

HOME NOW-FRIENDSHIP PLACE**Housing Inspection Checklist**

This form is to be used by the Home Now Case Manager to determine habitability standards of units for participants who are utilizing financial assistance to move into a new (different) permanent housing unit.

The following standards must be met:

1. Structure and materials: The structure must be structurally sound so as not to pose any threat to the health and safety of the occupants and so as to protect the residents from hazards
☐ Approved
☐ Deficient
2. Access: The housing must be accessible and capable of being utilized without unauthorized use of other private properties. Structures must provide alternate means of egress in case of fire.
☐ Approved
☐ Deficient
3. Space and Security: Each resident must be afforded adequate space and security for themselves and their belongings. Each resident must be provided with an acceptable place to sleep.
☐ Approved
☐ Deficient
4. Interior air quality: Every room must be provided with natural or mechanical ventilation. Structures must be free of pollutants in the air at levels that threaten the health of residents.
☐ Approved
☐ Deficient
5. Water Supply: The water supply must be free from contamination.
☐ Approved
☐ Deficient
6. Sanitary facilities: Residents must have access to sufficient sanitary facilities that are in proper operating condition, may be used in privacy, and are adequate for personal cleanliness and the disposal of human waste.
☐ Approved
☐ Deficient
7. Thermal environment: The housing must have adequate heating in proper operating condition.
☐ Approved
☐ Deficient
8. Illumination and electricity: The house must have adequate natural or artificial illumination to permit normal indoor activities and to support the health and safety of residents. Sufficient electrical sources must be provided to permit use of essential electrical appliances while assuring safety from fire
☐ Approved
☐ Deficient

9. Food preparations and refuse disposal: All food preparation areas must contain suitable space and equipment to store, prepare, and serve food in a sanitary manner.
 - ☐ Approved
 - ☐ Deficient
10. Sanitary condition: The housing and any equipment must be maintained in a sanitary condition.
 - ☐ Approved
 - ☐ Deficient
11. Fire Safety: Both conditions must be met to meet this standard.
 - a. Each unit must contain at least one battery-operated or hard-wired smoke detector, in proper working condition, on each occupied level in the unit. Smoke detectors must be located, to the extent practicable, in a hallway adjacent to a bedroom. If hearing-impaired persons occupy the unit, smoke detectors must have an alarm system designed for hearing-impaired persons in each bedroom occupied by a hearing-impaired person.
 - b. The public areas of all housing must be equipped with a sufficient number, but not less than one for each are, of battery-operated or hard-wired smoke detectors. Public areas include, but are not limited to, laundry rooms, day care centers, hallways, stairwells, and other common areas.
 - ☐ Approved
 - ☐ Deficient

The following are optional standards. If the standards are not met, participants may sign off stating that they accept the unit as is:

1. The entire unit must be freshly painted.
 - ☐ Approved
 - ☐ Deficient
2. No chipping or peeling paint, cracks, holes or loose plaster inside the unit.
 - ☐ Approved
 - ☐ Deficient
3. All ground floor windows and exterior doors shall open and close as designed and must have working locks.
 - ☐ Approved
 - ☐ Deficient
4. All security bars and windows must have a quick release mechanism.
 - ☐ Approved
 - ☐ Deficient
5. Windows and doors shall be weather tight with glass free of cracks to prevent wind, air or rain penetration.
 - ☐ Approved
 - ☐ Deficient
6. House or apartment shall be properly numbered or lettered with the proper illumination (lighting).
 - ☐ Approved
 - ☐ Deficient

7. There must be stepping stones or walkway to the unit.
☐ Approved
☐ Deficient
8. Weeds and grass shall be less than four inches in height.
☐ Approved
☐ Deficient

Certification Statement

I certify that I am NOT a HUD certified inspector and I have evaluated the property located at the address below to the best of my knowledge and find the following:

- ☐ Property meets all of the above standards.
☐ Property meets all of the required standards but does not meet all of the optional standards.
☐ Property does not meet all of the required standards.

Therefore, I make the following determination:

- ☐ Property is approved.
☐ Property is NOT approved.

Participant Name: _____

Street Address: _____

Evaluator's Name: _____

Evaluator's Signature

Date

By signing this I agree to accept the unit in the condition that it is in even though it may not meet the optional inspection standards.

Participant Signature

Date

Virginia Williams Family Resource Center
920 Rhode Island Avenue, N.E. Washington DC 20018 Telephone (202) 526-0017

Notice of Eligibility for Family Homeless Services

Applicant's Name _____ Date _____

1. Based on your application and information available today, you have been determined:

_____ **Eligible for Family Homeless Services**, and you have given us everything we need; **OR**

_____ **Eligible for Family Homeless Services**, but we need the following documents or information by _____ (at least 7 business days from today)

2. You must complete the full Virginia Williams Family Resource Center screening process. This will help determine appropriate referrals and services and your priority for those services.

The full screening process will:

- Assess your current housing and employment strengths, resources and needs;
- Verify and fully explore resources in the community that can help you meet your current housing needs;
- Help you determine your next steps to increase your housing and financial stability.

3. You will receive a Notice of Priority Determination when you complete the full screening process.

I understand that if I do not cooperate in the full screening process, the Virginia Williams Family Resource Center may not have the information they need to make the appropriate referral to services or to make my priority determination for services.

By signing below, I acknowledge that I received this notice. I also acknowledge that this notice and my appeal rights were explained to me.

A Copy of this Notice of Eligibility was hand delivered to the client on _____

Date

Provider's Authorized Representative's Name (printed), Signature and Title _____

Date

Client Name (printed) and Signature _____

Date

Witness Name (printed) and Signature (If Client Refused to Sign) _____

Date

DO NOT MODIFY THIS NOTICE

Official document developed in accordance with the Homeless Services Reform Act of 2005 (10/31/14)

Your Right to Appeal Your Eligibility Decision for Family Homeless Services

If you disagree with our decision to determine you eligible for Family Homeless Services, you can appeal through a Fair Hearing. Before the Fair Hearing, you have a right to an Administrative Review. The Administrative Review is optional and less formal than a Fair Hearing. If you want, you can choose to have both.

To Request a "Fair Hearing", you need to:

- Call the Office of Administrative Hearings, at 442-9094 or send in your request in writing to the Office of Administrative Hearings, 441 4th Street, N.W., Suite 450 North, Washington, D.C. 20001; **OR**
- Call the Family Services Administration, at 698-4170, or send in your request in writing to the Family Services Administration, 64 New York Avenue, N.E., Washington, D.C. 20002.

To Receive an "Administrative Review":

- You do not need to file a separate request for an Administrative Review. Once you request a Fair Hearing, you will automatically be offered an opportunity for an Administrative Review by the Family Services Administration.
- A notice will be sent to you notifying you of the time, date, and place for the Administrative Review.
- If you do not appear at the Administrative Review, you will still have a Fair Hearing. The Office of Administrative Hearings will send you a notice telling you the time, date and place for the Fair Hearing.

At Your Fair Hearing or Administrative Review:

- You have the right to be represented by a lawyer (see below), relative, or any other person of your choice who is not an employee of the D.C. Government and to bring witnesses or evidence that helps your case.

Free legal representation may be available from:

- *The Washington Legal Clinic for the Homeless at (202) 328-5500*
- *Legal Aid Society of the District of Columbia at (202) 628-1161*
- *Bread for the City at (202) 265-2400 OR (202) 561-8587*

Discrimination claims:

- If you think you have been discriminated against because of your race, religion, color, sex, national origin, disability, personal appearance, age, marital status, sexual orientation or another basis, you may call the D.C. Office of Human Rights at 727-4559 within 365 days of the act.

DO NOT MODIFY THIS NOTICE

Official document developed in accordance with the Homeless Services Reform Act of 2005 (10/31/14)

Virginia Williams Family Resource Center
920 Rhode Island Avenue, N.E. Washington DC 20018 Telephone (202) 526-0017

Notice of Ineligibility for Family Homeless Services

Applicant's Name _____ **Date** _____

1. Based on your application and information available today, you have been determined **ineligible for Family Homeless Services**. The reason is that you do not meet the following eligibility criteria under the Homeless Services Reform Act of 2005, (D.C. Code § 4-751.01 *et. seq*):

_____ **Family** (See D.C. Code § 4-751.01(16)), because:

- _____ You have no minor or dependent children in your applicant unit **AND** you are not at least six months pregnant
- _____ You are not a part of an applicant unit whose history and statements reasonably demonstrate that you are a part of the family unit and intend to remain together as one, because _____

_____ **Residency of the District of Columbia** (See D.C. Code §§ 4-753.02(a)(2) & 4-751.01(32)), because:

- _____ Someone in your applicant unit is receiving public assistance from the State of _____
 Specifically, _____
- _____ You are not living in the District of Columbia, because _____
- _____ You are living in the District of Columbia, but have not demonstrated that it is not for a temporary purpose, because _____
- _____ You have not provided:
- _____ evidence that you are receiving public assistance from the District;
- _____ evidence of a mailing address in the District, valid within the last 2 years;
- _____ evidence that a family member is attending school in the District;
- _____ verification from a valid verifier.

_____ **Homeless or at Imminent Risk of Becoming Homeless** (See D.C. Code §§ 4-753.02(a)(1) & 4-751.01(18)), because:

- _____ You have safe housing and are not at imminent risk of losing such housing, because
- _____ You are on the lease and can return to _____
- _____ You can stay for at least 30 days at/with _____
- _____ You have the financial means to acquire safe housing immediately, because _____

By signing below, I acknowledge that I received this notice. I also acknowledge that this notice and my appeal rights were explained to me.

A Copy of this Notice of Ineligibility was hand delivered to the client on _____

Date

Provider's Authorized Representative's Name (printed), Signature and Title _____

Date

Client Name (printed) and Signature _____

Date

Witness Name (printed) and Signature (If Client Refused to Sign) _____

Date

DO NOT MODIFY THIS NOTICE

Official document developed in accordance with the Homeless Services Reform Act of 2005 (10/31/14)

Your Right to Appeal Your Eligibility Decision for Family Homeless Services

If you disagree with our decision to determine you eligible for Family Homeless Services, you can appeal through a Fair Hearing. Before the Fair Hearing, you have a right to an Administrative Review. The Administrative Review is optional and less formal than a Fair Hearing. If you want, you can choose to have both.

To Request a "Fair Hearing", you need to:

- Call the Office of Administrative Hearings, at 442-9094 *or* send in your request in writing to the Office of Administrative Hearings, 441 4th Street, N.W., Suite 450 North, Washington, D.C. 20001; **OR**
- Call the Family Services Administration, at 698-4170, or send in your request in writing to the Family Services Administration, 64 New York Avenue, N.E., Washington, D.C. 20002.

To Receive an "Administrative Review":

- You do not need to file a separate request for an Administrative Review. Once you request a Fair Hearing, you will automatically be offered an opportunity for an Administrative Review by the Family Services Administration.
- A notice will be sent to you notifying you of the time, date, and place for the Administrative Review.
- If you do not appear at the Administrative Review, you will still have a Fair Hearing. The Office of Administrative Hearings will send you a notice telling you the time, date and place for the Fair Hearing.

At Your Fair Hearing or Administrative Review:

- You have the right to be represented by a lawyer (see below), relative, or any other person of your choice who is not an employee of the D.C. Government and to bring witnesses or evidence that helps your case.

Free legal representation may be available from:

- *The Washington Legal Clinic for the Homeless at (202) 328-5500*
- *Legal Aid Society of the District of Columbia at (202) 628-1161*
- *Bread for the City at (202) 265-2400 OR (202) 561-8587*

Discrimination claims:

- If you think you have been discriminated against because of your race, religion, color, sex, national origin, disability, personal appearance, age, marital status, sexual orientation or another basis, you may call the D.C. Office of Human Rights at 727-4559 within 365 days of the act.

DO NOT MODIFY THIS NOTICE

Official document developed in accordance with the Homeless Services Reform Act of 2005 (10/31/14)

Virginia Williams Family Resource Center
Notice of Priority Determination for Family Shelter or Supportive Housing

Client's Name _____ Date _____

Based on your application and intake for Homeless Services, your Priority for shelter is:

☐ **Pending**, because you haven't provided us with sufficient information to make a priority determination. (See 29 DCMR 2508.1(b)). We still need the following information or clarification/s:

☐ **Priority 1**, because you _____

Priority 1 means you are living in a place not meant for people to live or cannot access other safe housing arrangements tonight. **If it is 32 degrees or below (with wind chill), you will be placed in hypothermia shelter today.** (See 29 DCMR 2508.1(a)(1)).

☐ **Priority 2**, because you _____

Priority 2 means that you have access to another housing arrangement for at least tonight; but it is unstable, and you are at imminent risk of becoming homeless. (See 29 DCMR 2508.1(a)(2)). OR

☐ **Priority 3**, because you _____

Priority 3 means that you have access to a stable housing arrangement; however, you are in danger of being at imminent risk of becoming homeless. (See 29 DCMR 2508.1(a)(3)).

You Have the Right to Request a Reconsideration of Your Priority Determination

*If you disagree with this decision, you have the right to request a **Reconsideration**. To request a Reconsideration, you may make the request verbally or in writing to a Supervisor at the Virginia Williams Family Resource Center and a decision will be made as described on the back of this form.*

A Copy of this Notice of Eligibility and Priority Determination was provided to the client by:

☐ Hand delivery or ☐ First Class Mail to _____ Date _____

Provider's Authorized Representative's Signature and Title _____ Date _____

By signing this, I am admitting only that I received a copy of this Notice.

Client Signature _____ Date _____

Witness Name (printed) and Signature (If Client Refused to Sign) _____ Date _____

DO NOT MODIFY THIS NOTICE

Official document developed in accordance with the Homeless Services Reform Act of 2005 (11/28/12)

Your Right to Appeal Your Notice of Eligibility for Family Shelter or Supportive Housing

If you disagree with our eligibility decision for shelter or supportive housing, you can appeal through a Fair Hearing. Before the Fair Hearing, you have a right to an Administrative Review. The Administrative Review is optional and less formal than a Fair Hearing. If you want, you can choose to have both.

*You have the right to request an appeal **within 90 days** after the date of your denial of eligibility.*

To Request a "Fair Hearing", you need to:

- Call the Office of Administrative Hearings, at 442-9094 or send in your request in writing to the Office of Administrative Hearings, 441 4th Street, N.W., Suite 450 North, Washington, D.C. 20001; **OR**
- Tell a staff member where you reside that you want a Fair Hearing. By law, he or she must help you make your request; **OR**
- Call the Family Services Administration, at 698-4170, or send in your request in writing to the Family Services Administration, 64 New York Avenue, N.E., Washington, D.C. 20002.

To Receive an "Administrative Review":

- You do not need to file a separate request for an administrative review. Once you request a Fair Hearing, you will automatically be offered an opportunity for an Administrative Review by the Family Services Administration.
- A notice will be sent to you notifying you of the time, date, and place for the Administrative Review.
- If you do not appear at the Administrative Review, you will still have a Fair Hearing. The Office of Administrative Hearings will send you a notice telling you the time, date and place for the Fair Hearing.

At Your Fair Hearing or Administrative Review:

- You have the right to be represented by a lawyer (see below), relative, or any other person of your choice who is not an employee of the D.C. Government and to bring witnesses or evidence that helps your case.

Free legal representation may be available from:

- *The Washington Legal Clinic for the Homeless at (202) 328-5500*
- *Legal Aid Society of the District of Columbia at (202) 628-1161*
- *Bread for the City at (202) 265-2400 OR (202) 561-8587*

Discrimination claims:

If you think you have been discriminated against because of your race, religion, color, sex, national origin, disability, personal appearance, age, marital status, sexual orientation or another basis, you may call the D.C. Office of Human Rights at 727-4557 within 365 days of the act.

THE VIRGINIA WILLIAMS FAMILY RESOURCE CENTER

A Program of The Community Partnership

Operated and Managed by the Coalition for the Homeless

**ALL DOCUMENTS MUST
BE RETURNED BY:**

DUE DATE;

Family Intake Document Checklist

In order to assist us in processing your application for family shelter please provide a copy of the check marked documents listed below. The program will waive certain documentation requirements if you can show reasonable efforts have been made to obtain the document.

<u>RETURNED DOCUMENTS</u>	<u>REQUIRED DOCUMENTS</u>
---------------------------	---------------------------

Client
Initials

Date

Worker
Initials

(✓ indicates a required document)

_____ Eviction Notice

_____ Writ of Eviction

_____ Statement of Income: SS Income, TANF eligibility, W-2 Statement of Earnings, Pay-stubs, child support & other benefits

_____ Birth Certificate- adult/ children (Only if you do **not** receive TANF)

_____ Social Security Cards -adult/ children (Only if you do **not** receive TANF)

_____ Picture Identification (driver's license, DHS Identification card or Employee ID)

_____ A signed statement from the individuals listed below which states:

1. **Date the letter was written**
2. **Names of all of your family members staying in the residence**
3. **Dates that you stayed in the residence**
4. **Whether you can or cannot return/stay**
5. **Why you have/had to leave**
6. **When you must leave (or left)**
7. **Phone number, address and signature of the lease holder**

_____ Verification of Rental Assistance Application- DCHA (copy of D.C. Housing Authority receipt from 1133 N. Capitol St., NE)

_____ Verification of School Enrollment for school age children

_____ **No additional documents are needed at this stage.**

My signature below indicates that I received a copy of this form notifying me of documents required to complete my intake assessment and the date that those documents are due.

Worker Signature

Date

Client Printed Name

Client Signature

Date



The Community Partnership | DEPARTMENT OF HUMAN SERVICES

HIPAA & 42 C.F.R. Initial Consent and Disclosure Form

I _____ authorize the Virginia Williams Family Resource Center (VWFRC), inclusive of, The Department of Human Services, Coalition for the Homeless and The Community Partnership, to request, release, and disclose the following confidential information that is needed for the purpose of housing referrals, employment referrals and case management referrals and activities.

Income Records

Legal Records

Medical Records

Education Records

Mental Health Records

Alcohol and Drug Treatment
Records

Employment

Other _____

I _____ authorize VWFRC to request, release, and disclose the above information to/from the following entities.

- Homeless service providers within the Continuum of Care*
- Court Services and Offender Supervision Agency (CSOSA)*
- Dept. of Mental Health*
- Dept. of Health*
- Addiction Prevention and Recovery Administration (APRA)*
- Employer
- CFSA*
- Social Security Administration*
- Core Service Agency*
- Previous Landlords
- DC Housing Authority
- Office State Superintendent Education (OSSE)
- Child Support Division

It is understood that any disclosure made is bound by Part 2 or Title 42 of the code of Federal Regulations governing confidentiality of alcohol and drug abuse client records and that recipient of this information may disclose it only in connection of their official duties.

If the person or entity receiving this information is not a health care provider or required to adhere to Federal Privacy Regulations, the information described above may be disclosed to other individuals or institutions and no longer protected by these regulations.

**Confidentiality is not absolute and information can be released in the following circumstances:
Danger to Self and Others, Court Ordered Disclosure, Legal/Clinical Documentation, Medical Emergency, and Suspected Abuse or Neglect**

You may refuse to sign this authorization. This consent is subject to revocation at any time except to the extent that the program which is to make the disclosure has already taken action in reliance on it. If not previously revoked, this consent will terminate one year after the date it is signed. I acknowledge that all requests to revoke this consent must be made in writing and given to the assigned Homeless Service Specialist.

Client/Representative Signature

Date

Relationship

Staff Signature

Date

Job Title

This symbol () does not imply that the client currently receives or has ever received services from this agency

Revised 4/8/15



COALITION
FOR THE
HOMELESS

District of Columbia Disability Rights to Shelter and Housing Program
Acknowledgement of Receipt

Do you need Reasonable Accommodation(s)?

_____ Yes

_____ No

I have received a copy of the DC Disability Rights in Shelter and Housing Programs Brochure?

_____ Yes

_____ No

This brochure of my rights has been explained to me?

_____ Yes

_____ No

Applicant's Signature

Date

Applicant's Printed Name

Applicant's Signature (Additional Head of Household)

Date

Applicant's Printed Name (Additional Head of Household)

Staff Member's Signature

Date

Staff Member's Printed Name

Staff Member's Title

YOU HAVE THE RIGHT -TO BE FREE FROM DISCRIMINATION, -TO BE IN THE MOST INTEGRATED SETTING POSSIBLE, AND -TO REQUEST REASONABLE ACCOMMODATIONS

If you or a household member has a disability you have the right to be free from disability discrimination, as well as the right to live with others who may or may not have a disability. Details, such as how serious, or how you, your family or doctor work with your disabilities are private. Only information needed for special programs and services, and verification of the need for an accommodation may be requested by the housing provider.

What is a reasonable accommodation?

If your disability makes it difficult or impossible to participate equally, follow the rules, or get in and out of places, an accommodation must be made for you if it is reasonable. An accommodation is reasonable if it is not so costly as to hurt the shelter's program and does not change the shelter's program or service.

ASKING FOR A REASONABLE ACCOMMODATION REQUIRES NO MAGICAL WORDS

Ask your Shelter Staff for an accommodation. When you ask for an accommodation you will be asked to fill out a form. You must fill out this form so that your request may be considered. If you want, a staff person will help you complete the form. This form will cover three basic points:

1. Your disability,
2. Your request for the shelter to make a change in how it does things or a change in your living space,
3. That the change is necessary for you to participate equally in the shelter program because of your disability.

What can the shelter staff ask so that you qualify for an accommodation? The shelter is looking for three things that can be verified by you or by a person who knows about you and your disability. The shelter staff will ask for information that:

1. Shows that you have a disability,
2. Explains the connection between the accommodation and the disability,
3. Describes how the accommodation will work for you.

The shelter must keep all of your information confidential.

What is a shelter not allowed to do?

A shelter may not ask for your medical records or details about your disability.

What can a shelter do?

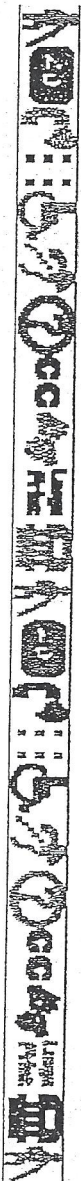
A shelter may offer an alternative accommodation that is different from what you asked for, but it must consider your request.

Can a shelter refuse a requested accommodation? Yes, if:

1. You do not have a disability,
2. The accommodation is not reasonable—costs too much or if the request changes the shelter's program or service,
3. The accommodation is either not related to your disability or not necessary for you to access the program's services.

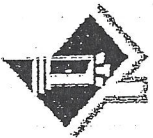
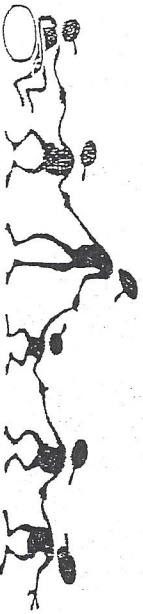
If you think your rights have been ignored or violated you can do the following:

1. Make a complaint to the Department of Humans Services ADA Coordinator, at 202-671-4422 phone, 202-671-0180 fax or 202-671-4495 TTY.
2. Request a "Fair Hearing" from the Office of Administrative Hearings at 202-727-8280 within 90 days of the discriminatory act (staff must help you with the process).
3. File a complaint with the D.C. Office of Human Rights at 202-727-4559 or 202-727-8673 TTY within 180 days of the act of discrimination, or
4. Mail a complaint to the Department of Justice, 950 Pennsylvania Avenue, NW, Civil Rights Division, Disability Rights Section-NYA, Washington, DC 20530.



**A PERSON IS
DEFINED AS HAVING
A DISABILITY IF:**

- That person has a physical or mental condition that limits what he or she must do on a day-to-day basis such as walking, talking, breathing, hearing, seeing, speaking, learning, or taking care of yourself.
- That person is treated or viewed as having a mental or physical disability, or
- That person has a record of medical care or treatment for a mental or physical disability.



The Community Partnership manages the DC Continuum of Care which provides prevention services, street outreach, severe weather, low barrier and temporary shelter, transitional housing, permanent supportive housing and supportive services for homeless individuals.

801 Pennsylvania Avenue, SE

Suite 360

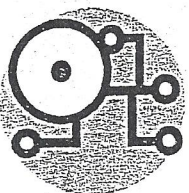
Washington, DC 20003

202-543-5298

www.community-partnership.org

**• SHELTER AND
HOUSING
PROGRAMS**

*Reasonable
Accommodation*



**Civil Rights
Protection**

Virginia Williams Family Resource Center
920 Rhode Island Avenue, N.E. Washington DC 20018 Telephone (202) 526-0017

Notice of Ineligibility for Shelter

Applicant's Name _____ **Date** _____

1. The District of Columbia (District) Department of Human Services (DHS) Family Services Administration (FSA) Virginia Williams Family Resource Center (VWFRC) is in receipt of your application for shelter dated _____.
2. VWFRC has determined that you do not meet the DHS eligibility requirements for shelter, and therefore your application for shelter is denied.
3. Your Interim Eligibility Placement will end at 10:00 a.m. on _____
(This date must be 48 hours or at the close of the next business day, whichever occurs later following receipt of this notice.)
4. This action is being taken pursuant to Section 8 of the Homeless Services Reform Act of 2005, effective October 23, 2005 (D.C. Law 16-35; D.C. Official Code §§ 4-751.01, *et seq.*), as amended by the Interim Eligibility and Minimum Shelter Standards Emergency Act of 2015, effective November 30, 2015 (D.C. Act 21-217), and all subsequent amendments.
5. Specifically, the factual basis for this action (including dates) is:

(If you need additional space please attach a separate sheet)

6. If you disagree with this decision you have the right to appeal this decision by requesting Fair Hearing with the District Office of Administrative Hearings (OAH) within 48 hours or before the close of the next business day upon receiving this notice, by telephone, mail, or in person at:

D.C. Office of Administrative Hearings
441 4th Street, Ste. 450N
Washington, D.C. 20001
(202) 442-9094

7. You may be eligible for a continuation of your interim eligibility placement if you request an appeal with OAH within 48 hours of before the close of the next business day upon receiving this notice.

By signing below, I acknowledge that I received this notice. I also acknowledge that this notice and my appeal rights were explained to me.

A Copy of this Notice of Ineligibility was hand delivered to the client on _____

Date

Provider's Authorized Representative's Name (printed), Signature and Title _____

Date

Client Name (printed) and Signature _____

Date

Witness Name (printed) and Signature (If Client Refused to Sign) _____

Date

DO NOT MODIFY THIS NOTICE

Official document developed in accordance with the Homeless Services Reform Act of 2005 (10/31/14)

Monitoring Tool for DHS Funded Specialty Programs

Provider/Program Name:		Contract Number
Community for Creative Non-Violence (CCNV) Hypothermia Shelter		SS 14-01-CCNV-HYPO
Address:		
425 Mitch Snyder Place (Second Street), NW Washington, DC 20001 - Federal City Shelter		
Dorm 3 South (44males) / Dorm Female 4 (48 female) and Drop in Dorm (basement) (135 male)		
Program Type:	Date of Review:	Compliance Monitor:
Severe Weather	January 22, 2015	Clifton D. Chambers

Service Summary: CCNV Hypothermia program provides temporary severe weather shelter space, as identified per the Winter Plan. The space is made available during hypothermia alerts. The space will be staffed and operated by CCNV as an overnight hypothermia shelter between November 1, 2014 and March 31, 2015. Hypothermia alerts will be identified by the District's Homeland/Emergency Management Agency. CCNV will be responsible for all shelter operations and for submitting a monthly report to The Community Partnership (TCP) on its activities and demographics of persons using the shelter through the Homeless Management Information System (HMIS). Each day, CCNV is required to provide a clean bed, clean linens, including a bottom sheet and a top sheet, clean pad, and clean blanket for each bed as applicable. CCNV is required to provide for a client's basic needs, including food, clothing, and supportive services, or provide information as to where the client can obtain food, clothing, and supportive services. CCNV is required to provide properly functioning toilet facilities, including toilet paper, functional sink with hot water, and soap. CCNV is also required to provide twenty-four (24) hour access to toilet facilities since it operates in a publicly-owned facility. In addition CCNV is required to provide cool water, available via water cooler, fountain, or other means.

General Administrative

1. **Certificate of Occupancy:** Verify the issuance of the Certificate of Occupancy (C of O) to ensure that the provider's use of building, structure or land is consistent with zoning regulations.

Does the Provider have a valid C of O issued by the D.C. Department of Consumer and Regulatory Affairs? ☐ Yes ☐ No ☒ N/A X
C of O No.

2. **Basic Business Licensure:** Verify current licensure status to ensure that the provider is appropriately licensed in the District of Columbia to deliver specified services.

Does the provider have a current and valid business license issued by the D.C. Department of Consumer and Regulatory Affairs? ☐ Yes ☐ No ☒ N/A X
Business License No.

Scope of Services Monitoring Checklist

3. Outreach Service Delivery: Verify delivery of outreach services by provider. Review staff schedules, designated outreach coverage areas, frequency of visits.

Does the provider maintain documentation of outreach contact with homeless individuals?

☐ Yes ☐ No ☒ N/A

Document the evidence used to reach this conclusion:

4. On-Site Resource Services: Verify coordination of on-site resource services to homeless persons. Services include case management, job referrals, housing placements, benefits assistance and referrals to health and mental health services.

Document the evidence used to reach this conclusion:

5. Does the provider maintain documentation (sign-in/out sheets, case files, etc.) of delivery of on-site resource services to homeless persons? ☒ Yes ☐ No ☐ N/A

Document the evidence used to reach this conclusion: CCONV maintains documentation of clients served in the drop-in center and both the male and female hyperthermia programs with sign-in and sign-out forms. Documentation is limited to the minimum demographic information and information is not entered in Homeless Management Information System (HMIS). Provider is not required to maintain case management records on clients residing in the Hypothermia Drop-In Program. Provider enters information on the female hypothermia clients and male clients residing in 3 South into HMIS. Provider does not utilize HMIS for data entry for clients residing in the Hypothermia Drop-In Center, but stores limited client statistical data in an independent computer database created by the provider. The statistical data obtained is limited to first and last name, DOB, and last four of the client's social security number. Provider does not have the ability to electronically transmit this information. Computer system is password protected.

6. Does the provider maintain documentation of referrals of homeless persons to health, mental health and support services? ☐ Yes ☐ No ☒ N/A

Document the evidence used to reach this conclusion:

7. Does the provider develop individual service plans in concert with homeless persons to whom on-site resource services are provided? ☐ Yes ☐ No ☒ N/A

Document the evidence used to reach this conclusion: The provider is not required to develop Individual Service Plans under the Memorandum of Understanding (MOU) for hypothermia services.

8. Does the provider maintain documentation of individual service plans? ☐ Yes ☐ No ☒ N/A

Document the evidence used to reach this conclusion: The provider is not required to develop Individual Service Plans under the Memorandum of Understanding (MOU) or to maintain documentation for hypothermia services.

9. Does the provider maintain confidential client files in accordance with the Health Insurance Portability and Accountability Act (HIPAA) as stated in the HIPPA Privacy Rule, 45 CFR, Part 160, and Part 164, Subparts A and E? ☒ Yes ☐ No

Document the evidence used to reach this conclusion: The provider maintains confidentiality of client case record. Clients assigned to the female hypothermia program and the males assigned to the 3 South hypothermia program have access to case management services. Those assigned to the drop-in center have no case management records or access to other services. Random review of the six personnel records reviewed contained documentation of HIPPA Notice signed by the each of the "volunteers" assigned to the hypothermia program.

10. Collaborate with Social Service Agencies and Homeless Service Providers: Verify collaboration with other social services agencies and homeless service providers to provide comprehensive services to persons who may have a variety of problems and special needs. ☐ Yes ☐ No ☒ N/A

Document the evidence used to reach this conclusion:

11. Does the provider maintain documentation of Memoranda of Understanding or Agreement with social service agencies to provide specialized services to homeless persons with behavioral, developmental, mental health and addiction treatment and recovery needs? ☐ Yes ☐ No ☒ N/A

Document the evidence used to reach this conclusion:

12. Does the provider maintain documentation of Memoranda of Understanding or Agreement with homeless services providers participating in the Continuum of Care System to provide specialized services to homeless persons with behavioral, developmental, mental health and addiction treatment and recovery needs? ☐ Yes ☐ No ☒ N/A

Document the evidence used to reach this conclusion:

Facility Requirements

13. Does the provider conduct fire drills every thirty (30) to sixty (60) days? ☒ Yes ☐ No ☐ N/A (If N/A go to staff requirements)

Document the evidence used to reach this conclusion: Provider is co-located with two (2) other shelter housing programs. Fire drills are documented in a fire drill log and conducted in conjunction with District General Services (DGS).

14. Does the provider have a fire drill log? ☒ Yes ☐ No

Document the evidence used to reach this conclusion: The provider maintains a fire drill log.

15. Does the provider have a fire drill form? ☒ Yes ☐ No

Document the evidence used to reach this conclusion HSMU monitor has been

If yes, does the fire drill form contain the following?

a. Time and date of fire drill?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
b. Number of participants (staff and residents)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
c. Weather conditions?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
d. Time required to complete the exit of the facility?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
e. The name and signature of the person conducting the drill and the name of the program/ agency?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

16. Does the provider have properly function fire extinguishers? ☒ Yes ☐ No

Indicate when extinguishers were last serviced. Building equipped with sprinkler system. Fire extinguishers tagged with a service sticker dated October 2014 and valid for one year. Extinguishers serviced by Emergency 911 Security, Inc.

Document the evidence used to reach this conclusion:

17. Did the provider conduct bi-annual fire inspections? ☒ Yes ☐ No

Document the evidence used to reach this conclusion: Provider is the primary tenant and in the Federal City Building and is co-located with two other low barrier shelter programs and three other shelter service providers. The property is owned by the District of Columbia and maintained by DGS. The property has undergone multiple inspections DGS, District of Columbia Fire and Emergency Medical Services (DCFEMS), the Department of Consumer and Regulatory Affairs (DCRA) as a result of the renovations to the building.

18. Does the provider have properly functioning smoke detectors? If no, specify deficiency(ies). ☒ Yes ☐ No

Document the evidence used to reach this conclusion: Multiple smoke detectors observed throughout the building during the monitoring inspection. Smoke detectors are hard wired to a master control panel.

19. Does the provider have emergency evacuation plans (a diagram of the facility directing clients where to exit in case of a fire)? ☒ Yes ☐ No

Document the evidence used to reach this conclusion: Evacuation placards observed posted in hallways and main rooms by HSMU Monitor.

20. Does the provider have exit signs at all exits? ☒ Yes ☐ No

Document the evidence used to reach this conclusion: Each of the exit doors of the program, including the fire exits in the rear of the building were properly marked and had exit signs above the doors.

If yes, does electrical exit signs have working light bulbs and operate properly at all times?
☒ Yes ☐ No

Document the evidence used to reach this conclusion: Each of the exit doors of the program, including the fire exits in the rear of the building was properly marked and had exit signs above the doors. Exit signs were lit and working properly.

Staff Requirements

21. Are front line staff (excluding maintenance staff) trained on [47]:

a. CPR/ First Aid	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
b. ADA/ Section	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
c. Section 504 of Rehabilitation Act	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
d. Diversity	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
e. HIPAA	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
f. Sensitivity	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
g. Health and Safety	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
h. Crisis intervention	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A

Document the evidence used to reach this conclusion: Random review of the six personnel records verified HIPAA Notice signed by the each of the “volunteers” assigned to the hypothermia program. The provider is not required to train “volunteers” on the training requirements above.

