# State of Connecticut

# Rapid Re-Housing Model Guidelines

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# I. Rapid Re-Housing Program Model in State of Connecticut

Rapid re-housing (RRH) is a time-limited intervention intended to house families or individuals experiencing homelessness as quickly as possible. The service model includes three core components: **1) housing location, 2) financial assistance,** and **3) case management**[1]. RRH is a housing first[2], no-barrier intervention with no preconditions to enrollment other than homeless status (See HUD Definition of literal homelessness). The level of case management and financial assistance is based on a progressive engagement model[3] where the minimum amount of services is provided before increasing support to meet the household's needs. In some cases, households with more severe barriers to housing may require Critical Time Intervention[4] or other more service-intense resources instead of progressive engagement.

## A. Purpose of this Document

This document is intended to serve as a guide to service providers and funders engaged in RRH activities in the State of Connecticut. The document defines the local RRH model and promotes a unified understanding of the core elements and expectations of local RRH programs. This model was co-created by the State of Connecticut Department of Housing, Department of Mental Health and Addiction Services, Balance of State (including Housing Innovations) and Opening Doors Fairfield County Continuums of Care and the Connecticut Coalition to End Homelessness and was informed by:

- RRH provider Learning Collaborative;
- local Coordinated Access Network meetings;
- local pilot projects and evaluations;
- system-wide analysis and recommendations provided by Focus Strategies (SWAP) and
- national best/promising practices as defined by the Department of Housing and Urban Development (HUD), the National Alliance to End Homelessness, and the United States Interagency Council on Homelessness.

As the local homeless response system continues to evolve and strengthen its ability to make homelessness rare, brief, and non-recurring, there is an increased need for system-wide alignment around common goals and outcomes, program models and activities, and performance standards. **RRH programs are expected to adhere to the RRH model outlined in this document.** Fidelity to this model will help ensure that all clients enrolled in RRH have similar experiences and opportunities to attain housing regardless of which service provider they work with. Fidelity to this model will also facilitate system-wide evaluation and comparisons across programs.

[1] See *Definition of Terms* for details.
[2] See *Definition of Terms* for details.
[3] See *Definition of Terms* for details.
[4] See *Definition of Terms* for details.

## B. Role of Rapid Re-Housing within the Homeless Services System

Rapid re-housing has an important role in the homeless services system including:

- reducing the amount of time a household experiences homelessness by focusing on quickly resolving the experience of homelessness;
- increasing the number of households exiting from homelessness; and
- ensuring that permanent supportive housing interventions are reserved for households with the greatest service needs who would otherwise be unable to maintain housing.

## C. Population-Specific Rapid Re-Housing Projects

Connecticut has recently received HUD Continuum of Care awards to serve youth and survivors of domestic violence and human trafficking. There may be slight variation in the guidelines for these two projects which will be highlighted throughout this document.

### 1. Youth Homelessness Demonstration Project Rapid Re-Housing (YHDP)

In 2016, the Reaching Home for Youth and Young Adult Homelessness Workgroup, a multi-stakeholder group coordinating the statewide effort to end youth homelessness in Connecticut by the end of 2020, partnered with the Connecticut Balance of State Continuum of Care (CT BOS) to apply for HUD's Youth Homelessness Demonstration Program (YHDP). This is a new HUD initiative, providing technical assistance as well as funding for planning and homeless assistance projects, to learn how communities can successfully approach the goal of preventing and ending youth homelessness by building comprehensive systems of care for young people rather than implementing individual or unconnected projects that serve this population.

In January 2017, HUD awarded the CT BOS CoC $6,552,903 under the YHDP initiative. A YHDP Grant Management Team was formed, led by DOH to manage the process of developing a coordinated community plan and executing other YHDP requirements. The Youth Action Hub (YAH) serves as a partner and youth advisory board. After an extensive planning process in collaboration with the Youth Action Hub and regional Coordinated Access Networks (CANs)/Youth Engagement Team Initiatives (YETIs), the YHDP Grant Management Team determined that allocating YHDP project funding toward a youth shelter diversion/rapid exit fund, youth navigators, rapid rehousing, and crisis housing will most effectively assist us in achieving our goals in ending youth homelessness. The YHDP projects are part of a coordinated housing continuum that ensures youth experiencing homelessness receive the assistance needed to rapidly obtain permanent housing.

DOH is the YHDP RRH grantee, contracting with seven sub-recipients to provide housing placement and stabilization services as well as contracting separately with a fiduciary to manage the rental assistance funding and payments to the landlords. In addition to the policies and procedures contained with this guidance document, YHDP RRH providers must take a Trauma Informed Care, Harm-Reduction, and Positive Youth Development[5] approach to serving

[5] See *Definition of Terms* for details.

youth, building on a youth's strengths and resiliency through individualized case management and connection to services and community supports. Programs should also be collaborating with youth on ongoing program improvement, including offering every youth leaving their program the opportunity to complete the YHDP Participant Satisfaction Survey *(See Forms: YHDP Only - 2019YHDP_SurveyLinks).*

### 2. Connecticut Domestic Violence & Human Trafficking Rapid Re-Housing Program (CT DV/HT RRH)

The Connecticut Domestic Violence & Human Trafficking Rapid Re-Housing Program (CT DV/HT RRH) is designed to meet the specific needs of domestic violence, dating violence, and human trafficking survivors. It establishes a systemic collaboration between domestic violence, human trafficking and housing providers that will enhance survivor access to housing resources and provide on-going trauma-informed, victim-centered support services necessary to achieve financial and housing stability. Similar to traditional rapid re-rehousing programs, CT DV/HT RRH is an intervention designed to help survivors quickly exit homelessness, return to housing in the community, and not become homeless again in the near term.

The CT Department of Housing will provide direct oversight and administration of the CT DV/HT RRH program. Subrecipient CCADV's Director of Housing Advocacy will supervise and guide the case management and support services provided by the CT DVHT RRH identified domestic violence and human trafficking providers. The CT DV/HT RRH is a specialized collaboration between domestic violence, human trafficking, and homeless providers that leverages the expertise of homeless providers to quickly identify and secure safe, appropriate housing, while ensuring that domestic violence and human trafficking survivors have the skilled support and case management that will most effectively address their unique needs.

