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

HUD strongly encourages ALL applicants to review the following information BEFORE beginning the FY2011 Exhibit 1 Continuum of Care (CoC) application.

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

Things to Remember

- Review the FY2011 Notice of Funding Availability for the Continuum of Care (CoC) Homeless Assistance Program in its entirety for specific application and program requirements.
- CoCs that imported their FY2010 information during the CoC Registration process are reminded to carefully review each question in Exhibit 1 to ensure the response imported is appropriate. Questions may have changed from the FY2010 process in which case the imported response may no longer be relevant. Note that not all questions from FY2010 were imported and new questions will require manual responses. Be sure to review the application carefully and verify and update as needed to ensure accuracy.
- New CoCs or CoCs that did not apply in FY2010 will not have information pre-populated and must complete all Exhibit 1 forms.
1A. Continuum of Care (CoC) Identification

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

CoC Name and Number (From CoC Registration): NC-500 - Winston Salem/Forsyth County CoC

CoC Lead Agency Name: City of Winston-Salem
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: Winston-Salem/Forsyth County Council on Services for the Homeless

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: 80%
(e.g., non-profit providers, homeless or formerly homeless persons, advocates and consumer interests)

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

Elected: 
Assigned: X
Volunteer: X
Appointed: 
Other: X
Specify "other" process(es):

The Winston-Salem/Forsyth County Council on Services for the Homeless meetings are open to the public.

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

The Winston-Salem/Forsyth County Council on Services for the Homeless (Council) meetings are open to the public and anyone may attend. The majority of Council members represent organizations that provide services and housing to the homeless. These individuals attend on a voluntary basis or are assigned to represent their organization. Since meetings are open to the public, community members with personal interests or immediate opportunities for collaboration often attend on a limited basis due to the nature of their individual needs.

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

  - Elected: 
  - Assigned: X
  - Volunteer: X
  - Appointed: X
  - Other: 

Specify "other" process(es):

If administrative funds were made available to the CoC, will 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 to 750 characters):

The Council (primary decision-making body) and its members work well with the City of Winston-Salem, which is the lead organization designated to apply, serve as grantee, and provide oversight and monitoring for the CoC grant. If additional administrative funds were provided by HUD to the CoC, then it could benefit the local CoC process by freeing up other resources, which could be dedicated to Ten-Year Plan implementation and increased HMIS oversight and project performance monitoring.
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

<table>
<thead>
<tr>
<th>Name of Group</th>
<th>Role of Group</th>
<th>Meeting Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Winston-Salem/Forsyth County Council on Services for the Homeless and Council Executive Board</td>
<td>The Winston-Salem Forsyth County Council on Services for the Homeless (Council) oversees all CoC work (including CoC/HMIS Committee) and meets to discuss homeless issues, coordinate services, and eliminate duplications. The Council Executive Board addresses current issues, reviews committee work, and sets agendas for full Council meetings. The full Council votes on all official business of the CoC, including CoC project monitoring, priorities, and submissions recommended by the Project Rating Panel, as well as the CoC application. The Council makes HPRP project funding recommendations. The Council is leading local HEARTH Act education and implementation efforts, which includes forming a Coordinated Intake Committee.</td>
<td>Monthly or more</td>
</tr>
<tr>
<td>Council's CoC/HMIS Committee</td>
<td>The CoC/HMIS Committee reports to the Council and meets to facilitate the CoC process, review progress on CoC action steps, coordinate trainings for frontline workers and feedback sessions with homeless clients, and complete essential tasks of the CoC application. It also meets to discuss HMIS implementation issues, training, and action items related to CHIN (Carolina Homeless Information Network) and AHAR, as well as mainstream services enrollment. The committee reviews CoC and agency-level data quality in CHIN's monthly reports, and uses data to monitor achievement levels for CoC Strategic Planning Objectives. The TYP Services Committee and Council's Families/Children Committee report business and action items at CoC/HMIS meetings.</td>
<td>Monthly or more</td>
</tr>
<tr>
<td>Ten-Year Plan (TYP) Commission on Homelessness</td>
<td>The TYP Commission meets to discuss TYP efforts and progress. Members are appointed by the City Council and County Commissioners, with staff from United Way, the City and County. Its mission is to provide solutions and services to eliminate chronic homelessness and improve the system for all homeless persons. The Commission reviews the work of its Committees: Employment; Advocacy; Housing; Congregational Outreach; Project Homeless Connect; and Housing for Homeless Veterans. Members participate in the Health Department’s Mental Health and Homelessness Committee and the Domestic Violence Taskforce. The Commission also receives regular HPRP reports and makes HPRP funding recommendations.</td>
<td>Monthly or more</td>
</tr>
<tr>
<td>Committee Name</td>
<td>Description</td>
<td>Frequency</td>
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<td>----------------------------------------</td>
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</tr>
<tr>
<td>Shelter Providers Committee</td>
<td>The Shelter Providers Committee reports directly to the Council and meets to discuss issues relating to shelters and their homeless clients. This group also enables shelter staff, law enforcement and service providers an opportunity to collaborate. The Overflow Emergency Shelter Sub-Committee reports to the Shelter Providers Committee and is responsible for the community's annual plan to shelter homeless clients during the cold weather season. Specifically, the Overflow Emergency Shelter Sub-Committee seeks funds, identifies a facility, and organizes volunteers and transportation for the annual implementation of a winter Overflow Emergency Shelter.</td>
<td>Monthly or more</td>
</tr>
<tr>
<td>Outreach and Assessment Committee</td>
<td>This group meets to discuss homeless outreach efforts, to coordinate the point-in-time street and shelter counts and quarterly health screenings, and to collaborate with other community organizations. A consumer representative participates regularly in these committee meetings.</td>
<td>Monthly or more</td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>Organization Name</th>
<th>Membership Type</th>
<th>Organization Role</th>
<th>Subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Winston-Salem/Forsyth County Council on Service...</td>
<td>Private Sector</td>
<td>Primary Decision Making Group, Attend 10-year planning meetings during past 12 months</td>
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<tr>
<td>Adaptables, Inc.</td>
<td>Private Sector</td>
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<tr>
<td>AIDS Care Service, Inc.</td>
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<td>Substance Abuse</td>
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<tr>
<td>Alcoholics Anonymous/Narcotics Anonymous</td>
<td>Private Sector</td>
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<td>Substance Abuse</td>
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<tr>
<td>Transformed Lives, Inc.</td>
<td>Private Sector</td>
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<td>NONE</td>
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<tr>
<td>American Red Cross of NW North Carolina</td>
<td>Private Sector</td>
<td>Committee/Sub-committee/Work Group</td>
<td>NONE</td>
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<td>Baldwin Companies</td>
<td>Private Sector</td>
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<tr>
<td>BB&amp;T</td>
<td>Private Sector</td>
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<tr>
<td>Bethany Church Medical Clinic</td>
<td>Private Sector</td>
<td>None</td>
<td>HIV/AIDS</td>
</tr>
<tr>
<td>Catholic Social Services</td>
<td>Private Sector</td>
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<td>NONE</td>
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<tr>
<td>Centenary United Methodist Church</td>
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<td>Center for Homeownership</td>
<td>Private Sector</td>
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<td>CenterPoint Human Services (LME)</td>
<td>Public Sector</td>
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<td>Serious Mental Health</td>
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<td>Private Sector</td>
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<td>Organization</td>
<td>Sector</td>
<td>Location</td>
<td>Attendance</td>
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<tr>
<td>City of Winston-Salem, Community and Business Department</td>
<td>Public Sector</td>
<td>Local Government</td>
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<tr>
<td>City of Winston-Salem, Human Relations Department</td>
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<td>Local Government</td>
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<tr>
<td>Community Care Center</td>
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<td>Hospital</td>
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<td>Consumer Credit Counseling</td>
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<td>Non-Profit</td>
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<td>Crisis Control Ministry, Inc.</td>
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<td>Non-Profit</td>
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<td>CenterPoint Human Services Providers (100+)</td>
<td>Private Sector</td>
<td>Business</td>
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<td>David Harold, Council Chair, Council Executive ...</td>
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<tr>
<td>Nan Griswold</td>
<td>Individual</td>
<td>Other</td>
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<td>Disability Advocacy and Information Services</td>
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<td>Non-Profit</td>
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<td>Enrichment Center</td>
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<td>Non-Profit</td>
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<td>Experiment in Self-Reliance</td>
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<td>Non-Profit</td>
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<td>Family Services</td>
<td>Private Sector</td>
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<td>The Fellowship Home</td>
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<td>FIRST Line</td>
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<td>Forsyth County Commissioners</td>
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<td>Local Government</td>
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<td>Committee/Sub-committee/Work Group</td>
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<td>Forsyth County Sheriff's Department</td>
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<td>Local Government</td>
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<td>Forsyth Jail and Prison Ministries</td>
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<td>God's Open Hand Outreach</td>
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<td>Committee/Sub-committee/Work Group Substance Abuse</td>
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<td>Non-profit</td>
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<td>Ivy House</td>
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<td>Private</td>
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<td>Kate B. Reynolds Charitable Trust</td>
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<td>Lloyd Presbyterian Church</td>
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<td>Individual</td>
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<td>MOTHEREAD/FATHEREAD of Forsyth County, Inc. (YM...)</td>
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<td>NC Department of Health and Human Services</td>
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<td>The Shepherd’s Center of Greater Winston-Salem</td>
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<td>United Way of Forsyth County, Ten-Year Plan Com...</td>
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<td>Lead agency for 10-year plan, Attend 10-year planning mee...</td>
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<td>Position</td>
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<td>Private Sector</td>
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<td>Ways to Work, Family Services</td>
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<td>Non-..</td>
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<td>Public Sector</td>
<td>Local g...</td>
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<td>Winston-Salem State University</td>
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<td>School ...</td>
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<td>Winston-Salem Transit Authority</td>
<td>Public Sector</td>
<td>Local g...</td>
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<tr>
<td>Winston-Salem/Forsyth County Schools, Project HOPE</td>
<td>Public Sector</td>
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<td>Private Sector</td>
<td>Non-..</td>
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<td>YWCA Hawley House</td>
<td>Private Sector</td>
<td>Non-..</td>
<td>Attend 10-year planning meetings during past 12 months</td>
</tr>
<tr>
<td>Cathy Welch</td>
<td>Individual</td>
<td>Formerl. ..</td>
<td>Attend 10-year planning meetings during past 12 months, C...</td>
</tr>
<tr>
<td>Bernadette Wilson</td>
<td>Individual</td>
<td>Formerl. ..</td>
<td>Committee/Sub-committee/Work Group</td>
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<tr>
<td>Teri Hairston</td>
<td>Individual</td>
<td>Formerl. ..</td>
<td>Committee/Sub-committee/Work Group, Attend 10-year planning meetings during past 12 months</td>
</tr>
<tr>
<td>Reginald Reed</td>
<td>Individual</td>
<td>Homeless</td>
<td>Committee/Sub-committee/Work Group</td>
</tr>
<tr>
<td>Obie Johnson</td>
<td>Individual</td>
<td>Formerl. ..</td>
<td>Committee/Sub-committee/Work Group</td>
</tr>
<tr>
<td>Family Promise</td>
<td>Private Sector</td>
<td>Non-..</td>
<td>Committee/Sub-committee/Work Group</td>
</tr>
<tr>
<td>Eureka House</td>
<td>Private Sector</td>
<td>Non-..</td>
<td>Committee/Sub-committee/Work Group</td>
</tr>
<tr>
<td>Organization</td>
<td>Sector</td>
<td>Type</td>
<td>Committee/Sub-committee/Work Group</td>
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<tr>
<td>The Children's Home/My Aunt's House</td>
<td>Private Sector</td>
<td>Non-profit</td>
<td>None</td>
</tr>
<tr>
<td>Stepping Stones Ministries of the Triad, Inc.</td>
<td>Private Sector</td>
<td>Faith-based</td>
<td>Committee/Sub-committee/Work Group</td>
</tr>
<tr>
<td>IMPACT, Inc. (De'Asja's House)</td>
<td>Private Sector</td>
<td>Non-profit</td>
<td>Committee/Sub-committee/Work Group</td>
</tr>
<tr>
<td>Winston-Salem Urban League</td>
<td>Private Sector</td>
<td>Non-profit</td>
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</tr>
<tr>
<td>Taking it to the Street Ministries</td>
<td>Private Sector</td>
<td>Non-profit</td>
<td>Committee/Sub-committee/Work Group</td>
</tr>
<tr>
<td>1st Outreach</td>
<td>Private Sector</td>
<td>Non-profit</td>
<td>None</td>
</tr>
<tr>
<td>CHANGE Homeless Leaders Caucus</td>
<td>Private Sector</td>
<td>Non-profit</td>
<td>Committee/Sub-committee/Work Group</td>
</tr>
<tr>
<td>Anthony's Plot</td>
<td>Private Sector</td>
<td>Non-profit</td>
<td>Committee/Sub-committee/Work Group</td>
</tr>
<tr>
<td>Addiction Recovery Care Association (ARCA)</td>
<td>Private Sector</td>
<td>Non-profit</td>
<td>None</td>
</tr>
<tr>
<td>Richard Cassidy</td>
<td>Individual</td>
<td>Homeless</td>
<td>Committee/Sub-committee/Work Group</td>
</tr>
<tr>
<td>Umesh Jain</td>
<td>Individual</td>
<td>Other</td>
<td>Committee/Sub-committee/Work Group</td>
</tr>
<tr>
<td>Agape Faith Church</td>
<td>Private Sector</td>
<td>Faith-based</td>
<td>Committee/Sub-committee/Work Group</td>
</tr>
</tbody>
</table>
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: Winston-Salem/Forsyth County Council on Services for the Homeless

Type of Membership: Private Sector

Type of Organization: Funder advocacy group

Role(s) of the organization: Primary Decision Making Group, Attend 10-year planning meetings during past 12 months

Subpopulation(s) represented by the organization: NONE

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy
1D. Continuum of Care (CoC) Member Organizations Detail

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- Services provided, if applicable

Name of organization or individual: Adaptables, Inc.

