**Key Elements of Permanent Supportive Housing**

Applicants must complete this form with information about their Permanent Supportive Housing (PSH) grant. If an applicant is applying for funding for more than one PSH grant, they must complete a separate form for each one.

The answers to the following questions will be used by the Project Review Committee and NCCEH staff to score the *Key Elements of Permanent Supportive Housing* section of the New and Renewal Scorecards.

|  |  |
| --- | --- |
| Applicant: |       |
| Project Name: |       |

**Please complete the following table regarding services in your PSH program:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Service** | **Provided?** | **Provided by:** | **Optional/****Required:** | **Are the services able to fluctuate based on participant need?** |
| Assessment of service needs | [ ] Provided[ ] Not Provided | [ ] Applicant[ ] Other Provider | [ ] Optional[ ] Required | [ ] Yes[ ] No |
| Assistance with moving costs | [ ] Provided[ ] Not Provided | [ ] Applicant[ ] Other Provider | [ ] Optional[ ] Required | [ ] Yes[ ] No |
| Case management | [ ] Provided[ ] Not Provided | [ ] Applicant[ ] Other Provider | [ ] Optional[ ] Required | [ ] Yes[ ] No |
| Child care | [ ] Provided[ ] Not Provided | [ ] Applicant[ ] Other Provider | [ ] Optional[ ] Required | [ ] Yes[ ] No |
| Education services | [ ] Provided[ ] Not Provided | [ ] Applicant[ ] Other Provider | [ ] Optional[ ] Required | [ ] Yes[ ] No |
| Employment assistance and job training | [ ] Provided[ ] Not Provided | [ ] Applicant[ ] Other Provider | [ ] Optional[ ] Required | [ ] Yes[ ] No |
| Food | [ ] Provided[ ] Not Provided | [ ] Applicant[ ] Other Provider | [ ] Optional[ ] Required | [ ] Yes[ ] No |
| Housing search and counseling | [ ] Provided[ ] Not Provided | [ ] Applicant[ ] Other Provider | [ ] Optional[ ] Required | [ ] Yes[ ] No |
| Legal Services | [ ] Provided[ ] Not Provided | [ ] Applicant[ ] Other Provider | [ ] Optional[ ] Required | [ ] Yes[ ] No |
| Life skills training | [ ] Provided[ ] Not Provided | [ ] Applicant[ ] Other Provider | [ ] Optional[ ] Required | [ ] Yes[ ] No |
| Mental health services | [ ] Provided[ ] Not Provided | [ ] Applicant[ ] Other Provider | [ ] Optional[ ] Required | [ ] Yes[ ] No |
| Outpatient health services | [ ] Provided[ ] Not Provided | [ ] Applicant[ ] Other Provider | [ ] Optional[ ] Required | [ ] Yes[ ] No |
| Outreach services | [ ] Provided[ ] Not Provided | [ ] Applicant[ ] Other Provider | [ ] Optional[ ] Required | [ ] Yes[ ] No |
| Substance abuse treatment | [ ] Provided[ ] Not Provided | [ ] Applicant[ ] Other Provider | [ ] Optional[ ] Required | [ ] Yes[ ] No |
| Transportation | [ ] Provided[ ] Not Provided | [ ] Applicant[ ] Other Provider | [ ] Optional[ ] Required | [ ] Yes[ ] No |
| Utility deposits | [ ] Provided[ ] Not Provided | [ ] Applicant[ ] Other Provider | [ ] Optional[ ] Required | [ ] Yes[ ] No |

**Describe how case management is provided for participants in your program.**

*Is case management provided by your agency or another provider? What types of services do case managers provide? What happens if a program participant does not want to work with a case manager?*

**What happens if a program participant needs an increased level of services than they are currently receiving?**

**What happens if a program participant needs a decreased level of services than they are currently receiving?**

**What is the normal workflow for a program participant from engagement to one year in housing?**

*Be sure to include how the program determines eligibility, engages the participant, develops a service plan, locates housing, and provides ongoing services.*

**Please attach and submit:**

* PSH program eligibility requirements
* a sample lease
* program rules (if any). If the program has none, please state so here:
* house rules (if any). If the program has none, please state so here: