



**HOMELESSNESS PREVENTION AND
RAPID RE-HOUSING PROGRAM (HPRP)
POLICIES & PROCEDURES HANDBOOK**

GRANT YEARS 2009-2012

**HARRIS COUNTY COMMUNITY SERVICES DEPARTMENT
OFFICE OF HOUSING AND COMMUNITY DEVELOPMENT
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HARRIS COUNTY COMMUNITY SERVICES DEPARTMENT
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**HOMELESSNESS PREVENTION AND RAPID RE-HOUSING PROGRAM
(HPRP) HANDBOOK**

This handbook includes CSD's procedures for Subrecipient agencies to follow when administering their HPRP projects. Subrecipients are expected to operate their HPRP projects in accordance with the U.S. Department of Housing and Urban Development (HUD) regulations and guidance and CSD policy. This guidebook is not exhaustive and will be updated as new HUD guidance is received. If you have any questions regarding the contents of this handbook or HUD requirements, please contact CSD staff at 713-578-2000.

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1. OVERVIEW OF HPRP

HPRP was authorized as the Homelessness Prevention Fund, later renamed the “Homelessness Prevention and Rapid Re-Housing Program (HPRP),” under Title XII of the American Recovery and Reinvestment Act of 2009 (“Recovery Act” or “ARRA”). This program provides \$1.5 billion nationwide in homelessness prevention and rapid re-housing funding through the U.S. Department of Housing and Urban Development (HUD).

The purpose of HPRP is to provide homelessness prevention assistance to households who would otherwise become homeless and to provide assistance to rapidly re-house persons who are already homeless, as defined by section 103 of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11302). HUD expects that HPRP funds will be prioritized to assist households that are most in need of this temporary assistance. HPRP assistance is not intended to provide long-term financial assistance, nor is it able to address all of the financial and supportive services needs that affect housing stability.

Subrecipients must document that program participants would remain or become homeless “but for this HPRP assistance.” Assistance should be focused on housing stabilization, with emphasis on linking program participants to community resources and mainstream benefits and helping them develop a plan for preventing future housing instability. Subrecipients must provide the minimum amount of assistance needed to stabilize the household. For example, although HPRP allows for up to 18 months of rental assistance, Subrecipients must follow recertification procedures to ensure that the household continues to be eligible.

2. ELIGIBILITY AND DOCUMENTATION REQUIREMENTS

2.1 Documentation Standards

Grantees and Subrecipients are responsible for verifying and documenting the eligibility of all HPRP applicants prior to providing HPRP assistance. For purposes of HPRP, HUD allows various types of documentation, ranging from third party verification to applicant self declaration. Minimum acceptable types of documentation vary depending on the type of income or particular housing status and circumstance being documented. General documentation standards, in order of preference, are as follows. Refer to pages 8-10 in HUD's "HPRP Eligibility Determination and Documentation Guidance for further information.

2.1a Written Third Party

- Verification in writing from a third party (e.g. applicant's employer, Social Security Administration, welfare office, emergency shelter provider, bank and child support statements) either returned directly to your Agency or to the applicant is most preferred.

2.1b Oral Third Party

- Verification from a third party provided by the third party over the telephone or in-person directly to HPRP staff. Oral third party verification is acceptable only after efforts to obtain written third party verification were unsuccessful and the efforts were documented.

2.1c Applicant Self-Declaration

- An affidavit of income and housing status as reported by the household is allowable, but should be rarely used. Self-declaration verification is acceptable only after efforts to obtain written and oral third party verification were unsuccessful and the efforts were documented.

2.2 Initial Consultation & Eligibility Determination

2.2a Assessment

Harris County requires Subrecipients to document a household's eligibility for HPRP assistance utilizing a Client Assessment Form. Subrecipients must assess for the types and amounts of assistance needed. All financial assistance must be issued to a third party (landlord or utility company), not directly to program participants. In addition, an assisted property may not be owned by the Subrecipient, or the parent, subsidiary, or affiliated organization of the Subrecipient.

Funds must be used for four categories of eligible activities: financial assistance, housing relocation and stabilization services, data collection and evaluation, and administrative costs.

Financial Assistance

- Short term rental assistance (up to 3 months)
 - Up to 100% of the total payment owed for the first 3 months a participant is in the program. The first payment can include up to 6 months of arrears and late fees owed at the time of the initial assessment

- Medium term rental assistance (4-18 months)
 - Program participants may receive up to 18 months of rental assistance when determined eligible upon recertification. The assistance decreases by 10% after each re-evaluation.

Example:

A program participant receives a total of 18 months of assistance with 100% first month of payment (which includes 6 months of arrears) and 12 months moving forward. The 2nd – 3rd payments will be at 100% of the monthly rent, the 4th – 6th payments at 90% of the monthly rent, the 7th – 9th payments at 80%, the 10th – 12th payments at 70%, and the 13th payment at 60% because this would equal 18 months of rental assistance.

- Utility Assistance
 - Up to 100% of total payment owed for the first month a participant is in the program, including up to 6 months of arrears and late fees owed at the time of the initial assessment, may not exceed \$800 per month, decreasing by 10% after each re-evaluation.
 - Prepaid utilities are not eligible.

- Security/utility deposits
 - While no limit is set for security and utility deposits, requests must be reasonable

- Moving assistance
 - Reasonable costs include but are not limited to truck rental, hiring a moving company, and short-term (up to 3 months) storage fees.

- Motel and hotel vouchers
 - Up to 30 days only if housing has already been identified but is not immediately available and if no appropriate shelter beds are available. The unavailability must be documented.

Housing Relocation & Stabilization Services

- Outreach and Engagement
 - Costs associated with publicity and/or access of programs to eligible individuals.
- Case management
 - Costs associated with arrangement, coordination, monitoring, and delivery of services related to meeting the housing needs of program participants and helping them obtain housing stability. Rates not to exceed \$45K annually.
- Housing search and Placement
 - Costs that will assist individuals and families in locating, obtaining and retaining suitable housing such as: tenant counseling, assistance in understanding lease agreements, moving arrangements, securing utilities, mediation and outreach to property owners.
- Legal Services
 - Costs for referral and contract services incurred as part of case management.
 - Legal services related to mortgages are not eligible.

Data Collection and Evaluation

- Data Collection
 - Costs associated with operating an HMIS for purposes of collecting and reporting data required under HPRP and analyzing patterns of use of HPRP funds are eligible. Eligible costs include the purchase of HMIS software, leasing or purchasing needed computer equipment for providers and the central server, costs associated with data collection, entry and analysis, and staffing associated with the operation of HMIS, including training.
- Evaluation
 - Subrecipients must comply if asked to participate in HUD-sponsored research and evaluation of HPRP.