Type of Membership: Private Sector
(As per "Type of Membership" selection)

Type of Organization: Non-profit organizations
(As per "Type of Membership" selection)

Role(s) of the organization: None
(select all that apply)

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

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy
(select all that apply)
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- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: AIDS Care Service, Inc.

Type of Membership: Private Sector

Type of Organization: Non-profit organizations

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

Subpopulation(s) represented by the organization: Substance Abuse, HIV/AIDS

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Education, Case Management, Life Skills, Utilities Assistance, Mortgage Assistance, Healthcare, HIV/AIDS, Rental Assistance, Employment

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: Alcoholics Anonymous/Narcotics Anonymous

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:
None
(select all that apply)

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

Does the organization provide direct services to homeless people?
Yes

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

1D. Continuum of Care (CoC) Member Organizations Detail
**Name of organization or individual:** Transformed Lives, Inc.

**Type of Membership:** Private Sector

**Type of Organization:** Faith-based organizations

**Role(s) of the organization:** None

**Subpopulation(s) represented by the organization:** NONE

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

**Services provided to homeless persons and families:** Counseling/Advocacy, Education, Street Outreach, Life Skills, Employment

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

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

**Name of organization or individual:** American Red Cross of NW North Carolina

**Type of Membership:** Private Sector

**Type of Organization:** Non-profit organizations

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

**Subpopulation(s) represented by the organization:** NONE

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

**Services provided to homeless persons and families:** Not Applicable

### 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:** Baldwin Companies

**Type of Membership:** Private Sector

**Type of Organization:** Businesses

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

**Subpopulation(s) represented by the organization:** NONE

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

**Services provided to homeless persons and families:** Not Applicable

### 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: BB&T

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: Attend 10-year planning meetings during past 12 months
(select all that apply)

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

Does the organization provide direct services to homeless people? No

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

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

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- Organization role in the CoC planning process
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- Services provided, if applicable

**Name of organization or individual:** Bethany Church Medical Clinic

**Type of Membership:** Private Sector

**Type of Organization:** Faith-based organizations

**Role(s) of the organization:** None

**Subpopulation(s) represented by the organization:** HIV/AIDS

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

**Services provided to homeless persons and families:** Counseling/Advocacy, Healthcare, HIV/AIDS

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

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- Organization role in the CoC planning process
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- Services provided, if applicable

**Name of organization or individual:** Catholic Social Services

<table>
<thead>
<tr>
<th>Type of Membership:</th>
<th>Private Sector</th>
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<tbody>
<tr>
<td>(public, private, or individual)</td>
<td></td>
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<tr>
<td>Type of Organization:</td>
<td>Non-profit organizations</td>
</tr>
<tr>
<td>(Content depends on &quot;Type of Membership&quot; selection)</td>
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</table>

<table>
<thead>
<tr>
<th>Role(s) of the organization:</th>
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</tr>
</thead>
<tbody>
<tr>
<td>(select all that apply)</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Subpopulation(s) represented by the organization:</th>
<th>NONE</th>
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</thead>
<tbody>
<tr>
<td>(No more than two subpopulations)</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Does the organization provide direct services to homeless people?</th>
<th>Yes</th>
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</thead>
</table>

<table>
<thead>
<tr>
<th>Services provided to homeless persons and families:</th>
<th>Counseling/Advocacy, Child Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>(select all that apply)</td>
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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:** Centenary United Methodist Church

**Type of Membership:** Private Sector

**Type of Organization:** Faith-based organizations

**Role(s) of the organization:** None

**Subpopulation(s) represented by the organization:** NONE

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

**Services provided to homeless persons and families:** Counseling/Advocacy, Street Outreach, Utilities Assistance, Mortgage Assistance, Rental Assistance

**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:** Center for Homeownership

**Type of Membership:** Private Sector

**Type of Organization:** Non-profit organizations

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

**Subpopulation(s) represented by the organization:** NONE

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

**Services provided to homeless persons and families:** Not Applicable

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**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: CenterPoint Human Services (LME)

Type of Membership: Public Sector

Type of Organization: Local government agencies

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

Subpopulation(s) represented by the organization:
- Seriously Mentally Ill, Substance Abuse

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, Utilities Assistance, Mental health, Mobile Clinic, Transportation, Alcohol/Drug Abuse, Rental Assistance

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: Charles Wilson

Type of Membership: Private Sector

Type of Organization: Other

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

Subpopulation(s) represented by the organization: NONE

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy

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:** City of Winston-Salem, Community and Business Development Department

**Type of Membership:** Public Sector

**Type of Organization:** Local government agencies

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

**Subpopulation(s) represented by the organization:** NONE

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

**Services provided to homeless persons and families:** Mortgage Assistance, Transportation, Rental Assistance

1D. Continuum of Care (CoC) Member Organizations Detail
Name of organization or individual: City of Winston-Salem, Human Relations Department

Type of Membership: Public Sector

Type of Organization: Local government agencies

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

Subpopulation(s) represented by the organization: NONE

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Legal Assistance

**1D. Continuum of Care (CoC) Member Organizations Detail**
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- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Community Care Center

Type of Membership: Private Sector

Type of Organization: Hospitals/med representatives

Role(s) of the organization: None

Subpopulation(s) represented by the organization: NONE

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Healthcare, Prescription Assistance

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

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- Type of organization
- Role(s) of the organization in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Consumer Credit Counseling

Type of Membership: Private Sector

Type of Organization: Non-profit organizations

Role(s) of the organization: None

Subpopulation(s) represented by the organization: NONE

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Education, Life Skills

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- 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: Crisis Control Ministry, Inc.

Type of Membership: Private Sector

Type of Organization: Non-profit organizations

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

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

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

Services provided to homeless persons and families: Counseling/Advocacy, Case Management, Utilities Assistance, Mortgage Assistance, Healthcare, Rental Assistance

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

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- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: CenterPoint Human Services Providers (100+)

Type of Membership: Private Sector

Type of Organization: Businesses

Role(s) of the organization: None

Subpopulation(s) represented by the organization: Seriously Mentally Ill, Substance Abuse

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Case Management, Life Skills, Healthcare, Mental health, Alcohol/Drug Abuse

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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:** David Harold, Council Chair, Council Executive Board Chair, and Interim Director of Disability Advocacy & Information Services

**Type of Membership:** Private Sector

**Type of Organization:** Other

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

**Subpopulation(s) represented by the organization:** NONE

Does the organization provide direct services to homeless people? Yes

**Services provided to homeless persons and families:** Counseling/Advocacy

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**1D. Continuum of Care (CoC) Member Organizations Detail**
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- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Nan Griswold

Type of Membership: Individual

Type of Organization: Other

Role(s) of the organization: Committee/Sub-committee/Work Group

Subpopulation(s) represented by the organization: NONE

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Not Applicable

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: Disability Advocacy and Information Services

Type of Membership: Private Sector
(Content depends on "Type of Membership" selection)

Type of Organization: Non-profit organizations

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

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

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families:
Counseling/Advocacy, Life Skills, Healthcare, Legal Assistance
(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:** Enrichment Center

**Type of Membership:** Private Sector

**Type of Organization:** Non-profit organizations

**Role(s) of the organization:** None

**Subpopulation(s) represented by the organization:** NONE

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

**Services provided to homeless persons and families:** Employment

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**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: Experiment in Self-Reliance

Type of Membership: Private Sector

Type of Organization: Non-profit organizations

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

Subpopulation(s) represented by the organization: NONE

Does the organization provide direct services to homeless people? Yes

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

1D. Continuum of Care (CoC) Member Organizations Detail
Name of organization or individual: Family Services

Type of Membership: Private Sector

Type of Organization: Non-profit organizations

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

Subpopulation(s) represented by the organization: Domestic Violence

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Education, Case Management, Utilities Assistance, Law Enforcement, Legal Assistance, Transportation, Alcohol/Drug Abuse, HIV/AIDS, Rental Assistance, Child Care, Life Skills, Healthcare, Mental Health, Employment
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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: The Fellowship Home

Type of Membership: Private Sector

Type of Organization: Non-profit organizations

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

Subpopulation(s) represented by the organization: Substance Abuse

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Case Management, Life Skills, Alcohol/Drug Abuse

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

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:  None
(select all that apply)

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

Does the organization provide direct services to homeless people?  Yes

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 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: Forsyth County Commissioners

Type of Membership: Public Sector
Type of Organization: Local government agencies

Role(s) of the organization: None

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

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Not Applicable
(choose 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: Forsyth County Department of Housing

Type of Membership: Public Sector

Type of Organization: Local government agencies

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

Subpopulation(s) represented by the organization: NONE

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Mortgage Assistance

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: Forsyth County Department of Public Health

Type of Membership: Public Sector

Type of Organization: Local government agencies

Role(s) of the organization: Committee/Sub-committee/Work Group

Subpopulation(s) represented by the organization: NONE

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Education, Case Management, Life Skills, Utilities Assistance, Mortgage Assistance, Healthcare, Law Enforcement, Mental health, Mobile Clinic, HIV/AIDS, Rental Assistance

1D. Continuum of Care (CoC) Member Organizations Detail
Instructions:
Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Forsyth County Department of Social Services

Type of Membership: Public Sector
Type of Organization: Local government agencies

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

Subpopulation(s) represented by the organization:
NONE

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families:
Counseling/Advocacy, Education, Case Management, Child Care, Life Skills, Utilities Assistance, Mortgage Assistance, Transportation, Rental Assistance, Employment

1D. Continuum of Care (CoC) Member Organizations Detail
Instructions:
Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
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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: Forsyth County Sheriff’s Department

Type of Membership: Public Sector
(Change as per selection)

Type of Organization: Local 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: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Law Enforcement, Legal Assistance, 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: Forsyth Jail and Prison Ministries

Type of Membership: Private Sector

Type of Organization: Non-profit organizations

Role(s) of the organization: None

Subpopulation(s) represented by the organization: NONE

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy

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- Type of organization
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- Services provided, if applicable

**Name of organization or individual:** Forsyth Medical Center

**Type of Membership:** Private Sector

**Type of Organization:** Hospitals/med representatives

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

**Subpopulation(s) represented by the organization:** NONE

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

**Services provided to homeless persons and families:** Case Management, Healthcare, Mental health, Transportation, Alcohol/Drug Abuse, HIV/AIDS

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

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- Services provided, if applicable

**Name of organization or individual:** God's Open Hand Outreach

**Type of Membership:** Private Sector

**Type of Organization:** Faith-based organizations

**Role(s) of the organization:** None

**Subpopulation(s) represented by the organization:** NONE

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

**Services provided to homeless persons and families:** Street Outreach

---

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: Forsyth Technical Community College

Type of Membership: Public Sector

Type of Organization: School systems/Universities

Role(s) of the organization: None

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

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Education, 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:** Goodwill Industries

**Type of Membership:** Private Sector

**Type of Organization:** Non-profit organizations

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

**Subpopulation(s) represented by the organization:** NONE

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

**Services provided to homeless persons and families:** Education, Life Skills, Transportation, Employment

---

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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

<table>
<thead>
<tr>
<th>Name of organization or individual:</th>
<th>Hosanna House of Transition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type of Membership:</td>
<td>Private Sector</td>
</tr>
<tr>
<td>(public, private, or individual)</td>
<td></td>
</tr>
<tr>
<td>Type of Organization:</td>
<td>Non-profit organizations</td>
</tr>
<tr>
<td>(Content depends on &quot;Type of Membership&quot; selection)</td>
<td></td>
</tr>
<tr>
<td>Role(s) of the organization:</td>
<td>Committee/Sub-committee/Work Group</td>
</tr>
<tr>
<td>(select all that apply)</td>
<td></td>
</tr>
<tr>
<td>Subpopulation(s) represented by the organization:</td>
<td>Substance Abuse</td>
</tr>
<tr>
<td>(No more than two subpopulations)</td>
<td></td>
</tr>
<tr>
<td>Does the organization provide direct services to homeless people?</td>
<td>Yes</td>
</tr>
<tr>
<td>Services provided to homeless persons and families:</td>
<td>Case Management, Life Skills, Alcohol/Drug Abuse, Employment</td>
</tr>
<tr>
<td>(select all that apply)</td>
<td></td>
</tr>
</tbody>
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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

<table>
<thead>
<tr>
<th>Name of organization or individual:</th>
<th>Hospice and Palliative Care Center</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type of Membership: Private Sector</td>
<td></td>
</tr>
<tr>
<td>Type of Organization: Non-profit organizations</td>
<td></td>
</tr>
<tr>
<td>Role(s) of the organization: None</td>
<td></td>
</tr>
<tr>
<td>Subpopulation(s) represented by the organization: HIV/AIDS</td>
<td></td>
</tr>
<tr>
<td>Does the organization provide direct services to homeless people? Yes</td>
<td></td>
</tr>
<tr>
<td>Services provided to homeless persons and families: Counseling/Advocacy, Healthcare, HIV/AIDS</td>
<td></td>
</tr>
</tbody>
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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: Host Homes of Catholic Social Services

<table>
<thead>
<tr>
<th>Type of Membership:</th>
<th>Private Sector</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type of Organization:</td>
<td>Non-profit organizations</td>
</tr>
</tbody>
</table>

Role(s) of the organization: None

Subpopulation(s) represented by the organization: Youth

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Rental Assistance

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

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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:** Housing Authority of Winston-Salem

**Type of Membership:** Public Sector

**Type of Organization:**
/Public housing agencies

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

**Subpopulation(s) represented by the organization:**
- NONE

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

**Services provided to homeless persons and families:**
- Case Management, Life Skills, Mortgage Assistance, Rental Assistance

---

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

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- Services provided, if applicable

**Name of organization or individual:** Ivy House

**Type of Membership:** Private Sector

**Type of Organization:** Non-profit organizations

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

**Subpopulation(s) represented by the organization:** Seriously Mentally Ill, Substance Abuse

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

**Services provided to homeless persons and families:** Life Skills, Mental health, Alcohol/Drug Abuse, Employment

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- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

<table>
<thead>
<tr>
<th>Name of organization or individual</th>
<th>Jackie Hundt, CoC Grant Consultant</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type of Membership:</td>
<td>Private Sector</td>
</tr>
<tr>
<td>(public, private, or individual)</td>
<td></td>
</tr>
<tr>
<td>Type of Organization:</td>
<td>Other</td>
</tr>
<tr>
<td>(Content depends on &quot;Type of Membership&quot; selection)</td>
<td></td>
</tr>
<tr>
<td>Role(s) of the organization:</td>
<td>Committee/Sub-committee/Work Group, Attend 10-year planning meetings during past 12 months</td>
</tr>
<tr>
<td>(select all that apply)</td>
<td></td>
</tr>
<tr>
<td>Subpopulation(s) represented by the organization:</td>
<td>NONE</td>
</tr>
<tr>
<td>(No more than two subpopulations)</td>
<td></td>
</tr>
<tr>
<td>Does the organization provide direct services to homeless people?</td>
<td>No</td>
</tr>
<tr>
<td>Services provided to homeless persons and families:</td>
<td>Not Applicable</td>
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- Type of organization
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- Services provided, if applicable

<table>
<thead>
<tr>
<th>Name of organization or individual:</th>
<th>Kate B. Reynolds Charitable Trust</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type of Membership:</td>
<td>Private Sector</td>
</tr>
<tr>
<td>(public, private, or individual)</td>
<td></td>
</tr>
<tr>
<td>Type of Organization:</td>
<td>Funder advocacy group</td>
</tr>
<tr>
<td>(Content depends on &quot;Type of Membership&quot; selection)</td>
<td></td>
</tr>
<tr>
<td>Role(s) of the organization:</td>
<td>None</td>
</tr>
<tr>
<td>(select all that apply)</td>
<td></td>
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<tr>
<td>Subpopulation(s) represented by the organization:</td>
<td>NONE</td>
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<td>No</td>
</tr>
<tr>
<td>Services provided to homeless persons and families:</td>
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<table>
<thead>
<tr>
<th>Name of organization or individual:</th>
<th>Legal Aid of North Carolina</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Type of Membership:</strong></td>
<td>Private Sector</td>
</tr>
<tr>
<td>(public, private, or individual)</td>
<td></td>
</tr>
<tr>
<td><strong>Type of Organization:</strong></td>
<td>Non-profit organizations</td>
</tr>
<tr>
<td>(Content depends on &quot;Type of Membership&quot; selection)</td>
<td></td>
</tr>
</tbody>
</table>

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

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

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

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

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- Services provided, if applicable

<table>
<thead>
<tr>
<th>Name of organization or individual:</th>
<th>Lloyd Presbyterian Church</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Type of Membership:</strong></td>
<td>Private Sector</td>
</tr>
<tr>
<td><em>(public, private, or individual)</em></td>
<td></td>
</tr>
<tr>
<td><strong>Type of Organization:</strong></td>
<td>Faith-based organizations</td>
</tr>
<tr>
<td><em>(Content depends on &quot;Type of Membership&quot; selection)</em></td>
<td></td>
</tr>
<tr>
<td><strong>Role(s) of the organization:</strong></td>
<td>None</td>
</tr>
<tr>
<td><em>(select all that apply)</em></td>
<td></td>
</tr>
<tr>
<td><strong>Subpopulation(s) represented by the organization:</strong></td>
<td>NONE</td>
</tr>
<tr>
<td><em>(No more than two subpopulations)</em></td>
<td></td>
</tr>
<tr>
<td><strong>Does the organization provide direct services to homeless people?</strong></td>
<td>Yes</td>
</tr>
<tr>
<td><strong>Services provided to homeless persons and families:</strong></td>
<td>Counseling/Advocacy, Street Outreach</td>
</tr>
<tr>
<td><em>(select all that apply)</em></td>
<td></td>
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**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: Brenda Evans

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

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

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

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

Does the organization provide direct services to homeless people? No

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

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

<table>
<thead>
<tr>
<th>Name of organization or individual:</th>
<th>MOTHEREAD/FATHEREAD of Forsyth County, Inc. (YMCA of NWNC)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type of Membership:</td>
<td>Private Sector</td>
</tr>
<tr>
<td>Public, private, or individual</td>
<td></td>
</tr>
<tr>
<td>Type of Organization:</td>
<td>Non-profit organizations</td>
</tr>
<tr>
<td>(Content depends on &quot;Type of Membership&quot; selection)</td>
<td></td>
</tr>
<tr>
<td>Role(s) of the organization:</td>
<td>None</td>
</tr>
<tr>
<td>(select all that apply)</td>
<td></td>
</tr>
<tr>
<td>Subpopulation(s) represented by the organization:</td>
<td>Youth</td>
</tr>
<tr>
<td>(No more than two subpopulations)</td>
<td></td>
</tr>
<tr>
<td>Does the organization provide direct services to homeless people?</td>
<td>Yes</td>
</tr>
<tr>
<td>Services provided to homeless persons and families:</td>
<td>Education</td>
</tr>
<tr>
<td>(select all that apply)</td>
<td></td>
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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 Department of Health and Human Services

**Type of Membership:** Public Sector

**Type of Organization:** State government agencies

**Role(s) of the organization:** None

**Subpopulation(s) represented by the organization:** NONE

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

**Services provided to homeless persons and families:** Street Outreach, Case Management, Utilities Assistance, Mortgage Assistance, Healthcare, Mental health, Alcohol/Drug Abuse, Rental Assistance
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:** National Alliance for the Mentally Ill

**Type of Membership:** Private Sector

**Type of Organization:** Non-profit organizations

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

**Subpopulation(s) represented by the organization:** Seriously Mentally Ill

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

**Services provided to homeless persons and families:** Counseling/Advocacy

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: NC Housing Foundation

- Type of Membership: Private Sector
- Type of Organization: Non-profit organizations

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

Subpopulation(s) represented by the organization: NONE

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Rental Assistance

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: Next Step Ministries

Type of Membership: Private Sector

Type of Organization: Non-profit organizations

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

Subpopulation(s) represented by the organization: Domestic Violence

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Case Management, Life Skills

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 Carolina Cooperative Extension Services

Type of Membership: Public Sector

Type of Organization: State government agencies

Role(s) of the organization: Attend 10-year planning meetings during past 12 months

Subpopulation(s) represented by the organization: NONE

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Education, Life Skills

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

Instructions:
Name of organization or individual: North Carolina Housing Coalition (CHIN)

Type of Membership: Private Sector

Type of Organization: Non-profit organizations

Role(s) of the organization: Committee/Sub-committee/Work Group

Subpopulation(s) represented by the organization: NONE

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy

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:** North Carolina Saves

**Type of Membership:** Public Sector

**Type of Organization:** Other

**Role(s) of the organization:** None

**Subpopulation(s) represented by the organization:** NONE

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

**Services provided to homeless persons and families:** Life Skills

**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:** Piedmont Triad Regional Council, Workforce Development Board

**Type of Membership:** Public Sector

**Type of Organization:** Local workforce investment act boards

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

**Subpopulation(s) represented by the organization:** NONE

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

**Services provided to homeless persons and families:** Education, Employment

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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:** Piedmont Triad Regional Council, Project Reentry

**Type of Membership:** Public Sector

**Type of Organization:** Local government agencies

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

**Subpopulation(s) represented by the organization:** NONE

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

**Services provided to homeless persons and families:** Counseling/Advocacy, Education, Case Management, Life Skills, Transportation, Alcohol/Drug Abuse, Employment

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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: Office of the Mayor

Type of Membership: Public Sector
Type of Organization: Local government agencies

Role(s) of the organization: Attend 10-year planning meetings during past 12 months

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

Does the organization provide direct services to homeless people? 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

<table>
<thead>
<tr>
<th>Name of organization or individual</th>
<th>PATH Program (Dept. of Psychiatry &amp; Behavioral Medicine, Wake Forest Baptist Health)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type of Membership:</td>
<td>Private Sector</td>
</tr>
<tr>
<td>(public, private, or individual)</td>
<td></td>
</tr>
<tr>
<td>Type of Organization:</td>
<td>Hospitals/med representatives</td>
</tr>
<tr>
<td>(Content depends on &quot;Type of Membership&quot; selection)</td>
<td></td>
</tr>
<tr>
<td>Role(s) of the organization:</td>
<td>Attend 10-year planning meetings during past 12 months, Committee/Sub-committee/Work Group</td>
</tr>
<tr>
<td>(select all that apply)</td>
<td></td>
</tr>
<tr>
<td>Subpopulation(s) represented by the organization:</td>
<td>Seriously Mentally Ill, Substance Abuse</td>
</tr>
<tr>
<td>(No more than two subpopulations)</td>
<td></td>
</tr>
<tr>
<td>Does the organization provide direct services to homeless people?</td>
<td>Yes</td>
</tr>
<tr>
<td>Services provided to homeless persons and families:</td>
<td>Counseling/Advocacy, Education, Street Outreach, Case Management, Life Skills, Mental health, Transportation</td>
</tr>
<tr>
<td>(select all that apply)</td>
<td></td>
</tr>
</tbody>
</table>

**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: Safe on Seven

Type of Membership: Public Sector

Type of Organization: Local government agencies

Role(s) of the organization: None

Subpopulation(s) represented by the organization: NONE

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Legal Assistance

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:** Salem College

**Type of Membership:** Public Sector

**Type of Organization:** School systems/Universities

**Role(s) of the organization:** None

**Subpopulation(s) represented by the organization:** NONE

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

**Services provided to homeless persons and families:** Education

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

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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:** Samaritan Ministries

**Type of Membership:** Private Sector

**Type of Organization:** Non-profit organizations

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

**Subpopulation(s) represented by the organization:** Substance Abuse

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

**Services provided to homeless persons and families:** Case Management, Life Skills, Transportation, Alcohol/Drug Abuse, Employment

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: Second Harvest Food Bank of NW NC, Triad Community Kitchen

Type of Membership: Private Sector

Type of Organization: Non-profit organizations

Role(s) of the organization: Committee/Sub-committee/Work Group

Subpopulation(s) represented by the organization: NONE

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Education, Employment

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:** Piedmont Health Services and Sickle Cell Agency

**Type of Membership:** Private Sector

**Type of Organization:** Non-profit organizations

**Role(s) of the organization:** None

**Subpopulation(s) represented by the organization:** HIV/AIDS

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

**Services provided to homeless persons and families:** Healthcare

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

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  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

<table>
<thead>
<tr>
<th>Name of organization or individual:</th>
<th>St. Paul's Episcopal Church</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type of Membership:</td>
<td>Private Sector</td>
</tr>
<tr>
<td>(public, private, or individual)</td>
<td></td>
</tr>
<tr>
<td>Type of Organization:</td>
<td>Faith-based organizations</td>
</tr>
<tr>
<td>(Content depends on &quot;Type of Membership&quot; selection)</td>
<td></td>
</tr>
<tr>
<td>Role(s) of the organization:</td>
<td>Committee/Sub-committee/Work Group</td>
</tr>
<tr>
<td>(select all that apply)</td>
<td></td>
</tr>
<tr>
<td>Subpopulation(s) represented by the organization:</td>
<td>NONE</td>
</tr>
<tr>
<td>(No more than two subpopulations)</td>
<td></td>
</tr>
<tr>
<td>Does the organization provide direct services to homeless people?</td>
<td>Yes</td>
</tr>
<tr>
<td>Services provided to homeless persons and families:</td>
<td>Utilities Assistance, Mortgage Assistance, Transportation, Rental Assistance</td>
</tr>
<tr>
<td>(select all that apply)</td>
<td></td>
</tr>
</tbody>
</table>

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

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

Name of organization or individual: Sunnyside Ministry

Type of Membership: Private Sector

Type of Organization: Non-profit organizations

Role(s) of the organization: None

Subpopulation(s) represented by the organization: NONE

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Education, Life Skills, Utilities Assistance, Mortgage Assistance, Healthcare, Rental Assistance

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: The Bethesda Center for the Homeless

Type of Membership: Private Sector

Type of Organization: Non-profit organizations

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

Subpopulation(s) represented by the organization: NONE

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, Transportation, Alcohol/Drug Abuse, Rental Assistance, Employment

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

**Name of organization or individual:** The Salvation Army, Winston-Salem Area Command

**Type of Membership:** Private Sector

**Type of Organization:** Non-profit organizations

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

**Subpopulation(s) represented by the organization:** NONE

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

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

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: The Shepherd's Center of Greater Winston-Salem

Type of Membership: Private Sector
Type of Organization: Non-profit organizations

Role(s) of the organization: None

Subpopulation(s) represented by the organization: NONE

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Transportation
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: United Way of Forsyth County, Ten-Year Plan Commission

Type of Membership: Private Sector

Type of Organization: Funder advocacy group

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

Subpopulation(s) represented by the organization: NONE

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Education, Mobile Clinic, Rental Assistance

1D. Continuum of Care (CoC) Member Organizations Detail
Name of organization or individual: Vocational Rehabilitation

Type of Membership: Public Sector
Type of Organization: State government agencies

Role(s) of the organization: Attend 10-year planning meetings during past 12 months

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

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Life Skills, Employment
(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:** Wake Forest University

**Type of Membership:** Public Sector

**Type of Organization:** School systems/Universities

**Role(s) of the organization:** None

**Subpopulation(s) represented by the organization:** NONE

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

**Services provided to homeless persons and families:** Education

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

**Instructions:**
Name of organization or individual: Wake Forest Baptist Health

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

Type of Organization: Hospitals/med representatives
(Content depends on "Type of Membership" selection)

