

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

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

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

### Things to Remember

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

## 1A. Continuum of Care (CoC) Identification

### Instructions:

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

**CoC Name and Number (From CoC Registration):** NC-516 - Northwest North Carolina CoC

**CoC Lead Agency Name:** New River Service Authority

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

### Instructions:

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

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

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

**Name of primary decision-making group:** Northwest North Carolina CoC

**Indicate the frequency of group meetings:** Monthly or more

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

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

**Specify "other" legal status:**

**Indicate the percentage of group members that represent the private sector: (e.g., non-profit providers, homeless or formerly homeless persons, advocates and consumer interests)** 100%

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

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

**Specify "other" process(es):**

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

Basically, we have asked all non-profit providers, homeless advocates, and parties concerned about the issue of homelessness to become members of the Northwest Continuum of Care in order to be representative of all sectors and to be as effective in our mission as possible. All members are either volunteering their time, or are representing the agencies they work for in their service on this board. The chairperson role is the only "elected" position and it rotates annually to ensure members share responsibility and don't suffer burnout.

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

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

**Specify "other" process(es):**

Group leaders are elected on a rotating basis to lead the CoC process. And the past chair provides technical assistance and support to the chair.

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

Yes, if HUD provided administrative funds to the CoC, we would have the capacity to employ someone to oversee the activities of the group, apply for funding, coordinate annual Point in Time count, recruit new volunteers and members, provide project oversight and monitoring of program outcomes.

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

**Instructions:**

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

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

### Committees and Frequency

| Name of Group   | Role of Group (limit 750 characters)  | Meeting Frequency             |
|---|---|-------------------------------|
| NWCoC Steering Committee                                    | The NWCoC Steering Committee is the primary coordinating and decision making group. The groups is comprised of homeless service providers, Supportive Housing program providers, the Housing Authority, homeless advocates and other community agencies serving the seven counties in the NWCoC. The group meets monthly or more to coordinate planning, identify gaps in services, and develop short and long-range goals. In the summer of 2009, the Steering Committee also lead the effort to pursue Homeless Prevention and Rapid Rehousing funding to expand services and support for the homeless and those who would become homeless without help.                      | Monthly or more               |
| Chronic Homeless and Permanent Supportive Housing Committee | This was established to focus on the hard to serve homeless who are in need of permanent supportive housing and additional mainstream services, particularly mental health and substance abuse services. The dramatic decrease in mental health services has created significant challenges with the closing of the vast majority of emergency mental health beds in the region shelters are struggling to provide safe housing and appropriate services. The members of this committee work closely with New River Behavioral Health Care to develop and provide supports for the chronically homeless in shelters, supportive housing programs and those who are unsheltered. | quarterly (once each quarter) |
| Point In Time Committee                                     | The PIT Committee works on a quarterly basis to educate mainstream service providers about the annual point in time count conducted to track and identify the shelter and unsheltered homeless in the seven county region. The PIT committee provides information and training about elements tracked and feedback to participants about the results, demographics of the homeless identified and gaps in services. In December participating agencies are contacted and provided the tracking tools for the count. Data is e-mailed to the lead PIT agency for tabulation and then distributed to participants and used for public awareness in the communities.               | quarterly (once each quarter) |

|  |  |                               |
|--|--|-------------------------------|
| Review and Evaluation Committee                    | This committee tracks program outcomes annually and quarterly. Information from the Carolina Homeless Information system is reviewed monthly by committee members. Annual Progress Reports are submitted to the CoC's lead agency for tabulation of participant exit information to compare to Strategic Planning Objectives 1-5. Data has been considered when ranking projects annually.   | quarterly (once each quarter) |
| Public Awareness and Homeless Prevention Committee | This committee works to make the local communities aware of the needs of the homeless and ways they can become involved in providing support and solutions. The Hospitality House and OASIS both coordinate Homeless Awareness Month and Domestic Violence Awareness Month campaigns each year. The CoC members and service providers meet with civic organizations and communities of faith to educate the community about needs, gaps and resources as well as to recruit volunteers and raise local financial support. Providers also work with units of local government in the development of consolidated community plans to incorporate the needs of the homeless in local and regional planning. | Monthly or more               |

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

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

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

| Organization Name                                  | Membership Type | Organization Type | Organization Role  | Subpopulations  |
|--|-----------------|-------------------|--|-----------------|
| Hospitality House of Boone                         | Public Sector   | Other             | Primary Decision Making Group, Committee/Sub-committee/Work... | Seriously Me... |
| New River Behavioral Healthcare                    | Public Sector   | Local g...        | Primary Decision Making Group, Attend Consolidated Plan p...   | Seriously Me... |
| ALFA   | Public Sector   | Other             | Attend Consolidated Plan focus groups/public forums durin...   | HIV/AIDS        |
| NC Housing Finance Agency                          | Public Sector   | Other             | Attend 10-year planning meetings during past 12 months         | Seriously Me... |
| Broughton Hospital                                 | Public Sector   | State g...        | Committee/Sub-committee/Work Group                             | Veterans, Se... |
| Employment Security Commission                     | Public Sector   | State g...        | Committee/Sub-committee/Work Group                             | Veterans, Do... |
| NC Department of Vocational Rehabilitation/ Ind... | Public Sector   | State g...        | Attend Consolidated Plan focus groups/public forums durin...   | Seriously Me... |
| NC Interagency Council for Coordinating Homeles... | Private Sector  | Non-pro..         | Attend Consolidated Plan planning meetings during past 12...   | Seriously Me... |
| Yancey County Transportation Authority             | Public Sector   | Local g...        | Committee/Sub-committee/Work Group, Attend Consolidated P...   | Veterans, Su... |
| Alleghany, Ashe, Avery, Mitchell, Watauga, Wilk... | Public Sector   | Local g...        | Committee/Sub-committee/Work Group, Attend Consolidated P...   | Veterans        |
| NC DHHS Office of Economic Opportunity             | Public Sector   | State g...        | Attend 10-year planning meetings during past 12 months         | Veterans, Do... |
| NC Juvenile Justice                                | Public Sector   | State g...        | Attend 10-year planning meetings during past 12 months         | Youth           |
| NC Housing Coalition                               | Private Sector  | Non-pro..         | Attend 10-year planning meetings during past 12 months, C...   | Seriously Me... |
| NC Department of Corrections                       | Public Sector   | Law enf...        | Attend Consolidated Plan focus groups/public forums durin...   | Seriously Me... |
| NC Representative Cullie Tarlton                   | Public Sector   | Other             | Attend Consolidated Plan planning meetings during past 12...   | Seriously Me... |
| NC Senator Steve Goss                              | Public Sector   | Other             | Attend 10-year planning meetings during past 12 months         | Seriously Me... |

|   |                |            |  |                 |
|---|----------------|------------|--|-----------------|
| NC Department of Health and Human Services          | Public Sector  | State g... | Attend 10-year planning meetings during past 12 months       | Youth, Domes..  |
| Alleghany, Ashe, Avery, Mitchell, Watauga, Wilk...  | Public Sector  | Local g... | Attend Consolidated Plan planning meetings during past 12... | Seriously Me... |
| Watauga County Affordable Housing Task Force        | Public Sector  | Local g... | Committee/Sub-committee/Work Group, Attend Consolidated P... | Veterans, Do... |
| Town of Boone                                       | Public Sector  | Local g... | Lead agency for 10-year plan, Committee/Sub-committee/Wor... | Seriously Me... |
| Region D Council of Governments                     | Public Sector  | Local g... | Attend Consolidated Plan planning meetings during past 12... | Veterans        |
| Appalcart   | Private Sector | Other      | Attend Consolidated Plan focus groups/public forums durin... | Seriously Me... |
| Alleghany, Ashe, Avery, Mitchell, Watauga, Wilk...  | Public Sector  | Local g... | Committee/Sub-committee/Work Group, Attend 10-year planni... | Veterans, Do... |
| North Wilkesboro Housing Authority                  | Public Sector  | Public ... | Attend 10-year planning meetings during past 12 months, A... | Seriously Me... |
| Northwest Regional Housing Authority                | Public Sector  | Public ... | Attend Consolidated Plan planning meetings during past 12... | Veterans, Do... |
| Alleghany, Ashe, Avery, Mitchel, Watauga, Wilkes... | Public Sector  | School ... | Attend Consolidated Plan focus groups/public forums durin... | Youth           |
| Caldwell Community College                          | Public Sector  | School ... | Attend Consolidated Plan focus groups/public forums durin... | Veterans, Do... |
| Appalachian State University                        | Public Sector  | School ... | Primary Decision Making Group, Committee/Sub-committee/Wo... | Veterans, Do... |
| Watauga County Sheriff Department                   | Public Sector  | Law enf... | Committee/Sub-committee/Work Group                           | Domestic Vio... |
| Boone Police Department                             | Public Sector  | Law enf... | Committee/Sub-committee/Work Group                           | Seriously Me... |
| Resort Area Ministries                              | Private Sector | Faith-b... | Committee/Sub-committee/Work Group, Attend Consolidated P... | Veterans, Youth |
| OASIS, Inc.   | Private Sector | Non-pro..  | Committee/Sub-committee/Work Group, Attend 10-year planni... | Seriously Me... |
| Legal Aid of North Carolina                         | Private Sector | Non-pro..  | Committee/Sub-committee/Work Group                           | Veterans, Do... |
| Hunger and Health Coalition                         | Private Sector | Non-pro..  | Attend Consolidated Plan planning meetings during past 12... | Youth, Subst... |
| Ashe Partnership for Children                       | Private Sector | Non-pro..  | Committee/Sub-committee/Work Group                           | Youth, Domes..  |
| High County United Way                              | Private Sector | Non-pro..  | Committee/Sub-committee/Work Group                           | Youth, Domes..  |