Administrative Costs

- Costs related to audit, financial staff and administrative support
 - Limited to 5 percent of total award

2.2b Service Area

Subrecipients must document that the unit to be assisted with HPRP funds is located in Harris County. Service area eligibility is determined by conducting an address search on the Harris County Appraisal District's website located at www.hcad.org. The jurisdiction code, 040 for Harris County, should appear. For the purposes of HPRP, service area residency includes the City of Houston, the City of Baytown, the City of Pasadena, 15 cooperative cities (Bellaire, Deer Park, Galena Park, Humble, Jacinto City, Katy, LaPorte, Morgan's Point, Seabrook, Shoreacres, South Houston, Tomball, Waller, Webster, and West University Place), and unincorporated areas of Harris County.

Below is an example of an address that is in Harris County's HPRP service area. Only the first page of the HCAD printout needs to be kept in the file.

Print Details

Page 1 of 2

HARRIS COUNTY APPRAISAL DISTRICT
 REAL PROPERTY ACCOUNT INFORMATION
042198000045

Tax Year: 2011

Owner and Property Information									
Owner Name & Mailing Address: WESTERNWAY HOLDINGS CO PO BOX 217 TIMNATH CO 80547-0217					Legal Description: TRS 1 & 3C ABST 327 S M HARRIS				
					Property Address: 2000 CAVALCADE ST HOUSTON TX 77009				
State Class Code	Land Use Code	Building Class	Total Units	Land Area	Building Area	Net Rentable Area	Neighborhood	Map Facet	Key Map®
F1 -- Real, Commercial	7400 -- Comm. Tabled Warehouse Land	E	0	979,664 SF	28,005	0	5918.03	5459C	453Z

Value Status Information

Capped Account	Value Status	Shared CAD
Pending	All Values Pending	No

Exemptions and Jurisdictions

Exemption Type	Districts	Jurisdictions	ARB Status	2010 Rate	2011 Rate
None	001	HOUSTON ISD	Pending	1.156700	
	040	HARRIS COUNTY	Pending	0.388050	
	041	HARRIS CO FLOOD CNTRL	Pending	0.029230	
	042	PORT OF HOUSTON AUTHY	Pending	0.020540	
	043	HARRIS CO HOSP DIST	Pending	0.192160	
	044	HARRIS CO EDUC DEPT	Pending	0.006581	
	048	HOU COMMUNITY COLLEGE	Pending	0.092220	
	061	CITY OF HOUSTON	Pending	0.638750	
	949	GRTR NRTHSD MGMT DIST	Pending	0.000000	

2.2c Rent Reasonableness

Prior to providing any financial assistance, Subrecipients must request a Rent Reasonableness determination from CSD to ensure that the amount of rent requested by the landlord is reasonable in relation to other similar units.

2.2d Lead Visual Inspection

If the applicant is living in housing built before 1978 and a child under 6 years of age or a pregnant female lives in the housing unit, Subrecipients must request a Lead Visual Inspection and the unit must pass before HPRP financial assistance can be provided.

2.2e Housing Quality Standards

Habitability inspections are required any time a participant moves into housing assisted with HPRP funds, and must be re-inspected at least annually. Inspections are not required when participants are seeking financial assistance to stay in their current housing.

**Please refer to the HCCSD
“HPRP Standard Operating Procedures for Rent Reasonableness,
Lead Visual and Housing Quality Standards Inspections”
for more detailed information.**

2.2f Individual Eligibility Form (IEF)

Subrecipients must complete an IEF for every household assisted with HPRP financial assistance and submit it along with the monthly programmatic reports. Instructions on the completion of the IEF are included in your Subrecipient folder.

Harris County Community Services Department
Office of Housing & Community Development

Note to HPRP Applicants:
In accordance with HPRP regulations, agencies must acquire information to determine client eligibility as well as for general reporting purposes. To participate in this program that is funded by Federal Funds, you must fill out the required information completely and accurately.

Original CSD Project No. 2008 - _____

INDIVIDUAL ELIGIBILITY FORM

For the Homeless Prevention & Rapid Re-Housing Program

Date of Assessment: _____

Eligibility Information (Please Print)

Last Name First Name

Address, City, State, and Zip Code

*Head of Household: Male Female

Number of Persons in Household: _____

Annual Household Income: \$ _____
(Maintain income documentation in client file)

Client Information:

Age: _____ Sex: Male Female

Disabled: Yes No

Ethnicity: Hispanic Non-Hispanic

Race:

- White Black/ African American Asian
 American Indian/Alaskan Native Native Hawaiian/ Other Pacific Islander
 American Indian/Alaskan Native/White Asian and White
 Black/African American and White
 American Indian/Alaskan Native and Black/ African American
 Other Multi-Racial

Household Members:

Name	Relationship	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

*I certify that, to the best of my knowledge and belief, all the above and attached information is true, correct, complete, and provided in good faith. I understand that false or fraudulent information on, or attached to this request may be grounds for being ineligible to receive the assistance requested and may be punishable by a fine and/or imprisonment. I understand that any information I give may be investigated or verified with third parties.

Name: _____

Signature: _____

Date: _____

Comments: _____

For Subrecipient Use

Is the household income at or below 50% of AMI?

Yes No

Has the household ever received HPRP assistance before?

Yes No If so, which agency? _____

Homeless Prevention:

Is there a notice to vacate/eviction notice? Yes No

Rapid Re-Housing:

Is there adequate homelessness documentation? Yes No

Is client approved for HPRP assistance? Yes No

Estimated amounts approved per month of assistance:

Rent Assistance \$ _____

Security Deposit \$ _____

Utility Deposit \$ _____

Utility Assistance \$ _____

Hotel/Motel Vchr \$ _____

Moving \$ _____

Other \$ _____

Authorized by:

Print Name/Title: _____

Signature: _____

Date _____ Phone number: _____

Email: _____

For HCCSD OHCD Use

Have the following been completed?

Rent Reasonableness Determination Yes No Date _____

Lead Visual Yes No N/A Date _____

HQS Yes No N/A Date _____

CSD OHCD Staff Signature: _____

Date: _____

*The head of household is the person in whose name the housing unit is rented.

Revised March 2011

2.2g HUD Staff Certification of Eligibility for HPRP Assistance Form

This form must be maintained in each HPRP participant's file that is deemed eligible for HPRP assistance and is subject to review by HUD. Subrecipients must use the HUD-specific form (including the HUD logo) and not simply reproduce copies that incorporate HUD's prescribed language. The form must be completed and signed by the person determining eligibility and his or her supervisor, and a new form is only required if a different staff person re-certifies eligibility at a later date.

Homelessness Prevention and Rapid Re-Housing Program (HPRP)



STAFF CERTIFICATION OF ELIGIBILITY FOR HPRP ASSISTANCE

Purpose: This form serves as documentation that: (1) the program participant named below meets all eligibility criteria for HPRP assistance; (2) this eligibility determination is based on true and complete information; (3) neither the staff member making this determination nor his or her supervisor are related to the program participant through family, business or other personal ties; and (4) this eligibility determination has not resulted from, nor will result in, any financial benefit to the staff member making this determination, his or her supervisor, or anyone related to them.

Instructions: This form must be completed for each program participant upon the determination of his or her eligibility for HPRP assistance. This form must be signed and dated by the HPRP staff person who makes this determination and that person's supervisor and must be kept in the program participant's case file. This form will remain valid, unless a different staff person re-determines the program participant's eligibility, in which case a new form will be required.

Head of Household Name:
Names of Other Household Members*:

**All members in household that will benefit from HPRP assistance should be listed here.*

Required certifications: Each person signing below certifies to the following: (1) To the best of my knowledge, the program participant named above meets all requirements to receive assistance under the Homelessness Prevention and Rapid Re-Housing Program (HPRP). (2) To the best of my knowledge and ability, all of the information used in making this eligibility determination is true and complete. (3) I am not related to the program participant through family, business or other personal ties. (4) To the best of my knowledge, neither I nor anyone related to me has received or will receive any financial benefit for this eligibility determination. (5) I understand that fraud is investigated by the Department of Housing and Urban Development, Office of Inspector General, and may be punished under Federal laws to include, but not limited to, 18 U.S.C. 1001 and 18 U.S.C. 641. (6) I understand that if any of these certifications is found to be false, I will be subject to criminal, civil and administrative penalties and sanctions.

HPRP Staff Signature: _____ Date: _____

HPRP Supervisor Signature: _____ Date: _____

2.3 Income

2.3a Area Median Income Limits

HPRP funds are to be used to assist households with a gross annual income that is at or below 50% of the Area Median Income, (AMI) which is considered “very low income” by HUD standards. The table below denotes income limits for HPRP for the Houston/Harris County area. Please note that these limits are updated annually.

INCOME LEVELS	HOUSEHOLD SIZE							
	1	2	3	4	5	6	7	8
Very Low (50%) Income Limits	23,450	26,800	30,150	33,450	36,150	38,850	41,500	44,200
Extremely Low (30%) Income Limits	14,050	16,050	18,050	20,050	21,700	23,300	24,900	26,500

Source: U. S. Department of Housing and Urban Development, Dec. 8, 2011

2.3b Income Definition

Income is any money that goes to, or on behalf of, the head of household or spouse (even if temporarily absent) or to any other household member. Annual income includes the current gross income of all adult household members and unearned income attributable to a minor.

- Gross Income is the amount of income earned before any deductions (such as taxes and health insurance premiums) are made.
- Current Income is the income that the household is currently receiving at the time of application for HPRP assistance. Income recently terminated should not be included.

Income Inclusions	Income Exclusions
Earned income Self employment/business income Interest & dividend income Pension/Retirement income Unemployment & Disability Income TANF/Public Assistance Alimony, Child Support and Foster Care Income Armed Forces Income	Income of children Inheritance and insurance income Medical expense reimbursements Income of live-in aides Student Financial Aid Non-recurring or sporadic income

2.3c Income Calculation

When calculating income based on hourly, weekly or monthly payment information, add the gross amount earned in each payment period that is documented and divide by the number of payment periods. This provides an average wage per payment period. Depending on pay periods used by the employer or the schedule of periodic payments, the following calculations convert the average wage into annual income:

- Hourly wage multiplied by hours worked per week multiplied by 52 weeks
- Weekly wage multiplied by 52 weeks
- Bi-weekly (every other week) wage multiplied by 26 bi-weekly periods
- Semi-monthly wage (twice a month) multiplied by 24 semi-monthly periods
- Monthly wage multiplied by 12 months.

Documentation of a household's annual income relative to AMI and indicating HPRP eligibility (50% of AMI or less) must be maintained in the participant file. Subrecipients may use HUD's sample HPRP Household Income Calculation worksheet located on the HUD HRE website at: <http://www.hudhre.info/HPRP/index.cfm?do=viewHPRPTools>

HPRP Income Eligibility Calculation Worksheet					
<small>To be eligible for HPRP, households must be at or below 50% of the Area Median Income (and meet other HPRP eligibility requirements, as outlined in the Notice). grantees may use this sample worksheet to determine whether an applicant household meets the HPRP income eligibility threshold. A copy of this worksheet should be kept in the HPRP participant case file. For additional information on HPRP eligibility requirements and documentation standards, see "HPRP Eligibility Determination and Documentation Guidance" at http://www.hudhre.info/documents/HPRP_EligibilityAndDocumentationGuidance.pdf</small>					
Household Member Number	Household Member Name	Age of Household Member			
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
Total Household Members (Household size)					
50% of Area Median Income (AMI) for Household Size		\$ -			
Household Member Number/Name	Sources of Household Income	Gross Documented Current Income Amount	Frequency of Income	Number of Payments per Year	Annual Gross Income (gross income amount X # of payments per year)
	Earned Income (for ADULT household members only)	\$ -			\$ -
	Earned Income (for ADULT household members only)	\$ -			\$ -
	Earned Income (for ADULT household members only)	\$ -			\$ -
	Self-employment/business income	\$ -			\$ -
	Self-employment/business income	\$ -			\$ -
	Interest & Dividend Income	\$ -			\$ -
	Interest & Dividend Income	\$ -			\$ -
	Pension/Retirement Income	\$ -			\$ -
	Pension/Retirement Income	\$ -			\$ -
	Unemployment & Disability Income	\$ -			\$ -
	Unemployment & Disability Income	\$ -			\$ -
	TANF/Public Assistance	\$ -			\$ -
	TANF/Public Assistance	\$ -			\$ -
	Alimony, Child Support and Foster Care Income	\$ -			\$ -
	Alimony, Child Support and Foster Care Income	\$ -			\$ -
	Armed Forces Income	\$ -			\$ -
	Armed Forces Income	\$ -			\$ -
	Other (specify):	\$ -			\$ -
	Other (specify):	\$ -			\$ -
Total Annual Gross Income from all Sources					\$ -
50% of Area Median Income for Household Size					\$ -
Variance (if less than AMI, then household is income eligible)					\$ -
Is the household at or below 50% Area Median Income?					YES-Income Eligible

2.3d Treatment of Assets

Household assets are generally not counted as income, however household assets should be taken into account when determining whether a household has other financial resources sufficient to obtain or maintain housing. CSD requires Subrecipients to follow the Harris/Fort Bend County Continuum of Care Treatment of Assets Policy, which states:

All liquid assets in addition to non-liquid assets such as trusts/estates; home equity, business or farm equity, or other real estate holdings must be evaluated when determining participant eligibility.

In compliance with HPRP regulation and the HEARTH Act of 2009 at risk of homelessness definition, the asset limit for an HPRP program participant should not exceed the amount needed to prevent homelessness. However, in an effort to promote housing stability a participant is entitled to have liquid assets equal to the amount of three months of household expenses. Participants who have an accessible liquid asset amount greater than three months of household expenses* should therefore be able to avoid homelessness through the use of these assets, as any participant receiving HPRP benefits must be able to be considered homeless but not for this assistance.

Liquid assets are cash or any monetary benefit(s) that can be converted into cash quickly and without penalty. A liquid asset generally has unrestricted accessibility and may be dispensed to the account beneficiary at any time. Examples of such assets are:

- Amounts in checking and savings bank accounts
- Stocks, bonds, saving certificates, money market funds, and other investment accounts
- Keogh and similar retirement saving accounts
- Lump sum receipts of cash received and accessible by household, such as inheritances, capital gains, lottery winnings, insurance settlements, and other claims

Assets such as retirement accounts (401K, 403B, IRA, Roth IRA, etc.) and other accounts that apply a penalty greater than 10 percent or greater for early withdrawal will not be considered a liquid asset. Other, more fixed assets, such as vehicles or family valuables will be considered assets at intake, but a participant will not be expected to access the value of these items to participate in HPRP.

*In extraordinary conditions, an applicant seeking HPRP funds may have liquid assets above the three month minimum. Any individual or family in this situation must first receive an exception from both the CoC grantee organization and the Coalition for the Homeless of Houston/Harris County.

The HPRP Assessment forms used by Subrecipients to document that the household is eligible for HPRP assistance should reflect monthly household expenses which are considered necessary, such as food/groceries, shelter and utilities, transportation, and child care. Expenses such as cable television, dry cleaning, haircuts/nails, restaurants, and credit cards, are not considered as necessary and should not be used.

2.4 Housing Status

2.4a Documenting Homelessness

The term "homeless" or "homeless individual" includes individuals who are:

- Sleeping in emergency shelter
- Sleeping in place not meant for human habitation
- Staying in hospital or institution for up to 180 days, but literally homeless immediately prior to entry
- Graduating from/timing out of transitional housing
- Victim of domestic violence

Refer to pages 11-15 in HUD's "HPRP Homelessness Prevention and Rapid Re-housing Program Eligibility Determination and Documentation" guidebook for acceptable types of documentation of homelessness and the documentation standard.

2.4b Documenting At Risk of Homelessness

Pursuant to (42 U.S.C. §11303), the phrase "at risk of homelessness" includes an individual currently in housing but at risk of becoming homeless and in need of temporary rent or utility assistance to prevent homelessness. Subrecipients must document that an individual/household would become literally homeless in the absence of HPRP assistance. A household that is at-risk of losing their present housing may be eligible if it can be documented that their loss of housing is imminent, they have no appropriate subsequent housing options, and they have no other financial resources and support networks to assist with maintaining their housing.

Refer to pages 16-19 of HUD's "HPRP Homelessness Prevention and Rapid Re-housing Program Eligibility Determination and Documentation" guidebook for acceptable types of documentation of being at risk of homelessness and the documentation standard.

2.4c Documenting "but for this assistance"

In addition to documenting that the household is homeless or at risk of homelessness, Subrecipients must also document that:

- No appropriate subsequent housing options have been identified;
- The household lacks the financial resources to obtain immediate housing or remain in its existing housing; and
- The household lacks support networks needed to obtain immediate housing or remain in its existing housing.

Refer to page 2 of HUD's "HPRP Homelessness Prevention and Rapid Re-housing Program Eligibility Determination and Documentation" guidebook.

2.4d Lock Out and Eviction Process

The following is a descriptive account of four different steps that can occur when a resident is facing lock out and eviction in Harris County.

The Lockout Process

- ❖ A Landlord has the legal right to temporarily restrict a Resident's entry to rental property only if the proper procedure is followed. The lock out process was intended to provide the Landlord an opportunity to make personal contact with the Resident regarding delinquent rent.
- ❖ The Landlord's first step in the lock out process is to deliver to the Resident of the rental property a notice of "**Intent to Lock Out**". The law requires that the notice reflect specific information and be signed and dated by the Landlord or agent.
- ❖ Once the time has elapsed as stated on the notice of "Intent to Lock Out," the Landlord may then proceed in restricting the Resident's entry. Immediately following the lock out the Landlord must post on the outside of the main entry door a "**Notice of Actual Lockout**". The law requires that the notice reflect specific information and be signed and dated by the Landlord or agent.

Legal Eviction Process

- ❖ The Landlord's first step in regaining possession of rental property is to deliver a written demand notice to the rental unit most commonly referred to as a "**Notice to Vacate**". The notice or letter must describe the Landlord's reason for the demand of possession. The most common demand is for non-payment of rent. The law requires that the notice reflect specific information and be signed and dated by the Landlord or agent.
- ❖ The Resident has the legal right to remain in the rental property until the Judge rules otherwise regardless of payment status.

Petition for Eviction

- ❖ In order for a Landlord to regain possession of the rental property, a legal eviction must take place. The Landlord's next step in regaining the rental property is to pay the court cost to file a petition for eviction with the Justice of the Peace. Once the eviction has been filed, a Constable will within a few days deliver a copy of the petition to the Resident of the rental property with a "**Notice to Appear**". The notice will contain the date, time and location of the court hearing. During the hearing, the Judge will request certain information from both the Landlord or Agent and Resident (if present). In most cases the Judge will rule in the Landlord's favor as prescribed by law and direct the Resident to pay the Landlord or vacate the leased property within 5 days of the court hearing date. The Judge will also inform the Resident of the right to appeal the court ruling. The Resident's failure to

appear at the hearing is an automatic ruling in the Landlord's favor by reason of default. The Landlord does not have to present the case to the Judge.

Writ of Possession

- ❖ When the Landlord has been unsuccessful in collecting the delinquent rent, the rental property is still occupied by the Resident, and the 5 days has elapsed as ruled by the Judge, the Landlord may return to the same JP court and pay a fee to file a “**Writ of Possession**”.
- ❖ Once the writ has been filed, a Constable will within a few days deliver a notice to the Resident or Resident's dwelling. This notice will inform the Resident that they have 24 hours to vacate the premises. In the event the Resident has not vacated the premises within the 24 hour period, the Resident and/or possessions will be legally removed by the Constable and a moving company (if necessary).

2.5 Recertification

HUD requires that clients be evaluated and certified for HPRP eligibility at entrance into the program and at least once every 3 months for all households receiving HPRP medium-term rental assistance or other HPRP services lasting longer than 3 months. The 3 required areas for re-certification are income eligibility, housing status eligibility, and review of other resources and support networks. Subrecipients may choose to include additional areas during recertification.

2.6 Termination of Housing Assistance

When a participant's assistance is terminated due to a violation of program requirements, Subrecipients must provide a formal process that recognizes the rights of individuals receiving assistance to due process of law. This process, at a minimum, must consist of:

- (1) Written notice to the program participant containing a clear statement of the reasons for termination;
- (2) A review of the decision, in which the program participant is given the opportunity to present written or oral objections before a person other than the person (or a subordinate of that person) who made or approved the termination decision; and
- (3) Prompt written notice of the final decision to the program participant.

Subrecipients may resume assistance to a program participant whose assistance was previously terminated if upon reassessment the participant is eligible for the program.

2.7 HMIS

All Subrecipients of HPRP funds are required, as mandated through the ARRA, to “collect data on the use of funds awarded and persons served with this assistance in HUD’s Homeless Management Information System (HMIS) or other comparable database.” The HMIS for Harris County is managed by the Coalition for the Homeless of Houston/Harris County (CFTH). For agencies that provide services to survivors of domestic violence, data entry into the HMIS is not a requirement, though all data must be collected in a comparable database that complies with HUD HMIS Data and Technical Standards.

Per HUD, all persons receiving HPRP financial assistance must be enrolled in HMIS. However, households assessed but determined ineligible for HPRP financial assistance are to be entered into HMIS as having received an outreach/engagement service, but not enrolled in HPRP. Please contact CFTH staff if you require technical assistance.

3. MONITORING

Subrecipients will be monitored for compliance with HPRP program regulations, guidelines and procedures. It is mandatory that Subrecipients maintain appropriate documentation to support their activities in accordance with federal guidelines and CSD reporting requirements.

Because of the timeliness of this funding source, CSD will require monthly reporting and will monitor on-site at least twice a year. A semi-annual review of expenditures will be conducted to ensure timely use of funds. Delays in the use of funds for 6 months will result in the de-obligation of awarded funds.

The on-site monitoring visit is comprised of a five-part process:

- Notification letter
- Entrance conference
- Documentation and Data Acquisition review
- Exit Conference
- Monitoring results letter

In preparation of the visit, please consider the following:

1. Ensure that the following client data files and financial files are accessible or on-site and in an orderly manner for the contract period:
 - Client files with documentation of eligibility and services provided
 - Bank Statements
 - Bank reconciliation

- General ledger
 - Cash receipts journal
 - Cash disbursements journal
 - Payroll journal
 - Inventory list
 - Last audit report or approved financial statements
2. Have an exclusive CSD grant file that includes: your Agreement and Amendments; your Policies and Procedures for HPRP, any correspondence mailed or received pertaining to the project; monthly, mid-year and annual programmatic and financial submissions; training materials, etc.
 3. Have a workspace available for the monitor to review the files.
 4. Be prepared to give the monitor a tour of your facility and show the monitor where you display the Whistleblower Protection Poster as applicable to HPRP subcontractors and units of government. Employee or program participants are subject to interview during the visit.
 5. Be prepared to submit a copy of your Policies and Procedures.

As a result of the monitoring, CSD may determine that although the Subrecipient is making efforts to comply with applicable Federal requirements, findings or concerns should be cited. A finding is defined as a program element that does not comply with a Federal statute or regulation, whereas, a concern is either a potential finding or program weakness that must be improved to avoid future problems. Within 30 days of the visit, CSD sends a monitoring results letter to the Subrecipient, which then has 30 days to respond with a corrective action. Once reviewed and approved, CSD sends a response letter to the Subrecipient indicating whether the finding or concern is resolved, and if more steps need to be taken.

4. REPORTING REQUIREMENTS & PROGRAMMATIC FORMS.

1. All monthly programmatic and financial reports are due to CSD in one combined package by the 10th of the month.
2. Invoices may be held for processing until all monthly participant data is entered into the Homeless Management Information System (HMIS).
3. A delay in any financial or program reporting will delay processing of reimbursement.
4. Revisions to any reports must be made within 30 days of the original report due date unless the revisions are specifically requested by CSD. Revisions received more than 30 days after the original due date of the report may be rejected by CSD.

The following is a list of the programmatic and financial reports and due dates per CSD's Agreement:

Reports

- a. Project Status Report submitted monthly
- b. Client Data Report
- c. Tally Sheet submitted monthly
- d. Individual Eligibility Forms submitted monthly
- e. Employee Data Report submitted monthly
- f. Reimbursement Request submitted monthly
- g. Cost Control Report submitted monthly
- h. Cost Worksheet submitted monthly
- i. Personnel Cost Worksheet submitted monthly
- j. Quarterly Report
- k. Annual Performance Report
- l. Other reports as requested

Deadlines

- a. Monthly reports are due within ten (10) days of the end of the monthly reporting periods.
- b. Mid-Year Report is due within ten (10) days after the end of the first six (6) months of the Agreement period.
- c. Annual Performance Report is due within ten (10) working days after the end of the Agreement period
- d. Reimbursement requests received more than sixty (60) days after the reporting month may not be honored

Following are copies of the monthly, quarterly, mid-year and annual programmatic forms which are available in your folder as hard copies and on a CD. Please contact your Project Monitor if you have any questions regarding these reports.

- Monthly Report Coversheet Checklist
- Project Status Report
- Client Data Report (samples)
- Individual Eligibility Form
- Tally Sheet
- Employee Data Report
- HMIS HPRP Clients in Programs Report
- HMIS HPRP Report Sec 2: Table 2A - # of Persons and Households Served, Homeless Prevention
- HMIS HPRP Report Sec 2: Table 2A - # of Persons and Households Served, Homeless Assistance
- HMIS HPRP Report Sec 2: Table 2B – Housing Outcomes of Persons Served, Homeless Prevention
- HMIS HPRP Report Sec 2: Table 2B – Housing Outcomes of Persons Served, Homeless Assistance
- Subrecipient Mid-Year and Annual Performance Reports
- HMIS HPRP Annual Performance Report, page 1



HARRIS COUNTY COMMUNITY SERVICES DEPARTMENT

PY2011

Monthly Report Coversheet Checklist

for the

Homeless Prevention & Rapid Re-Housing Program

Subrecipient/Project # :

Project Name:

Reporting Month and Year:

- Project Status Report
- Client Data Report (*Alphabetize and list new clients first, duplicates second*)
- Individual Eligibility Forms (*Alphabetize, in same order as listed in Client Data Report*)
- Tally Sheet
- Employee Data Report
- HMIS Clients in Programs Report
- HMIS Sec 2: Table 2A – # of Persons and HH Served
- HMIS Sec 2: Table 2B – Housing Outcomes of Persons Served
- Mid-Year and Annual Performance Report
- Financial Reporting Forms
- Leases or Lease Renewals

Submitted by:

Date:

Harris County Community Services Department
 PY 2011 HPRP Project Status Report

Subrecipient/ Project #:		Prepared by:							
Project Title:		Date:							
Reporting Month:		Telephone & Email:							
YTD thru <input type="text" value="Mar-11"/> <small>Month Reporting Month</small>		<input type="checkbox"/> Original		<input type="checkbox"/> Revised					
Grant Type: HPRP		Report Type:							
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)
Contract Goal	Current Reporting Period	# of persons at or below 50% AMI	% at or below 50% AMI	Previous Periods YTD Total	New YTD (b+e)	% of contract goal (f/a)	% of contract time elapsed	HCCSD OHCD Office Use Only	Explanation required if not on target on % of contract goal year-to-date.
Subrecipient's Note to CSD:									
# of Unduplicated Persons (New Clients)									
Deliverable No. 1 Homeless Prevention Activity									
# of Persons									
Amount of Assistance this month									
Deliverable No. 2 Homeless Assistance/Rapid Re-Housing Activity									
# of Persons									
Amount of Assistance this month									

Harris County Community Services Department
 PY2011 HPRP Client Data Report (Sample p.1)

Subrecipient/Project #:		Prepared by:		Date:		Telephone & Email:		Original		Revised					
Project Title:		Reporting Month/Year: April 2011		Date:		Telephone & Email:		Original		Revised					
Time of Performance: October 2009 - July 2012		HPRP		HPRP		HPRP		Original		Revised					
*N = 1 D = 0	Last Name	First Name	\$ Amount of HPRP assistance paid this month	Units of Service		# of persons in HH	Income Information			Age	Sex	Ethnicity	Race	Head of Household (M or F)	Disabled (Y or N)
				New Clients Outreach / Engagement (assessment only)	Engagement (assessment only)		Annual Household Income (must match IEF and HHS)	Very Low	Extremely Low						
1	Brown	Laura	\$1,725.00	1		1	14,400	x		35	F	N	B	F	N
1	Garcia	Ruben		1		3	8,064		x	42	M	H	W	M	N
2			\$1,725.00	1		4									

* If "New" client, Enter "1";
 If "Duplicate", Enter "0"
 Do not report applicants who are above 50% Area Median Income.

Harris County Community Services Department
Office of Housing & Community Development

Original CSD Project No. 2008 - _____

INDIVIDUAL ELIGIBILITY FORM
For the Homeless Prevention & Rapid Re-Housing Program

Note to HPRP Applicants:

In accordance with HPRP regulations, agencies must acquire information to determine client eligibility as well as for general reporting purposes. To participate in this program that is funded by Federal Funds, you must fill out the required information completely and accurately.

Date of Assessment: _____

Eligibility Information (Please Print)

Last Name _____ First Name _____

Address, City, State, and Zip Code _____

*Head of Household: Male Female

Number of Persons in Household: _____

Annual Household Income: \$ _____
(Maintain income documentation in client file)

Client Information:

Age: _____ Sex: Male Female

Disabled: Yes No

Ethnicity: Hispanic Non-Hispanic

Race:

- White Black/ African American Asian
 American Indian/Alaskan Native Native Hawaiian/ Other Pacific Islander
 American Indian/Alaskan Native/White Asian and White
 Black/African American and White
 American Indian/Alaskan Native and Black/ African American
 Other Multi-Racial

Household Members:

Name	Relationship	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

*I certify that, to the best of my knowledge and belief, all the above and attached information is true, correct, complete, and provided in good faith. I understand that false or fraudulent information on, or attached to this request may be grounds for being ineligible to receive the assistance requested and may be punishable by a fine and/or imprisonment. I understand that any information I give may be investigated or verified with third parties.

Name: _____

Signature: _____

Date: _____

Comments: _____

For Subrecipient Use

Is the household income at or below 50% of AMI?

Yes No

Has the household ever received HPRP assistance before?

Yes No If so, which agency? _____

Homeless Prevention:

Is there a notice to vacate/eviction notice? Yes No

Rapid Re-Housing:

Is there adequate homelessness documentation? Yes No

Is client approved for HPRP assistance? Yes No

Estimated amounts approved per month of assistance:

Rent Assistance \$ _____

Security Deposit \$ _____

Utility Deposit \$ _____

Utility Assistance \$ _____

Hotel/Motel Vchr \$ _____

Moving \$ _____

Other \$ _____

Authorized by:

Print Name/Title: _____

Signature: _____

Date _____ Phone number: _____

Email: _____

For HCCSD OHCD Use

Have the following been completed?

Rent Reasonableness Determination Yes No Date _____

Lead Visual Yes No N/A Date _____

HQS Yes No N/A Date _____

CSD OHCD Staff Signature: _____

Date: _____

*The head of household is the person in whose name the housing unit is rented.

Revised March 2011

**Harris County Community Services Department
 PY 2011 HPRP Tally Sheet for # of Households Served with HPRP funds**

MONTH	SEX		ETHNICITY		RACE							Total Served							
	Very Low	Extremely Low	Male	Female	Hispanic	Non-Hispanic	White	Black/Afr Amer	Asian & White	Amer Ind/Alsk Native	Native Haw/Other Pac Isl		Amer Ind/Alsk Native/White	Asian & White	Black/Afr Amer & White	Amer Ind/Alsk Native & Black/Afr Amer	Other Multi-Racial	Female	Disabled
Oct-09																			0
Nov-09																			0
Dec-09																			0
Jan-10																			0
Feb-10																			0
Mar-10																			0
Apr-10																			0
May-10																			0
Jun-10																			0
Jul-10																			0
Aug-10																			0
Sep-10																			0
Oct-10																			0
Nov-10																			0
Dec-10																			0



**HARRIS COUNTY COMMUNITY SERVICES DEPARTMENT
SUBRECIPIENT EMPLOYEE DATA REPORT**

This report documents Equal Employment Opportunity (EEO) Compliance with regards to persons employed in a federally funded program.