22. Do personnel files, contain documents of?
- a. Performance evaluation within the past 12 months? ☐ Yes ☐ No ☒ N/A
- b. When performance improvement is necessary? ☐ Yes ☐ No ☒ N/A
- c. Current Tuberculosis tests? ☒ Yes ☐ No ☐ N/A

Document the evidence used to reach this conclusion: A random review of the six (6) of the personnel files reviewed by the Homeless Services Monitoring Unit's (HSMU) Monitor did not confirm annual

evaluations for the "volunteer" staff assigned to the hypothermia program. However, the review verified current TB tests.

23. Is the program considered a "covered child or youth services provider"?

☐ Yes ☒ No

Document the evidence used to reach this conclusion: Provider only houses single adult male and female clients only and does not meet the definition of "covered child or youth services provider."

24. If yes, do personnel files for applicants, employees or unsupervised volunteer in the Program contain FBI and MPD criminal background check? ☐ Yes ☐ No ☒ N/A

Document the evidence used to reach this conclusion:

25. Do personnel files for applicants, employees or unsupervised volunteers in the program Contain documentation of submissions to alcohol and drug testing? ☐ Yes ☐ No ☒ N/A

Document the evidence used to reach this conclusion:

Comments

District of Columbia - Emergency Shelter Facilities

Facility Name	Population/Program Type	Address
Nativity Women's Shelter	Low-Barrier Single Adult Women Shelter	3211 Sacred Heart Way, Washington, DC
Park Road Emergency Family Housing	Family Emergency Housing	1448 Park Rd NW, Washington, DC
Girard Street Emergency Family Housing	Family Emergency Housing	1413 Girard St NW Washington, DC
Luther Place Night Shelter	Single Adult Women Shelter	1226 Vermont Avenue NW Washington DC
Spring Road Emergency Family Housing	Family Emergency Housing	1433-35 Spring Road NW, Washington, DC
Adams Place Men's Shelter	Low-Barrier Single Adult Men Shelter	2210 Adams Place NE, Washington, DC
New York Avenue HAC	Low-Barrier Single Adult Men Shelter	1355 NY Ave N.E. Washington, DC
John Young Center Women's Shelter	Low-Barrier Single Adult Women Shelter	117 D Street, NW Washington, DC
Open Door Women's Shelter	Low-Barrier Single Adult Women Shelter	425 2nd Street, NW Washington, DC
Federal City Shelter CCNV	Single Adult Women & Men Shelter	425 2nd St NW, Washington, DC
Harriet Tubman Women's Shelter	Low-Barrier Single Adult Women Shelter	1910 Massachusetts Avenue, SE Washington, DC
DC General Emergency Family Shelter	Family Emergency Housing	1900 Massachusettes Ave SE Washington, DC
Naylor Road Emergency Family Housing	Family Emergency Housing	2601 & 2603 Naylor Rd, SE, Washington DC
Adams Place Day Center	Day Center for People Experiencing Homelessness	2210 Adams Place NE, Washington, DC
Wayne Place Family Emergency Housing	Family Emergency Housing	107 & 117 Wayne Place, SE, Washington DC
Alabama Avenue Family Emergency Housing	Family Emergency Housing	1309 Alabama Ave, SE, Washington, DC
Bass Place Family Emergency Housing	Family Emergency Housing	5005 Bass Place SE, Washington, DC
10th Place Family Emergency Housing	Family Emergency Housing	3311 10th Place SE, Washington, DC
30th Street Family Emergency Housing	Family Emergency Housing	3004 30th Street SE, Washington, DC
Kramer Street Family Emergency Housing	Family Emergency Housing	1626 Kramer Street, NE, Washington, DC
Corcoran Family Emergency Housing	Family Emergency Housing	1861 Corcoran Street, NE, Washington, DC
36th Street Family Emergency Housing	Family Emergency Housing	2305 36th Steet, SE, Washington, DC
Sargent Road Family Emergency Housing	Family Emergency Housing	4925 Sargent Road, NE, Washington, DC
801 East Men's Shelter	Low-Barrier Single Adult Men Shelter	2700 Martin Luther King Jr Ave SE, Washington, DC

Encampment Cleanups: January 1, 2015 - September 30, 2015												
Location	Cleanup Date	Estimated Encampment Scouting Trip and Cleanup Length (30 minute increments)	Approximate Number of Residents Living on Site	Number of Residents Housed	Number of Residents Relocated	DMHHS total monies spent	DPW total monies spent	DBH total monies spent	DHS total monies spent	DDOT total monies spent	MPD total monies spent	
Hypothermia Season: November 1, 2015- March 31, 2015												
I-395, H Street, NW and Massachusetts Avenue, NW (Capitol Crossing Construction Sites)	March 12, 2015[1]	2 hours	15	8	7	\$56.32	\$522.00	\$1,155.25	\$188.40	\$3,050.00	\$193.60	\$5,109.25
North Capitol and O streets, NE	April-2015	2 hours	2	0	2	\$56.32	\$522.00	\$317.92	\$188.40	\$230.00	\$96.80	\$1,355.12
11th and H streets, NE	May-2015	1 hour	1	1	1	\$28.16	\$522.00	\$316.23	\$94.20	\$230.00	\$48.40	\$1,210.83
9th Street, NE and Brentwood Parkway (Brentwood Reservoir)	May-2015	2 hours	3	0	3	\$56.32	\$522.00	\$260.47	\$125.60	\$760.00	\$96.80	\$1,764.87
1300 Block of New York Ave, NE (Parking lot by NY Ave Men's shelter)	May-2015	1 hour	1	0	1	\$28.16	\$522.00	\$271.75	\$94.20	\$230.00	\$96.80	\$1,214.75
1900 Montana Ave, NE	May 2015[2]	1 hour	0	0	0	\$28.16	\$522.00	\$115.43	\$62.80	\$230.00	\$48.40	\$978.63
I-395, H Street, NW and Massachusetts Avenue, NW (Capitol Crossing Construction Sites)	June-2015	1 hour	5	2	3	\$28.16	\$522.00	\$1,155.25	\$125.60	\$2,830.00	\$96.80	\$4,729.65
17th and Corcoran Streets, NW	June-2015	1 hour	1	0	1	\$28.16	\$522.00	\$198.92	\$62.80	\$230.00	\$48.40	\$1,062.12
3149 16th street, NW (old DPR headquarters)	June-2015	2 hours	7	0	7	\$56.32	\$522.00	\$389.81	\$125.60	\$230.00	\$193.60	\$1,461.01
695 Southeast Freeway (I-395 North towards the D Street, SW Exit)	June-2015	1 hour	1	1	0	\$28.16	\$522.00	\$332.78	\$31.40	\$2,830.00	\$96.80	\$3,812.98
New Jersey Ave and H Streets, SE (CSX construction site- Under Virginia Ave, SE)	July-2015	2 hours	1	1	0	\$56.32	\$522.00	\$46.17	\$62.80	\$1,950.00	\$193.60	\$2,774.57
4340 Connecticut Ave, NW (UDC metro)	August-2015	1 hour	1	0	0	\$28.16	\$522.00	\$297.33	\$125.60	\$230.00	\$48.40	\$1,251.49
K Street Bridge Encampments	August-2015	25 hours	10	8		\$704.00	\$6,772.00	\$4,413.64	\$785.00	\$3,850.00	\$2,420.00	\$18,944.64
New Jersey Ave NW, Between I and K Streets (900 block of New Jersey Avenue)	September 2015[3]	30 minutes	8	4	4	\$14.08	\$522.00	\$235.30	\$314.00	\$230.00	\$24.20	\$1,339.58
20th Street between E Street and Virginia Ave, NW	September-2015	2 hours	1	1	1	\$56.32	\$522.00	\$331.54	\$125.60	\$2,830.00	\$193.60	\$4,059.06
Total:						\$1,253.12	\$14,080.00	\$9,837.78	\$2,512.00	\$19,940.00	\$3,896.20	\$51,519.10