|   |                |              |  |                  |
|---|----------------|--------------|--|------------------|
| Watauga Crisis Assistance Network       | Private Sector | Non-pro..    | Committee/Sub-committee/Work Group, Attend 10-year planni... | Seriousl y Me... |
| Boone United Methodist Church           | Private Sector | Faith-b...   | Committee/Sub-committee/Work Group                           | Seriousl y Me... |
| First Baptist Church                    | Private Sector | Faith-b...   | Committee/Sub-committee/Work Group                           | Veteran s, Se... |
| Mount Vernon Baptist Church             | Private Sector | Faith-b...   | Attend 10-year planning meetings during past 12 months       | Seriousl y Me... |
| First Presbyterian Church               | Private Sector | Faith-b...   | Committee/Sub-committee/Work Group                           | Youth, Domes..   |
| Grace Lutheran Church                   | Private Sector | Faith-b...   | Committee/Sub-committee/Work Group                           | Seriousl y Me... |
| St. Elizabeth Catholic Church           | Private Sector | Faith-b...   | Committee/Sub-committee/Work Group                           | Seriousl y Me... |
| St Luke and Holy Cross Episcopal Chrucl | Private Sector | Faith-b...   | Committee/Sub-committee/Work Group                           | Seriousl y Me... |
| Ashe Congregational Ministries          | Private Sector | Faith-b...   | Committee/Sub-committee/Work Group                           | Youth, Domes..   |
| Ashe Really Cares                       | Private Sector | Faith-b...   | Committee/Sub-committee/Work Group                           | Youth, Domes..   |
| Habitat for Humanity                    | Private Sector | Non-pro..    | Attend Consolidated Plan focus groups/public forums durin... | Veteran s, Do... |
| Shepherd's Staff                        | Private Sector | Faith-b...   | Attend Consolidated Plan focus groups/public forums durin... | Veteran s, Do... |
| Z. Smith Reynolds                       | Private Sector | Fun der ...  | Attend Consolidated Plan planning meetings during past 12... | Youth, Domes..   |
| North Carolina Community Foundation     | Private Sector | Fun der ...  | Attend Consolidated Plan focus groups/public forums durin... | Seriousl y Me... |
| Catholic Campaign for Human Development | Private Sector | Faith-b...   | Attend Consolidated Plan focus groups/public forums durin... | Seriousl y Me... |
| Holton Managment                        | Private Sector | Busi ness es | Committee/Sub-committee/Work Group                           | Seriousl y Me... |
| Hospitality House Board Member          | Individual     | Hom eles s   | Committee/Sub-committee/Work Group                           | Seriousl y Me... |
| OASIS, Inc. Board Member                | Individual     | Hom eles s   | Committee/Sub-committee/Work Group                           | Domesti c Vio... |
| NAMI                                    | Individual     | Hom eles s   | Committee/Sub-committee/Work Group                           | Seriousl y Me... |
| Dipper G.                               | Individual     | Hom eles s   | Committee/Sub-committee/Work Group                           | Seriousl y Me... |

|  |                |           |                                    |                 |
|--|----------------|-----------|------------------------------------|-----------------|
| Phillip P.                             | Individual     | Homeless  | Committee/Sub-committee/Work Group | Seriously Me... |
| Ashe County Coalition for the Homeless | Private Sector | Non-pro.. | Committee/Sub-committee/Work Group | Seriously Me... |

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

### Instructions:

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

**Name of organization or individual:** Hospitality House of Boone

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

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

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

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

**Does the organization provide direct services to homeless people?** Yes

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

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

**Name of organization or individual:** New River Behavioral Healthcare

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

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

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

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

**Does the organization provide direct services to homeless people?** Yes

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

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

**Name of organization or individual:** ALFA

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

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

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

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

**Does the organization provide direct services to homeless people?** No

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

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

**Name of organization or individual:** NC Housing Finance Agency

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

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

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

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

**Does the organization provide direct services to homeless people?** No

**Services provided to homeless persons and families:** Rental Assistance  
(select all that apply)

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

**Name of organization or individual:** Broughton Hospital

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

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

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

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

**Does the organization provide direct services to homeless people?** No

**Services provided to homeless persons and families:** Mental health, Alcohol/Drug Abuse  
(select all that apply)

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

**Name of organization or individual:** Employment Security Commission

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

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

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

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

**Does the organization provide direct services to homeless people?** No

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

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

**Name of organization or individual:** NC Department of Vocational Rehabilitation/  
Independent Living

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

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

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

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

**Does the organization provide direct services to homeless people?** No

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

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

**Name of organization or individual:** NC Interagency Council for Coordinating Homeless Programs

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

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

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

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

**Does the organization provide direct services to homeless people?** No

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

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- Type of organization
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- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

**Name of organization or individual:** Yancey County Transportation Authority

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

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

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

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

**Does the organization provide direct services to homeless people?** No

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

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

**Name of organization or individual:** Alleghany, Ashe, Avery, Mitchell, Watauga, Wilkes, Yancey Veteran Services

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

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

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

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

**Does the organization provide direct services to homeless people?** No

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

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

**Name of organization or individual:** NC DHHS Office of Economic Opportunity

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

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

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

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

**Does the organization provide direct services to homeless people?** No

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

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

**Instructions:**

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

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

**Name of organization or individual:** NC Juvenile Justice

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

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

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

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

**Does the organization provide direct services to homeless people?** No

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

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

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

**Name of organization or individual:** NC Housing Coalition

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

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

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

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

**Does the organization provide direct services to homeless people?** No

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

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

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

**Name of organization or individual:** NC Department of Corrections

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

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

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

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

**Does the organization provide direct services to homeless people?** No

**Services provided to homeless persons and families:** Education, Case Management, Healthcare, Law Enforcement, HIV/AIDS, Employment  
**(select all that apply)**

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

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

**Name of organization or individual:** NC Representative Cullie Tarlton

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

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

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

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

**Does the organization provide direct services to homeless people?** No

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

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

**Instructions:**

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

**Name of organization or individual:** NC Senator Steve Goss

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

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

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

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

**Does the organization provide direct services to homeless people?** No

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

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

**Instructions:**

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

**Name of organization or individual:** NC Department of Health and Human Services

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

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

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

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

**Does the organization provide direct services to homeless people?** No

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

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

**Instructions:**

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

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

**Name of organization or individual:** Alleghany, Ashe, Avery, Mitchell, Watauga, Wilkes and Yancey County Government

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

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

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

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

**Does the organization provide direct services to homeless people?** No

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

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

**Instructions:**

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

**Name of organization or individual:** Watauga County Affordable Housing Task Force

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

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

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

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

**Does the organization provide direct services to homeless people?** No

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

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

**Instructions:**

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

**Name of organization or individual:** Town of Boone

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

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

**Role(s) of the organization:** Lead agency for 10-year plan, Committee/Sub-committee/Work Group  
(select all that apply)

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

**Does the organization provide direct services to homeless people?** No

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

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

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

**Name of organization or individual:** Region D Council of Governments

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

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

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

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

**Does the organization provide direct services to homeless people?** No

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

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

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

**Name of organization or individual:** Appalcart

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

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

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

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

**Does the organization provide direct services to homeless people?** No

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

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

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

**Name of organization or individual:** Alleghany, Ashe, Avery, Mitchell, Watauga, Wilkes and Yancey Department of Social Services

