged are available to lease, homeless services provider agencies can request units on behalf of their clients by contacting RI Coalition for the Homeless' (RICH) Housing Navigator. The Housing Navigator may give vacant unit information to provider agencies working to house (or rehouse) homeless (or formerly homeless) households, that are currently eligible to be subsidized under one of the following funding sources: the Continuum of Care (CoC) PH programs; the Consolidated Homeless Fund (CHF) PH programs; the Supportive Services for Veteran Families (SSVF) PH programs; the HOME Emergency TBRA program, the Mainstream (Housing Choice) Voucher programs operated by Providence Housing Authority and Pawtucket Housing Authority.

## Homeless Management Information System

The following are amendments to the RIHMIS Policies and Procedures that was amended and approved by the RI COC Board of Directors on February 6, 2020. These amendments shall remain in effect until noted or until further guidance is issued.

P&P Element	Effective Date	Amendment
Training	5/5/2020	<p>New User Training:</p> <p>New Users shall complete the series of Training Videos in the RIHMIS Learning Management System (LMS). Homework will be completed in the training site and upon completion, they will present it to their Agency HMIS Administrator for accuracy prior to a singular submission of homework to LMS. The HMIS Team will continue to provide review of homework for new agencies or agencies with new HMIS administrators.</p> <p>New User Group Training will be held virtually for 2.5 hours.</p> <p>Once users are trained and licensed, they must attend and successfully complete:</p> <ol style="list-style-type: none"><li>1. ANY two group HMIS trainings annually</li><li>2. One Privacy and Security Group training annually</li><li>3. Ad-Hoc training as needed</li></ol>

		<p>Agency HMIS Administrators or their designee can receive credit for one group training for every 3 Agency HMIS Administrator Weekly meetings attended. Additionally, attendance at the May 5th, 2020 and May 12, 2020 Administrator Weekly meetings will satisfy the requirement for Security Compliance Training.</p> <p>The Security Compliance Training scheduled on June 2, 2020 will count towards the training requirement for the 2019-2020 training year (6/1/2019-5/31/200).</p> <p>June 1st, 2020 - May 31st, 2021 Training Year Requirements will be amended to the following:</p> <p>New User Training process will remain the same.</p> <p>All users will be required to be trained in our new HMIS database Clarity prior to September 18, 2020.</p> <p>All HMIS users will be required to attend one Security Compliance Training per year.</p>
Agency HMIS Administrator Requirements	Effective Date 3/31/2020	Agency HMIS Administrators are required to attend a weekly hour-long virtual meeting in lieu of the requirement for quarterly attendance at the HMIS Steering Committee Meeting. Agency HMIS Administrators can designate another agency HMIS user to attend in their place.
COVID-19 Survey	3/31/2020	<p>HUD has issued guidance about tracking COVID-19 throughout our community in HMIS. Service Point released the survey in our database and we will be implementing the survey in HMIS workflows this week.</p> <ul style="list-style-type: none"> <li>● On April 7, 2020 , Agency HMIS Administrators were provided with a full training on the use and functionality of the COVID-19 survey in HMIS. It is expected that all SO, ES and TH type projects complete the survey at each client</li> </ul>

		<p>contact or at least daily. On April 30, 2020, the survey was made available to all projects in HMIS. It is expected that all projects are using the COVID-19 survey at project entry and regularly, using the interim assessment feature, to track symptoms, testing and test results.</p>
Data Security	5/19/2020	<p>When the HMIS team detects or receives a report of a potential security or privacy violation, the following may occur.</p> <ol style="list-style-type: none"> <li>1) The HMIS team will send an email to user(s) involved in the alleged violation along with their supervisor and Agency Administrator documenting the violation</li> <li>2) The HMIS team will request all senders and recipients to delete the email containing Personally Identifying Information (PII) and provide a response documenting the deletion within 24 hours.</li> </ol> <p>To prevent future breaches the following corrective actions may occur with each violation.</p> <ol style="list-style-type: none"> <li>3) 1st Violation: notification as indicated in steps 1 and 2 and requirement to attend and additional security training and the Agency HMIS Administrator will be required to create a written compliance plan with the HMIS user and submit to the HMIS team via email.</li> <li>4) 2nd Violation: notification as indicated in steps 1 and 2, additional requirement to attend security training and the Agency HMIS Administrator will be required to review the written compliance plan and document the review. Review documentation shall be submitted to the HMIS team.</li> <li>5) 3rd Violation: deactivation and investigation with HMIS Steering Committee</li> </ol> <p><u>*Deactivation can occur at 1st &amp; 2nd violation ~ depending on the severity*</u> Current HMIS P &amp; P related to security and privacy remain in place.</p> <p>The HMIS Team reserves the right to take additional corrective action where appropriate to ensure the safety of clients, users, and organizations.</p>