***Trauma-informed, Survivor-centered*:** The use of a trauma-informed approach requires a basic understanding of trauma and designing services to acknowledge the impact of violence and trauma on survivors' lives and behavior. It is sensitive, respectful, and consciously avoids re-traumatization. A survivor-centered approach focuses on the needs and concerns of the survivor while encouraging them to be engaged participants in the process. It empowers them to make their own choices about housing and services.

# II. Accessing Rapid Re-Housing Services in State of Connecticut

## A. Accessing Rapid Re-Housing

All referrals to RRH must come from the local Coordinated Access Network Housing Solutions Meetings. To receive a referral, a household has to meet the eligibility criteria for RRH (literally homeless) and complete a housing assessment (VI SPDAT/Next Step Tool). Exemptions to the

YHDP RRH prioritization may be made with DOH approval *(See Form #21 - RRH Exemption Form)*.

Rapid Re-housing providers are required to report vacancies to the CAN as soon as possible, with the goal of reporting within 24 hours of the slot becoming available. If providers know of an impending vacancy, they are required to report the anticipated availability date within 72 hours of being made aware of such availability.

Consumers may decline a referral because of program requirements that are inconsistent with their needs or preferences. There is no limitation on this option to decline. The Receiving Program must document the reason for client rejections.

RRH programs may only decline referrals for individuals and families found eligible for and referred by the Coordinated Access Network under limited circumstances: such as there is no actual vacancy available; the individual or family missed two intake appointments; the household presents with more people than referred by the Coordinated Access Network.

An intake decision notification will include at a minimum:

- First available move-in date, if applicable
- Reason the client cannot enter the program, including reason for rejection by client or program, if applicable.
- Alternative recommendation regarding indicated housing model/exit option for the client with justification, if applicable.
- Instructions for appealing the decision, including the contact information for the person to whom and time frame under which the appeal should be submitted.

If the homeless individual or family is accepted, the Receiving Program must document that acceptance and notify applicant of acceptance within one business day. In all cases, best faith effort for prompt unit turnover should be made.

Once referrals have been made by the CAN, the Receiving Program is required to hold the program opening vacant for a minimum of 7 days in order to locate and inform the individual/household of the availability of housing and arrange the intake. Programs should make a minimum of 3 different contact attempts over the course of the week. See Connecticut Coordinated Access Network Policies and Procedures Manual for additional details on prioritization and referrals, as amended from time to time, available at http://www.ctcandata.org.

RRH providers must participate in efforts to improve the efficiency and quality of the referrals.

## B. Eligibility for Rapid Re-Housing Services

Local Coordinated Access Networks will assess all households for eligibility to receive homeless housing resources. RRH programs for young adults, single adults and families require the household to be experiencing literal homelessness, which includes the following situations:

- living and sleeping outside;
- sleeping in a place not meant for human habitation;
- staying in a shelter; or
- fleeing or attempting to flee domestic violence.

**Note**: Families or individuals in transitional housing are **not** eligible for RRH, except for YHDP.

Enrollment in RRH and case management should begin immediately upon RRH referral and should include support in obtaining proof of homelessness documentation. Verification of homelessness is needed prior to receiving financial assistance. Third party documentation is preferred, but self-certification may be used in some cases. For details regarding the best methods to document homelessness, view the NAEH Homeless Status: Record Keeping presentation. **For YHDP projects**, view the CT YHDP Determining Homeless Status of Youth Guide.

There is no maximum income limit **at entry** as long as household is literally homeless. At the time of annual renewal, the household must have gross household income that is at or below 50% of Area Median Income (AMI) for CoC project and 30% of AMI for ESG projects. See current income guidelines. There are no minimum income requirements. Please see attachment for accepted forms of income verification. Households with zero income should complete the zero income affidavit *(See Form #15 - Zero Income Affidavit)*. Rapid Rehousing is a low-barrier intervention that accepts and houses households without preconditions such as income, sobriety, employment, etc.

For **YHDP RRH only**, all members of the household must be under the age of 25 at program entry unless it is a shared housing situation where the subsidy is apportioned out. This includes unaccompanied and parenting young adults, aged 18-24 at program entry, or emancipated minors. Proof of Date of Birth must be attached in the file for all members of the household who are aged 18 or older and who will be included on the subsidized lease. See DMV website for list of legal forms that are acceptable: http://www.ct.gov/dmv/lib/dmv/selectct/selectid_accpt_docs3.pdf. In the absence of these forms at program entry, a client may self-certify their date of birth while the provider continues to assist with obtaining vital documents.

Once accepted for the program, the provider must explain the contents of and ask the household to sign the RRH Program Agreement *(See Form #2)*, Participant Documents Received

form *(See Form #6)*, and the HMIS Release of Information *(See Form #0)* as well as complete the applicable RRH intake form in HMIS. Household members will also sign agency specific releases of information to facilitate connection to natural supports, community and clinical providers as needed.

RRH providers must conduct regular re-evaluations, at least every 90 days, from program participant's move-in date. To remain eligible, the program participant must continue to lack sufficient resources and support networks to retain housing without rental assistance *(See Form #20 - Recertification Form)*.

**CT DV / HT RRH Providers Only:**
Domestic violence and human trafficking survivors who are included in the BNL through the CCADV-CCEH protocol to maintain confidentiality of clients will be served in priority order. Clients from the homeless system who self-identify at CAN intake as having experienced recent domestic violence will also be eligible. Clients will meet the Category 4 – HUD Homeless definition.

# III. Core Service Components of Rapid Re-Housing

Rapid re-housing is an intervention designed to help households quickly exit homelessness, return to housing in the community, and not become homeless again in the near term. The core components of a RRH program are described below.

## A. HOUSING IDENTIFICATION

The goal of housing identification is to quickly locate affordable housing options for the household experiencing homelessness. Activities under this core component are twofold:

1. Housing Option Recruitment and Support
    - Recruitment of landlords, homeowners, or renters with units, rooms or housing options;
    - Negotiation with landlords or homeowners to facilitate household access, including households with rental barriers;
    - Attentiveness to landlords, homeowners or roommates in order to preserve and develop partnerships for current and future housing placements; and
    - Administration of landlord or homeowner incentives and help recuperate losses.

2. Household Housing Search and Support
    - Assessment of tenant needs and barriers to housing placement;
    - Setting family or individual expectations on location, size and/or rent;

- Conducting a targeted housing search based on informed client choice with housing affordability plan;
- Supporting households with completing rental applications;
- Providing tenant counseling (including education on how to speak with landlords, understanding rental applications and leases, securing utilities, and understanding tenant obligations);
- Supporting households with setting up utilities and making moving arrangements; and
- Supporting households to create shared housing arrangements as appropriate.