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

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

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

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

**Does the organization provide direct services to homeless people?** No

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

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

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

**Name of organization or individual:** North Wilkesboro Housing Authority

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

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

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

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

**Does the organization provide direct services to homeless people?** Yes

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

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

**Name of organization or individual:** Northwest Regional Housing Authority

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

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

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

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

**Does the organization provide direct services to homeless people?** Yes

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

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

**Name of organization or individual:** Alleghany, Ashe, Avery, Mitchel, Watauga, Wilkes and Yancey County School System

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

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

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

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

**Does the organization provide direct services to homeless people?** No

**Services provided to homeless persons and families:** Counseling/Advocacy, Education, Life Skills  
(select all that apply)

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

**Name of organization or individual:** Caldwell Community College

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

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

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

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

**Does the organization provide direct services to homeless people?** No

**Services provided to homeless persons and families:** Education, Life Skills, Employment  
(select all that apply)

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

**Name of organization or individual:** Appalachian State University

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

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

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

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

**Does the organization provide direct services to homeless people?** No

**Services provided to homeless persons and families:** Counseling/Advocacy, Education, Child Care, Healthcare, Employment  
(select all that apply)

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

**Name of organization or individual:** Watauga County Sheriff Department

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

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

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

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

**Does the organization provide direct services to homeless people?** No

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

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

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

**Name of organization or individual:** Boone Police Department

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

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

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

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

**Does the organization provide direct services to homeless people?** No

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

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

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

**Name of organization or individual:** Resort Area Ministries

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

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

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

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

**Does the organization provide direct services to homeless people?** No

**Services provided to homeless persons and families:** Education, Street Outreach, Case Management, Utilities Assistance  
**(select all that apply)**

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

**Name of organization or individual:** OASIS, Inc.

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

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

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

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

**Does the organization provide direct services to homeless people?** Yes

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

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

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

**Name of organization or individual:** Legal Aid of North Carolina

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

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

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

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

**Does the organization provide direct services to homeless people?** No

**Services provided to homeless persons and families:** Legal Assistance  
(select all that apply)

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

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

**Name of organization or individual:** Hunger and Health Coalition

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

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

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

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

**Does the organization provide direct services to homeless people?** No

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

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

**Name of organization or individual:** Ashe Partnership for Children

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

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

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

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

**Does the organization provide direct services to homeless people?** No

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

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

**Instructions:**

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

**Name of organization or individual:** High County United Way

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

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

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

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

**Does the organization provide direct services to homeless people?** No

**Services provided to homeless persons and families:** Counseling/Advocacy, Education, Utilities Assistance  
**(select all that apply)**

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

**Name of organization or individual:** Watauga Crisis Assistance Network

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

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

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

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

**Does the organization provide direct services to homeless people?** No

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

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

**Instructions:**

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

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

**Name of organization or individual:** Boone United Methodist Church

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

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

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

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

**Does the organization provide direct services to homeless people?** No

**Services provided to homeless persons and families:** Utilities Assistance, Rental Assistance  
(select all that apply)

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

**Instructions:**

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

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

**Name of organization or individual:** First Baptist Church

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

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

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

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

**Does the organization provide direct services to homeless people?** No

**Services provided to homeless persons and families:** Street Outreach, Utilities Assistance, Transportation, Rental Assistance  
**(select all that apply)**

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

**Instructions:**

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

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

**Name of organization or individual:** Mount Vernon Baptist Church

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

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

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

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

**Does the organization provide direct services to homeless people?** No

**Services provided to homeless persons and families:** Street Outreach, Utilities Assistance, Mortgage Assistance, Transportation, Rental Assistance  
**(select all that apply)**

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

**Instructions:**

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

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

**Name of organization or individual:** First Presbyterian Church

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

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

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

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

**Does the organization provide direct services to homeless people?** No

**Services provided to homeless persons and families:** Counseling/Advocacy, Utilities Assistance, Law Enforcement, Legal Assistance, Transportation, HIV/AIDS, Rental Assistance, Street Outreach, Life Skills, Mortgage Assistance, Healthcare, Mental health, Mobile Clinic, Employment  
**(select all that apply)**

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

**Instructions:**

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

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

**Name of organization or individual:** Grace Lutheran Church

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

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

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

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

**Does the organization provide direct services to homeless people?** No

**Services provided to homeless persons and families:** Counseling/Advocacy, Street Outreach, Utilities Assistance, Transportation, Rental Assistance  
(select all that apply)

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

**Instructions:**

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

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

**Name of organization or individual:** St. Elizabeth Catholic Church

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

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

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

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

**Does the organization provide direct services to homeless people?** No

**Services provided to homeless persons and families:** Counseling/Advocacy, Street Outreach, Utilities Assistance, Transportation, Rental Assistance  
(select all that apply)

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

**Instructions:**

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

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

**Name of organization or individual:** St Luke and Holy Cross Episcopal Church

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

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

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

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

**Does the organization provide direct services to homeless people?** No

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

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

**Instructions:**

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

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

**Name of organization or individual:** Ashe Congregational Ministries

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

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

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

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

**Does the organization provide direct services to homeless people?** No

**Services provided to homeless persons and families:** Street Outreach, Utilities Assistance, Transportation, Rental Assistance  
**(select all that apply)**

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

**Instructions:**

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

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

**Name of organization or individual:** Ashe Really Cares

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

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

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

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

**Does the organization provide direct services to homeless people?** No

**Services provided to homeless persons and families:** Street Outreach, Case Management, Utilities Assistance, Rental Assistance  
**(select all that apply)**

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

**Instructions:**

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

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

**Name of organization or individual:** Habitat for Humanity

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

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

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

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

**Does the organization provide direct services to homeless people?** No

**Services provided to homeless persons and families:** Case Management, Mortgage Assistance  
**(select all that apply)**

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

**Instructions:**

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

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

**Name of organization or individual:** Shepherd's Staff

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

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

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

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

**Does the organization provide direct services to homeless people?** No

**Services provided to homeless persons and families:** Case Management, Utilities Assistance  
(select all that apply)

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

**Instructions:**

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

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

**Name of organization or individual:** Z. Smith Reynolds

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

**Type of Organization:** Funder advocacy group  
**(Content depends on "Type of Membership" selection)**

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

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

**Does the organization provide direct services to homeless people?** No

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

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

**Instructions:**

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

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

**Name of organization or individual:** North Carolina Community Foundation

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

**Type of Organization:** Funder advocacy group  
**(Content depends on "Type of Membership" selection)**

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

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

**Does the organization provide direct services to homeless people?** No

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

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

**Instructions:**

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

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

**Name of organization or individual:** Catholic Campaign for Human Development

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

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

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

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

**Does the organization provide direct services to homeless people?** No

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

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

**Instructions:**

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

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

**Name of organization or individual:** Holton Management

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

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

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

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

**Does the organization provide direct services to homeless people?** No

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

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

**Instructions:**

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

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

**Name of organization or individual:** Hospitality House Board Member

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

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

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

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

**Does the organization provide direct services to homeless people?** Yes

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

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

**Instructions:**

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

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

**Name of organization or individual:** OASIS, Inc. Board Member

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

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

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

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

**Does the organization provide direct services to homeless people?** Yes

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

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

**Instructions:**

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

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

**Name of organization or individual:** NAMI

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

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

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

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

**Does the organization provide direct services to homeless people?** No

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

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

**Instructions:**

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

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

**Name of organization or individual:** Dipper G.

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

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

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

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

**Does the organization provide direct services to homeless people?** No

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

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

**Instructions:**

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

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

**Name of organization or individual:** Phillip P.

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

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

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

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

**Does the organization provide direct services to homeless people?** No

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

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

**Instructions:**

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

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

**Name of organization or individual:** Ashe County Coalition for the Homeless

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

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

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

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

**Does the organization provide direct services to homeless people?** No

**Services provided to homeless persons and families:** Counseling/Advocacy, Street Outreach, Utilities Assistance, Transportation, Rental Assistance  
**(select all that apply)**

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

### Instructions:

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

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

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

**Rating and Performance Assessment Measure(s):**  
**(select all that apply)** b. Review CoC Monitoring Findings, g. Site Visit(s), e. Review HUD APR for Performance Results, k. Assess Cost Effectiveness, h. Survey Clients, c. Review HUD Monitoring Findings, o. Review CoC Membership Involvement, a. CoC Rating & Review Committee Exists, m. Assess Provider Organization Capacity, l. Assess Provider Organization Experience, p. Review Match, i. Evaluate Project Readiness

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

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

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

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

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

**Emergency Shelter:** No

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

**Safe Haven:** Not Applicable

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

Our Region does not have any Safe Haven Beds.