Role(s) of the organization: None
(select all that apply)

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

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Healthcare, Mental health, HIV/AIDS
(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:** Ways to Work, Family Services

- **Type of Membership:** Private Sector
- **Type of Organization:** Non-profit organizations
- **Role(s) of the organization:** None
- **Subpopulation(s) represented by the organization:** NONE
- **Does the organization provide direct services to homeless people?** Yes
- **Services provided to homeless persons and families:** Employment

**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:** Winston-Salem City Council

- **Type of Membership:** Public Sector
- **Type of Organization:** Local government agencies

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

- **Subpopulation(s) represented by the organization:** NONE

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

**Services provided to homeless persons and families:** Not Applicable

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**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:** Winston-Salem Police Department

**Type of Membership:** Public Sector

**Type of Organization:** Law enforcement/corrections

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

**Subpopulation(s) represented by the organization:** NONE

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

**Services provided to homeless persons and families:** Education, Law Enforcement, Legal Assistance, Transportation

**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: Winston-Salem Regional Office of the Department of Veteran Affairs and Healthcare for Homeless VETS

Type of Membership: Public Sector

Type of Organization: Local government agencies

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

Subpopulation(s) represented by the organization: Veterans

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Healthcare

1D. Continuum of Care (CoC) Member Organizations Detail
Name of organization or individual: Winston-Salem Rescue Mission

Type of Membership: Private Sector

Type of Organization: Non-profit organizations

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

Subpopulation(s) represented by the organization: NONE

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

Services provided to homeless persons and families: Education, Case Management, Life Skills, Healthcare, Alcohol/Drug Abuse, Employment

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: Winston-Salem Social Security Administration District Office

Type of Membership: Public Sector

Type of Organization: Local government agencies

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

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

Does the organization provide direct services to homeless people? No

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

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: Winston-Salem State University

Type of Membership: Public Sector

Type of Organization: School systems/Universities

Role(s) of the organization: None

Subpopulation(s) represented by the organization: NONE

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Education

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: Winston-Salem Transit Authority

Type of Membership: Public Sector

Type of Organization: Local government agencies

Role(s) of the organization:
Attend 10-year planning meetings during past 12 months

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

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families:
Transportation
(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: Winston-Salem/Forsyth County Schools, Project HOPE

Type of Membership: Public Sector

Type of Organization: School systems/Universities

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

Subpopulation(s) represented by the organization: Youth

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Education, Case Management, Child Care, Life Skills, Transportation

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: Youth Opportunities

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
(select all that apply)

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

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families:
Case Management, Life Skills, Mental health, Alcohol/Drug Abuse
(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:** YWCA Hawley House

**Type of Membership:** Private Sector

**Type of Organization:** Non-profit organizations

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

**Subpopulation(s) represented by the organization:** Substance Abuse

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

**Services provided to homeless persons and families:** Education, Case Management, Life Skills, Alcohol/Drug Abuse

### 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:** Cathy Welch

**Type of Membership:** Individual

**Type of Organization:** Formerly Homeless

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

Subpopulation(s) represented by the organization: NONE

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Not Applicable

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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

<table>
<thead>
<tr>
<th>Name of organization or individual:</th>
<th>Bernadette Wilson</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type of Membership:</td>
<td>Individual</td>
</tr>
<tr>
<td>(public, private, or individual)</td>
<td></td>
</tr>
<tr>
<td>Type of Organization:</td>
<td>Formerly Homeless</td>
</tr>
<tr>
<td>(Content depends on &quot;Type of Membership&quot; selection)</td>
<td></td>
</tr>
<tr>
<td>Role(s) of the organization:</td>
<td>Committee/Sub-committee/Work Group</td>
</tr>
<tr>
<td>(select all that apply)</td>
<td></td>
</tr>
<tr>
<td>Subpopulation(s) represented by the organization:</td>
<td>NONE</td>
</tr>
<tr>
<td>(No more than two subpopulations)</td>
<td></td>
</tr>
<tr>
<td>Does the organization provide direct services to homeless people?</td>
<td>No</td>
</tr>
<tr>
<td>Services provided to homeless persons and families:</td>
<td>Not Applicable</td>
</tr>
<tr>
<td>(select all that apply)</td>
<td></td>
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</table>

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: Teri Hairston

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

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

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

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

Does the organization provide direct services to homeless people: No

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

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

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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: Reginald Reed

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:
(No more than two subpopulations)

NONE

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families:
(Not Applicable)

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:** Obie Johnson

**Type of Membership:** Individual

**Type of Organization:** Formerly Homeless

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

**Subpopulation(s) represented by the organization:** NONE

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

**Services provided to homeless persons and families:** Not Applicable

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**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: Family Promise

Type of Membership: Private Sector

Type of Organization: Non-profit organizations

Role(s) of the organization: Committee/Sub-committee/Work Group

Subpopulation(s) represented by the organization: NONE

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Case Management, Life Skills, Transportation, Soup Kitchen/Food Pantry

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: Eureka House

Type of Membership: Private Sector
Type of Organization: Non-profit organizations

Role(s) of the organization: Committee/Sub-committee/Work Group

Subpopulation(s) represented by the organization: NONE

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Case Management, Life Skills

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:** The Children's Home/My Aunt's House

- **Type of Membership:** Private Sector
- **Type of Organization:** Non-profit organizations

- **Role(s) of the organization:** None
- **Subpopulation(s) represented by the organization:** Youth

- **Does the organization provide direct services to homeless people?** Yes
- **Services provided to homeless persons and families:** Case Management, Life Skills, Child Care

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

**Instructions:**
Name of organization or individual: Stepping Stones Ministries of the Triad, Inc.

Type of Membership: Private Sector

Type of Organization: Faith-based organizations

Role(s) of the organization: Committee/Sub-committee/Work Group

Subpopulation(s) represented by the organization: NONE

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy

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

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- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: IMPACT, Inc. (De’Asja’s House)

Type of Membership: Private Sector

Type of Organization: Non-profit organizations

Role(s) of the organization: Committee/Sub-committee/Work Group

Subpopulation(s) represented by the organization: NONE

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Case Management, Child Care, Life Skills, Mental health, Transportation, Alcohol/Drug Abuse
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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- Services provided, if applicable

**Name of organization or individual:** Winston-Salem Urban League

**Type of Membership:** Private Sector

**Type of Organization:** Non-profit organizations

**Role(s) of the organization:** None

**Subpopulation(s) represented by the organization:** NONE

Does the organization provide direct services to homeless people? Yes

**Services provided to homeless persons and families:** Employment

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

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- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Taking it to the Street Ministries

Type of Membership: Private Sector
Type of Organization: Non-profit organizations

Role(s) of the organization: Committee/Sub-committee/Work Group

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

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Street Outreach
(Select all that apply)

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

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- Services provided, if applicable

<table>
<thead>
<tr>
<th>Name of organization or individual:</th>
<th>1st Outreach</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Type of Membership:</strong></td>
<td>Private Sector</td>
</tr>
<tr>
<td><strong>Type of Organization:</strong></td>
<td>Non-profit organizations</td>
</tr>
<tr>
<td><strong>Role(s) of the organization:</strong></td>
<td>None</td>
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<tr>
<td><strong>Subpopulation(s) represented by the organization:</strong></td>
<td>NONE</td>
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<td><strong>Does the organization provide direct services to homeless people?</strong></td>
<td>No</td>
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- 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:** CHANGE Homeless Leaders Caucus

**Type of Membership:** Private Sector

**Type of Organization:** Non-profit organizations

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

**Subpopulation(s) represented by the organization:** NONE

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

**Services provided to homeless persons and families:** Counseling/Advocacy

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

**Instructions:**

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**Applicant:** Winston-Salem/Forsyth County CoC

**Project:** NC-500 CoC Registration 2011
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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- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

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<tbody>
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<td><strong>Type of Membership:</strong></td>
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<td><strong>Type of Organization:</strong></td>
<td>Non-profit organizations</td>
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<td><strong>Role(s) of the organization:</strong></td>
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<td><strong>Subpopulation(s) represented by the organization:</strong></td>
<td>NONE</td>
</tr>
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<tr>
<td><strong>Does the organization provide direct services to homeless people?</strong></td>
<td>Yes</td>
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<tr>
<td><strong>Services provided to homeless persons and families:</strong></td>
<td>Counseling/Advocacy</td>
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- 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:** Addiction Recovery Care Association (ARCA)

**Type of Membership:** Private Sector

**Type of Organization:** Non-profit organizations

**Role(s) of the organization:** None

**Subpopulation(s) represented by the organization:** Substance Abuse

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

**Services provided to homeless persons and families:** Alcohol/Drug Abuse

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:** Richard Cassidy

**Type of Membership:** Individual

**Type of Organization:** Homeless

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

**Subpopulation(s) represented by the organization:** NONE

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

**Services provided to homeless persons and families:** Not Applicable

**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: Umesh Jain

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

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

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

Subpopulation(s) represented by the organization:
(Seriously Mentally III
(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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- Services provided, if applicable

**Name of organization or individual:** Agape Faith Church

**Type of Membership:** Private Sector

**Type of Organization:** Faith-based organizations

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

**Subpopulation(s) represented by the organization:** NONE

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

**Services provided to homeless persons and families:** Not Applicable
1E. Continuum of Care (CoC) Project Review and Selection Process

Instructions:

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

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

Open Solicitation Methods: (select all that apply)
- f. Announcements at Other Meetings
- a. Newspapers
- 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)
- k. Assess Cost Effectiveness
- q. Review All Leveraging Letters (to ensure that they meet HUD requirements)
- c. Review HUD Monitoring Findings
- r. Review HMIS participation status
- d. Review Independent Audit
- j. Assess Spending (fast or slow)
- p. Review Match
- i. Evaluate Project Readiness
- e. Review HUD APR for Performance Results
- n. Evaluate Project Presentation
- h. Survey Clients
- o. Review CoC Membership Involvement
- a. CoC Rating & Review Committee Exists
- m. Assess Provider Organization Capacity
- l. Assess Provider Organization Experience

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(s), how it was resolved, and the date(s) resolved (limit 1000 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 FY2011 Housing Inventory Count (HIC) as compared to the FY2010 HIC. If there was a change, please describe the reasons in the space provided for each housing type. If the housing type does not exist in your CoC, please select "Not Applicable" and indicate that in the text box for that housing type.

Emergency Shelter: Yes
Briefly describe the reason(s) for the change in Emergency Shelter beds, if applicable (limit 750 characters):
Due to facility reconfigurations necessitated by changing client demographics, the Salvation Army of Winston-Salem increased their ES Households with Dependent Children Bed Count by 6 and decreased their Households without Dependent Children Bed Count by 6 (no total bed count change). The Winston-Salem Rescue Mission decreased its ES Households without Dependent Children Bed Count by 2 to better meet program and client needs. During the winter months of 2010-2011, the Winston-Salem Rescue Mission provided 12 Seasonal Beds for Households without Dependent Children, which represents a 6 bed decrease. However, there were 6 Seasonal Overflow mats available to make up for the bed decrease.

HPRP Beds: Yes
Briefly describe the reason(s) for the change in HPRP beds or units, if applicable (limit 750 characters):
Since the 2010 point-in-time housing inventory, HPRP added two new programs with State funding. On the January 2011 point-in-time count, the CoC had 38 HPRP beds in the housing inventory. There were 15 beds occupied by persons in households without children and 23 beds occupied by persons in households with children. This was a considerable increase from the 5 HPRP beds in the 2010 housing inventory (4 HH w/ children + 1 HH w/o children).

Safe Haven: Not Applicable
Briefly describe the reason(s) for the change in Safe Haven beds, if applicable (limit 750 characters):

Transitional Housing: Yes
Briefly describe the reason(s) for the change in Transitional Housing beds, if applicable (limit 750 characters):
Several agencies shifted their bed counts due to client population changes, moving beds between HH w/ children and HH w/o children. This includes AIDS Care Service, My Aunt’s House, Hosanna House Project Transformation, and Salvation Army. Experiment in Self-Reliance decreased its TH bed count at Burton St. and Spring St. by 9 and 7 beds respectively, due to smaller average family size. Hosanna House also relocated and decreased its TH beds (men) for HH w/o children by 2. De’Asja’s House decreased its HH w/children bed count by 4. The Fellowship Home received additional funding for New Horizons and increased its HH w/o children by 1. The Winston-Salem Rescue Mission increased beds (men) for HH w/o children by 8.

**Permanent Housing:** Yes

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

CenterPoint adjusted SPC (1993) bed counts due to changes in client population and floating beds, resulting in a 3-bed HH w/o children increase and a 5-bed HH w/children. CenterPoint increased SPC (2002) by 13 beds for HH w/children and 1 bed for HH w/o children. The City of Winston-Salem increased PH for several programs: Breakthrough (3 beds); SPC1 (3 beds); SPC2 (12 beds); SPC3 (1 bed), and SPC4 (1 bed), through an increase in the number of units leased using existing SPC grants. VASH increased HH w/children beds by 24 and HH w/o children beds by 25. The Winston-Salem Rescue Mission decreased their HH w/o children bed count by 8 to meet program/client needs. HDX HIC shows 3 "U" beds. See 4b for chronic bed changes.

**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 2011. CoCs were expected to report HIC data on the Homelessness Data Exchange (HDX).

Did the CoC submit the HIC data in HDX by May 31, 2011? Yes

If no, briefly explain why the HIC data was not submitted by May 31, 2011 (limit 750 characters).

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, Other, Housing inventory, Provider opinion through discussion or survey forms

Specify "other" data types:
Sheltered count

If more than one method was selected, describe how these methods were used together (limit 750 characters):
The HUD unmet need formula was the only method used for the emergency shelter, transitional housing, and permanent housing unmet need calculations. However, the CoC used all of the other selected methods to obtain the necessary data that is plugged into the HUD unmet need formula. With regards to seasonal unmet need, the CoC determined there was no seasonal unmet need through discussions with providers.
2A. Homeless Management Information System (HMIS) Implementation

Instructions:

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

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

Select the HMIS implementation coverage area:

Regional (multiple CoCs)

Select the CoC(s) covered by the HMIS: (select all that apply)


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

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

Has the CoC selected an HMIS software product? Yes

If "No" select reason:

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

What is the name of the HMIS software company? Bowman Systems, Inc.

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

Indicate the date on which HMIS data entry started (or will start): (format mm/dd/yyyy) 05/01/2006

Indicate the challenges and barriers impacting the HMIS implementation: (select all the apply): Inadequate staffing, 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).

The City of Winston-Salem (CoC Lead) and the CoC/HMIS Committee oversee local implementation and work to address issues. The CoC’s main challenges with HMIS implementation relate to staffing and resources among small provider organizations. Staffing issues include: turnover of trained users; minimal technical skills among staff members using HMIS; and insufficient resources to hire skilled staff for HMIS data entry. The CoC/HMIS Committee addresses these issues through regular review of CHIN Data Quality Reports to evaluate agency participation and discuss data quality. In these meetings, HMIS users provide peer support on data entry issues, and the CoC maintains regular dialog among and between agency directors and HMIS users to continually improve the process. The other major challenge is the CoC has a non-HUD funded provider that is not an HMIS participant and has a sizable bed inventory. As the local HMIS process improves, the CoC hopes this provider will participate.
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
City: Raleigh
State: North Carolina
Zip Code: 27605
Organization Type: Non-Profit

Is this organization the HMIS Lead Agency in more than one CoC? Yes
2C. 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.

<table>
<thead>
<tr>
<th>Housing Type</th>
<th>Coverage Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>* Emergency Shelter (ES) Beds</td>
<td>76-85%</td>
</tr>
<tr>
<td>* Safe Haven (SH) Beds</td>
<td>No beds in CoC</td>
</tr>
<tr>
<td>* Transitional Housing (TH) Beds</td>
<td>65-75%</td>
</tr>
<tr>
<td>* Permanent Housing (PH) Beds</td>
<td>65-75%</td>
</tr>
</tbody>
</table>

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:
Please note TH Bed Coverage was 64.6%, so the CoC rounded to 65% and selected the appropriate coverage rate category.
2D. 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 HMIS to present accurate and consistent information on homelessness, it is critical that all 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 CoC’s 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 2010 and 2011 as well as whether or not they plan to contribute data to the Homelessness Pulse project in 2012.

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 2011.

<table>
<thead>
<tr>
<th>Universal Data Element</th>
<th>Records with no values (%)</th>
<th>Records where value is refused or unknown (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>* Social Security Number</td>
<td>0%</td>
<td>5%</td>
</tr>
<tr>
<td>* Date of Birth</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>* Ethnicity</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>* Race</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>* Gender</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>* Veteran Status</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>* Disabling Condition</td>
<td>1%</td>
<td>0%</td>
</tr>
<tr>
<td>* Residence Prior to Program Entry</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>* Zip Code of Last Permanent Address</td>
<td>0%</td>
<td>4%</td>
</tr>
<tr>
<td>* Name</td>
<td>0%</td>
<td>0%</td>
</tr>
</tbody>
</table>

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 main report is the monthly Data Quality Report that provides agencies and CoCs 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. In extreme cases, contract data entry assistance is available for agencies to help them catch up on data entry. Our CoC reviews and discusses data quality monthly.

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)

2010 AHAR Supplemental Report on Homeless Veterans, 2010 AHAR

Indicate which reports the CoC or subset of the CoC plans to submit usable data:
(Select all that apply)

2E. 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:

<table>
<thead>
<tr>
<th>Activity</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Integrating or warehousing data to generate unduplicated counts:</td>
<td>Never</td>
</tr>
<tr>
<td>Point-in-time count of sheltered persons:</td>
<td>At least Semi-annually</td>
</tr>
<tr>
<td>Point-in-time count of unsheltered persons:</td>
<td>Never</td>
</tr>
<tr>
<td>Measuring the performance of participating housing and service providers:</td>
<td>At least Semi-annually</td>
</tr>
<tr>
<td>Using data for program management:</td>
<td>At least Annually</td>
</tr>
<tr>
<td>Integration of HMIS data with data from mainstream resources:</td>
<td>Never</td>
</tr>
</tbody>
</table>
2F. 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:

<table>
<thead>
<tr>
<th>Standard</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>* Unique user name and password</td>
<td>At least Annually</td>
</tr>
<tr>
<td>* Secure location for equipment</td>
<td>At least Annually</td>
</tr>
<tr>
<td>* Locking screen savers</td>
<td>At least Annually</td>
</tr>
<tr>
<td>* Virus protection with auto update</td>
<td>At least Annually</td>
</tr>
<tr>
<td>* Individual or network firewalls</td>
<td>At least Annually</td>
</tr>
<tr>
<td>* Restrictions on access to HMIS via public forums</td>
<td>At least Annually</td>
</tr>
<tr>
<td>* Compliance with HMIS Policy and Procedures manual</td>
<td>At least Annually</td>
</tr>
<tr>
<td>* Validation of off-site storage of HMIS data</td>
<td>At least Annually</td>
</tr>
</tbody>
</table>

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: 09/12/2011

If 'No' indicate when development of manual will be completed (mm/dd/yyyy):
2G. 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:**

<table>
<thead>
<tr>
<th>Training Activity</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>* Privacy/Ethics training</td>
<td>At least Monthly</td>
</tr>
<tr>
<td>* Data Security training</td>
<td>At least Monthly</td>
</tr>
<tr>
<td>* Data Quality training</td>
<td>At least Monthly</td>
</tr>
<tr>
<td>* Using Data Locally</td>
<td>At least Quarterly</td>
</tr>
<tr>
<td>* Using HMIS data for assessing program performance</td>
<td>At least Semi-annually</td>
</tr>
<tr>
<td>* Basic computer skills training</td>
<td>Never</td>
</tr>
<tr>
<td>* HMIS software training</td>
<td>At least Monthly</td>
</tr>
</tbody>
</table>
2H. Continuum of Care (CoC) Sheltered Homeless Population & Subpopulation: Point-In-Time (PIT) Count

Instructions:
The purpose of the point-in-time count is to further understand the number and characteristics of people sleeping on the streets, including places not meant for human habitation, emergency shelters, and transitional housing. Although CoCs are only required to conduct a point-in-time count every two years, HUD strongly encourages CoCs to conduct a point-in-time count annually.

CoCs are to indicate how frequently they will conduct a point-in-time count and what percentage of their homeless service providers participated. CoCs will also describe if there was an increase, decrease, or no change between the most recent point-in-time count and the one prior. CoCs are to indicate in the narrative which years are being compared.

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

*Indicate the date of the most recent point-in-time count (mm/dd/yyyy): 01/26/2011

If the CoC conducted the point-in-time count outside the last 10 days in January, was a waiver from HUD obtained prior to January 19, 2011? No

Did the CoC submit the point-in-time count data in HDX by May 31, 2011? Yes

If no, briefly explain why the point-in-time data was not submitted by May 31, 2011 (limit 750 characters).

Enter the date in which the CoC plans to conduct its next point-in-time count: 01/25/2012
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).

From 2010 to 2011, the CoC saw a slight decrease in the number of sheltered persons in households with children, which includes those with adults and those with only children. Households with children decreased by 2, and persons decreased by 22. In 2011, the average family size in emergency shelter was 2.2 persons, compared to 3.2 persons in 2010, which explains the 3 household increase and the 9 person decrease. In Transitional Housing, the average family size was stable (about 3 persons), and there was a decrease of 7 households (17 persons) served from 2010 to 2011. My Aunt's House served 2 more households with only children and 4 more children from 2010 to 2011. Even though there was a point-in-time decrease among households with children, the CoC has experienced and is experiencing significant demands for sheltering homeless households with children due to the economy and lack of available jobs. The CoC did not find any unsheltered persons in households with children on the evening of the January point-in-time count.

Among households without children, the CoC noted a slight increase from the 2010 point-in-time count to the 2011 point-in-time count. The increase was attributed to an increase in the unsheltered population by 10 persons. Emergency shelters counted 8 more persons in 2011 as compared to 2010, and transitional housing providers counted 12 fewer persons. Thus, there was an overall increase of 6 persons in households without children.
2I. Continuum of Care (CoC) Sheltered Homeless Population & Subpopulations: Methods

Instructions:
Accuracy of the data reported in point-in-time counts is vital. Data produced from these counts must be based on reliable methods and not on "guesstimates." CoCs may use one or more method(s) to count sheltered homeless persons. This form asks CoCs to identify and describe which method(s) were used to conduct the 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: X
HMIS: X
Extrapolation: 
Other: 

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

The CoC Lead Organization (City of Winston-Salem) distributed and collected a data collection form that was completed by providers, who were asked to compare it to their HMIS client lists for accuracy. The agency data was entered into a spreadsheet, and compiled into a CoC-wide, point-in-time count report.
2J. Continuum of Care (CoC) Sheltered Homeless Population and Subpopulation: Data Collection

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

The definition of chronically homeless persons is an unaccompanied individual with a disabling condition, or an adult member of a family with a disabling condition, who meets all other requirements for chronic homeless designation. CoCs may use a variety of methods to collect subpopulation information on sheltered homeless persons and may utilize more than one in order to produce the most accurate data. This form asks CoCs to identify and describe which method(s) were used to gather subpopulation information for sheltered populations during the most recent point-in-time count. The description should demonstrate how the method(s) was used to produce an accurate count.

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

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

- [ ] HMIS
- [X] HMIS plus extrapolation:
- [ ] Sample of PIT interviews plus extrapolation:
- [ ] Sample strategy:
- [X] Provider expertise:
- [ ] Interviews:
- [X] Non-HMIS client level information:
- [ ] None:
- [X] Other:

If Other, specify:
CoC PIT Sheltered Homeless Population and Subpopulation Survey (data collection tool)

Describe the methods used by the CoC, based on the selections 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):
Each year the CoC distributes a PIT survey, which includes instructions and training, to all homeless providers. This survey collects data in all of the CoC Sheltered Homeless Population and Subpopulation categories. The homeless providers conducted the PIT survey on January 26, 2011. Providers used their case management records of individual clients and their expertise to complete the survey and properly count all homeless individuals. Providers were asked to cross-check survey data with HMIS data. Survey results were submitted to the City of Winston-Salem, where they were compiled and submitted to NCCEH. Homeless population data were reconciled with the PIT housing inventory.
2K. Continuum of Care (CoC) Sheltered Homeless Population and Subpopulation: Data Quality

Instructions:

The data collected during point-in-time counts is vital for CoCs and HUD. Communities need accurate data to determine the size and scope of homelessness at the local level to plan services and programs that will 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 and to provide Congress and OMB with information regarding services provided, gaps in service, performance, and funding decisions. It is vital that the quality of data reported accurate and of high quality. CoCs may undertake once or more actions to improve the quality of the sheltered population data.

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 verify the data quality of sheltered homeless persons:
(select all that apply)

- Training: X
- Remind/Follow-up: X
- HMIS: X
- Non-HMIS de-duplication techniques: X
- None: 
- Other: 

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).

All sheltered persons data submitted for the point-in-time count reflects clients who were provided emergency shelter or transitional housing on the evening of January 26, 2011. This is the actual count of clients sleeping in beds. All emergency shelter and transitional housing providers crosscheck their shelter counts with the HMIS and client records. They also indicate on their point-in-time survey that no clients were admitted or discharged after curfew.

Describe the methods used by the CoC, based on the selections above, to collect data on the sheltered homeless subpopulations during the most recent point-in-time count. Response is to indicate how the method(s) selected above were used in order to produce accurate data on all of the sheltered subpopulations (limit 1500 characters):
Every year the CoC instructs and trains emergency shelter and transitional housing providers on the point-in-time data collection methods. The CoC participates in state-level conference calls with NCCEH, participates in webinars, and uses HUD’s shelter count guide to remain current on all counting procedures and operational definitions. The CoC is confident that its members are well-informed on how to conduct an accurate count and provide accurate data on subpopulations. During the review of submitted data, the CoC consults with providers if any inconsistencies are found in the reported data. All inconsistencies are resolved and eliminated in order to ensure the highest quality data.
2L. 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 during the most recent point-in-time count of unsheltered homeless persons:
(select all that apply)

- Public places count:
- Public places count with interviews: X
- Service-based count: X
- HMIS:
- Other:

If Other, specify:

Describe the method(s) used by the CoC based on the selections above, to count unsheltered homeless populations during the most recent point-in-time count. Response should indicate how the method(s) selected above were used in order to obtain accurate data (limit 1500 characters).
The Outreach and Assessment Committee, which reports to the Executive Board of the Council, is responsible for conducting the Annual Street Count. Members of the Search Teams include Shelter Provider staff, Outreach staff from The Bethesda Center, and the PATH Team from Wake Forest Baptist Health. In addition, community volunteers and currently/formerly homeless volunteers serve on these Search Teams. The Outreach and Assessment Committee updates the plan and conducts training for the Annual Street Count. Through a collaborative effort of the Outreach and Assessment Committee, the Winston-Salem Police Department, service providers, and volunteers, the CoC sent out eleven Search Teams, with 4-5 members each, to seven discrete and strategic locations county-wide. To obtain "point-in-time" data, the count was conducted on the last Wednesday night of January. This nighttime count was conducted between 9:00PM and 4:00AM (two 3-hour shifts). Due to panhandling ordinances a daytime street count was not completed as the number of people standing on street medians has been reduced. However, the Outreach and Assessment Committee coordinated with Samaritan Ministries, the local soup kitchen, to do a service-based count of unsheltered homeless who were not located on the streets the preceding night. Point-in-Time count methods ensure an unduplicated count (See 2N); and on January 26, 2011, a total of 51 unsheltered homeless individuals were counted/interviewed.
2M. Continuum of Care (CoC) Unsheltered Homeless Population and Subpopulation: Level of Coverage

Instructions:

CoCs may utilize several methods when counting unsheltered homeless persons. CoCs need to determine what area(s) they will go to in order to count this population. For example, CoCs may canvas an entire area or only those locations where homeless persons are known to sleep. CoCs are to indicate the level of coverage incorporated when conducting the unsheltered count.

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

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

A Combination of Locations

If Other, specify:
2N. Continuum of Care (CoC) Unsheltered Homeless Population and Subpopulation: Data Quality

Instructions:
The data collected during point-in-time counts is vital for CoCs and HUD. Communities need accurate data to determine the size and scope of homelessness at the local level to plan services and programs that will 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 and to provide Congress and OMB with information regarding services provided, gaps in service, performance, and funding decisions. It is vital that the quality of data reported is accurate and of high quality. CoCs may undertake one or more actions to improve the quality of the sheltered population data.

All CoCs should engage in activities to reduce the occurrence of counting unsheltered persons more than once during the point-in-time count. The 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 persons that may or may not use shelters. CoCs are to describe de-duplication techniques used in the point-in-time count. CoCs are also asked to describe outreach efforts to identify and engage homeless individuals and families.

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

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

- Training: X
- HMIS:
- De-duplication techniques: X
- "Blitz" Count:
- Unique Identifier:
- Survey Question:
- Enumerator Observation:
- Other:

If Other, specify:

Describe the techniques, as selected above, 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):
Teams were assigned to discrete areas to conduct searches on the evening of the point-in-time count. Teams were trained by the Outreach and Assessment Committee and kept logs indicating location and gender of persons found. Most unsheltered persons found agreed to participate in a short interview, which was recorded by a volunteer. A code was assigned to each person interviewed based on personal information and interview results. During the compilation and analysis of interview forms, codes were reviewed to ensure an unduplicated count of unsheltered persons.

For the service-based count, persons were asked where they slept the evening before and whether or not they were interviewed. If persons slept in a place not meant for human habitation, then similar techniques were used (i.e., codes were assigned upon interview) and the interviewer also confirmed that they did not participate in an interview on the prior evening.

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):

Current records, which go back to 1996, show no family with children has been found in an unsheltered count of the homeless. CoC member agencies have arranged to give preference for shelter beds to homeless households with children. Both PATH and shelter agency street outreach provide transportation to shelter for any homeless family or individual.

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

The PATH program of Wake Forest Baptist Health (Dept. of Psychiatry) and the Bethesda Center both conduct daily street outreach. Both use a person-centered approach in an attempt to engage persons at a level that is meaningful for the person who is homeless.
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 FY2010 NOFA, chronically homeless persons were defined as an unaccompanied homeless individual with a disabling condition, or a family where at least one adult member had 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.

CoCs are to describe the short-term and long-term plans for creating new permanent housing beds for chronically homeless persons who meet the definition of chronically homeless. CoCs will also indicate the current number of permanent housing beds designated for chronically homeless persons. This number should match the number of beds reported in the FY2011 Housing Inventory Count (HIC) and enter into the Homeless Data Exchange (HDX). CoCs will then enter the number of permanent housing beds expected to be in place in 12 months, 5 years, and 10 years. These future estimates should be based on the definition of chronically homeless.

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

How many permanent housing beds are currently in place for chronically homeless persons? 106

In 12 months, how many permanent housing beds designated for chronically homeless persons are planned and will be available for occupancy? 112

In 5 years, how many permanent housing beds designated for chronically homeless persons are planned and will be available for occupancy? 130

In 10 years, how many permanent housing beds designated for chronically homeless persons are planned and will be available for occupancy? 261

Describe the CoC's short-term (12 month) plan to create new permanent housing beds for persons who meet HUD's definition of chronically homeless (limit 1000 characters):
As shown in the 2011 HIC, the CoC has 3 new PH beds under development for chronically homeless (CH) persons through an SPC project with Experiment in Self-Reliance to provide PH with wrap-around services. Since January 2011, 3 new CH beds for veterans using the same model were funded. The CoC is applying for 2 CH beds for households w/o children and 5 leased PH units for CH households w/children. As part of Ten Year Plan (TYP) efforts, the CoC will expedite placement in SPC beds for CH persons by improved tracking and coordination with the Housing Authority. The CoC is benefitting from innovative uses of SOAR, as promoted by the NC Coalition to End Homelessness, which give persons leaving institutions a head start in SSI and Medicaid applications to increase their income available for housing. Finally, the City, on behalf of the CoC, will conduct an annual solicitation for new PH projects; and the TYP Housing Committee will work to create new PH beds for CH persons.

Describe the CoC’s long-term (10 year) plan to create new permanent housing beds for persons who meet HUD’s definition of chronically homeless (limit 1000 characters):

The CoC’s TYP includes objectives to create 261 PH beds and 69 transition-in-place beds in ten years for CH persons. Also, to address episodic homelessness and preempt CH, the plan calls for 268 additional transition-in-place units for persons and families not yet CH. The CoC will continue to work on these TYP objectives and address the need for transition-in-place group housing over the next ten years. CoC members are collaborating with the NC Housing Foundation and other PH providers to identify strategies and implement solutions to meet these measurable objectives. Other CoC enhancements to complement bed development will include better mainstream service coordination, better discharge planning, enhancement of employment and training services, staff training on best practices, a public awareness campaign on homelessness, increased advocacy, and better performance measurement and use of HMIS. Having joined the 100,000 homes campaign, the CoC will use this to increase PH CH beds.
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 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 Performance 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.

In 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. 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 by entering “0” in the numeric fields and note in the narratives.

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

What is the current percentage of participants remaining in CoC-funded permanent housing projects for at least six months? 81

In 12 months, what percentage of participants will have remained in CoC-funded permanent housing projects for at least six months? 83

In 5 years, what percentage of participants will have remained in CoC-funded permanent housing projects for at least six months? 85

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

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):
Over the last year, 81% of participants remained in CoC-funded permanent housing (PH) for 6 months or longer. The CoC has consistently performed above HUD’s threshold and achieved success through regular client contact and a focus on meeting clients’ needs and delivering the necessary supportive services. The CoC Committee will review quarterly HMIS data for each PH project to monitor housing retention, and the CoC will disseminate successful strategies among all PH providers. Through committee efforts, the CoC’s Ten Year Plan Commission and Council on Services for the Homeless are working to develop income and supports for persons in PH. The CoC also continues to use both Shelter Plus Care and SHP leased PH with services as priority models for housing chronically homeless persons. The CoC is working with the local Housing Authority to create housing preferences for homeless and chronically homeless individuals and families, which will become policy in the next 12 months.

Describe the CoCs long-term (10 year) 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):

Hands-on supportive services are the key element in PH retention and part of the CoC's long-term plan. Most PH beds in the CoC are funded through SPC and SHP PH with case management. Combining rental or leasing assistance with services are ideal program models for PH retention. Thus, the CoC will pursue the CoC housing bonus funds each year for SPC or SHP PH funding. As the CoC utilizes other funding sources, it will attempt to replicate the supportive housing model. For example, HOME TBRA is used to provide transition-in-place housing and is paired with SHP TH case management. Another critical element is the locally-funded Housing Assurance Fund through United Way, which will pay rent or utilities temporarily for CH persons who are participating in case management, in the event of income changes or other unforeseen circumstances. This fund will provide a long-term safety net to ensure housing retention.
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 transitional housing objective is to help homeless individuals and families 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 Performance Report (APR). CoCs then use this data from all of the CoC-funded transitional housing projects to report on the overall CoC performance on form 4C. Continuum of Care (CoC) Housing Performance.

In this section, CoCs are to describe short-term and long-term plans for increasing the percentage of transitional housing participants who move from SHP-TH projects into permanent housing to at least 65 percent or more. 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 enter "0" in the numeric fields below and note in the narratives.

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

What is the current percentage of participants in CoC-funded transitional housing projects who will have moved to permanent housing?

<table>
<thead>
<tr>
<th>Percentage</th>
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<tbody>
<tr>
<td>Current</td>
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<td>64</td>
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In 12 months, what percentage of participants in CoC-funded transitional housing projects will have moved to permanent housing?

<table>
<thead>
<tr>
<th>Percentage</th>
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<tbody>
<tr>
<td>In 12 months</td>
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<tr>
<td>66</td>
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</tbody>
</table>

In 5 years, what percentage of participants in CoC-funded transitional housing projects will have moved to permanent housing?

<table>
<thead>
<tr>
<th>Percentage</th>
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<tbody>
<tr>
<td>In 5 years</td>
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<tr>
<td>68</td>
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</table>

In 10 years, what percentage of participants in CoC-funded transitional housing projects will have moved to permanent housing?

<table>
<thead>
<tr>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>In 10 years</td>
</tr>
<tr>
<td>69</td>
</tr>
</tbody>
</table>

Describe the CoCs short-term (12 month) plan to increase the percentage of participants in CoC-funded transitional housing projects that move to permanent housing to 65 percent or more (limit 1000 characters).
The CoC is just below the threshold at 64%, and TH projects are working diligently to stay at or above the threshold of 65%. Three TH projects have APRs pending in esnaps, and their newer data puts the CoC well above the threshold. In the next 12 months, the CoC Committee will use HMIS and other information to identify barriers that prevent TH participants from moving to PH. The CoC also will work to maximize the efficiency of housing case management services and permanent supportive housing services by providing technical assistance and addressing barriers as part of TYP efforts. Finally, the CoC, through the TYP office, will explore funding resources and collaboration opportunities to increase supportive services and housing case management for additional PH case management services. The CoC also will discuss the relative needs of chronically homeless and episodically homeless persons, in terms of prevention, length of stay, housing first placement and rapid re-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):

Key ingredients to improve PH placement are assistance in housing location and in improving skills and incomes. Three local HPRP projects and the new VA-SSVF include housing search and placement services. Having housing location services as a complementary function to case management expedites housing placement. This local "best practice" will impact our housing placement using the Emergency Solutions Grant and other resources. For housing stability, a client needs income. The Winston-Salem/Forsyth County CoC is one of a limited number of communities in NC with 2 SOAR workers, and this enables the CoC to obtain disability income for clients more quickly. Winston-Salem continues to face challenges in obtaining employment income for clients due to the economy. To help individuals and families achieve financial stability, United Way, Goodwill and Consumer Credit collaborated to open 2 Career Connections and Prosperity Centers, which includes an HPRP program to address housing stability.
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 only projects) is expected to report the percentage of participants employed at exit on its Annual Performance 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.

In 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 program exit to 20 percent or more. CoCs will indicate the current percentage of project participants that are employed at program 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 dedicated projects (SHP-PH, SHP-TH, SHP-SH, SHP-SSO, or Sac TRA/SRA/PRA/SRO) for which an APR was required should enter "0" in the numeric fields below and note in the narratives.

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

What is the current percentage of participants in all CoC-funded projects that are employed at program exit? 33

In 12 months, what percentage of participants in all CoC-funded projects will be employed at program exit? 34

In 5 years, what percentage of participants in all CoC-funded projects will be employed at program exit? 35

In 10 years, what percentage of participants in all CoC-funded projects will be employed at program exit? 36

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).
The CoC is currently at 33% of persons employed at program exit. This success is due to CoC providers’ efforts to stabilize the underlying problem before referring to vocational resources, educational facilities, etc. To help individuals and families achieve financial stability, United Way, Goodwill and Consumer Credit collaborated to open two Career Connections and Prosperity Centers. The CoC also has placed an HPRP program at our local Prosperity Center to help clients address both housing and income issues. The Ten Year Plan Commission is developing an Employment Committee to work on employment and disability income issues. An initial project provides temporary jobs in construction material recycling for homeless persons and ex-offenders. The CoC will continue to collaborate with city-wide job fairs. Lastly, the CoC will assess HMIS data quarterly and begin to report to local officials the results of sponsors’ efforts to increase incomes under the standard performance measures.

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

The CoC’s Ten Year Plan proposes ensuring the availability of employment and training services that improve access to job listings, communication technology, transportation, and workforce development efforts. Over the long term, the CoC will continue to partner with regional and local WIA programs. Under Governor Perdue’s JobsNOW initiative, the community colleges and the NC Department of Commerce joined together for "12 in 6", an initiative to serve those who have lost their jobs or seek work. "12 in 6" creates programs in 12 careers, each requiring less than six months to complete, in areas where employment is highest and jobs are available (e.g., construction and healthcare). Locally, CoC agencies will continue to make concerted efforts to develop and maintain relationships with employers and offer employers assurances about specific program participants to accelerate their job placement.
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.

In 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. 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 they expect to report on in the next 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.

