CT BOS CoC

2020 CT BOS Renewal Evaluation

Provider Agency Info Form

**Please submit this document no later than 11/7/19**

**E-mail: ctboscoc@gmail.com**

**Please complete the entire form and complete only one per agency. Contact Housing Innovations at** **ctboscoc@gmail.com** **with any questions. The answers to these questions are not scored as part of the renewal evaluation process; however late submission of this form will result in a 10 point penalty for each project. Your responses will help the CoC answer questions in the 2020 NOFA. We appreciate your assistance.**

**Section 1. Agency Information**

**Please certify that your agency has two contacts in constant contact to receive grantee/provider information from CT BOS.**

Link to constant contact:

<https://visitor.r20.constantcontact.com/manage/optin?v=001AiXxKvPPdGzUvdxtsnR2xE0kDeCPWvF_GR94ewO7FcwBopKa-KSMbBPB6M0rGWYSZo2eayseblg3iXAdEUa-V8AbIP9Il-BlyvHW3ZceB4UxLzZRvrbQO-N7_NSbl7sbnFeOla6kdxXusaaT78zjgQ%3D%3D>

**To certify, please add your initials here \_\_\_\_\_\_\_\_**

**Section 2: Agencies Serving Families and/or Youth Under 25 Only**

**A. Educational Services**

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| 1. Describe how your organization collaborates with the McKinney-Vento local educational authorities and school districts. Give examples of how your organization collaborates with local liaisons, state coordinators, school districts, early childhood programs, youth education providers and other educational partners to assure the provision of homelessness and educational services**.** |
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| 2. Please list the name and contact information for the designated staff person at your agency who is responsible for ensuring that participants understand their educational rights, assist children/youth in enrolling in school, and make connections to services. |
| **Name:** **Phone:** **E-mail:**  |

**B. Childhood Services**

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| 3. List each childhood service with which your agency has a written agreement, (e.g., MOU/MOA) that serves infants, toddlers, and children, including: Head Start, Early Head Start, Child Care and Development Fund, Federal Home Visiting Program, Healthy Start, Public Pre-K, Birth to 3, Tribal Home Visiting Program |
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**Section 3: Mainstream Employment and Volunteerism**

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| 4. Please list the names of the mainstream employment organizations where you refer your tenants. These are organizations that provide job readiness, job training, and/or employment opportunities for all individuals and not exclusively for homeless individuals (e.g. Labor Ready). Please describe the referral process and the relationship your agency has with these organizations. |
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| 5. Please provide the name of your local Workforce Development Board. |
| 6. Describe how you coordinate services with your local Workforce Investment Board. |
| 7A. Does your agency have a written agreement demonstrating a partnership with a **state or local workforce development board** that includes prioritized access to employment opportunities or co-enrollment in workforce and homeless assistance programs for people experiencing homelessness? YES \_\_\_\_NO\_\_\_\_7B**.** Does your agency have a written agreement demonstrating a partnership with **a local education or training organization** that includes prioritized access to education and training opportunities for people experiencing homelessness?YES \_\_\_\_NO\_\_\_\_\_ |
| 8. How does your agency promote partnerships and access to employment opportunities with private employers and private employment organizations, such as holding job fairs, outreach to employers, and partnering with staffing agencies? |
| 9. For PSH providers only:How is your agency working with public and private organizations to provide meaningful education and training, on-the-job training, internships, and employment opportunities for residents of permanent supportive housing that further their recovery and well-being? |
| 10. Describe how your organization facilitates informal employment opportunities for program participants and people experiencing homelessness (e.g., babysitting, housekeeping, food delivery).  |
| 11. Describe how your agency works with organizations to create volunteer opportunities for program participants.  |

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| 12. How does your agency work to create opportunities for civic participation (town hall mtgs, mtg with public officials, etc)? |
| 13. Does your agency have incentives for employment and volunteering? If yes, please describe. |

**Section 4: Mainstream Benefits**

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| 14. Describe how your agency collaborates with healthcare organizations to assist program participants with enrolling in health insurance. |
| 15. Describe how your agency provides assistance with the effective utilization of Medicaid and other benefits (such as SNAP, TANF). |

**Section 5: Racial Equity**

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| 16**.** Has your agency identified strategies to reduce racial disparities in the homeless services we provide? If yes, what are they?  |

**Thank you!**