**3. Ensuring Lease and Unit Requirements are met**

a. Housing Inspections: When a family or individual identifies a housing option, case managers must conduct a housing inspection prior to move-in and financial assistance. Regardless of funding source, all programs will use Housing Quality Standards *(See Form #9 – HQS Inspection Form 4.2015)*. Rental assistance will not be provided for units that fail to meet the applicable Housing Quality Standards under 24 CFR 982.401 unless the owner corrects any deficiencies within 30 days from the date of the initial inspection and the Contractor verifies that all deficiencies have been corrected *(See Form #12 – Failed Inspection Letter)*. RRH providers shall conduct an annual re-inspection to determine if the housing unit continues to meet the HQS prior to providing additional rental assistance beyond one year.

b. Lead Based Paint Requirements: a visual assessment must be completed prior to providing rent assistance for all units constructed prior to 1978 in which a child under the age of six is or will be living in the unit. A copy of the visual assessment must be documented on the HQS and maintained in the client file (*See Form #10 – Lead-Based Paint Visual Inspection*). This means, at a minimum, that all staff conducting HQS inspections must document completion of the HUD Lead Based Paint Visual Assessment Training available at www.hud.gov/offices/lead/training/visualassessment/h00101.htm. In addition, landlord and client must sign the Lead Disclosure Form *(See Forms #11 – Rental Form Lead Disclosure & #11A – Protect Your Family from Lead in Your Home).*

c. Coastal Barrier Resource Units: If the provider is serving households within a coastal county, the provider shall check unit addresses against the US Fish and Wildlife Service's Coastal Barrier Resource System Mapper to ensure that no units are rented in Coastal Barrier Resource Units. If a unit is located within a coastal county, the provider should retain a copy of the map documenting that the unit is not within a Coastal Barrier Resource Unit. Rental assistance cannot be provided to units within the Coastal Barrier Resources System.

d. Rent Reasonableness: Rental assistance can only be provided to a household if the rent for the unit is reasonable. The provider must determine whether the rent charged

for the unit receiving rental assistance is reasonable in relation to rents being charged for comparable unassisted units, taking into account the location, size, type, quality, amenities, facilities, and management and maintenance of each unit. Reasonable rents for units being provided to clients must not exceed rents currently being charged by the same owner for comparable unassisted units. (*See Form #8 – Rent Reasonableness Checklist)*

e. Lease Requirements: The provider must ensure that a client enters into a lease for a term of at least one year that is renewable and is terminable only for cause. The lease must be renewable for terms that are a minimum of one month long. All clients and their respective landlords must also lease the VAWA lease addendum. *(See Form #16A – VAWA Lease Addendum)*

f. Necessary Landlord Documents: A provider must collect from the landlord proof of property ownership and a completed W-9 form *(See Form #18 – W9).*

## B. FINANCIAL ASSISTANCE

Financial assistance is the second core component of RRH. Financial assistance in RRH provides short-term support to households so they can quickly obtain housing. Allowable financial assistance may include paying for security deposits, move-in expenses, rental arrears, rent, and utilities. See Attachment A: *Funding Guidelines*.

Financial assistance is based on the progressive engagement principle of offering the minimum amount of assistance necessary for households to move out of homelessness and stabilize in permanent housing.[6] The role of the case manager is to prepare households for the end of the financial assistance by leveraging resources or working with them to increase household income. Programs should begin by assuming that households, even those with zero income or other barriers, will succeed with a minimal subsidy and support rather than a long subsidy, and extend services and support if/when necessary.[7]

### 1. Rental Financial Assistance Calculation

Service providers shall apply the following rental assistance calculation *(See Form #25A – CoC, ODFC, ESG Calculation Tool)* to determine the rent subsidy amount for each household. Any exceptions to this model are to be handled as described under Assessment and Re-Assessment or by checking with the funder.

When identifying housing solutions, be sure that the housing search is giving consideration to the household's anticipated ability to pay rent independently within the year based on factors such

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[6] http://www.endhomelessness.org/library/entry/rapid-re-housing-performance-benchmarks-and-program-standards

[7] http://www.endhomelessness.org/library/entry/rapid-re-housing-performance-benchmarks-and-program-standards Pg. 10

as income history, employability, ability to live with family/friends/roommates, or other low cost housing options.

- **1st month:** Program pays **up to 100%** of security deposit and first month's rent. Per funding guidelines, move in costs may include utility deposits and moving expenses.
- **2nd month:** Household pay 30% of their **net*** household income towards rent. The program pays for the remaining portion.
- **3rd month and beyond:** Household pays 60% of their **net** household income towards rent* and the program pays the remaining rent.

Once 60% of the **household's net income** is equal to rent or the household reaches 12 months of rental assistance, the subsidy ends. In rare instances, a provider can request an exception to extend rental assistance up to a maximum of 24 months. These exceptions need to be discussed by the Coordinated Access Network. Final approval is granted by the Department of Housing *(See Form #21 – RRH Exemption Form).*

* "Net" is gross income taxes and garnishments.

The provider should provide written notice of the amount of rental assistance a client will receive to the client. (*See Sample Letters that can be adapted. Forms #* 17, 17A, 17B)

**YHDP Providers Only:**
The rental calculation for youth participants in the YHDP RRH program differs from the standard RRH calculations. Rental assistance is provided for the shortest amount of time necessary to prevent a return to homelessness and as a decreasing percentage of rent as follows:

- Months 1-3 80% of rent
- Months 4-6 60% of rent
- Months 7-9 40% of rent
- Months 10-12 20% of rent

The subsidy amount is adjusted as necessary to cap combined tenant rent and utility allowance contribution at 65% of gross household income. Projects must also document income and re-calculate rent monthly for all participants using the 65% cap, including documenting any change in income. Until such time as further guidance becomes available, determinations regarding whether income is sufficient to pay full rent can be made by a project supervisor. A client is eligible for a utility allowance in accordance with the YHDP rental calculation tool if utilities are not included in the rent charge and utility company documentation is provided.

If continued assistance is authorized beyond 12 months, the subsidy will continue to be set at 20% of rent with adjustments to the subsidy amount as necessary to cap combined tenant rent

and utility allowance contribution at 65% of gross household income. Under no circumstances can rental assistance and/or case management continue beyond 24 months.

Utility Deposits, rental application fees, eligible client transportation costs and other expenses may be through YHDP support service funding. Providers should consult their agency's fiscal staff to confirm what is eligible costs are within their DOH-approved budget. Expenditures must be documented in the client's file.

*(See Form #25B – CT BOS YHDP RRH Rent Calc Tool)*

### 2. Communication with Landlords

To help landlords understand the program and to set expectations, providers should send a letter or document to the landlord outlining the details of the program *(See Sample Letter that can be adapted - Form* #17B). A letter should also be provided to the household to ensure the household understands their monthly assistance and financial obligations. (*See Sample Letters that can be adapted. Form # 17 and 17A*).

### 3. Requesting Funding from state fiduciary

To request funding on behalf of a client for the landlord, a provider must complete a Fund Request Form *(See Form #19)* and upload it in HMIS with the relevant documents along with sending a corresponding email to the state fiduciary. The provider must also submit a Financial Service Request Form within HMIS. See Section IV. HMIS and Data Collection Requirements for further explanation.

### 4. Assessment and Re-Assessment of Housing Needs

Each household's needs must be re-assessed regularly to establish continued eligibility for and amount of continued financial assistance. **Rental financial assistance must be calculated monthly**.

Re-assessment of household need is completed within 90 of receiving rental assistance, and every 90 days thereafter. The housing stability plan will be reviewed monthly, at a minimum, (see Section II. C. Case Management) and address any barriers to achieving the goals. If progress is not occurring, the case manager should initiate a conversation around expectations and limitations of the RRH program.

Once housed, the re-assessment must include at least the following components:

- documentation of household income. Household income cannot exceed percentage of Area Median Income (AMI) at 12 month re-assessment;
- percent of income being paid toward rent ratio;
- progress on housing stability and income goals;
- any recent changes in circumstance that will impact income or ability to work; and
- any gaps in resources or support networks inhibiting the household's ability to retain housing while paying 60% of income towards rent without financial assistance.

### 5. Rental Assistance over 12 Months

When households require rental financial assistance exceeding 12 months, RRH provider needs to discuss the household circumstances and receive approval from the Coordinated Access Network. Final approval is granted by the Department of Housing *(See Form #21 – RRH Exemption Form).*

### 6. Ending Financial Assistance

Providers may cease providing financial assistance for the following reasons:

- the household is no longer in need of or interested in receiving services;
- the household is able to pay 60% or less of their net income toward rent[8];
- there is no (zero) communication in at least 30 days from the household after multiple (documented) provider attempts to contact (see No Contact procedures); or
  after re-assessment and attempts to reset expectations of the program by reviewing the housing stability plan, the household is not making progress toward housing goals.[9]

A stop payment letter should be sent to the landlord with a copy to the client. If a client is vacating the unit at the time rental assistance has ceased, then an exit inspection should be scheduled *(See Form #22 – Stop Payment* Letter).

## C. CASE MANAGEMENT

Case management and services are the third core component of RRH. The goals of RRH case management are to help households obtain and move into permanent housing, to support households to stabilize in housing, and to connect them to community and mainstream services and supports if needed. [10]

Before services begin, case managers will explain the scope of RRH, including the role of case management in order to set expectations.

| Obtain and move into permanent housing | Focused on assisting a household in obtaining and moving into a new housing unit. Case Managers should meet the household in the community and work on developing rapport. Case managers will assist in determining an affordable and realistic housing solution. Case managers should also resolve or mitigate tenant screening barriers like rental and utility arrears or multiple evictions; obtain necessary identification if needed; support other move-in activities such as obtaining furniture; and prepare households for successful tenancy by reviewing lease provisions. |
|---|---|

[8] The RRH program model does not have income criteria, but some fund sources have income constraints. Please refer to contract guidelines.

[9] For more information on ending assistance, see "Procedures Around No Contact"

[10] http://www.endhomelessness.org/page/-/files/Rapid%20Re-Housing%20Performance%20Benchmarks%20and%20Program%20Standards_2016.pdf

**Support stabilization in housing**

RRH case management should be home-based and help households stabilize in housing. Case managers help households based upon their needs to identify and access supports including: family and friend networks; mainstream and community services; and employment and income. Case managers help identify and resolve issues or conflicts that may lead to tenancy problems, such as disputes with landlords or neighbors while also helping households develop and test skills they will use to retain housing once they are no longer in the program.

**Close the case**

Financial assistance should end and the case should be closed when the household is no longer at imminent risk of returning to homelessness. **Case management may continue up to 60 days after financial assistance ends.** Households that require ongoing support after exiting the RRH program, case managers should provide households with warm handoffs to mainstream and community-based services that will continue to assist them in maintaining housing.

## 1. Housing Stability Plan Components

Case managers are required to work with each household to develop a housing stability plan. A housing stability plan[11] is an individualized housing and service plan that is housing-focused and client-driven *(See Sample Form #7 – Stabilization Plan CTI 2017)*. Housing stability plans are individualized based on housing needs as identified by each household, and are used to facilitate housing-focused case management with the goal of obtaining or maintaining housing stability. The provider must maintain a minimum of monthly contact. Services should build on the strengths and resources of each household.

Housing Stability Plan components should include:

- outline of goals pertaining to housing, including moving into housing and maintaining housing;
- outline roles and expectation of household;
- outline roles and expectation of case manager; and
- timelines for each step.

Case managers are to review the Housing Stability Plan at a minimum of once per month to assess progress. This tool may be used for progressive engagement to determine if additional supports are needed to attain the housing goals.

[11] See *Definition of Terms* for details.

### 2. Case Notes and Client Contact Requirements

All Rapid Re-housing activities will be documented in case notes in HMIS. Case notes will include at minimum:

- Date, location, purpose of the activity
- Progress on housing goals
- Documentation of appointments, meetings, home visits, phone calls, letters with members of the household, landlord and other service providers. For contacts with anyone other than a member of the household, a signed release of information must be included in the case file indicating consent for exchange of information.
- Referrals made, including date of referral, name of referral and reason for referral
- Documentation of minimum monthly contact with the household
- Indication that the housing service plan has been reviewed and updated a minimum of once per month
- Documentation of activities related to program exit.

### 3. No Contact Procedures

Case managers will check-in with the household **at least once a month** while enrolled in the program. No matter which stage the household is in the program, it is always the **responsibility of the case manager to make contact with the household**. All possible ways or methods to contacting the household must be explored. A final attempt to contact must be in writing, allowing five days to respond.

If there is **<u>no contact after 30 days</u>** of multiple attempts to reach the household, **the case manager should exit the household from the program.** If the household calls after that period and is still experiencing homelessness, the case manager may help them reconnect with the Coordinated Access Network by calling 211.

If the case manager has not been able to have a robust check-in with the household for more than 30 days, but has had contact with the household and they are still in need of services, the case manager should continue to work with the household on their engaging with the household. If a household still needs and wants services, but missed appointments or communication is not regular, the case manager should initiate a discussion to reset the program expectations by reviewing housing stability plan and the expectations for re-assessment.

The goal is to minimize or eliminate any exits for “non-compliance” or “lack of participation” especially if the homeless situation has not yet been resolved. Instead, the goal is to be clear about the scope of RRH and to determine if RRH will meet the needs of the household, then continue to work with the household until they are permanently housed or otherwise resolve the housing crisis. Case Managers should make every effort to creatively engage with the household, meet them in the community at a location of their choosing and be persistent in their efforts to build rapport.

## 4. Termination of Assistance

RRH providers may terminate assistance to a participant who violates program requirements or for other actionable reasons as outlined in *Termination from RRH Housing (Form 23A).* A termination letter must promptly be sent to the client *(See Form #23 – Termination Letter*). The client has the right to appeal the termination decision. A copy of the potential reasons for termination and the grievance policy shall be provided to all clients at intake *(See Form # 6 - Participant Documents Received)*.

If an individual or family participating in a RRH project is at risk of returning to homelessness or is being discharged without a stable placement, the service provider is required to notify the local CAN at the earliest possible point in the process. The CAN will convene a case conference to evaluate the situation, determine intervention(s) that might help to preserve housing or secure an alternative placement, plan for the best possible outcome and try to prevent a return to homelessness.

## 5. Facilitating Rapid Re-Housing to Permanent Supportive Housing Transitions

In rare instances, RRH providers may determine that a household will need permanent supportive housing to maintain long-term housing stability. CT RRH operates under the philosophy that households can be better assessed for long-term needs once they are connected to stable housing. When a household is identified as potentially needing to transition from RRH to PSH level of care, CANs will take the following steps to determine a household's need by

1. Case conferencing with the Coordinated Access Network to discuss housing options
2. Completing a full SPDAT assessment

The intent is to assess for long-term supportive services and to ensure that the recommendation to transition to PSH level of care is not solely due to housing affordability.

**CT DV / HT RRH Providers Only:**

CT DV/HT RRH identified domestic violence and human trafficking providers will provide case management services to survivors. Case management will include trauma-informed, victim-centered approaches to rebuilding self-esteem, develop essential life skills, and establish financial independence by supporting their goals to increase income and self-sufficiency. Additionally, as is required in state standards and best-practice models, domestic violence advocates will provide survivors and their children with counseling, risk assessment, safety planning, goal setting, resources and referrals to other support services.

| Supportive Service | Daily | Weekly | Monthly |
|---|---|---|---|
| Assessment of Service Needs | X | | |
| Case Management | X | | |
| Child Care | X | | |
| Employment Assistance/Job Training | | X | |
| Basic Needs | X | | |
| Counseling | X | | |
| Legal Services | X | | |
| Life Skills | X | | |
| Outreach Services | X | | |
| Transportation | X | | |
| Utility Deposits | | | X |

*Economic Empowerment Supports and Services*

CT DV/HT RRH identified domestic violence and human trafficking providers will utilize Bank of America's "Better Money Habits" curricula to build the financial capacity of survivors who are receiving rapid re-housing services. The curricula will address budgeting, financial planning, and managing debt. CT DV/HT RRH domestic violence and human trafficking providers will, regionally, receive in-person guidance on the curricula from Bank of America staff and work collectively to develop personal budgeting plans which support survivors' ability to manage their income and save money.

*Safety Planning*

There are two options available for a survivor to access CT DV/HT RRH services – 1) waiving confidentiality and having their name publicly added to the BNL or 2) utilizing the CCADV-CCEH protocol (see appendix for complete protocol) to maintain their confidentiality when being entered into the BNL. Through an informed consent process, the subcontracted domestic violence and human trafficking providers should ensure the survivor understands the related risks and potential benefits of having their name publicly listed on the BNL and how this may impact their safety plan. It also allows people to safety plan for the risks that may follow being entered publicly into a database. Providers must be clear about information needed to determine eligibility and about any information-sharing needed as part of their program participation.

Knowing that each survivor's situation is different and by collaborating and making careful assessments around entering publicly into the BNL, providers can more effectively advocate for appropriate interventions when necessary. Safety planning needs to be continuous, flexible and reflective of the possibility of rapid changes.

# IV. HMIS and Data Collection Requirements

Rapid re-housing providers are required to enter data into the Homeless Management Information System (HMIS). Prompt and accurate data collection assists the homeless system to determine which services and programs clients are utilizing, evaluating the impact of RRH services, and make system improvements.

Providers must enter all HUD required data elements for each household enrolled in RRH. Please refer to the RRH HMIS Quick Guide for more details.

**The following are key pieces of information to record in HMIS for RRH programs.**

- HMIS RRH Intake
- Initial and Monthly Financial Service Request (FSR)
- Case notes completed at a minimum of once per month
- HMIS RRH Discharge Form
- For those who are enrolled for more than 12 months, a completed annual assessment

| Data Element | Definition |
|---|---|
| Program Entry Date | This is the date the case manager and household first meet and complete an intake. |
| Date of Move-In | This is the date the household moves into housing and begins receiving rent assistance. This date should fall after the Program Entry Date.*<br>In Clarity, click the box "In Permanent Housing" on the entry or exit screen to enter the Date of Move-In.** |
| Program Exit Date | This is the date the household stopped receiving financial and case management services. This date should fall after the Date of Move-In (or on the Date of Move-In if the household is only receiving move-in assistance and no ongoing rental assistance). ** |
| Exit Destination | This should reflect where the household is staying immediately after they finish participating in the program. So if the client is staying in the unit with no other subsidy, exit destination should be "Rental by client, no ongoing subsidy." |
| Transaction Date | When completing a Financial Service Request (in HMIS), the transaction date refers to the month to which the payment applies. For example, if you are paying April rental assistance, enter 4/1/2019. If the tenant is moving into a new apartment mid-month, please use the start date of the lease (i.e. 4/15/2019). If you are requesting assistance for security deposit, please enter the start date of the lease. |
| Reference Date | When completing a Financial Service Request (in HMIS), the reference date is the date on which you are entering the Financial Service Request (FSR) into HMIS. |

* If the household self-resolves their homeless situation or moves into housing <u>without</u> receiving assistance through RRH, do NOT enter a Date of Move-In. The Date of Move-In should

only be used for clients who find and move into a unit and receive assistance (financial and/or case management) through the RRH program.