**Transitional Housing:** No

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

**Permanent Housing:** No

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

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

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

**Instructions:**

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

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

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

**Must specify other:**

**Indicate the type of data or method(s) used to determine unmet need: (select all that apply):** Unsheltered count, HUD unmet need formula, HMIS data, Local studies or non-HMIS data sources, Housing inventory, National studies or data sources, Stakeholder discussion, Applied statistics, Provider opinion through discussion or survey forms

**Specify "other" data types:**

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

Local homeless service providers, mental health and substance abuse service providers, emergency assistance programs and food pantries completed point in time surveys which were submitted to the OASIS Inc. for compilation. The count was then compared to prior year and evaluated. In addition service providers were interviewed as to changes in the economic environment affecting their populations. Local communities were not as affected as others in the nations with regard to Sub-Prime mortgages, however, due to the declining economies and stagnant employment growth coupled with high unemployment in our rural, tourism based communities, more families, individuals and households found themselves homeless from 2009 to 2010.

## 2A. Homeless Management Information System (HMIS) Implementation

**Intructions:**

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

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

|  |  |
|--|--|
| <b>Select the HMIS implementation coverage area:</b>   | Regional (multiple CoCs)   |
| <b>Select the CoC(s) covered by the HMIS: (select all that apply)</b>                                  | NC-507 - Raleigh/Wake County CoC, NC-509 - Gastonia/Cleveland, Gaston, Lincoln Counties CoC, NC-513 - Chapel Hill/Orange County CoC, NC-504 - Greensboro/High Point CoC, NC-501 - Asheville/Buncombe County CoC, NC-502 - Durham City & County CoC, NC-506 - Wilmington/Brunswick, New Hanover, Pender Counties CoC, NC-511 - Fayetteville/Cumberland County CoC, NC-503 - North Carolina Balance of State CoC, NC-516 - Northwest North Carolina CoC, NC-500 - Winston Salem/Forsyth County CoC |
| <b>Is the HMIS Lead Agency the same as the CoC Lead Agency?</b>  | No   |
| <b>Does the CoC Lead Agency have a written agreement with the HMIS Lead Agency?</b>                    | Yes  |
| <b>Has the CoC selected an HMIS software product?</b>  | Yes  |
| <b>If "No" select reason:</b>  |  |
| <b>If "Yes" list the name of the product:</b>  | ServicePoint   |
| <b>What is the name of the HMIS software company?</b>  | Bowman Systems, Inc.   |
| <b>Does the CoC plan to change HMIS software within the next 18 months?</b>                            | No   |
| <b>Indicate the date on which HMIS data entry started (or will start): (format mm/dd/yyyy)</b>         | 05/01/2006   |
| <b>Indicate the challenges and barriers impacting the HMIS implementation: (select all the apply):</b> | Inadequate staffing, Inadequate bed coverage for AHAR participation, No or low participation by non-HUD funded providers, Inadequate resources   |

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

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

We are working to improve data quality & bed coverage. We are continuing to improve data quality through standardized and customized reporting, end user certification & refresher training, and focused technical assistance. We review the monthly HMIS Data Quality report produced by CHIN and the AHAR details report that CHIN produces upon request. The area that we struggle with most is coverage with our very small, rural programs. Most of the agencies who do not receive McKinney-Vento funding are small, volunteer-run organizations that do not have the resources, staff, or capacity to enter data into our HMIS. Without the requirement to participate in HMIS for funding, these agencies are resistant to put financial or volunteer hours into HMIS. We will continue to educate these facilities about the statewide and program benefits of HMIS. We are also exploring regional staff to assist with data entry for these agencies in order to compensate for inadequate resources and staff.

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

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

**Organization Name** North Carolina Housing Coalition

**Street Address 1** 118 St. Mary's Street

**Street Address 2**

**City** Raleigh

**State** North Carolina

**Zip Code** 27605

**Format:** xxxxx or xxxxx-xxxx

**Organization Type** Non-Profit

**If "Other" please specify**

**Is this organization the HMIS Lead Agency in more than one CoC?** Yes

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

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

**Prefix:** Ms.  
**First Name** Laura  
**Middle Name/Initial**  
**Last Name** McDuffee  
**Suffix**  
**Telephone Number:** 336-455-7316  
**(Format: 123-456-7890)**  
**Extension**  
**Fax Number:** 919-881-0350  
**(Format: 123-456-7890)**  
**E-mail Address:** lmcduffee@nchousing.org  
**Confirm E-mail Address:** lmcduffee@nchousing.org

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

### Instructions:

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

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

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

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

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

|                                  |                                    |
|----------------------------------|------------------------------------|
| * Emergency Shelter (ES) Beds    | 76-85%                             |
| * Safe Haven (SH) Beds           | Housing type does not exist in CoC |
| * Transitional Housing (TH) Beds | 65-75%                             |
| * Permanent Housing (PH) Beds    | 65-75%                             |

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

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

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

**Instructions:**

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

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

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

| Universal Data Element               | Records with no values (%) | Records where value is refused or unknown (%) |
|--------------------------------------|----------------------------|---|
| * Social Security Number             | 0%                         | 7%  |
| * Date of Birth                      | 0%                         | 0%  |
| * Ethnicity                          | 0%                         | 0%  |
| * Race                               | 0%                         | 0%  |
| * Gender                             | 0%                         | 0%  |
| * Veteran Status                     | 0%                         | 0%  |
| * Disabling Condition                | 0%                         | 3%  |
| * Residence Prior to Program Entry   | 0%                         | 0%  |
| * Zip Code of Last Permanent Address | 0%                         | 0%  |
| * Name                               | 0%                         | 0%  |

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

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

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

CHIN uses comparative reporting to assist agencies as they improve their client and program data. The primary report is the monthly Data Quality Report that provides agencies and our CoC with an overview of data completeness, utilization rates, and inventory. Additionally, agencies may request a report at any time during the month. Standardized ServicePoint reports are available continuously including: APR data, clients served, and clients not served. For agencies that need improvement, on-site and on-line data entry technical assistance and training are available at no charge to agencies. In extreme cases, contract data entry assistance is available for agencies to help them catch up on data entry.

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

A commitment to accurate data entry, including program entry and exit dates, begins when agencies sign their Agency Participation Agreement. In this contract, agencies agree to adhere to CHIN's Standard Operating Policies which explicitly cover all HUD required data elements. Agencies and end users are reminded of the policies again during certification training. Program entry and exit dates are covered specifically in all training materials. Program enrollment figures are included as elements on CHIN's monthly Data Quality Reports. CHIN staff can generate a report for participating agencies that lists all clients with their program entry and exit dates and indications of fields that remain incomplete.

- Indicate which reports the CoC or subset of the CoC submitted usable data: (Select all that apply)** 2009 AHAR, 2009 AHAR Supplemental Report on Homeless Veterans
- Indicate which reports the CoC or subset of the CoC plans to submit usable data: (Select all that apply)** 2010 AHAR Supplemental Report on Homeless Veterans, 2010 AHAR
- Does your CoC plan to contribute data to the Homelessness Pulse project in 2010?** No

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

### Instructions:

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

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

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

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

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

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

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

**Instructions:**

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

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

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

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

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

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

**How often does the CoC Lead Agency aggregate data to a central location (HMIS database or analytical database)?** Never

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

**If 'Yes' indicate date of last review or update by CoC:** 10/11/2010

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

## 2H. Homeless Management Information System (HMIS) Training

### Instructions:

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

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

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

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

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

### **Instructions:**

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

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

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

**Enter the date in which the CoC plans to conduct its next point-in-time count:** 01/26/2011  
(mm/dd/yyyy)

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

**Emergency Shelter:** 100%  
**Transitional Housing:** 100%

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

The most significant change in the 2010 Point in Time count as compared to prior counts was the change in HUD policy with regard to extrapolation methods. For the past 8 years the NWCoC has utilized extrapolation formulas developed by a housing expert whose educational background is in City and Regional Planning with over 25 years of hands on experience in housing planning, Low-Income Housing Tax Credit Development and supportive housing development for the chronically and hard to serve homeless in rural and metropolitan communities, international housing policy and planning as well as State level public policy development.

