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Overview of Coordinated Entry

The Midlands Area Consortium for the Homeless (MACH) provides collaborative and wide-reaching solutions to homelessness in its 13-county area of Aiken, Allendale, Bamberg, Barnwell, Calhoun, Chester, Fairfield, Lancaster, Lexington, Newberry, Orangeburg, Richland, and York counties in South Carolina. MACH is one of South Carolina's four designated Continuums of Care (CoC) by the U.S. Department of Housing and Urban Development (HUD). United Way of the Midlands (UWM) serves as the CoC Collaborative Applicant and administrator for the CoC's Homeless Management Information System (HMIS). The CoC is supported by staff at UWM, a Board of Directors, and designated Committees. The Policy Committee is the CoC Committee that oversees and ensures compliance with HUD regulations, policy notices, and Coordinated Entry.

The CoC operates a Coordinated Entry System (CES) across the CoC's 13 counties to help people with a housing crisis find help quickly no matter how or where they seek assistance. CES is designed to ensure that all people experiencing homelessness have fair and equal access to housing. The system aims to work with households to understand their strengths and needs, provide a common assessment, and connect them with housing and homeless assistance. Through the use of a standardized assessment and vulnerability screening tool, CES strives to provide assistance to anyone in need and prioritize those with the highest service needs for federally funded housing. The target population of CES are people who meet HUD definition of literal homelessness or at risk of homelessness as defined by HUD. All CoC agencies funded by HUD Continuum of Care, Emergency Solutions Grant (ESG), Projects for Assistance in Transition from Homelessness (*PATH*), Runaway and Homeless *Youth* Program (RHY), Supportive Services for Veterans and their Families (SSVF), Veterans Affairs Supportive Housing (VASH), Veterans Affairs Grant Per Diem (GPD), Cooperative Agreement to Benefit Homeless Individuals (CABHI), and United Way of the Midlands funding are required to participate in CES, and all CoC homeless serving agencies and supportive service providers are invited and are critical components in the system.

The CES operates with the following guiding principles:

- ✓ Promote client-centered practices by ensuring every person experiencing homelessness is treated with dignity, offered at least minimal assistance, and participates in their own housing plan. Provide ongoing opportunities for client participation in the development, oversight, and evaluation of coordinated entry. People should be offered a choice whenever possible.
- ✓ Prioritize the most vulnerable (most vulnerable is determined by the MACH Vulnerability Assessment) as the primary factor among many considerations. Limited resources should be directed first to persons and families experiencing homelessness who are most vulnerable.
- ✓ Eliminate barriers to housing access by identifying system practices and individual project eligibility criteria which may contribute to excluding clients from services and work to eliminate those barriers.
- ✓ Promote transparency by making thoughtful decisions and communicating policies and procedures openly and clearly.
- ✓ Promote collaborative and inclusive planning and decision-making practices.
- ✓ Use cultural and linguistically competent practices that reduce cultural and linguistic barriers to housing and services for special populations.

MACH's CES provides a structured process for entry, assessment, scoring, prioritization, determining eligibility, and referral for homeless housing and services. The goal is to efficiently and fairly allocate resources by prioritizing severity of service needs and vulnerability in combination with the MACH Coordinated Entry System Policy and Procedures.

Coordinated Entry and Prioritization: Basic Procedures

MACH utilizes a "No Wrong Door" approach for the Coordinated Entry System (CES) that allows access to referrals and services at any point in the Continuum across all of MACH's 13 counties. CES utilizes a phased system that includes:

- Screening for diversion or prevention
- Assessing shelter and other emergency needs
- Identifying housing resources and barriers
- Evaluating vulnerability to prioritize assistance

CES conducts a brief agency screening to assess emergency needs and identify appropriate housing resources. A more in-depth vulnerability screening, The MACH Vulnerability Assessment, (see Appendix O) is conducted when a client meets HUD definition of literal homelessness. The assessment can be used for individuals, family, and youth. Agency providers will be required to attend annual training on CES policies and procedures, including use of the MACH Vulnerability Assessment. The CoC utilizes a single client prioritization listing for housing placements and case conferencing meetings to fully discuss client needs related to housing and services.

MACH's CES is available to all eligible persons regardless of race, color, national origin, religion, sex, age, familial status, disability, or marital status.

MACH's CES prohibits screening people out of programs due to perceived barriers related to housing or services, including, but not limited to, too little or no income, active or a history of substance use, domestic violence history, resistance to receiving services, the type or extent of disability-related services or supports that are needed, history of evictions or poor credit, lease violations or history of not being a leaseholder, or criminal record with exceptions for state or local restrictions that prevent projects from serving people with certain convictions.

MACH's CES uses the following privacy protections:

1. Agencies must receive written participant consent (preferred) or verbally implied consent to share and store participant information for purposes of assessing and referring participants through the coordinated entry process.
2. Participants must also be free to decide what information they provide during the assessment process.
3. CoCs are prohibited from denying assessment or services to a participant if the participant refuses to provide certain pieces of information, unless the information necessary to establish or document program eligibility per the applicable program regulation.
4. Agencies are also prohibited from denying services to participants if the participant refuses to allow their data to be shared unless Federal statute requires collection, use, storage, and reporting of a participant's personally identifiable information (PII) as a condition of program participation.