** If circumstances arise that require further case management or financial assistance, providers may keep a household enrolled for up to 60 days after their last financial assistance payment. Providers may keep the household enrolled and, if the household does not contact the provider for 60 days after the last payment, may back-date the Exit Date to the date of the last payment or case management meeting. Refer to Section II.C. for instructions on when to close the case.

### Completing Financial Service Requests in HMIS

The statewide RRH fiduciary will process landlord payments based on the data entered into the HMIS Financial Service Request. Please see the charge below for allowable expenses based on funding source and associated HMIS category.

| Program Type | HMIS Name | Allowable Cost | Transaction Date |
|---|---|---|---|
| ESG, CoC, YHDP, CT DV/HT | Rental/Security Deposit | Security Deposit | Enter the start date of the lease |
| ESG, CoC, YHDP, CT DV/HT | Rental Assistance | Rental Assistance | Enter the beginning date of the month to which payment is applied – either the 1st of the month OR if a new lease, start date of the lease. |
| ESG and YHDP only | Utility Assistance | Utility Payments (ESG & YHDP) or Utility Arrears Payment (ESG Only) | Enter the beginning date of the month to which payment is applied |
| ESG only | Application Fees | Rental Application Fees | Date of the payment |
| ESG only | Moving Costs | Moving Costs | Date of the payment |
| ESG only | Utility Deposit | Utility Deposit | Date of the payment |
| CoC, CT DV/HT | Home Repair | Property Damage | Date of the payment |

### Data Quality Assurance

It is the responsibility of the program staff to have accurate and complete data. To ensure compliance, refer to CTHMIS.com or Rapid Rehousing in HMIS. Providers should direct any questions about entering data in HMIS to NutmegIT by submitting a help ticket here: Help@nutmegit.com. For clients who are remaining enrolled at least 12 months, providers

must submit an annual assessment in HMIS no more than 30 days before or after the client's anniversary date (one year from entry date).

**Completing the HUD Annual Performance Report (APR)**

For DOH contracted providers APR data will be submitted to DOH within 60 days of operating year end date. DOH will then submit APR to HUD.

**CT DV / HT RRH Providers Only:**
Given the unique circumstances experienced by domestic violence and human trafficking survivors and the associated dangers with fleeing such violence, it is critical that all CT DV/HT RRH contractors and subcontractors, barring the receipt of an appropriate "Release of Information" from a survivor, abide by a strict and clear confidentiality policy. This must be done to minimize the ability of abusers to locate survivors as they access services.

# V. Performance Standards

The State Department of Housing, Balance of State, Opening Doors Fairfield County and the Department of Mental Health and Addiction Services have agreed to adopt the following performance standards. These standards are subject to change. See your funder's contract for specific measurements. Additional measures that will be reviewed, include but are not limited to: utilization rate, meeting/exceeding annual minimums, rental assistance expenditure, increase in earned income, and increase in other (non-earned) income. In addition, every effort should be made to secure housing within 30 days for clients. RRH specific dashboards can be found on CTCANData.org or CCEH.org.

Each RRH provider must have an ongoing program quality improvement process that includes evaluation of household outcomes and input from participant households and staff.

**Program Targets:**

| Project Type | Core Outcomes | | | Entries from By Name List |
|---|---|---|---|---|
| | Exit Rate to Permanent Housing | Length of Stay | Return Rate to Homelessness | |
| Rapid Re-Housing | 90% | Less than 180 days (less than 270 days for YHDP only) | Less than 10% | 100% |

## VI. Ongoing Training and Learning Opportunities

Monthly Rapid Rehousing Learning Collaborative meetings are offered to support on-going learning and improvement for both adults, youth, and domestic violence RRH providers. These spaces are an opportunity for RRH staff to come together to problem-solve, share best practices, learn from peers, and connect with funders or evaluators. Additional resources on how other communities are using RRH services can be found at the National Alliance to End Homelessness.

YHDP Rapid Rehousing programs should refer to the CT BOS website for additional training materials on HUD YHDP compliance, such as project administration and recordkeeping requirements, available at http://www.ctbos.org/youth/.

**Questions**

For promising practices, skill building, and Communities of Practice ideas, contact the Department of Housing Coordinated Access Network Managers, Kara Capobianco (Kara.Capobianco@ct.gov) or (Leigh.Shields-Church@ct.gov ). If you have questions regarding the YHDP Rapid Rehousing program, please contact Katie Durand at Kathleen.durand@ct.gov. If you have specific questions regarding allowable expenses or procedures under your contracts, contact your contract funder.

**CT DV / HT RRH Providers Only:**

*Contractor Skills Training and Ongoing Learning Collaborative*

The CT DV/HT RRH Director of Housing Advocacy will coordinate (1) the delivery of rapid re-housing core skills training, including the statewide *Housing First* approach, and (2) a RRH learning collaborative specific to domestic violence and human trafficking providers. The training and learning collaborative will include two (2) full days of training at the onset to domestic violence and human trafficking staff responsible for case management and support services under this contract. The Director of Housing Advocacy will execute a Memorandum of

Understanding (MOU) with CT Coalition to End Homeless (CCEH) to participate in skills training and the RRH learning collaborative.

The learning collaborative will convene six (6) times per year, including an initial training at the launch of the CT DV/HT RRH program. Five (5) additional two-hour sessions will be attended by DV/HT providers, housing navigators, and, as needed, housing provider direct services staff and will provide peer monitoring, client feedback/evaluations, rules, harm reduction, and other training topics related to case review as designated by CCADV and CCEH. The Director of Housing Advocacy will be responsible for organizing all trainings, including location, content, and training materials.

## VII. Required Policies

**Confidentiality**. All RRH providers must have an agency confidentiality policy. The Confidentiality Policy shall adhere to Departmental requirements, as set forth in executed contracts. Lead agencies shall have a copy of its subcontractor's confidentiality policies on file.