The methods developed by our expert have proven reliable to reflect the homeless populations based on the data tracked by regional homeless service providers, food pantries, emergency assistance programs, County School Systems, faith based services, Department of Social Services, and mental health providers. The stark disparity in the 2010 count as compared to the 2009 PIT is reflected in the 66% INCREASE in the total number of homeless households compared to the 78% DECREASE in unsheltered homeless.

Without the ability to extrapolate the number of homeless living in barns, tents, school buses, woods, condemned structures, and storage units throughout the 2511 square mile CoC service area, the 2010 PIT cannot reflect the true nature of homelessness in the rural Appalachian mountains of North Carolina.

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

### Instructions:

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

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

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

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

**If Other, specify:**

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

All domestic violence shelters, mental health and substance abuse service providers, emergency assistance programs, and food pantries, as well as the only comprehensive homeless shelter in the region provided both emergency and transitional housing data and participated in the Point in Time count. Two weeks prior to the annual Point In Time, agencies are contacted (100% of domestic violence shelters, mental health service providers in the 7 counties, food pantries, homeless advocates, and others providing any form of housing) to discuss the collection of data, the process and tools to submit the PIT count. A data form for each individual staying in a shelter, transitional, and permanent housing was completed and then tallied to produce the total shelter count. The week after the PIT was completed, all participating agencies submitted data with identifying initial and gender to reduce duplication. Since extrapolation methods were disallowed to apply to the collected data to help identify the unsheltered homeless in our large, rural region, PIT data was clearly skewed from prior years.

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

**Instructions:**

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

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

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

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

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

|   |   |
|---|---|
| <b>HMIS</b>   | X |
| <b>HMIS plus extrapolation:</b>                     |   |
| <b>Sample of PIT interviews plus extrapolation:</b> |   |
| <b>Sample strategy:</b>                             |   |
| <b>Provider expertise:</b>                          | X |
| <b>Interviews:</b>                                  | X |
| <b>Non-HMIS client level information:</b>           | X |
| <b>None:</b>  |   |
| <b>Other:</b>                                       | X |

**If Other, specify:**

Actual count and intake forms used to gather subpopulation data from individuals in HUD funded emergency and transitional housing programs.

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

All domestic violence shelters, county mental health/substance abuse providers, as well as the only comprehensive homeless service provider in the region, which provides both emergency and transitional housing, participated in the Point in Time count. A data form for each individual staying in HUD funded programs: New River Behavioral Health Care, WAMY Community Action, OASIS and the Hospitality House shelter was completed by the respective agency utilizing data from the intake forms and HMIS and then tallied to calculate the subpopulation data.

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

### Instructions:

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

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

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

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

**If Other, specify:**

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

Grantees and/or providers maintain a separate database that includes a section for the names of HMIS clients and then a separate section for non-HMIS with the ability to cross-reference names to avoid duplication of persons served.

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

**Instructions:**

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

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

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

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

**If Other, specify:**

The only comprehensive provider of homeless services in the region completes a data form for each unsheltered individual. In addition, we contact community service providers including food banks, social service agencies, and mental health agencies and ask that they complete a survey on homeless individuals and families that they are aware of with measures used to avoid duplication (i.e. initials and gender).

Extrapolation methods that have been employed for the past eight years to track the unsheltered homeless living in barns, abandoned cars, woods, school buses and other locations not meant for human habitation in the NWCoC service area of over 2511 square mile service area with an average population density of less than 75 persons per square mile were disallowed in 2010. Without this previously reliable method, the 2010 PIT data identified a 66% increase in homeless households yet a 78% decrease in the unsheltered homeless. Clearly the unsheltered data is inaccurate particularly since unemployment in the region was an average of 9% in 2010.

Since the use of extrapolation formulas cannot be applied to data collected on all known unsheltered homeless individuals, the unsheltered homeless count DECREASED by 78% since 2009. If the use of the extrapolation formulas, created by the housing expert formerly working in our region, were employed the unsheltered homeless would have been approximately 1271 (increasing by 13% the same increase reflected in the 2010 PIT for Sheltered individuals.)

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

### Instructions:

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

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

**Indicate where the CoC located the unsheltered homeless persons (level of coverage) that were counted in the last point-in-time count:** Non-Shelter Services

### If Other, specify:

Due to the rural, mountainous nature of our CoC (over 2500 square miles with an average density of 75 persons per square mile), we are not able to complete a data form on all unsheltered homeless individuals (living in barns, cars, tents, etc.). Since long standing extrapolation methods used to create baseline data for the region were disallowed, the unsheltered homeless in the rural mountains of North Carolina were drastically underreported for the 2010 PIT, down from approximately 1271 to 344. The CoC partnered with school systems, food pantries, mental health programs, communities of faith, and other social services providers to collect data from individuals who were the unsheltered homeless.

Since communities in the NWCoC region are small (some counties have a total population of less than 12,000) service providers involved in the PIT have a comprehensive understanding of their communities, need, and are typically the agencies contacted when there is a housing crisis for an individual or family (even if they are not a housing provider). This experience in each community has enhanced the ability of the CoC to gather relevant data on level of the unsheltered need based on educated extrapolation formulas that have been tested for over eight years. Since these methods could not be employed in 2010, a dramatic decrease in unsheltered homeless (in an extremely challenging economic period experienced throughout the county hitting rural communities particularly hard), seems unrealistic. Therefore the data does not reflect the true homeless problem in this large rural region.

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

### Instructions:

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

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

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

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

|                            |                                     |
|----------------------------|-------------------------------------|
| Training:                  | <input checked="" type="checkbox"/> |
| HMIS:                      | <input checked="" type="checkbox"/> |
| De-duplication techniques: | <input checked="" type="checkbox"/> |
| Other:                     | <input type="checkbox"/>            |

**If Other, specify:**

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

Counting the unsheltered on the same day serves as the initial screening to reduce duplication. In addition, since the NWCoC region covers 2511 square miles, the homeless generally do not access services across county lines. There is no public transportation system in most communities much less a system that would cross county lines. Also, information submitted records identifying information such as gender and initials to reduce the possibility of counting an individual or household more than once.

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

The COC participants assist identified individuals at risk for homelessness and work to access mainstream resources to prevent homelessness or facilitate access to transitional housing or permanent housing programs in the CoC region. The CoC partner agencies are utilizing a 3 year HPRP grant to prevent and reduce homelessness in the 7 county service area and use these funds to serve both families and individuals. The HPRP coordinators, who are staff members of NWCoC agencies, are learning more about other stimulus program that offer job training and other life skill building programs to help reduce the incidence of homeless. Information outlining the program and eligibility is available from each partnering agency HPRP Case Manager. Since only 1 in 10 is serviced by this program (based on HUD research) the outreach efforts are training agencies, communities of faith, and other points of entry as to eligibility criteria for the program. Unfortunately the condition of the overall economy and specifically the rural mountain region which is tourism driven, minimum wage jobs coupled with 30% higher than average housing costs (due to rental housing competition from Appalachian State University Students and the ever increasing number of seasonal, second home owners) continue to define and exacerbate the homeless in the region.

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

Due to our large geographical area of the NWCoC which constitutes seven rural counties in the northwestern mountains of North Carolina, reaching and identifying people residing in the woods, barns, abandoned cars, and storage units is extremely challenging. Often agencies are unaware of unsheltered homeless individuals until a crisis occurs. The homeless service providers in the NWCoC region provides outreach programs in the community to educate residents and train other service providers who to refer and support the homeless in accessing housing support. In addition the only general homeless service provider (the Hospitality House) offers assistance to a large number of individuals with supportive services including meals, showers, laundry, and mail services who currently do not access shelter. And with the HPRP grant, CoC partner agencies are engaging in additional outreach to homeless and those at risk.

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

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

##### Instructions:

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

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

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

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

The NWCoC will increase the number of permanent housing beds available by 9 in 2011, through the addition of 4 units with 9 beds in the new Hospitality House facility. The expected completion date is January 2011. Though these new beds are not restricted to be exclusively used by the chronically homeless, these beds will be targeted to homeless and disabled individuals and families and the chronically homeless.

The NWCoC is also the recipient of an HPRP grant and is using the Rapid Rehousing component to assist the chronically homeless in all 7 counties that we serve.

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

The NWCoC will increase permanent housing beds available by 9 in 2011 at the new Hospitality House facility. Though these new beds are not restricted exclusively for the chronically homeless, these beds will be targeted to the chronically homeless as well as other hard to serve homeless including individuals, couples and families that may not meet the definition of chronically homeless, but have a disabling condition and a history of cycling in and out of homeless shelters.

The NWCoC is also the recipient of an HPRP grant and will continue to use the Rapid Rehousing component to assist the chronically homeless.

\*\* The majority of the NWCoC SHP projects were in place prior to the chronically homeless designation, but all of our permanent SHPs are available to the chronically homeless including families that meet this definition.

**How many permanent housing beds do you currently have in place for chronically homeless persons?** 2

**In 12-months, how many permanent housing beds designated for the chronically homeless do you plan to have in place and available for occupancy?** 2

**In 5-years, how many permanent housing beds designated for the chronically homeless do you plan to have in place and available for occupancy?** 2

**In 10-years, how many permanent housing beds designated for the chronically homeless do you plan to have in place and available for occupancy?** 2

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

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

**Instructions:**

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

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

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

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

The NWCoC will work with community agencies to increase the percentage of homeless persons remaining in permanent housing for at least six months by continuing to extend supportive services to residents in permanent supportive housing that will help them remain in their housing. Currently the NWCoC keeps 96 percent of homeless persons in permanent supportive housing. In 12 months, the NWCoC plans to at least keep that percentage at 87 percent. Greater care will be taken in selecting for the permanent supportive housing programs so that applicants and new residents understand what is involved with permanent supportive housing.

One success story in the NWCoC shows a homeless individual graduating permanent supportive housing for more independent permanent housing after only 6 months in the program. The individual utilized the supportive services offered to program participants and no longer needed permanent supportive housing at the end of 6 months in the program.

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

The NWCoC will work with community agencies to increase the percentage of homeless persons remaining in permanent housing for at least six months by continuing to extend supportive services to residents in permanent supportive housing that will help them remain in their housing. Currently the NWCoC keeps 96 percent of homeless persons in permanent supportive housing. In five years, the NWCoC plans to maintain that percentage at least at 87 percent. In ten years, the NWCoC plans to keep the percentage of homeless persons staying longer than 6 months as least at 90%. Greater care will be taken in selecting for the permanent supportive housing programs so that applicants and new residents understand what is involved with permanent supportive housing. Evaluation of supportive housing programs will be done to make any needed changes to assist participants in keeping them in permanent housing.

- What is the current percentage of participants remaining in CoC funded permanent housing projects for at least six months?** 96
- In 12-months, what percentage of participants will have remained in CoC funded permanent housing projects for at least six months?** 87
- In 5-years, what percentage of participants will have remained in CoC funded permanent housing projects for at least six months?** 87
- In 10-years, what percentage of participants will have remained in CoC funded permanent housing projects for at least six months?** 90

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

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

**Instructions:**

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

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

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

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

NWCOC agencies demonstrated an 77% success rate in moving homeless individuals and families from transitional housing into permanent housing. And with limited Permanent Supportive Housing beds in the region, some participants were successfully housed through other housing subsidy programs including Section 8. Agencies also attribute the 77% success rate to the comprehensive case management provided to participants.

Case managers work with individuals and families in emergency shelters to determine eligibility for transitional housing and assist in the development of individual goal plans. Participants meet with case managers on a regular basis and track progress toward goals. Goals can include enrollment in the Section 8 voucher program or secure employment to save funds while in subsidized transitional housing.

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

The Northwestern Continuum of Care agencies will continue to incorporate best practices in their work with homeless individuals and families to support their journey from homelessness, through transitional housing programs with the final outcome of stable and safe permanent housing.

This effort is expanded thanks to the Federal recovery help through the Homeless Prevention and Rapid Rehousing program which awarded \$1.3 million dollars from Oct. 2009 to Sept. 2012 in assistance to NWCoC agencies to prevent homelessness and move homeless individuals and families into housing quickly. Partner agencies are offering flexible financial assistance as well as case management support for more than 65 households each year in the seven county region of the NWCoC.

- What is the current percentage of participants in CoC funded transitional housing projects will have moved to permanent housing?** 77
- In 12-months, what percentage of participants in CoC funded transitional housing projects will have moved to permanent housing?** 75
- In 5-years, what percentage of participants in CoC funded transitional housing projects will have moved to permanent housing?** 80
- In 10-years, what percentage of participants in CoC funded transitional housing projects will have moved to permanent housing?** 85

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

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

**Instructions:**

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

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

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

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

Participants leaving permanent housing programs had 0% employment income as disability income was their primarily objective. Transitional Housing programs had 43% participants leave with employment and 58% of participants in an SSO grant became employed for a total average of 21%.

The NWCoC will take the following steps to maintain or exceed our current employment rate at exit (21%): 1) partner with area employment and training programs to develop workforce opportunities and training for this population; 2) work with area agencies currently providing necessary soft skills to enhance employability; and 3) provide case management and mentoring to help and encourage clients to make first step toward employer contact.

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

Like national trends, unemployment remains high in NWCOC (Alleghany, Ashe, Mitchell, & Yancey were close to NC's 9.6 Unemployment rate at 9%, 9.6%, 9.1% and 9.4% respectively. Avery at 7.4% and Watauga at 6.8% were lower due mainly to seasonal summer service industry employment for the local tourism industry. Wilkes was the region's highest at 11.5% where much industry has departed in recent years.

The NWCoC will continue working at the local level carrying out the short-term steps to maintain or exceed employment for the target population. The CoC is also committed to working with legislators to keep the issue of jobs for the difficult to place and unskilled workforce in the forefront. This will ensure that opportunities are created at the Federal and State levels to train and provide useful and purposeful work for this population.

- What is the current percentage of participants in all CoC funded projects that are employed at program exit?** 21
- In 12-months, what percentage of participants in all CoC funded projects will be employed at program exit?** 22
- In 5-years, what percentage of participants in all CoC funded projects will be employed at program exit?** 23
- In 10-years, what percentage of participants in all CoC funded projects will be employed at program exit?** 24

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

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

**Instructions:**

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

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

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

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

Starting October 2009 the Northwestern Regional Housing Authority signed a contract with the State of North Carolina to bring the Homeless Prevention and Rapid Rehousing program to the seven counties in the NWCoC region.

Each PTP agency is implementing outreach, engagement, and referral strategies in the counties or populations they serve. For those determined to be eligible for the program, the PTP assists clients through the intake and assessment process to identify the specific need(s) as well as individual strengths, resources, and supports in order to develop a housing intervention.

Once HPRP funding is no longer available in the community, we anticipate (unless there is a significant improvement in the local, state and national economies) that we will experience either an increase or flat level of homeless households with children. From 2008 to 2010 homeless households increased by 150%.

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

The Applicant Organization (AO) Northwestern Regional Housing Authority would reapply for any additional funding beyond the year 2012 to continue HPRP activities. In addition the CoC partner agencies would continue to develop our Continuum, bringing in others who are concerned about homelessness in our region. Currently the CoC partners have 1) experience working with the targeted population, 2) experience working with federal and state grants, 3) strong partnerships with community agencies in their respective communities and 4) willingness and ability to meet all HPRP program requirements.

Through outreach efforts as a part of the HPRP grant, PTP will continue to advocate for the homeless and recruit new partners to help in this effort. CoC agencies will continue to create awareness about the cost savings as a direct result of keeping children and households in safe and stable housing, in the hope of generating local financial support to continue HPRP activities.

**What is the current total number of homeless households with children, as reported on the most recent point-in-time count?** 76

**In 12-months, what will be the total number of homeless households with children?** 60

**In 5-years, what will be the total number of homeless households with children?** 60

**In 10-years, what will be the total number of homeless households with children?** 50

### 3B. Continuum of Care (CoC) Discharge Planning

#### Instructions:

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

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

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

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

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

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

#### Foster Care (Youth Aging Out):

The Northwest CoC covers 7 counties, and therefore works with 7 different locally-implemented foster care programs. Presently, our CoC is working to implement protocols in each county's Division of Social Services. These protocols confirm that the Foster Care program begins working with their charges long before anticipated discharge, and the discharge planning includes identification of housing and employment. In addition, some youth participate in the LINKS program which provides additional housing, education and employment supports. To date, MOUs have been signed by the local NWCoC representative and two county DSS agencies, confirming that no one will be discharged from foster care into homelessness.

DSS staff will participate in monthly CoC meetings to talk about how the CoC and DSS can partner to expand permanent housing opportunities for persons discharged from Foster Care.