What is the current total number of homeless households with children as reported on the most recent point-in-time count? 53

In 12 months, what will be the total number of homeless households with children? 50

In 5 years, what will be the total number of homeless households with children? 45

In 10 years, what will be the total number of homeless households with children? 40

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

The CoC is applying for 5 leased PH family units. The CoC will implement rapid re-housing initiatives with housing agencies and faith-based institutions and increase case management through ARRA and other sources. Veteran families will benefit from VASH vouchers and the CoC’s VA-SSVF grant. Family Services obtained a Dept. of Justice grant to create transitional housing for domestic violence victims, which will serve up to ten families at a time. The CoC will work with the Housing Authority and faith-based organizations to provide housing to homeless families and to establish local income-based housing preferences. The CoC will collaborate with businesses to provide job placement opportunities for families with children. While the CoC already collaborates with WS/FC Schools’ Project HOPE, they will work together to ensure that all CoC agencies are in compliance with HEARTH Act. The TYP will start a capital campaign which may lead to a potential housing/services campus for families.
Describe the CoCs long-term (10 year) plan to decrease the number of homeless households with children (limit 1000 characters):

The CoC's TYP Housing Committee will focus on the development of PH projects for chronically homeless persons in households with children. Also, the development of new financial assistance tools, including prevention and rapid rehousing using the HPRP and the Emergency Solutions Grant Program, are a key element of the CoC's TYP. To date the HPRP program has stabilized housing for 449 persons in 221 households. In the last two years, HPRP has decreased the need for family overflow shelters in winter. The prevention and rapid rehousing approach is helping to reduce the average lengths of stay in shelters. The CoC's Family and Children Committee continue to discuss strategies to meet the needs of unaccompanied homeless youth, and the Youth in Transition Community Initiative is working on strategies to prevent homelessness at discharge from foster care.
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 publicly-funded institutions or systems 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 to the streets, emergency homeless shelters, or other McKinney-Vento homeless assistance programs (SHP, S+C, 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. In the case of Foster Care, CoCs should specifically address the discharge of youth ageing out from the foster care system. If there is a State mandate that requires publicly funded institutions to ensure appropriate housing placement, that does not include homelessness, indicate this in the 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, emergency homeless 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 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, emergency homeless shelters, or other McKinney-Vento homeless assistance housing programs. Review ALL instructions to ensure that each narrative is fully responsive (limit 1500 characters).

Foster Care (Youth Aging Out):
Locally, as documented in the Memorandum of Understanding with the CoC, Forsyth County Department of Social Services (DSS) staff provide services and help with housing placement before youth age out of foster care. The Social Services Department utilizes the North Carolina Foster Care Independence Program called NC LINKS (not an acronym). A goal of transition to independent living preparation, including participation in the NC LINKS program, is to ensure that participants in the foster care system are able to move from foster care into permanent housing.

Health Care:
Social workers at Forsyth Medical Center and Wake Forest Baptist Health provide services and help with housing placement before a patient is discharged. A goal of discharge preparation is to ensure that patients in the hospitals are able to transition from the hospital into appropriate housing or treatment programs.
Mental Health:

CenterPoint Human Services is the Local Management Entity for mental health services, and it coordinates services and participates in the CoC to prevent homelessness of persons re-entering the community from residential behavioral health care institutions or systems. As documented in the MOU with the CoC, local service coordination includes dedicated staff Care Coordinators and a Jail Liaison that visit inpatient facilities, jails, homeless shelters, and other facilities to coordinate aftercare treatment, including living arrangements, for citizens with a Mental Health, Developmental Disability, or Substance Abuse diagnosis. Living arrangements may be made with residential facilities with which CenterPoint maintains a Contract or MOA, as well as with other facilities identified through coordination with the City and the CoC's Homeless Council. Supporting local efforts, at the state level, it is the policy of the State of North Carolina, Department of Health and Human Services, Division of Mental Health, Developmental Disabilities, and Substance Abuse Services that discharge to homeless shelters or conditions is not appropriate and not in the best interests of patients. As a consequence, suitable housing shall be determined and arranged for each long stay patient as a condition of discharge from a State psychiatric hospital. FY2009 data indicates that 82% of people discharged from mental health institutions go to other outpatient and residential non-state facilities.

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 Workgroup for several years. Protocols for discharge coordination with local CoCs continue to be considered by DOC. However, supporting local efforts, at the state level, the NC DOC uses a multi-staff team approach to aftercare, in which the case manager, mental health social worker (as needed), and probation/parole officer assure that the released inmate has a home plan to ensure housing placement and prevention of homelessness. Locally, as documented in the MOU with the CoC, no person discharged from the Forsyth County Detention Center is to be placed in any HUD McKinney-Vento funded CoC program for the homeless. However, the Detention Center coordinates with CoC members for assistance using non-McKinney resources to reduce the occurrence of homelessness for persons discharged from the jail.
3C. Continuum of Care (CoC) Coordination

Instructions:
A CoC should regularly assess its local homeless assistance system and identify gaps and unmet needs. CoCs can improve their communities through long-term strategic planning. CoCs are encouraged to establish specific goals and 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:

In the Consolidated Plan, Goal 3, "Expanding Access and Opportunities" has two specific strategies, which address homelessness and chronic homelessness. They are: 1) Meet the Housing and Service Needs of Homeless Persons. The 10-year plan proposes increased permanent supportive housing and transition in place housing to reduce the need for emergency and transitional shelter. However, during the transition, the needs for shelter and basic services must continue to be met; and 2) Coordinate City, County, State, Federal and Private Funds and Activities To Meet The Needs of The Homeless, Reduce Poverty and Prevent and End Homelessness. Each of these strategies has several programs identified as measures to achieve the overall goal. The Consolidated Plan also has another strategy under Goal 4, "Expanding Economic Opportunities" which is to expand the creation of jobs and employment opportunities with an identified program specific to homeless persons.

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 2008 Action Plan (1500 character limit):

Applicant: Winston-Salem/Forsyth County CoC
Project: NC-500 CoC Registration 2011

Exhibit 1 2011 Page 154 10/24/2011
In early development of the HPRP, Winston-Salem/Forsyth County participated in meetings and events sponsored by the NC Coalition to End Homelessness and the NAEH. Then, the Ten Year Plan and the City of Winston-Salem worked with the CoC to develop a process to select, fund and implement HPRP projects. We became the only community in NC to receive HPRP grants from both HUD and the state. The CoC Rating Panel was used to select and recommend projects for funding, which then were approved by the CoC's Council, Ten Year Plan Commission and City Council. The HPRP projects are subgranted through the City and the Ten Year Plan at United Way to CoC member agencies, including Crisis Control Ministry, the Salvation Army, the Bethesda Center, Goodwill Industries and Eureka Ministry. The Eureka Ministry project focuses on persons leaving state prisons. All HPRP projects serve households who otherwise would be homeless. As such, the HPRP projects greatly assist both CoC agencies and the Ten Year Plan in meeting local objectives. Collaboration allows the CoC to take advantage of various agencies' strengths and existing relationships, which has resulted in an effective implementation. As of September 30, 2011, 221 households with 449 persons have been served under local HPRP projects. The participating agencies continue to participate together in collaborative HPRP Case Review Team meetings to ensure that HPRP projects are administered consistently within the community.

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 City and County, who are CoC members, successfully applied for $3 million in NSP funds from the state for: (1) a first-time homebuyer program; (2) acquisition-rehab of rental housing supporting the Ten Year Plan; and (3) acquisition of property by Habitat for Humanity. The Housing Authority of Winston-Salem (PHA) received 60 VASH vouchers, and tenants are being selected by Veterans Affairs staff with outreach conducted through the CoC of which VA is a member. The City also received $489,198 in CDBG-R funds of which $150,000 were used to rehabilitate short-term transitional housing for families operated by the Experiment in Self-Reliance (ESR), a key CoC agency. ESR also used ARRA CSBG funds to develop a new job training program which has assisted many homeless persons. Winston-Salem received over $5 million in ARRA T-CAP funds from the state for a tax credit project, and set aside units will be managed through CenterPoint Human Services, a key CoC member that serves persons from the Shelter Plus Care wait list. Additional ARRA WIA funds granted to the regional council and community college provided other valuable job training resources. The regional council is a member of the CoC. ARRA also provided McKinney-Vento funds to educate youth through the Winston-Salem/Forsyth County Schools (LEA), a key CoC member which serves homeless children. Lastly, the Housing Authority of Winston-Salem (PHA), a CoC member, received ARRA capital funds for public housing.

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.

Every homeless assistance provider who serves families with children is required to designate a staff member who is responsible for ensuring all children are enrolled in school and connected with the appropriate community services. Project HOPE of the local school system, a CoC member, has been working toward this end since 1996.

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)

The CoC has collaborated with the Winston-Salem/Forsyth County Schools (our only LEA) for over fifteen years, and the CoC regularly seeks to the input of the LEA to ensure that all homeless children are receiving educational services. As such, the Homeless Liaison (LEA staff person) provides regular guidance and information to CoC members about identifying homeless families and connecting children to educational services for which they are eligible. The Homeless Liaison has an active and regular presence in the CoC’s Council on Services for the Homeless meetings, Ten Year Plan Commission meetings, and other subcommittees. The Homeless Liaison continues to disseminate information, flyers and brochures for case managers to use with clients at intake. The CoC has continued to stay up to date on all HEARTH Act requirements, and will work to meet all future HMIS standards.

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

The CoC Committee has designated LEA liaison staff within every emergency and transitional shelter. The CoC members have participated in several HEARTH Act compliance sessions, where the LEA's staff have educated members and designated LEA liaison staff about the appropriate measures to take when serving families with children between the ages of 3 and 21.

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 Winston-Salem/Forsyth County CoC has made significant strides in serving homeless veterans. These efforts have laid the foundation for combating homelessness among veterans and are aligned with the CoC’s strategic plan goals. The VA, alongside SSA, DSS, CenterPoint Human Services (LME), and other agencies, has a regular presence at the local Resource Center, which centralizes services for homeless persons. The VA and our PHA, both CoC members, have collaborated to implement HUD-VASH. HPRP, operated by CoC agencies, refers many clients to VASH, which is an excellent resource connection for homeless veterans. The Urban League conducts job fairs and employment training, which assist homeless veterans. Local and regional VA staff work with the four VA medical facilities in our area, and also visit shelters to engage homeless veterans in services. The Plan to End Homelessness Among Veterans in Five Years is a priority for all VAMCs, including our regional VAMC. Local CoC and TYP representatives joined in the state Summit on Veteran Homelessness (9/1/11) to align efforts and plans addressing homelessness. To enhance service to homeless veterans, the CoC promulgates information on the VA's National Call Center for Veterans, which provides free, 24/7 access to trained counselors. Lastly, the Ten Year Plan received a VA Per Diem Grant for 30 transitional housing beds for homeless veterans, and a VA Supportive Services for Veteran Families grant, modeled after local HPRP.

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

In NC, youth who are separated from their families are wards of the state. Organizations serving this population in Forsyth County include Youth Opportunities, Catholic Social Services, and The Children's Home (TCH). On the 2011 PIT count, My Aunt's House, a TCH transitional facility for pregnant and parenting teens, sheltered 11 homeless youth. Other youth experiencing homelessness are those aging out of foster care. About 25 youth age out of local foster care each year (20% experience homelessness). A profile of 150 youth (ages 18-24), who aged out of local foster care, shows most are: unemployed and receiving public assistance; single parents if parenting; and engaged in or victims of illegal or high-risk behaviors. These characteristics tie to CoC strategic objectives related to housing stability, income and employment, and homeless households with children.

Thus, the Youth in Transition Community Initiative (YTCI) began in 2009, with a diverse group of members, including DSS, TCH, and Goodwill Industries of NW NC, as well as former/current foster care youth. Together, they have identified barriers, researched programs, and identified service gaps. Goodwill serves as the lead based on its experience with supportive programs for youth (e.g., mentoring, housing support and financial literacy). YTCI is a comprehensive community plan to improve the chances of youth obtaining necessary supports and services to transition into adulthood and avoid homelessness.
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 HHN Reallocation if its Final Pro Rata Need (FPRN) is based on its HHN amount or if it is a newly approved merged CoC that used the Hold Harmless Merger process during the FY2011 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 FY2011 into a new project. New reallocated permanent housing projects may apply under 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) 2010 Achievements

Instructions:
In the FY2010 CoC application, CoCs were asked to propose numeric achievements for each of HUD’s five national objectives related to ending chronic homelessness and moving individuals and families to permanent housing and self-sufficiency through employment. CoCs will report on their actual accomplishments since FY2010 versus the proposed accomplishments.

In the column labeled FY2010 Proposed Numeric Achievement enter the number of beds, percentage, or number of households that were entered in the FY2010 application for the applicable objective. In the column labeled Actual Numeric Achievement enter the actual number of beds, percentage, or number of households that the CoC reached to date for each objective.

CoCs will also indicate if they submitted an Exhibit 1 in FY2010. If a CoC did not submit an Exhibit 1 in FY2010, enter “No” to the question. CoCs that did not fully meet the proposed numeric achievement for any of the objectives should indicate the reason in the narrative section.

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

<table>
<thead>
<tr>
<th>Objective</th>
<th>FY2010 Proposed Numeric Achievement</th>
<th>Actual Numeric Achievement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Create new permanent housing beds for the chronically homeless.</td>
<td>103 Beds</td>
<td>106 Beds</td>
</tr>
<tr>
<td>Increase the percentage of homeless persons staying in permanent housing over 6 months to at least 77%.</td>
<td>93 %</td>
<td>81 %</td>
</tr>
<tr>
<td>Increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 65%.</td>
<td>67 %</td>
<td>64 %</td>
</tr>
<tr>
<td>Increase the percentage of homeless persons employed at exit to at least 20%</td>
<td>34 %</td>
<td>33 %</td>
</tr>
<tr>
<td>Decrease the number of homeless households with children.</td>
<td>45 Households</td>
<td>53 Households</td>
</tr>
</tbody>
</table>
Did the CoC submit an Exhibit 1 application in FY2010? Yes

If the CoC was unable to reach its FY2010 proposed numeric achievement for any of the national objectives, provide a detailed explanation (limit 1500 characters)

The 2010 baseline for objective 2 was 93%, and the CoC proposed to maintain that level over the 12-month period in lieu of setting a lower, more reasonable goal. The decrease is simply due to programs successfully exiting many long-term clients to other PH situations. This created new openings in PH, and thus 86% of the PH clients in housing 6 months or less are new clients who have not exited (only 6 clients exited with short lengths of stay).

For objective 3, the CoC has three TH projects with APRs due to HUD in the next 30 days (i.e., data entry in the new esnaps APR is pending), and the newer data brings the CoC achievement to 78%, which is above the threshold and its proposed 12-month achievement level. The CoC is meeting its goals of moving TH clients to PH.