Agency: _____ Reporting Month: _____

JOB CATEGORIES	TOTAL EMPLOYEES					FEMALE					MALE				
	Total Male	Total Female	Disabled	40+ Years		White	Black	Hispanic	Asian Pacific Islander	Amer-Indian Alaskan Native	White	Black	Hispanic	Asian Pacific Islander	Amer-Indian Alaskan Native
Official Administrators															
Professionals															
Technicians															
Protective Services															
Paraprofessionals															
Office/Clerical															
Skilled Craft															
Service-Maintenance															

Name and Title of Individual Completing Report _____

Telephone Number _____

Date Completed _____

Note: Report on all regular full-time or part-time employees



Clients In Programs

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Esmeralda Gonzalez

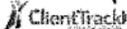
Report Selection Criteria

Report Period:	2/1/2011 to 2/28/2011		
Organization(s):	Catholic Charities, Harris County Community Services Dept., Harris County Protective Services, SEARCH Homeless Services		
Program(s):	CC Harris County Homeless Prevention, HCCSD HPRP, HCPS - HAY Center, SEARCH - Jump Start		
Fund(s):	CC Harris County HPRP, HCCSD HPRP, HCPS HPRP, SEARCH JS HC HPRP		
Minimum Age:	0		
Maximum Age:	110		
Type:	Head Of Household Only Enroll at any point		

HCCSD HPRP

Name	SSN	Race	Age	Gender	Date In	Date Out	Days
[REDACTED]	[REDACTED]	Black or African American	39	Female	11/09/10		112
[REDACTED]	[REDACTED]	Black or African American	26	Male	10/06/10		146
[REDACTED]	[REDACTED]	Black or African American	30	Female	01/07/11		53
[REDACTED]	[REDACTED]	Black or African American	37	Female	09/24/10		158
[REDACTED]	[REDACTED]	Black or African American	28	Female	02/23/11		6
[REDACTED]	[REDACTED]	Black or African American	53	Female	09/30/10	02/24/11	148
[REDACTED]	[REDACTED]	Black or African American	34	Female	12/10/10	02/24/11	77
[REDACTED]	[REDACTED]	Black or African American	50	Female	12/08/10		83
[REDACTED]	[REDACTED]	Black or African American	49	Female	09/17/10		165
[REDACTED]	[REDACTED]	Black or African American	35	Female	11/08/10		113
[REDACTED]	[REDACTED]	Black or African American	52	Male	12/03/10		88
[REDACTED]	[REDACTED]	White	35	Female	01/12/11		48
[REDACTED]	[REDACTED]	White	49	Female	08/17/10		196
[REDACTED]	[REDACTED]	Black or African American	52	Female	06/18/10		256
[REDACTED]	[REDACTED]	Black or African American	32	Female	12/06/10	02/07/11	64
[REDACTED]	[REDACTED]	Black or African American	36	Female	02/15/11		14
[REDACTED]	[REDACTED]	Black or African American	36	Female	04/08/10	02/15/11	314
[REDACTED]	[REDACTED]	Black or African American	56	Male	11/19/10		102
[REDACTED]	[REDACTED]	Black or African American	38	Female	02/02/11		27
[REDACTED]	[REDACTED]	Black or African American	29	Female	04/20/10		315
[REDACTED]	[REDACTED]	Black or African American	30	Female	11/17/10		104
[REDACTED]	[REDACTED]	Black or African American	56	Male	12/06/10		85
[REDACTED]	[REDACTED]	Black or African American	46	Female	11/08/10	02/10/11	95
[REDACTED]	[REDACTED]	Black or African American	38	Female	02/07/11		22

(names marked through for presentation purposes.)



HPRP Report Sec 2: Table 2A - # of
Persons and Households Served



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Esmeralda Gonzalez

Report Selection Criteria

Report Period:	2/1/2011 to 2/28/2011
Organization(s):	Catholic Charities, Harris County Community Services Dept., Harris County Protective Services, SEARCH Homeless Services
Program(s):	CC Harris County Homeless Prevention, HCCSD HPRP, HCPS - HAY Center, SEARCH - Jump Start
Grant(s):	CC Harris County HPRP, HCCSD HPRP, HCPS HPRP, SEARCH JS HC HPRP
Assistance Type(s):	Homelessness Prevention

Total Persons and Households Served

	Homelessness Prevention				Homeless Assistance				Total			
	Persons		Households		Persons		Households		Persons		Households	
	Q	GTD	Q	GTD	Q	GTD	Q	GTD	Q	GTD	Q	GTD
Total Served	63	1127	33	474	0	0	0	0	63	1127	33	474

Financial Assistance

	Homelessness Prevention				Homeless Assistance				Total			
	Persons		Households		Persons		Households		Persons		Households	
	Q	GTD	Q	GTD	Q	GTD	Q	GTD	Q	GTD	Q	GTD
Rental Assistance	7	952	4	380	0	0	0	0	7	952	4	380
Security and Utility Deposits	0	2	0	2	0	0	0	0	0	2	0	2
Utility Payments	0	65	0	29	0	0	0	0	0	65	0	29
Total Financial Assistance	7	952	4	380	0	0	0	0	7	952	4	380

Housing Relocation & Stabilization Services

	Homelessness Prevention				Homeless Assistance				Total			
	Persons		Households		Persons		Households		Persons		Households	
	Q	GTD	Q	GTD	Q	GTD	Q	GTD	Q	GTD	Q	GTD
Case Management	58	404	31	198	0	0	0	0	58	404	31	198
Outreach and Engagement	0	100	0	45	0	0	0	0	0	100	0	45
Housing Search and Placement	0	1	0	1	0	0	0	0	0	1	0	1
Total Housing Relocation & Stabilization Services	58	439	31	210	0	0	0	0	58	439	31	210

HPRP Report Sec 2: Table 2A - # of
Persons and Households Served



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Esmeralda Gonzalez

Report Selection Criteria

Report Period:	2/1/2011 to 2/28/2011
Organization(s):	Catholic Charities, Harris County Community Services Dept., Harris County Protective Services, SEARCH Homeless Services
Program(s):	CC Harris County Homeless Prevention, HCCSD HPRP, HCPS - HAY Center, SEARCH - Jump Start
Grant(s):	CC Harris County HPRP, HCCSD HPRP, HCPS HPRP, SEARCH JS HC HPRP
Assistance Type(s):	Homeless Assistance

Total Persons and Households Served

	Homelessness Prevention				Homeless Assistance				Total			
	Persons		Households		Persons		Households		Persons		Households	
	Q	GTD	Q	GTD	Q	GTD	Q	GTD	Q	GTD	Q	GTD
Total Served	0	0	0	0	13	33	10	29	13	33	10	29