**Grievance and Appeal Processes**. All RRH programs must have a Grievance and Appeal Process that is written and documented *(Form Sample Form #24 - RRH Grievance Policy and Procedures).*

**Maintenance of Records**. RRH providers shall maintain program participant case files for all households referred to the program. All documentation related to program participant services shall be maintained in files as described above, in a secure location. Whenever possible, scan and upload documents to HMIS. HMIS files may be monitored as a substitute for paper records and case notes. *(See From #1 – CT RRH File Checklist).* See contract and applicable CoC and YHDP trainings for additional program recordkeeping and reporting requirements.

**Educational Rights**. All RRH programs must inform homeless families and youth of their rights under the Every Student Succeeds Act (formerly McKinney-Vento Education Services). *See Form #4 – Education Rights – ESSA.*

**Violence Against Women Act (VAWA)**. All RRH programs must provide notice of occupancy rights to the head of household and each adult tenant living in the household. An emergency transfer plan must be adopted based on HUD requirements. Records for all emergency transfer requests and outcomes must be maintained. Notice of Occupancy Rights (HUD-5380) & Certification Forms (HUD-5382) are to be given to adult tenants at the time of move-in and termination from the program. Landlords also need to sign the VAWA Lease Addendum *(See Forms #16A – VAWA Lease Addendum; #5 - VAWA 5382; #5A - Notice of Occupancy Rights under VAWA).*

**CT DV / HT RRH Providers Only:**

*CCADV/CCEH Protocol*

The protocol requires that a domestic violence (DV) or human trafficking (HT) survivor complete the VI-SPDAT with the domestic violence or human trafficking advocate. The DV/HT advocate will also work with the survivor to determine whether they should be marked on the appropriate CAN housing registry as a "high risk priority." Domestic violence providers may obtain risk detail and interpret lethality using one or multiple factors, including risk assessment, arrest history, the presence of a restraining order and safety plan. If a survivor is marked as a high risk priority, that survivor moves to the top of the list for the appropriate housing resource,

| Data Entry Field | Description of Field |
|---|---|
| Referral Date | Date the client's unidentified information was sent to CCADV / CIRI |
| CAN which client seeks placement | Please enter the CAN name in which the client is seeking housing. This may not necessarily be the CAN in your catchment area. |
| VI-SPDAT Score | The score the client receives from the VI-SPDAT that was conducted by CCADV provider / CIRI in house. |
| Household Type | The number of bedrooms the client will need given their family size. |
| Chronically Homeless | Is the client chronically homeless by HUD's definition? Please visit CCEH or HUD's website for the complete definition. |
| High Risk | Is the client identified as high risk due to their LAP screen, danger assessment, SRI of through safety planning? |
| Point of Contact at CCADV/CIRI | Please allow the person processing your client to CCEH to fill this section out along with their email and phone number. |
| Unique Client ID# | This number will be assigned by the CCADV / CIRI point of contact and sent back to you on the PDF fillable form. |

and will be the next served when that resource is available. Drawing from this information, the DV/HT advocate fills out a de-identified HMIS referral form which includes the following data entry fields:

Once this referral form is complete, it is emailed by the DV/HT advocate to an established point of contact at CCADV/CIRI. The point of contact then codes the survivor depending on which DV/HT provider the survivor is being referred from. The referral form is then emailed to the point of contact at CCEH who then enters the information into HMIS and provides the CAN with the HMIS code.

The point of contact at CCADV/CIRI also sends the coded HMIS referral form back to the DV/HT provider for their records, so the DV/HT provider can advocate appropriately for the domestic violence survivor at the CAN meetings in their region. For organizational purposes, a live excel document (which does not include client identifying information) is kept between the two points of contact to ensure a referral is not missed. Below is an example of the live excel document. It is the responsibility of the point of contact to fill in all fields except the CCEH acceptance Date, which is filled in by the point of contact at CCEH once the referral is entered into HMIS.

| Client Unique ID# | CCEH Submission Date | CCEH Acceptance Date | Coordinated Access Network | Notes |
|---|---|---|---|---|
| CCADV1 | 12/21/2016 | 12/21/16 | New London | Score: 7<br>Household type:2<br>High Risk |
| CCADV2 | 01/03/2017 | 1/5/17 | Torrington, Winstead | Score: 10<br>Household Type:2 or 3 High Risk |
| CCADV3 | 01/03/2017 | 1/5/17 | Waterbury | |

## XIII. Required Documentation

Required Documentation must be in client files for anyone receiving financial assistance and documents must be submitted with financial assistance request as outlined on the fund request form. All documents should be signed and dated by appropriate parties.

## IX. Definition of Terms

**Case Management:** Housing-focused case management focuses on immediate efforts to attain housing, using the minimum assistance needed to address each household's immediate housing crisis. Staff works with each household to identify and refer households to other resources in the community (e.g., mainstream services, benefit services, food assistance programs, childcare resources, etc.) to support ongoing housing stability. Services are voluntary, housing-focused, person-centered and are provided at the level needed by each household. See also: Progressive Engagement.

**Critical Time Intervention (CTI):** "Critical Time Intervention is a time-limited evidence-based practice that mobilizes support for society's most vulnerable individuals during periods of transition. It facilitates community integration and continuity of care by ensuring that a person has enduring ties to their community and support systems during these critical periods. CTI has been applied in many communities with veterans, people with mental illness, people who have been homeless or in prison, and many other groups. The model has been widely used on four continents. CTI typically lasts for nine months. Services are divided in to three, three-month phases."[12]

**Entries from Homelessness:** Measures the degree to which programs are serving people who are literally homeless, including a place not meant for human habitation, or in an emergency shelter. The measure is calculated in HMIS based on responses to 'immediate prior living situation.'

**Exits to Permanent Housing:** Measures the percentage of households who exit the program into a form of permanent housing (including supportive housing, stable/long term rental housing, subsidized housing, or market rate housing). The exit destination reflects whether a household is stably housed after leaving the RRH program; self-resolving will still be considered an exit to permanent housing.

**Harm Reduction**: A "harm reduction philosophy" will be implemented for Clients who have relapsed from substance abuse or continue to abuse substances, so that health care, support and housing continue to be provided to program participants.