#### Health Care:

Discharge protocols with local hospitals are being developed in the counties served by NWCoC. Since the hospitals are independent, and do not fall under a state office the same way that the MH hospitals, prisons, and foster care programs do, it has been more difficult and time-consuming to implement statewide procedures with hospitals in our region. Protocols are under development, and hospital social workers are encouraged to participate in regional CoC meetings, as well as participate in SOAR trainings to improve access to disability income for homeless people who frequently access hospital services. In addition, hospitals are encouraged to work with CoC members and other housing advocates to identify appropriate permanent housing placements for persons being discharged from the hospital.

**Mental Health:**

The Northwest Continuum of Care has worked with NC Interagency Council for Coordinating Homeless Programs (ICCHP) members from the Division of Mental Health, Developmental Disabilities and Substance Abuse Services (The Divisions) to refine and implement protocols related to discharge of homeless people from state mental health hospitals and substance abuse treatment facilities. The Division's Office of State Operated Services and the ICCHP co-sponsored three regional trainings on appropriate discharge practices, and these trainings prepared both the Continua and the state's hospitals and treatment centers refine their discharge practices. These protocols have been finalized in MOUs that are signed by each hospital, treatment program, and the CoC. The MOU ensures that the facilities and the CoC members are implementing strategies to identify appropriate permanent housing for persons being discharged. The MOUs have been signed and went into effect 12/01/2008.

**Corrections:**

The NC Interagency Council for Coordinating Homeless Programs (ICCHP) members include representatives from the Department of Correction (DOC). DOC representatives have been participating on the ICCHP's Discharge Planning Work Group for over 4 years. In addition, representatives from DOC participated in this year's ICCHP co-sponsored trainings on homelessness and discharge planning. Prisons across NC are not allowed to sign MOUs with local Continua's; instead, all MOUs must be coordinated with the DOC itself. Final protocols between the CoC and DOC are under final review by DOC attorneys. Implementation of protocols began in winter 2009. In addition, the CoC is developing MOUs with local county jails. These MOUs will confirm that the jails will not discharge anyone into a McKinney Vento funded facility that does not meet HUD's definition of eligible homeless persons. In addition, jail staff will be invited to participate in local CoC meetings.

### 3C. Continuum of Care (CoC) Coordination

**Instructions:**

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

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

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

**If yes, list the goals in the CoC strategic plan that are included in the Consolidated Plan:** Our goals to address homelessness include securing funding for additional beds for chronically homeless persons and families as well as the hard-to-serve homeless persons, increasing the percentage of persons moving from transitional housing to permanent housing, and increasing the number of communities within the CoC who are developing 10-year plans.

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

The HPRP Applicant Organization (AO) is Northwestern Regional Housing Enterprises, and each of the 7 counties and all domestic violence programs in the Northwest CoC have a designated Project Team Partner (PTP) participating in the HPRP as follows: New River Behavioral Healthcare serves Alleghany, Ashe, and Wilkes Counties; Hospitality House serves Watauga County; WAMY serves Avery, Mitchell, and Yancey Counties; and OASIS serves all domestic violence programs in all 7 counties. Due to the rural nature of this CoC, the PTPs have been carefully selected based on their 1) experience working with the targeted population, 2) experience working with federal and state grants, 3) strong partnerships with community agencies in their respective communities and 4) willingness and ability to meet all HPRP program requirements.

Each PTP is responsible for implementing the outreach, engagement and referral strategy and has HPRP case managers complete a comprehensive HPRP Eligibility Determination for all households that meet the screening criteria. The intake and assessment is used to identify the specific need(s) as well as individual strengths, resources and supports in order to develop a HPRP plan to reduce homelessness.

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

The NWCoC is coordinating a ARRA program funded program with the award of the Homeless Prevention and Rapid Reshousing grant of \$1.3 million dollars for three years to cover Alleghany, Ashe, Avery, Mitchell, Watauga, Wilkes, and Yancey counties. Though NWCoC does not have a HUD VASH program, referrals are made to HUD VASH programs in the region.

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

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

The policy and practice of all homeless server providers in the Northwest CoC is to insure that all school age children are enrolled in school in compliance with the McKinney-Vento Homeless Assistance Act. It is the policy and practice to immediately notify the school system's Homeless Coordinator of homeless school age children being served by homeless assistance providers to coordinate immediate enrollment and coordination of other needed services. The school systems have Procedures for Implementation of Homeless Students Policy that is provided to homeless assistance providers.

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

Each homeless assistance provider in the Northwest CoC has case management staff that works all homeless families that they serve. At least annually, the case management staff meets with the school personnel that work with identified homeless students to review and discuss the policy and procedures for enrolling homeless children and to discuss coordination of other needed services. Case managers maintain ongoing contact with school personnel for all homeless children served by the homeless assistance provider including attending any meetings regarding specialized services. School personnel also refer homeless families to homeless assistance providers for the provision of homeless services including shelter. HPRP assistance is offered if available (currently all providers have a waiting list); however, homeless families, provided they meet the eligibility criteria, are given priority.

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

The homeless assistance providers in the Northwest CoC through their case management staff maintain an ongoing relationship with the school systems for a seamless enrollment process for identified homeless school age children. In addition, all homeless assistance providers house members of a family unit together in both emergency shelters and transitional shelters in order to restore a sense of security. There is an effort to immediately stabilize the family unit with shelter and other needed services which is critical to the family enrolling their child(ren) in school. The case managers are available to transport the family to the school for enrollment and assist the family in obtaining needed records. Case managers assist with the arrangement of transportation to and from school. Tutoring, if needed, is arranged and a quiet location for homework is provided at the shelters. Most shelters now provide school age children access to a computer. All homeless assistance providers also connect families to resources for needed school supplies and clothing. In addition, extracurricular activities to foster social relationships and esteem building are arranged with the family's input.

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

The Northwest CoC covers 7 rural counties in northwest NC. As a rural community, services for veterans are more limited, but homeless assistance providers are very committed to assisting veterans in accessing needed services. Veterans are identified at intake and an individualized service plan is developed to address identified needs including the development of a stable resource base and a permanent housing plan. The case manager works with each veteran in accessing needed services through referrals. Locally there is a Veteran Service office that can assist Veterans in accessing needed services including medical care. In addition, there is a staff member at the Employment Security Office that is dedicated to working with veterans on employment and retraining. The local VFW is another resource for veterans. Currently there are no HUD VASH providers in the CoC, but if a veteran is willing to relocate, the case manager will facilitate the necessary arrangements for this program. Veterans are also connected to needed mental health and addiction services.

### 3D. Hold Harmless Need (HHN) Reallocation

**Instructions:**

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

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

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

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

- Does the CoC want to reallocate funds from one or more expiring SHP grant(s) into one or more new permanent housing or dedicated HMIS project(s)?** No
  
- Is the CoCs Final Pro Rata Need (FPRN) based on either its Hold Harmless Need (HHN) amount or the Hold Harmless Merger process?** Yes

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

## 4A. Continuum of Care (CoC) 2009 Achievements

### Instructions:

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

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

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

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

| Objective  | 2009 Proposed Numeric Achievement: |            | Actual Numeric Achievement |            |
|--|------------------------------------|------------|----------------------------|------------|
| Create new permanent housing beds for the chronically homeless.  | 12                                 | Beds       | 0                          | Beds       |
| Increase the percentage of homeless persons staying in permanent housing over 6 months to at least 77%.            | 85                                 | %          | 96                         | %          |
| Increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 65%. | 82                                 | %          | 77                         | %          |
| Increase percentage of homeless persons employed at exit to at least 20%   | 25                                 | %          | 21                         | %          |
| Decrease the number of homeless households with children.  | 30                                 | Households | 76                         | Households |

Did CoC submit an Exhibit 1 application in 2009? Yes

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

While we did not reach our goal to create 12 new CH permanent beds, we will have 9 new permanent housing beds available in Jan'11 after construction delays. Those beds will be for hard to serve disabled homeless, including but not limited to CH individuals and families. We also anticipated a homeless advocacy group to create 3 additional permanent housing beds but their plans did not work out this year with the economy still feeling the affects of the recession.

While 77% of homeless persons in transitional housing moved to permanent housing in 2010, (12% higher than HUD's established goal) we did not achieve our targeted goal of 80% due to our region's lack of affordable permanent housing. Our housing authority had to freeze Section 8 vouchers at the end of last year through spring of this year due to funding constraints.

While 21% of homeless persons were employed at their exit from McKinney-Vento program (1% higher than HUD's established goal), we did not achieve our targeted goal of 25% due to continued high unemployment in our region.