Financial Assistance

	Homelessness Prevention				Homeless Assistance				Total			
	Persons		Households		Persons		Households		Persons		Households	
	Q	GTD	Q	GTD	Q	GTD	Q	GTD	Q	GTD	Q	GTD
Rental Assistance	0	0	0	0	12	30	9	26	12	30	9	26
Security and Utility Deposits	0	0	0	0	1	19	1	16	1	19	1	16
Utility Payments	0	0	0	0	3	10	2	9	3	10	2	9
Motel & Hotel Vouchers	0	0	0	0	0	2	0	2	0	2	0	2
Total Financial Assistance	0	0	0	0	12	30	9	26	12	30	9	26

Housing Relocation & Stabilization Services

	Homelessness Prevention				Homeless Assistance				Total			
	Persons		Households		Persons		Households		Persons		Households	
	Q	GTD	Q	GTD	Q	GTD	Q	GTD	Q	GTD	Q	GTD
Case Management	0	0	0	0	8	31	6	27	8	31	6	27
Outreach and Engagement	0	0	0	0	0	14	0	13	0	14	0	13
Housing Search and Placement	0	0	0	0	0	21	0	19	0	21	0	19
Total Housing Relocation & Stabilization Services	0	0	0	0	8	31	6	27	8	31	6	27



HPRP Report Sec 2: Table 2B - Housing Outcomes of Persons Served

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Esmeralda Gonzalez

Report Selection Criteria

Items in gray boxes are not calculated

Report Period:	2/1/2011 to 2/28/2011
Organization(s):	Catholic Charities, Harris County Community Services Dept., Harris County Protective Services, SEARCH Homeless Services
Program(s):	CC Harris County Homeless Prevention, HCCSD HPRP, HCPS - HAY Center, SEARCH - Jump Start
Grant(s):	CC Harris County HPRP, HCCSD HPRP, HCPS HPRP, SEARCH JS HC HPRP
Assistance Type(s):	Homelessness Prevention

Permanent Destinations

	Q			GTD		
	N	%	% of Total	N	%	% of Total
Rental by client, no ongoing housing subsidy	15			704		
Owned by client, no ongoing housing subsidy	1			5		
Rental by client, VASH Subsidy	0			2		
Rental by client, other (non-VASH) ongoing housing subsidy	0			4		
Staying or living with family, permanent tenure	0			4		
Staying or living with friends, permanent tenure	0			3		
Total Persons leaving for Permanent Destinations	16			722		

Temporary Destinations

	Q			GTD		
	N	%	% of Total	N	%	% of Total
Staying or living with family, temporary tenure (e.g., room, apartment or house)	0			9		
Transitional Housing for homeless persons (including homeless youth)	0			2		
Total Persons leaving for Temporary Destinations	0			11		

Institutional Destinations

	Q			GTD		
	N	%	% of Total	N	%	% of Total
Jail, Prison, Juvenile Detention Facility	0			1		
Total Persons leaving for Institutional Destinations	0			1		

Other Destinations

	Q			GTD		
	N	%	% of Total	N	%	% of Total
Other	0			1		



HPRP Report Sec 2: Table 2B - Housing Outcomes of Persons Served

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Esmeralda Gonzalez

Report Selection Criteria		Items in gray boxes are not calculated
Report Period:	2/1/2011 to 2/28/2011	
Organization(s):	Catholic Charities, Harris County Community Services Dept., Harris County Protective Services, SEARCH Homeless Services	
Program(s):	CC Harris County Homeless Prevention, HCCSD HPRP, HCPS - HAY Center, SEARCH - Jump Start	
Grant(s):	CC Harris County HPRP, HCCSD HPRP, HCPS HPRP, SEARCH JS HC HPRP	
Assistance Type(s):	Homeless Assistance	

Permanent Destinations

	Q			GTD		
	N	%	% of Total	N	%	% of Total
Rental by client, no ongoing housing subsidy	1			11		
Rental by client, other (non-VASH) ongoing housing subsidy	0			1		
Rental by client, VASH Subsidy	0			1		
Total Persons leaving for Permanent Destinations	1			13		

Temporary Destinations

	Q			GTD		
	N	%	% of Total	N	%	% of Total
Staying or living with friends, temporary tenure (e.g., room, apartment or house)	0			1		
Transitional Housing for homeless persons (including homeless youth)	0			1		
Total Persons leaving for Temporary Destinations	0			2		

Institutional Destinations

	Q			GTD		
	N	%	% of Total	N	%	% of Total
Jail, Prison, Juvenile Detention Facility	0			1		
Total Persons leaving for Institutional Destinations	0			1		

Other Destinations

	Q			GTD		
	N	%	% of Total	N	%	% of Total
Don't Know / Refused	0			2		
Total Persons leaving for Other Destinations	0			2		
TOTAL PERSONS WHO LEFT THE PROGRAM	1			18		



Report Selection Criteria

Report Period:	1/1/2010 to 3/31/2011
Organization(s):	Catholic Charities, Harris County Community Services Dept., Harris County Protective Services, SEARCH Homeless Services
Grant(s):	CC Harris County HPRP, HCCSD HPRP, HCPS HPRP, SEARCH JS HC HPRP
Programs(s):	CC Harris County Homeless Prevention, HCCSD HPRP, HCPS - HAY Center, SEARCH Jump Start

4. Combined HMIS and Comparable Database Data Quality

Total number of records for All Clients	1,013
Total number of records for Adults Only	583
Total number of records for Unaccompanied Youth	0
Total number of records for Leavers	715

Combined HMIS and Comparable Database Data Quality

Data Element	Don't Know or Refused	Missing Data
First Name	0	0
Last Name	0	0
SSN	24	4
Date of Birth	2	0
Race	12	2
Ethnicity	2	7
Gender	0	0
Veteran Status	0	0
Residence Prior to Entry	22	0
Zip of Last Permanent Address	123	0
Housing Status (at entry)	0	0
Income (at entry)	13	11
Income (at exit)	2	144
Non-Cash Benefits (at entry)	14	11
Non-Cash Benefits (at exit)	3	144
Destination	33	0

5a. Persons Served by Household Type - Homelessness Prevention

5. CSD INFORMATION

Office Hours. Office hours are 8 a.m. to 5 p.m., CST, Monday through Friday, except holidays as designated by Harris County Commissioners Court.

Mailing Address. The mailing address for the office is 8410 Lantern Point, Houston, Texas 77054.

Telephone and Fax. 713-578-2000; 713-578-2269.

Internet Website. The Department's website is <http://www.csd.hctx.net/>. The Grants Management website is http://www.csd.hctx.net/Grants_Management.htm.