5. Participants may not be denied access to the coordinated entry process on the basis that the participant is or has been a victim of domestic violence, dating violence, sexual assault, or stalking. Further, 578.103(b) requires that records containing PII are kept secure and confidential, and the address of any family violence project is not made public.
6. The assessment and prioritization process cannot require disclosure of specific disabilities or diagnoses. Specific diagnosis or disability information may only be obtained for purposes of determining program eligibility to make appropriate referrals.
7. Participants must be informed of the ability and process to file a nondiscrimination complaint with both MACH and the Office of Fair Housing and Equal Opportunity (FHEO).

MACH's CES programs and access points must be accessible to individuals with disabilities, including accessible physical locations for individuals who use wheelchairs, as well as people in the CoC who are least likely to access homeless assistance.

Additional details about MACH's Coordinated Entry System can be found in MACH's CES Policies and Procedures (Appendix A).

Strategies for Preventing Homelessness: CoC and ESG Funded Programs

MACH proactively works to help low-income individuals and families avoid entering the homeless response system when other feasible and safe housing alternatives are present. Diversion is defined as attempts to intervene before a person experiences homelessness (see Appendix B: Diversion Handout). Successfully administering diversion techniques and emphasizing a preventative approach during initial service interactions with people experiencing a housing crisis will ensure that those who receive assistance are most likely to become homeless without CoC intervention. MACH and its members seek to promote an inclusive, client-focused standard of service provision for all. Additionally, by incorporating a standardized assessment and prioritization tool to codify potential clients with the most appropriate service need, MACH will effectively be able to prioritize those in need by severity of need rather than the traditional first come first serve methodology.

The Coordinated Entry System (CES), which provides both a virtual and physical, "front door" into the homeless services system, will rely on prevention and diversion techniques to ensure that CoC resources are appropriately allocated to those in most vulnerable first.

I. Diversion

Programs will attempt diversion before administering prevention assistance. MACH considers this to be good stewardship and the proper allocation of resources according to the intentions of the program. This strategy does not imply that individuals or families in lesser need will not be assisted, instead; it merely states that before administering assistance for homeless prevention, the provider will diligently explore all other options in an attempt to direct the potential client towards other resources that could accomplish the same end. Prevention funding should be allocated only after these diversion attempts have been completed.

II. Service Prioritization

Programs with homeless prevention funding will prioritize services for individuals and families who are most at risk of experiencing homelessness without assistance. Before providing financial support, programs will implement diversion strategies to help those who may be able

to remain housed through the support of friends, family, or other community resources. For households without access to such support, a prevention assessment tool will be used to determine eligibility and prioritize them for homeless prevention services.

III. HMIS Use

All Programs are required to use the standard Homeless Management Information System (HMIS) for recordkeeping and to facilitate participation in CES. HMIS allows the provider to evaluate and improve data accuracy. Participation will ensure that potential-assistance recipients will be connected with a coordinated, geographically expansive, and well-targeted platform for people in need to efficiently access services that will most likely pair with their individual needs.

IV. Monitoring

Programs will be required to participate in the Emergency Solutions Grant (ESG) Monitoring Process. Data on ESG funded Prevention Services will be shared with the State Office of Administration. Additionally, MACH will consider HMIS data quality, program performance, CES and HMIS use, and MACH participation in granting certification for ESG applications for funding.

V. Participation in Coordinated Entry

HUD funded programs must participate in MACH's CES. Upon initial contact with a person at risk of homelessness, the provider will attempt to divert the person to other available resources outside of CoC assistance. Examples of diversion techniques and basic diversion services may include but are not limited to seeking assistance from family or friends, asking church members or mission programs for help, landlord mediation, budgeting skills, and referrals to Programs that help with finding affordable housing. Individuals and families will be assessed through CES, which utilizes a universal assessment tool and scripting process that emphasizes diversion in the first interaction, MACH will ensure that prevention funding is prioritized to those individuals and families who are most at risk of becoming homeless without CoC assistance.

VI. Individualized Stability Plan

Programs will be required to be offered the opportunity to develop a voluntary and personalized individualized stability plan within 14 days of enrollment. This plan is intended to identify barriers to housing stability, define participant centered goals and action steps, clarify participant and program responsibilities and provide a roadmap for case management that is revisited and updated as needed.

VII. Outreach

MACH's street outreach workers (also a method of CES entry) must be trained to know prevention resources and will focus on offering assistance to sub populations that are commonly considered difficult to engage. MACH's array of talented outreach professionals, although primarily focused on the unsheltered homeless, will often interact with individuals or families in need of prevention assistance. To ensure that the outreach worker can connect the persons in need with the most appropriate resource, MACH outreach workers will be trained in the CES and the best practices of an initial interaction during the process of assessment and referral using CES.

VIII. Discharge from Institutions

Programs will actively target people exiting institutions. MACH strives to provide a comprehensive approach to reducing homelessness. A well-advertised and geographically expansive statewide CES, coupled with experienced outreach workers and case managers with established community relationships, will provide opportunities for people exiting prisons, hospitals, foster care, or treatment facilities to use prevention resources and ultimately avoid an entry into the homeless system upon their release and/or discharge.

Standards and Expectations by Housing Type: CoC and ESG Funded Programs

Emergency Shelter Programs – ESG Funded

Programs serve an important role, especially in “front door” interactions with individuals and families experiencing homelessness. Programs can be immensely effective for engaging potential clients as these facilities may often facilitate the assessment and referral process for the CES. MACH will continue to support the use of these facilities throughout our area because the need for affordable housing, PSH, RRH, and Joint TH/RRH far outweigh the current inventory. MACH also recognizes and will support the unique service that Emergency Shelter Programs provide, especially during periods of severe weather, by offering an alternative for unsheltered homeless people. These clients are often difficult to find, engage, and are often unlikely to seek services. They may also, however, have the longest history of homelessness combined with the most severe level of need. MACH will work to build its capacity and develop an infrastructure that will focus on best practices in permanent housing. While programs are free to establish their own eligibility criteria, *the CoC strongly encourages a reduction in barriers to entry*. Emergency shelter providers will pilot solutions rooted in established best practices and local success.

- Programs will enter clients meeting HUD definition of literal homelessness into CES.
- Participants will meet the HUD definition of homelessness.
- Programs will participate in the CoC HMIS system (unless it is a domestic violence facility).
- Programs will provide current eligibility guidelines to the CoC.

Joint Transitional Housing/Rapid Rehousing Providers (Joint TH/RRH)

Exits from Joint TH/RRH programs in which a return to homelessness or an exit to a Program must be considered an undesirable and last result. Programs should utilize a harm reduction model to minimize these occurrences.

- a. If ESG or CoC funded, participants will meet the HUD definition of homelessness.
- b. Programs will fill programmatic vacancies from CES referrals.
- c. A Client’s maximum length of stay cannot exceed 24 months.
- d. Assistance in transitioning to permanent housing is provided.
- e. Support services or case management are offered throughout the duration of stay in transitional housing.
- f. Program participants in transitional housing will enter into a lease or program agreement for a term of at least one month. The lease is automatically renewable upon expiration, except on prior notice by either party, up to a maximum term of 24 months.
- g. Programs will alert the CoC to changes in program eligibility or requirements. Additionally, vacancies and available units should also be communicated as they become available to aid in keeping the CES updated and accurate. Programs will facilitate the movement of homeless individuals and families to permanent housing within 24 months of entering the program.

Rapid Rehousing Providers: CoC and ESG Funded

Rapid Rehousing (RRH) Programs provide housing relocation and stabilization services including short- or medium-term rental assistance to help a homeless individual or family move from homelessness to permanent housing as quickly as possible.

a. Head of Household

Program participants or the head of household must meet the HUD definition of literal homelessness.

b. Prioritization of Families with Dependents

MACH supports RRH as a best practice to end episodes of homelessness for families with dependent children and in addition to those who have the most severe service needs, MACH will prioritize this subpopulation when generating referrals derived from the CES using the Prioritization Policy.

c. Participant Rent Contributions

Participants are required to contribute at least 30% of their adjusted gross income (AGI) toward rent beginning in month two of program participation. To support initial housing placement, the RRH program will pay up to 100% of the following costs for eligible units:

- First month's rent
- Last month's rent (if required by the lease)
- Security deposit
- Utility deposits

As participant income increases, rent contributions may also increase. If a participant's contribution, based on 30% of AGI, is equal to or exceeds the monthly rent, the participant may assume full responsibility for rent. In such cases, case managers must document the change and assess whether continued RRH financial assistance is still appropriate.

Participant income and rent contributions must be reassessed whenever income changes and at minimum annually. All rent determinations and adjustments must be documented in the case file with updated income calculations.

d. Clients with No Income or Temporary Financial Hardship

RRH programs recognize that participants may experience temporary income instability or financial hardship.

If a participant is temporarily unable to contribute to rent due to a documented emergency (e.g., sudden income loss, medical emergency, job transition), the RRH provider must assess and authorize a short term suspension or reduction of rent contributions. This decision must be reviewed monthly and documented in the case file with:

- A written explanation of the hardship
- Supporting documentation (e.g., termination notice, medical letter)
- Supervisor approval or record of internal review
- A timeline for reassessment

In cases where participants have income but are experiencing challenges with budgeting or financial literacy, providers may temporarily delay or reduce the participant's rent contribution for up to 60 days. This flexibility must include:

- A voluntary financial literacy or budgeting support plan
- Monthly review
- Documentation of the identified barrier, proposed support strategy, and reassessment date

If a participant has no regular and sustainable income, the program may pay up to 100% of the rent. These cases must include:

- An individualized stability plan, and
- Intensive case management, with biweekly contact and clearly documented efforts to increase income and promote long term housing independence, in alignment with HUD and Office of Economic Opportunity (OEO) expectations.

All subsidy decisions must be documented in the participant file, as outlined in this policy.

e. Case Plan and Supportive Services

All RRH participants will be offered the opportunity to work with a case manager to develop a voluntary and personalized individualized stability plan within 14 days of enrollment. This plan is intended to:

- Identify barriers to housing stability (e.g., employment, childcare, mental health, transportation)
- Define participant centered goals and action steps.
- Clarify participant and program responsibilities (including rent contributions)
- Provide a roadmap for case management that is revisited and updated as needed.

The individualized stability plan is not a requirement for receiving assistance, but it is strongly encouraged as best practice. If a participant chooses not to engage in formal case planning, the case manager must still provide ongoing supportive services tailored to the participant's needs and preferences. Failure to engage in case planning should be addressed through supportive engagement strategies, not punitive measures.

All case management interactions, participant engagement efforts, and progress should be documented in the case file, in accordance with this policy.

Permanent Supportive Housing

MACH acknowledges that the most proven and effective manner of solving chronic homelessness is through facilitating the development of more affordable housing units and increasing the supply of Permanent Supportive Housing (PSH) units in the continuum.

- Programs will prioritize existing PSH beds, upon turnover, to people experiencing chronic homelessness.
- MACH, as a CoC, is committed to increasing the number of beds dedicated to people experiencing chronic homelessness over time.
- Programs will prioritize program vacancies to serve those experiencing the highest severity of needs and best match for available unit(s) according to the board approved Housing Prioritization policy.

Housing Prioritization Policy

I. Purpose and Philosophy

MACH is a strong continuum of care with excellent and effective homeless service providers. Unfortunately, resources are limited, and there is not enough housing and shelter to meet demand. As a result, the most vulnerable people often remain unserved or do not succeed with traditional services, causing them to continue to experience homelessness. Thus, in accordance with the HUD CoC Program regulations, MACH has developed and agreed to the **following Written Standards for prioritization of permanent supportive housing, rapid rehousing, and joint transitional housing/rapid rehousing funded under the HUD CoC or ESG programs and their sub recipients**. These standards support MACH's existing Coordinated Entry infrastructure, ensuring that people experiencing homelessness are referred to the most appropriate and effective services.

II. Special Considerations and Exceptions for All Housing Types

While it is the responsibility of MACH to serve all people experiencing homelessness, the following exceptions are allowed for CoC (all) and ESG (RRH only) funded programs as "special exceptions."

- a. Geography: Clients cannot be denied housing placement if located in an area of the CoC. In order to ensure that clients in rural counties have access to housing, priority for housing placement will be given to people experiencing homelessness living in the same county as the service provider's location, provided that they:
- b. are experiencing chronic homelessness (PSH requirement)
- c. are highest priority based on assessment score in the recommended program
- d. Funded population: If a project is funded by HUD to serve a particular population such as Veterans or survivors of domestic violence, they must follow this protocol and choose the highest scoring person who satisfies their project criteria.
- e. Housing placement will be based on eligibility for a unit.

III. Transfer Policy

For permanent supportive housing and rapid rehousing programs out of CoC transfers will not be considered. For transfers within the 13-county CoC area, client transfers between programs will be considered on a case-by-case basis and supporting documentation should be maintained indicating a client/voucher transfer outside the Coordinated Entry System.

CoC and ESG funded programs will abide by all HUD VAWA Emergency Transfer policy. HUD's Form 5383 of an Emergency Transfer Plan can be found in Appendix K.

IV. Permanent Supportive Housing Programs

Permanent Supportive Housing (PSH) Programs provide housing and supportive services to assist people who have a disability and are experiencing chronic homelessness to live independently. The goal of this policy is to ensure that people experiencing chronic homelessness are prioritized for placement into PSH Programs.

- a. PSH Eligibility Criteria
 - i. For dedicated PSH beds, participants must be homeless according to HUD's definition of chronically homeless.
 - ii. Case management must be made available to clients but is not required for participation in housing.
 - iii. Clinical services may be made available, but acceptance is not required for participation.

- b. The Vulnerability Assessment will be used to assess a participant's vulnerability and degree of service usage.
- c. Participants must have a Vulnerability Assessment score of 17 or higher for individuals and 21 or higher for families in order to be considered for PSH.

V. PSH Prioritization Order

CoC Program-funded PSH Programs agree to prioritize housing assistance according to Vulnerability Assessment scores. These scores will be used to measure severity of service needs, thus satisfying HUD's priority requirement of Notice CPD-016-11. Case conferencing to determine the best match between clients and available units will be used when tiebreakers are necessary. Case managers will communicate tiebreaker situations with the CoC Director and/or CES Specialist and document case conferencing. The person with the highest Vulnerability Assessment score will be matched to the provider with bed availability with the following factors.

For programs with housing dedicated or prioritized to people experiencing chronic homelessness:

Clients will be prioritized on the CoC's Prioritization List based on their chronic homelessness status and the severity of their service needs, as determined by their Vulnerability Assessment score. Recipients of CoC funded Permanent Supportive Housing (PSH) must adhere to this order of priority when selecting participants, in accordance with the requirements of their current grant agreement and these Written Standards.

VI. Joint Transitional Housing/Rapid Rehousing Programs

Joint Transitional Housing/Rapid Rehousing Programs provide housing for an extended period of time. The goal of this policy is to ensure that people with the longest histories of homelessness are placed into transitional housing before others with lower housing barriers.

- a. TH Eligibility Criteria
 - i. Participants must be homeless according to HUD's definition, including those fleeing domestic violence and at imminent risk.
 - ii. The Vulnerability Assessment will be used to help determine a participant's vulnerability and degree of service usage. If a participant chooses not to complete a Vulnerability Assessment, providers may complete an assessment on their behalf by estimating the appropriate responses in order to ensure that they are included in MACH's prioritization list.
 - iii. Participants should have a Vulnerability Assessment score of up to 16 for individuals or up to 20 for families. Scoring higher would qualify for PSH.

VII. TH Prioritization Order

Programs will prioritize admissions according to Vulnerability Assessment scores; when a TH bed becomes available, MACH will refer the person with a score of 8-24 or higher on the Vulnerability Assessment list, to the provider with bed availability. While people scoring 25 and higher are traditionally recommended for permanent supportive housing, programs retain the option to take someone scoring higher than 24 if they believe that person will succeed in their Program with the understanding they lose their chronically homeless status (if applicable) and limiting exit strategies such as PSH in the future.

VIII. Rapid Rehousing Programs

Rapid rehousing programs will serve clients using the Prioritization List. Rapid rehousing is ideally utilized for those individuals scoring up to 16 or families scoring up to 20 on the Vulnerability Assessment;

however, it can be used for clients scoring over those ranges, if accompanied by an appropriate housing intervention. Rapid Rehousing programs can house clients scoring within those bands without regard to where they fall on the prioritization list.

If a client is housed using Rapid Rehousing, but the case manager recommends remaining on the prioritization list for Permanent Supportive Housing (PSH) placement, contact the HMIS Manager or member of the CoC Team to remain on the list.

IX. Diversion

Diversion is defined as attempts to intervene before a person becomes homeless. All clients should be asked diversion questions prior to initiating a housing placement intake. Diversion techniques should be utilized to assist those with lower barriers remain safely housed rather than enter the homeless response system. Diversion includes strategies such as asking if the person can safely stay where they are currently living (even if doubled up or precarious). Additional strategies may include landlord mediation, prevention, or case management to help address housing barriers such as under or unemployment, etc. All clients should be asked diversion questions prior to initiating a housing placement intake. Service providers with ESG homeless prevention funding should complete the Diversion Assessment and a HP CES Entry to ensure proper prioritization of HP funding.

X. Referral and Recordkeeping Requirements for Use of Prioritization

- a. PSH programs will review MACH's prioritization list to identify the next person on the list based on Section IV's Prioritization Policy and contact the CoC Director for assistance, when needed. RRH programs will review MACH's Prioritization List to identify clients within the appropriate scoring band (listed in above Housing Prioritization Policy).
- b. Once identifying a person(s), the agency must contact him or her to determine interest in housing. If the highest-ranking person cannot be found within **3 business days**, the Program may move onto the next person on the list and follow this process until someone is contacted and the bed is filled. Programs must document their efforts at contacting people in HMIS and client records.
- c. If the identified person is interested, the Program will begin project specific eligibility screening and documentation. If the person is ineligible, the HMIS record should be updated to reflect this and prevent additional ineligible referrals to that Program. This can be done by provider staff or by CoC HMIS staff.
- d. If the person is eligible, he or she should be admitted to the Program and have an entry recorded in HMIS then contact CoC HMIS Staff to remove the client from the prioritization listing.
- e. For client files, Programs must document the MACH Vulnerability Assessment score and selection reasons including the client's placement on the CoC Prioritization listing.
- f. If the person is denied, he or she will be added to a roster of clients to be reviewed by case conferencing to review people's housing barriers and identify other resources. The MACH Policy will review agency adherence to Prioritization Policy.
- g. The by-name prioritization list of individuals and families experiencing homelessness will be generated from HMIS. After 60 days of interim updates to the CES Entry on HMIS including an updated Vulnerability Score an individual or family will be removed from the next regularly shared Prioritization List.

XI. Fair Housing and Equal Opportunity

It is the policy of the CoC to comply fully with all federal, state, and local nondiscrimination laws and to operate in accordance with the rules and regulations governing Fair Housing and Equal Opportunity in housing and employment. The CoC, including its recipients and subrecipients, shall not on account of race, color, sex, religion, national origin, family status, disability or age deny any family or individual the opportunity to apply for or receive assistance under HUD's Programs. All recipients and sub-recipients of ESG and CoC funding must comply with the requirements for equal opportunity, nondiscrimination, and affirmatively furthering fair housing as outlined in Section 578.93 of the Continuum of Care Program interim rule and any applicable ESG regulations & inform participants of their rights as applicable. For more information on how to support clients in filing a housing discrimination complaint please go to <https://www.hud.gov/fairhousing/fileacomplaint>.

XII. Policy Review and Stakeholder Feedback

MACH will review the Coordinated Entry Policies and Procedures at least biannually in order to accommodate new or changed mandates from HUD and evaluate the needs of the current population of people experiencing homelessness. The MACH Policy Committee will ensure the review occurs via their standing committee meetings or through a CES subcommittee formed from the Policy Committee. Training on Coordinated Entry will be conducted at least annually including client centered practices such as cultural and linguistic competency. At least biannually, feedback will be solicited on the effectiveness of CES from CES active stakeholders including, but not limited to surveys, one-on-one or group input session, and focus groups. Consumer feedback will also be included in this process. MACH's Policy Committee and CoC staff will review stakeholder feedback for updates to policies and procedures.

Appendices Overview

To promote accuracy and alignment with current federal guidance, many appendices within this document have been revised to include summary descriptions and direct links to official HUD resources. This approach ensures that users are accessing the most up-to-date policies, forms, and definitions as maintained by HUD, while also reducing the potential for outdated or duplicative content.

At the same time, content that is frequently used for eligibility determinations, program monitoring, or day-to-day operations - such as definitions of chronic homelessness or required documentation for verification - has been retained in full or summarized in detail to support ease of reference for frontline staff and program administrators ("Quick Reference").

At-a-Glance

Appendix	LINK	Brief Description
Appendix A: Glossary of Terms	Appendix A: Glossary of Terms	This appendix provides definitions of key terms used throughout CoC's Written Standards. For the most current and complete list of terms, refer to the HUD Exchange Glossary.
Appendix B: Homeless Eligibility Criteria	Homeless Eligibility – CoC At A Glance – Virtual Binders	To receive CoC funded assistance, individuals or families must meet HUD's definition of homelessness. The four categories of homelessness, along with their associated eligibility and documentation requirements, are outlined in HUDs official guidance.
Appendix C: Chronic Homeless Definition	Chronic Homelessness Status – CoC At A Glance – Virtual Binders	Certain CoC housing programs require participants to meet the definition of 'chronically homeless.' This includes criteria related to disability, duration, and frequency of homelessness. For current guidance, refer to HUDs definition and flowchart.
Appendix D: Homeless Verification	Flowchart of HUD's Definition of Chronic Homelessness	HUD requires that projects document a participant's homeless status using a specific order of evidence. This appendix summarizes those requirements, consistent with HUDs published verification standards.
Appendix E: Disability Verification	Disability Definition – CoC At A Glance – Virtual Binders	Participants in Permanent Supportive Housing must have a documented disability that meets HUDs definition. This appendix outlines acceptable forms of documentation in accordance with HUD guidance.
Appendix G: Lead-Based Paint Inspection Requirements	Brochures: Protect Your Family from Lead in Your Home (English) US EPA (other languages available) Training: https://apps.hud.gov/offices/lead/training/visualassessment/h00101.htm	HUD regulations require lead-based paint visual assessments and disclosures for units built before 1978 that house children under age six. This appendix summarizes HUDs inspection requirements and available training resources.
Appendix H: Comparison of RRH under ESG and CoC	Appendix H: Comparison	While both ESG and CoC programs offer Rapid Rehousing assistance, the eligible costs, requirements, and documentation differ. This appendix summarizes the key distinctions as defined by HUD regulations.

Appendix I: Diversion	Link to National Alliance to End Homelessness (NAEH) guidance • Link: Improving Homeless Response Systems Through Diversion and Problem-Solving - National Alliance to End Homelessness	Diversion is a client-centered strategy used at the front door of the shelter system to help households quickly identify safe, alternative housing arrangements—such as staying with family or friends—before entering a shelter. It involves housing-focused problem-solving, connection to community support, and flexible assistance. This approach is widely recognized as one of the most impactful community level homelessness interventions, and is described in detail by the National Alliance to End Homelessness
Appendix J: VAWA Forms and Protections	Your Rights Under the Violence Against Women Act (VAWA) HUD.gov / U.S. Department of Housing and Urban Development (HUD)	The Violence Against Women Act (VAWA) provides housing protections for victims of domestic violence, dating violence, sexual assault, or stalking. This appendix includes official HUD forms and policies used to ensure VAWA compliance. This resource includes an overview of protections, training tools, and frequently asked questions for both providers and tenants.
➔	HUD – 5380: Notice of Occupancy Rights under VAWA 5380.docx	Provides tenants and applicants with a summary of their housing rights under the Violence Against Women Act, including protections against denial, eviction, or termination due to their status as a survivor.
➔	HUD – 5382: Certification of Domestic Violence, Dating Violence, Sexual Assault, or Stalking 5382.docx	Allows tenants or applicants to self-certify their status as a survivor to access protections and remedies under VAWA. It may be submitted in response to a housing provider’s request for documentation.
➔	HUD – 5381: Emergency Transfer Plan (MACH Specific)	Outlines internal and external transfer procedures housing providers must adopt or adapt.
➔	HUD – 5383: Emergency Transfer Request Form 5383.docx	Provides a structured form for tenants to formally request an emergency transfer due to domestic violence, dating violence, sexual assault, or stalking. Includes basic incident details and contact information while preserving confidentiality.
Appendix K: MACH Vulnerability Assessment (MVA)	MACH Vulnerability Assessment (for informative purposes only - not LIVE) (Information Only!)	This locally developed tool is used by the Midlands Area Consortium for the Homeless (MACH) to assess client vulnerability and service needs for Coordinated Entry prioritization. It replaces the VI-SPDAT and is aligned with MACH’s written standards to ensure a trauma-informed, equitable, and locally relevant approach to assessing housing needs across project types.

QUICK REFERENCE: Four Categories of the Homeless Definition

Category 1: Literally Homeless

Individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:

1. Has a primary nighttime residence that is a public or private place not meant for human habitation; **or**
2. Is living in a publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state and local government programs); **or**
3. Is exiting an institution where (s)he has resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution.

Note: An individual or family only needs to meet one of the three subcategories to qualify as Homeless Category 1: Literally Homeless.

Category 2: Imminent Risk of Homelessness

An individual or family who will imminently lose their primary nighttime residence, provided that:

1. Residence will be lost within 14 days of the date of application for homeless assistance;
2. No subsequent residence has been identified; *and*
3. The individual or family lacks the resources or support networks needed to obtain other permanent housing.

Note: Includes individuals and families who are within 14 days of losing their housing, including housing they own, rent, are sharing with others, or are living in without paying rent.

Category 3: Homeless Under Other Federal Statutes

Unaccompanied youth under 25 years of age, or families with Category 3 children and youth, who do not otherwise qualify as homeless under this definition, but who:

1. Are defined as homeless under the other listed federal statutes;
2. Have not had a lease, ownership interest in permanent housing during the 60 days prior to the homeless assistance application;
3. Have experienced persistent instability as measured by two moves or more during in the preceding 60 days; and
4. Can be expected to continue in such status for an extended period of time due to special needs or barriers

Note: HUD has not authorized any CoC to serve the homeless under Category 3. HUD determines and approves the use of CoC Program funds to serve this population based on each CoC's Consolidated Application. See [24 CFR 578.89](#). Individuals and families that qualify as homeless under Category 3 may be served by the ESG program if they meet required eligibility criteria for certain ESG components.

Category 4: Fleeing/Attempting to Flee Domestic Violence

Any individual or family who:

1. Is fleeing, or is attempting to flee, domestic violence;
2. Has no other residence; and
3. Lacks the resources or support networks to obtain other permanent housing

Note: For the purposes of this binder, "Domestic Violence" includes dating violence, sexual assault, stalking, and other dangerous or life-threatening conditions that relate to violence against the individual or family member that either takes place in, or him or her afraid to return to, their primary nighttime residence (including human trafficking).

QUICK REFERENCE: At Risk of Homelessness

At Risk of Homelessness

The status “at risk” of homelessness applies to ESG grant recipients and any CoC recipient carrying out homeless prevention activities. This should not be confused with “imminent risk” of homelessness (Category 2) status for CoC grant recipients.

At Risk" of Homelessness

“At risk” of homelessness is defined under § 576.2 of the ESG Program Interim Rule and § 578.3 of the CoC Program Interim Rule.

Category 1: At Risk of Homelessness

1. An individual or family who:

1. Has an annual income below 30 percent of Median Family Income (MFI) for the area, as determined by HUD;
2. Does not have sufficient resources or support networks, (e.g., family, friends, faith-based or other social networks), immediately available to prevent them from moving to an emergency shelter or another place described in paragraph (1) of the “homeless” definition in this section; and
3. Meets one of the following conditions:
 1. Has moved because of economic reasons two or more times during the 60 days immediately preceding the application for homelessness prevention assistance;
 2. Is living in the home of another because of economic hardship;
 3. Has been notified in writing that their right to occupy their current housing or living situation will be terminated within 21 days after the date of application for assistance;
 4. Lives in a hotel or motel and the cost of the hotel or motel stay is not paid by charitable organizations or by Federal, State, or local government programs for low-income individuals;
 5. Lives in a single-room occupancy or efficiency apartment unit in which there reside more than two persons or lives in a larger housing unit in which there reside more than 1.5 persons reside per room, as defined by the U.S. Census Bureau;
 6. Is exiting a publicly funded institution, or system of care (such as a health-care facility, a mental health facility, foster care or other youth facility, or correction program or institution); or
 7. Otherwise lives in housing that has characteristics associated with instability and an increased risk of homelessness, as identified in the recipient’s approved consolidated plan.