While our goal was to reduce homeless households with children to 30, we did not achieve this goal due to so many families in our region facing homelessness due to lack of employment opportunities. We are attempting to reduce these homeless households with HPRP funds for qualifying families but the need outweighs the funding and resources available to serve all who qualify and thus many are on long waiting lists.

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

**Instructions:**

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

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

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

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

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

| Year | Number of CH Persons | Number of PH beds for the CH |
|------|----------------------|------------------------------|
| 2008 | 240                  | 0                            |
| 2009 | 130                  | 2                            |
| 2010 | 30                   | 2                            |

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

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

| Cost Type    | HUD<br>McKinney-<br>Vento | Other<br>Federal | State | Local | Private |
|--------------|---------------------------|------------------|-------|-------|---------|
| Development  |                           |                  |       |       |         |
| Operations   |                           |                  |       |       |         |
| <b>Total</b> | \$0                       | \$0              | \$0   | \$0   | \$0     |

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

Clearly the 2010 PIT count did not accurately identify the level of unshelterd chronically homeless this year due to the changes in the use of extrapolation methods. Sheltered chronically homeless increased from 4 to 15 (275% increase) yet the number of unsheltered decreased from 126 to 12. Due to the new ruling disallowing extrapolations, the numbers from the 2010 PIT underreported unsheltered homeless since shelters experienced a 13% increase in the number of homeless individuals, at the same time the unsheltered numbers decreased by 78% (2511 square miles, rural, mountainous service area with a population density fo 75 persons per square mile is extremely difficult to canvas like urban homeless count models).

## 4C. Continuum of Care (CoC) Housing Performance

**Instructions:**

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

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

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

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

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

| Participants in Permanent Housing (PH)  |           |
|---|-----------|
| a. Number of participants who exited permanent housing project(s)                   | 8         |
| b. Number of participants who did not leave the project(s)                          | 23        |
| c. Number of participants who exited after staying 6 months or longer               | 6         |
| d. Number of participants who did not exit after staying 6 months or longer         | 22        |
| e. Number of participants who did not exit and were enrolled for less than 6 months | 1         |
| <b>TOTAL PH (%)</b>   | <b>90</b> |

**Instructions:**

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

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

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

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

|   |    |
|---|----|
| <b>Participants in Transitional Housing (TH)</b>  |    |
| <b>a. Number of participants who exited TH project(s), including unknown destination</b>            | 35 |
| <b>b. Number of SHP transitional housing participants that moved to permanent housing upon exit</b> | 27 |
| <b>TOTAL TH (%)</b>   | 77 |

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

**Instructions:**

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

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

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

**Total Number of Exiting Adults: 177**

| Mainstream Program   | Number of Exiting Adults | Exit Percentage (Auto-calculated) |   |
|--|--------------------------|-----------------------------------|---|
| SSI  | 29                       | 16                                | % |
| SSDI   | 15                       | 8                                 | % |
| Social Security  | 1                        | 1                                 | % |
| General Public Assistance  | 0                        | 0                                 | % |
| TANF   | 3                        | 2                                 | % |
| SCHIP  | 0                        | 0                                 | % |
| Veterans Benefits  | 3                        | 2                                 | % |
| Employment Income  | 105                      | 59                                | % |
| Unemployment Benefits  | 4                        | 2                                 | % |
| Veterans Health Care   | 0                        | 0                                 | % |
| Medicaid   | 23                       | 13                                | % |
| Food Stamps  | 76                       | 43                                | % |
| Other (Please specify below)   | 12                       | 7                                 | % |
| Appalachian Healthcare Project, child support, pensions, trust funds |                          |                                   |   |
| No Financial Resources   | 59                       | 33                                | % |

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

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

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

### **Instructions:**

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

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

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

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

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

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

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

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

All projects have in place procedures to systematically refer homeless individuals to mainstream programs. In addition, each project has developed and maintains a strong working relationship with the providers of mainstream programs and seeks new and innovative ways to improve accessing mainstream programs to eligible participants.

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

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

9-17-09-meet w/Watauga Co. School Social Work Staff /Homeless Coordinator to discuss serving homeless children & coordinating services  
11/3-11/4/09-Affordable Housing Conference  
11-17-09-ASU Homeless Forum  
Jan 2010-Case Mgmt Training  
2/1-2/3/10-HUD Rental Calculation Training CoC SHP/S+C Grant Providers  
April, June, Aug, Sept 2010-HPRP case mgr training  
5/25/10-Affordable Housing Workshop  
8/19/10-Fair Housing Roundtable w/State of NC  
9/16-9/17/10-Affordable Housing Conf.  
9/27-9/30/10-HUD HEARTH/HMIS Conf.  
Multiple HUD HPRP webinars, State T&A HPRP calls  
CHIN (HMIS) training on HPRP & SHP  
Counseling Training -NC Benefits Bank Program  
Community-based Research Project w/ASU to survey homeless population on service needs for program planning  
Town of Boone Affordable Housing Task Force  
Watauga Co. Affordable Housing /Land Trust  
Public Transportation Committee  
CHIN (HMIS) Advisory Mtg  
CHIN (HMIS) Reports Subcommittee

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

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

**If yes, identify these staff members** Provider Staff

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

**If "Yes", specify the frequency of the training.** semi-annually (twice a year)

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

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

**Has the CoC participated in SOAR training?** Yes

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

December 2009 - SOAR training for case managers

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

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

| Activity   | Percentage |
|--|------------|
| <b>1. Case managers systematically assist clients in completing applications for mainstream benefits.</b><br><b>1a. Describe how service is generally provided:</b>                | 100%       |
| Service providers meet with individuals to evaluate eligibility for programs and facilitate access to mainstream resources (transportation and help complete documents).           |            |
| <b>2. Homeless assistance providers supply transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs.</b>                       | 100%       |
| <b>3. Homeless assistance providers use a single application form for four or more mainstream programs:</b><br><b>3.a Indicate for which mainstream programs the form applies:</b> | 0%         |
| Mainstream resources are provided by State and Federal agencies that use their agency's specific forms and documentation.  |            |
| <b>4. Homeless assistance providers have staff systematically follow-up to ensure mainstream benefits are received.</b>  | 100%       |
| <b>4a. Describe the follow-up process:</b>   |            |
| Case Managers meet weekly with clients to follow up on progress toward securing mainstream resources and help to reduce barriers (if any) to access.                               |            |

## Continuum of Care (CoC) Project Listing

**Instructions:**

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

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

**EX1\_Project\_List\_Status\_field** List Updated Successfully

| Project Name          | Date Submitted       | Grant Term | Applicant Name        | Budget Amount | Proj Type       | Prog Type | Comp Type | Rank |
|-----------------------|----------------------|------------|-----------------------|---------------|-----------------|-----------|-----------|------|
| Rock Haven Perman...  | 2010-11-07 13:15:... | 1 Year     | Hospitality House...  | 31,928        | Renewal Project | SHP       | PH        | F    |
| Edgecliff (OASIS ...  | 2010-11-08 18:40:... | 1 Year     | New River Service...  | 69,517        | Renewal Project | SHP       | PH        | F    |
| SSO Homeless Outr...  | 2010-11-07 13:17:... | 1 Year     | Hospitality House...  | 29,179        | Renewal Project | SHP       | SSO       | F    |
| Wintergreen Perma...  | 2010-11-09 16:43:... | 1 Year     | Northwest ern Hous... | 33,018        | Renewal Project | SHP       | PH        | F    |
| OASIS Transitiona ... | 2010-11-04 15:03:... | 1 Year     | OASIS, Inc. (Oppo...  | 29,294        | Renewal Project | SHP       | TH        | F    |
| WAMY Supportive H...  | 2010-11-12 17:18:... | 1 Year     | WAMY Communit y Ac... | 35,567        | Renewal Project | SHP       | PH        | F    |
| Hospitality House...  | 2010-11-07 13:14:... | 1 Year     | Hospitality House...  | 31,181        | Renewal Project | SHP       | TH        | F    |

## Budget Summary

|                                |           |
|--------------------------------|-----------|
| <b>FPRN</b>                    | \$259,684 |
| <b>Permanent Housing Bonus</b> | \$0       |
| <b>SPC Renewal</b>             | \$0       |
| <b>Rejected</b>                | \$0       |

## Attachments

| Document Type   | Required? | Document Description | Date Attached |
|---|-----------|----------------------|---------------|
| Certification of Consistency with the Consolidated Plan | Yes       | NWCoC Certificati... | 11/10/2010    |

## Attachment Details

**Document Description:** NWCoC Certification of Consistency with the Consolidated Plan - 2010