The CoC proposed to increase objective 4 by 1%. Since this figure is not reported on TAPRs, HUD advised using repeated figures (i.e., data from HUD-40118), so the CoC may or may not have met its achievement level.

The CoC had a slight decrease in homeless households with children from the 2010 to 2011 point-in-time count, but it did not reach its proposed achievement. The CoC is experiencing an increased demand for housing among homeless households with children due to the economy. The CoC is addressing this issue through rapid re-housing initiatives and a new VA-Supportive Services for Veteran Families project. To date the HPRP program has stabilized housing for 449 persons in 221 households.
4B. Continuum of Care (CoC) Chronic Homeless Progress

Instructions:
HUD tracks each CoCs progress toward ending chronic homelessness. In the FY2011 CoC NOFA, chronically homeless 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 last three (3) years.

CoCs are to track changes from one year to the next in the number of chronically homeless persons as well as the number of beds available for this population. CoCs will complete this section using data reported for the FY2009, FY2010, and FY2011 (if applicable) point-in-time counts as well as the data collected and reported on the Housing Inventory Counts (HIC) for those same years. For each year, indicate the total unduplicated point-in-time count of chronically homeless as reported in that year. For FY2009 and FY2010, this number should match the number indicated on form 2J of the respective years Exhibit 1. For FY2011, this number should match the number entered on the Homeless Data Exchange (HDX).

<table>
<thead>
<tr>
<th>Year</th>
<th>Number of CH Persons</th>
<th>Number of PH beds for the CH</th>
</tr>
</thead>
<tbody>
<tr>
<td>2009</td>
<td>119</td>
<td>87</td>
</tr>
<tr>
<td>2010</td>
<td>142</td>
<td>100</td>
</tr>
<tr>
<td>2011</td>
<td>140</td>
<td>106</td>
</tr>
</tbody>
</table>

Indicate the number of new permanent housing beds in place and made available for occupancy for the chronically homeless between February 1, 2010 and January 31, 2011.

6

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, 2010 and January 31, 2011.

<table>
<thead>
<tr>
<th>Cost Type</th>
<th>HUD McKinney-Vento</th>
<th>Other Federal</th>
<th>State</th>
<th>Local</th>
<th>Private</th>
</tr>
</thead>
<tbody>
<tr>
<td>Development</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Operations</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Total</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
</tbody>
</table>
If the number of chronically homeless persons increased or if the number of permanent beds designated for the chronically homeless decreased, please explain (limit 750 characters):
4C. Continuum of Care (CoC) Housing Performance

Instructions:

All CoC funded non-HMIS projects are required to submit an Annual Performance Report (APR), or Transition APR (TAPR) 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, or TAPR, for the most recent operating year. Projects that did not submit an APR, or TAPR, on time must also be included in this calculation.

Complete the table using data entered for Question 12(a) and 12(b) for the most recent submitted APR, Q27 from the TAPR, for all permanent housing projects (SHP-PH, or Sac TRA/SRA/SRO/PRA) within the CoC that should have submitted one. Enter totals in fields a-e. The Total PH percent will auto-calculate by selecting "Save." 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 SHP-PH or S+C projects for which an APR, or TAPR, was required should select "No" if the CoC did not have ANY CoC-funded permanent housing projects operating within their CoC that should have submitted an APR, or TAPR.

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

<table>
<thead>
<tr>
<th>Participants in Permanent Housing (PH)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Number of participants who exited permanent housing project(s)</td>
<td>45</td>
</tr>
<tr>
<td>b. Number of participants who did not leave the project(s)</td>
<td>184</td>
</tr>
<tr>
<td>c. Number of participants who exited after staying 6 months or longer</td>
<td>38</td>
</tr>
<tr>
<td>d. Number of participants who did not exit after staying 6 months or longer</td>
<td>148</td>
</tr>
<tr>
<td>e. Number of participants who did not exit and were enrolled for less than 6 months</td>
<td>36</td>
</tr>
<tr>
<td>TOTAL PH (%)</td>
<td>81</td>
</tr>
</tbody>
</table>
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, or TAPR, for the most recent operating year. Projects that did not submit an APR, or TAPR, on time must also be included in this calculation.

Complete the table below using cumulative data entered for Question 14 on the most recent submitted APR, Q29 on the TAPR, for all transitional housing projects (SHP-TH) within the CoC that should have submitted one. Once amounts have been entered into a. and b. selection “Save.” The Total TH will auto-calculate. The percentage is auto-calculated as: b. divided by a, multiplied by 100. CoCs that do not have 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.

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

<table>
<thead>
<tr>
<th>Participants in Transitional Housing (TH)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Number of participants who exited TH project(s), including unknown destination</td>
<td>682</td>
</tr>
<tr>
<td>b. Number of SHP transitional housing participants that moved to permanent housing upon exit</td>
<td>436</td>
</tr>
<tr>
<td>TOTAL TH (%)</td>
<td>64</td>
</tr>
</tbody>
</table>
**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-SH, SHP-SSO, S+C TRA/SRA/PRA/SRO) that should have submitted an APR (either the HUD-40118 or the HUD APR in e-snaps) 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 recent submitted HUD-40118 APR or Q26 for the HUD APR in e-snaps 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 who exited CoC non-HMIS projects with each source of income. Once amounts have been entered, select "Save" and the percentages will auto-calculate. 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:** 864

<table>
<thead>
<tr>
<th>Mainstream Program</th>
<th>Number of Exiting Adults</th>
<th>Exit Percentage (Auto-calculated)</th>
</tr>
</thead>
<tbody>
<tr>
<td>SSI</td>
<td>102</td>
<td>12</td>
</tr>
<tr>
<td>SSDI</td>
<td>48</td>
<td>6</td>
</tr>
<tr>
<td>Social Security</td>
<td>19</td>
<td>2</td>
</tr>
<tr>
<td>General Public Assistance</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>TANF</td>
<td>90</td>
<td>10</td>
</tr>
<tr>
<td>SCHIP</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Veterans Benefits</td>
<td>9</td>
<td>1</td>
</tr>
<tr>
<td>Employment Income</td>
<td>281</td>
<td>33</td>
</tr>
<tr>
<td>Unemployment Benefits</td>
<td>25</td>
<td>3</td>
</tr>
<tr>
<td>Veterans Health Care</td>
<td>11</td>
<td>1</td>
</tr>
<tr>
<td>Medicaid</td>
<td>260</td>
<td>30</td>
</tr>
<tr>
<td>Food Stamps</td>
<td>465</td>
<td>54</td>
</tr>
<tr>
<td>Other (Please specify below)</td>
<td>141</td>
<td>16</td>
</tr>
<tr>
<td>family/friends, child support, Medicare</td>
<td>123</td>
<td>14</td>
</tr>
</tbody>
</table>

---

Applicant: Winston-Salem/Forsyth County CoC
Project: NC-500 CoC Registration 2011
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 the 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 services; or at least 30% of its permanent full-time employees are currently Section 3 residents of the area of services; 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.

The CoC systematically analyzes APR data for its projects each year and discusses the results of the analysis with project sponsors to identify barriers and strategies for improvement. APR data is used annually as part of the CoC’s project priority rating process. Over the past year the Council and TYP Commission mutually agreed to have the CoC Committee assume responsibility for analyzing the CoC’s mainstream enrollment and participation on a regular basis.

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

Yes

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

The CoC Committee, which has as one of its goals to improve participation in mainstream programs, typically meets on the last Thursday of every month. Since October 2010, meetings were held on 10/28/10, 12/2/10, 1/27/11, 3/31/11, 4/29/11, 5/19/11, 6/23/11, 7/28/11, 8/26/11, and 9/29/11. In addition to the CoC Committee’s work, they are supported by other committee efforts, such as the Health Department’s Mental Health and Homelessness Committee and the Homeless Council. Through these combined efforts, the CoC and its member agencies work diligently to develop income and supports for homeless persons, which includes receipt of benefits from mainstream programs, like SSI, SSDI, TANF, Medicaid, Food Stamps, SCHIP, WIA, and Veterans Health Care as well as other State or Local programs.

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.

annually (every year)

Does the CoC use HMIS as a way to screen for mainstream benefit eligibility?

No

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

Has the CoC participated in SOAR training?

Yes

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

Since July 2010, thirteen members of the CoC, representing nine organizations, have participated in SOAR trainings. Their trainings were held on: July 21-22, 2010; January 24-25, 2011; May 18-19, 2011; and August 16-17, 2011. Also, the CoC has two trained SOAR caseworkers housed at Disability Advocates and PATH Program at Wake Forest Baptist Health. In addition, CenterPoint Human Services (the CoC's LME) is working to have a dedicated SOAR staff member. Through their efforts, the CoC is becoming better at using SOAR to obtain disability income for clients more quickly and educating its member agencies about its success. NCCEH credits our local SOAR efforts with bringing $957,344.58 of income (includes first year of annual income and back pay awarded to applicants) to Forsyth County since June 2, 2010, and also reports that 57 out of 71 (80%) of applications have been approved.
### 4G: Homeless Assistance Providers Enrollment and Participation in Mainstream Programs

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

<table>
<thead>
<tr>
<th>Activity</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Case managers systematically assist clients in completing applications for mainstream benefits. 1a. Describe how service is generally provided:</td>
<td>100%</td>
</tr>
<tr>
<td>Case managers provide individualized services that include assessing eligibility, preparing referral letters, completing applications, assembling documentation, making phone calls to mainstream providers, transporting clients to appointments, setting and monitoring outcome goals, and conducting follow-up to ensure enrollment and receipt of mainstream benefits.</td>
<td></td>
</tr>
<tr>
<td>2. Homeless assistance providers supply transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs.</td>
<td>91%</td>
</tr>
<tr>
<td>3. Homeless assistance providers use a single application form for four or more mainstream programs: 3.a Indicate for which mainstream programs the form applies:</td>
<td>27%</td>
</tr>
<tr>
<td>For those providers using a single application form, the form applies for SSI, SSDI, TANF, Medicaid, Food Stamps, SCHIP, WIA, Veterans Health Care, HUD Housing, Workforce Development, JobLink, WIC, Childcare, Children's Education, Vocational Rehab, and Consumer Credit Counseling.</td>
<td></td>
</tr>
<tr>
<td>4. Homeless assistance providers have staff systematically follow-up to ensure mainstream benefits are received. 4a. Describe the follow-up process:</td>
<td>100%</td>
</tr>
<tr>
<td>Case managers meet with clients on a weekly or biweekly basis to review each client's progress toward achieving goals/objectives in his/her case plan, which includes the receipt and utilization of mainstream benefits. The case manager also will contact the mainstream agency to assess status of application process and ensure its completion.</td>
<td></td>
</tr>
</tbody>
</table>
## Continuum of Care (CoC) Project Listing

### Instructions:

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

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

<table>
<thead>
<tr>
<th>Project Name</th>
<th>Date Submitted</th>
<th>Grant Term</th>
<th>Applicant Name</th>
<th>Budget Amount</th>
<th>Proj Type</th>
<th>Prog Type</th>
<th>Comp Type</th>
<th>Rank</th>
</tr>
</thead>
<tbody>
<tr>
<td>TSA Mental Health...</td>
<td>2011-10-19 20:43:...</td>
<td>1 Year</td>
<td>City of Winston-S...</td>
<td>47,545</td>
<td>Renewal Project</td>
<td>SHP</td>
<td>TH</td>
<td>F</td>
</tr>
<tr>
<td>CPHS SPC</td>
<td>2011-10-19 20:41:...</td>
<td>1 Year</td>
<td>CenterPoint Human...</td>
<td>219,420</td>
<td>Renewal Project</td>
<td>S+C</td>
<td>TRA</td>
<td>U</td>
</tr>
<tr>
<td>HIV Shelter Plus ...</td>
<td>2011-10-19 20:55:...</td>
<td>1 Year</td>
<td>City of Winston-S...</td>
<td>123,948</td>
<td>Renewal Project</td>
<td>S+C</td>
<td>TRA</td>
<td>U</td>
</tr>
<tr>
<td>ESR PSH Case Mana...</td>
<td>2011-10-19 20:45:...</td>
<td>1 Year</td>
<td>City of Winston-S...</td>
<td>22,575</td>
<td>Renewal Project</td>
<td>SHP</td>
<td>PH</td>
<td>F</td>
</tr>
<tr>
<td>Project Homemaker</td>
<td>2011-10-19 21:04:...</td>
<td>1 Year</td>
<td>CenterPoint Human...</td>
<td>51,373</td>
<td>Renewal Project</td>
<td>SHP</td>
<td>PH</td>
<td>F</td>
</tr>
<tr>
<td>TSA Case Management</td>
<td>2011-10-19 20:46:...</td>
<td>1 Year</td>
<td>City of Winston-S...</td>
<td>70,206</td>
<td>Renewal Project</td>
<td>SHP</td>
<td>TH</td>
<td>F</td>
</tr>
<tr>
<td>FS Case Management</td>
<td>2011-10-19 20:50:...</td>
<td>1 Year</td>
<td>City of Winston-S...</td>
<td>49,614</td>
<td>Renewal Project</td>
<td>SHP</td>
<td>TH</td>
<td>F</td>
</tr>
<tr>
<td>CPHS Shelter Plus...</td>
<td>2011-10-19 20:38:...</td>
<td>1 Year</td>
<td>CenterPoint Human...</td>
<td>111,300</td>
<td>Renewal Project</td>
<td>S+C</td>
<td>TRA</td>
<td>U</td>
</tr>
<tr>
<td>FS Hispanic Services</td>
<td>2011-10-19 20:52:...</td>
<td>1 Year</td>
<td>City of Winston-S...</td>
<td>14,663</td>
<td>Renewal Project</td>
<td>SHP</td>
<td>TH</td>
<td>F</td>
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<tr>
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## Attachments

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Attachment Details

**Document Description:** NC-500 Certification of Consistency with the Consolidated Plan