Category 2: At Risk of Homelessness

A child or youth who does not qualify as “homeless” under this section, but qualifies as “homeless” under Section 387(3) of the Runaway and Homeless Youth Act ([42 U.S.C. 5732a\(3\)](#)), Section 637(11) of the Head Start Act ([42 U.S.C. 9832\(11\)](#)), Section 41403(6) of the Violence Against Women Act of 1994 ([42 U.S.C. 14043e–2\(6\)](#)), Section 330(h)(5)(A) of the Public Health Service Act ([42 U.S.C. 254b\(h\)\(5\)\(A\)](#)), Section 3(m) of the Food and Nutrition Act of 2008 ([7 U.S.C. 2012\(m\)](#)), or Section 17(b)(15) of the Child Nutrition Act of 1966 ([42 U.S.C. 1786\(b\)\(15\)](#)).

Category 3: At Risk of Homelessness

A child or youth who does not qualify as “homeless” under this section, but qualifies as “homeless” under Section 725(2) of the McKinney- Vento Homeless Assistance Act ([42 U.S.C. 11434a\(2\)](#)), and the parent(s) or guardian(s) of that child or youth if living with her or him.

QUICK REFERENCE: Chronic Homelessness

The definition of chronically homeless is:

- A homeless individual with a disability as defined in section 401(9) of the McKinney-Vento Assistance Act (42 U.S.C. 11360(9)), who:
 - Lives in a place not meant for human habitation, a safe haven, or in an emergency shelter, and
 - Has been homeless and living as described for at least 12 months* or on at least 4 separate occasions in the last 3 years, as long as the combined occasions equal at least 12 months and each break in homelessness separating the occasions included at least 7 consecutive nights of not living as described.
- An individual who has been residing in an institutional care facility for less, including jail, substance abuse or mental health treatment facility, hospital, or other similar facility, for fewer than 90 days and met all of the criteria of this definition before entering that facility**;
- A family with an adult head of household (or, if there is no adult in the family, a minor head of household) who meets all of the criteria of this definition, including a family whose composition has fluctuated while the head of household has been homeless.

*A “break” in homeless is considered to be 7 or more nights.

**An individual residing in an institutional care facility does not constitute a break in homelessness. An institutional care facility includes jail, substance abuse treatment center, mental health treatment facility, hospital, or other similar facility.

QUICK REFERENCE: Defining and Documenting Disability

A qualifying disability for CoC program admission is defined as having one or more of the following:

- Physical, mental, or emotional impairment
- Developmental disability
- HIV/AIDS

Disability verification is only required at the participant's project entry into PSH and does not need to be recertified for the person to continue receiving assistance.

Physical, Mental, or Emotional Impairment: Is a physical, mental, or emotional impairment, which includes impairments caused by alcohol and drug abuse, post-traumatic stress disorder or brain injury that:

- Is expected to be long-continuing or of indefinite duration; AND
- Substantially impedes the individual's ability to live independently; AND
- Could be improved by the provision of more suitable housing conditions.

Developmental Disability: Is a severe, chronic disability that:

- Is attributable to a mental or physical impairment or combination of mental and physical impairments;
- Is manifested before the individual attains age 22;
- Is likely to continue indefinitely;
- Results in substantial function limitations in three or more of the following:
 - Self-care;
 - Receptive and expressive language;
 - Learning;
 - Mobility;
 - Self-direction;
 - Capacity for independent living; OR
 - Economic self-sufficiency.
- Reflects the individual's need for a combination and sequence of special, interdisciplinary, or generic services, individualized supports, or other forms of assistance that are of lifelong or extended duration and are individually planned and coordinated; or
- An individual ages birth to age nine, who has a substantial developmental delay or specific congenital or acquired condition, may be considered to have a developmental disability without meeting three or more of the criteria above if the individual, without services and supports, has a high probability of meeting these criteria later in life.

HIV/AIDS: The disease of acquired immunodeficiency syndrome (AIDS) or any condition arising from the etiologic agency for acquired immunodeficiency syndrome.

QUICK REFERENCE: Disability Documentation Requirements

Documentation of disability is required to determine PSH eligibility. The following forms of disability status documentation are acceptable to determine PSH eligibility:

- Written verification from a professional who is licensed by the state to diagnose and treat the identified condition; OR
- Documentation must state that the disability:
 - Is expected to be of long-continuing or indefinite duration; AND
 - Substantially impedes the individual's ability to live independently; AND
 - Could be improved by the provision of more suitable housing conditions.
- Written verification from the Social Security Administration (SSA) of a qualifying disability; OR
- Copy of a statement showing that the applicant is the recipient of a disability check such as Social Security Disability Insurance (SSDI) or Veteran Disability Compensation.

NOTE: Disability may never be documented based on oral third-party reports or self-certification by the potential program participant.