**Housing First:** "A Housing First orientation means that the program is organized around helping people secure a place to live, without preconditions. While gaining income, self-sufficiency, and improved health are all desirable goals, they are not prerequisites to people being housed. In a system organized around Housing First principles, shelter and housing programs have minimal

[12] https://www.criticaltime.org/cti-model/

entry barriers and do not require clients to participate in services or gain skills/income as a condition of receiving housing assistance."[13]

**Housing Location:** Activities related to engaging with and recruiting landlords, property management companies, and housing developers to increase access to permanent housing for homeless and other vulnerable individuals and families. This may include incentives and supports made available to participating landlords and property managers who agree to reduce screening criteria for households with barriers to permanent housing.

**Lengths of Stay:** Measured as the number of days from program enrollment to program exit. For RRH programs, this is defined as the time from initial intake to the end of all RRH services (financial subsidy and case management).

**Positive Youth Development**: A Positive Youth Development (PYD) Framework shall be incorporated into the Contractor's service delivery. Defined by the Federal Interagency Working Group on Youth Programs, the PYD Framework is an intentional, pro-social approach that engages youth in a manner that is productive and constructive; recognizes, utilizes, and enhances youths' strengths; and promotes positive outcomes for young people by providing opportunities, fostering positive relationships and furnishing the support needed to build on their leadership strengths. PYD programs are focus on the following six youth outcomes: Confidence; Character; Connection; Competence; Caring; and Contribution. See the page entitled "Positive Youth Development" at: http://youth.gov/youth-topics/positive-youth-development.

**Progressive Engagement:** "Services start with the least intensive service and amount of subsidy i.e. a "light touch", and progress to greater service intensity only when necessary. The need for additional support is determined by an assessment of the individual or family's experience, self-reporting, and the impact of the initial intervention. Client choice, to the extent feasible, drives the housing options and services offered. Participation in services is voluntary."[14] Progressive engagement fundamentals include:

- Voluntary and flexible participation by household
- Critical thinking and problem solving shared between the family and provider
- Starts with a little bit of support, based on what the household identifies they need
- Connections made to community resources
- Builds on family resiliency and strengths
- Focused goal: to quickly resolve the immediate crisis of homelessness[15]

[13] NAEH Fact Sheet: http://endhomelessness.org/wp-content/uploads/2016/04/housing-first-fact-sheet.pdf
[14] http://www.buildingchanges.org/images/documents/library/2013RRHTenets.pdf
[15] http://www.buildingchanges.org/images/documents/library/2015_WhatIsProgressiveEngagement.pdf

**Return to Homelessness:** Measures the percentage of households who have exited the program to a permanent housing situation and are subsequently served by another homeless intervention (i.e., emergency shelter, transitional housing, or rapid re-housing) in HMIS.

**Trauma Informed Care:** A Trauma Informed Care (TIC) Model shall be incorporated into the Contractor's service delivery. TIC is an approach that recognizes the widespread impact of trauma and understands potential paths for recovery, recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the system, responds by fully integrating knowledge about trauma into policies, procedures, and practices and seeks to actively resist re-traumatization. TIC models generally include a focus on the following: Safety; Trustworthiness and Transparency; Peer Support; Collaboration and Mutuality; Empowerment; Voice and Choice; and Cultural, Historical, and Gender Issues.

## Attachment A: Funding Guidelines

| | | CT-ESG | HUD CoC* / YHDP**** / DV-HT RRH |
|---|---|---|---|
| Eligibility for assistance**** | **Income Eligibility At Enrollment** | No income eligibility upon entry into the program | |
| | **Income Eligibility at Annual Recertification (12 months)** | The gross household income must not exceed 30% of Area Median Income (AMI) as determined by HUD | The gross household income must not exceed 50% of Area Median Income (AMI) as determined by HUD |
| | **Homeless (HUD Definition)** | Literally homeless, fleeing domestic violence, not in transitional housing unless YHDP program | |
| | **Identification Requirements (photo ID, etc.)** | Not required upon entry into the program except for YHDP where Proof of Date of Birth must be attached in the file for all members of the household who are aged 18 or older and who will be included on the subsidized lease. | |
| | **Legal Status** | No status requirements | |
| | | **CT-ESG** | **HUD CoC* / YHDP**** / DV-HT RRH** |
| Program Costs*** | **Monthly Rental assistance** | Up to 100%.<br>Maximum term of rental assistance is 24 months. | |
| | **Security Deposits** | 100% up to 2X monthly rent | 100% up to 2X monthly rent |
| | **Utility deposits & payments** | Up to 100% | Allowable under YHDP only, up to 100% deposit with additional payments within utility allowance |
| | **Moving cost assistance** | Up to 100% | Not allowable |
| | **ID, birth certificates, etc.** | Not allowable | Not allowable |
| | **Utility arrears** | One-time payment of up to 6 months of arrearages per services. | Not allowable |

| | | | |
|---|---|---|---|
| | **Rental application fees** | Allowable | Not allowable |
| | **Rental arrears** | One-time payment of up to 6 months including late fees. | Not allowable |
| | **Property Damage Payment** | Not Allowable | Up to 1 month of additional rent if damages exceed security deposit. Participant must be currently enrolled in RRH program. **For YHDP**: Not an allowable expense. |
| **Additional Requirements** | | **CT-ESG** | **HUD CoC* / YHDP**** / DV-HT RRH** |
| | **Habitability Standard inspection** | HQS Checklist | |
| | **Lead Based Paint Inspection** | Visual assessment** | |
| | **Rent Reasonableness** | Rent reasonable form and certification | |
| | **Existing Subsidized Housing** | Can pay deposits, not ongoing rent | |
| | **Lease Requirements** | Between tenant and landlord | Between tenant and landlord - Must be a 12 mo. lease |

*HUD CoC (Continuum of Care) – May change depending on the given year award restrictions.

Please verify any specific requirements, limits, or exclusions based on a given fund source with your funder.

** Visual assessment must be completed prior to providing rent assistance for all units constructed prior to 1978 in which a child under the age of six is or will be living in the unit. Visual assessments must be conducted by a HUD-Certified Visual Assessor, and must be documented on the HQS or HSS and maintained in the client file.

*** Additional support services expenditures are allowable under the YHDP program, including eligible transportation costs. Providers should consult their agency's fiscal staff to confirm what is eligible costs are within their DOH-approved budget. Expenditures must be documented in the client's file.

**** Under YHDP, all members of the household must be under the age of 25 at program entry unless it is a shared housing situation where the subsidy is apportioned out. This includes unaccompanied and parenting young adults, aged 18-24 at program entry, or emancipated minors.