[1] This cleanup was scheduled during hypothermia season because the site was an active construction zone.

[2] Illegal dumping was removed by DPW

[3] All cleanup teams were on site for the scheduled time, however, in anticipation of the cleanup the resident removed all items from the area. No items were removed.

Encampment Cleanups: October 1, 2015 - January 8, 2016												
Location	Cleanup Date	Estimated Encampment Scouting Trip and Cleanup Length (30 minute increments)	Approximate Number of Residents Living on Site	Number of Residents Housed	Number of Residents Relocated	DMHHS total monies spent	DPW total monies spent	DBH total monies spent	DHS total monies spent	DDOT total monies spent	MPD total monies spent	
3rd and E Streets, NW (Behind 441 4th building)	October 2015[1]	1 hour	10	4	6	\$28.16	\$522.00	\$413.40	\$580.00	\$2,830.00	\$96.80	\$4,470.36
4450 Wisconsin Ave, NW (Tenley-Friendship Library)	October- 2015	30 minutes	8	0	2	\$14.08	\$522.00	\$175.60	\$690.00	\$230.00	\$24.20	\$1,655.88
26 th and K Streets, NW (Whitehurst Freeway)	November 16, 2015	25 hours total	25	14	12	\$704.00	\$20,150.00	\$3,064.71	\$10,423.02	\$90,732.87	\$7,260.00	\$132,334.60
	November 20, 2015											
	December 3, 2015											
Southwest Freeway (12th Street exit)	November 1, 2015	1 hour	0	0	0	\$28.16	\$522.00	\$405.19	\$470.00	\$2,830.00	\$96.80	\$4,352.15
E Street, NW (towards the Kennedy Center)	November- 2015	1 hour	1	1	0	\$28.16	\$522.00	\$368.54	\$770.00	\$2,830.00	\$145.20	\$4,663.90
Klingie Road, NW (Under 3200 Connecticut Ave Bridge)	November- 2015	5 hours	0	0	0	\$140.80	\$3,722.00	\$162.10	\$350.00	\$2,830.00	\$484.00	\$7,688.90
295 overpass at Sousa Bridge	December- 2015	1 hour	1	0	0	\$28.16	\$522.00	\$533.26	\$250.00	\$230.00	\$48.40	\$1,611.82
L and First Streets, NE (under the bridge)	December- 2015	30 minutes	4	1	3	\$14.08	\$522.00	\$92.34	\$935.00	\$540.00	\$48.40	\$2,151.82
First Street along the H Street Bridge, NE	December- 2015	30 minutes	4	0	0	\$14.08	\$522.00	\$174.67	\$680.00	\$3,095.00	\$48.40	\$4,534.15
3149 16 th Street, NW (Old DPR headquarter)	December- 2015	1 hour	7	0	0	\$28.16	\$522.00	\$115.43	\$275.00	\$230.00	\$48.40	\$1,218.99
1636 R Street, NW	December- 2015	1 hour	1	1	0	\$28.16	\$522.00	\$259.29	\$470.00	\$230.00	\$48.40	\$1,557.85
320 Florida Ave, NE (behind Burger King)	December- 2015	3 hours	3	0	3	\$84.48	\$522.00	\$92.34	\$440.00	\$2,830.00	\$290.40	\$4,259.22
600 Pennsylvania Ave, SE	January- 2016	1 hour	1	0	1	\$28.16	\$522.00	\$340.71	\$570.00	\$230.00	\$48.40	\$1,739.27

Total:						\$1,168.64	\$29,614.00	\$6,197.56	\$16,903.02	\$109,667.87	\$8,687.80	\$172,238.89
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[\[1\] Due to increase crime in the area the timeline of the encampment was pushed advanced, only 13 days' notice was provided, residents were notified of this change.](#)

TEP Provider Contracts

Q104 Attachment

Job Placement Providers

TEP Provider	Caseload size	Contract amount for OPY3 Period of Performance		Contract amount for OPY4 Period of Performance		Customers Being Served [As of Wednesday, January 20, 2016]	
						Not employed PIT	Employed PIT
America Works	300	\$1,343,475.00	1/27/15 – 1/26/16	\$1,554,321.60	1/27/16 – 1/26/17	270	180
Career Team	450	\$1,558,201.00	1/27/15 – 1/26/16	\$2,168,568.00	1/27/16 – 1/26/17	471	215
KRA Corporation	300	\$1,703,688.00	1/27/15 – 1/26/16	\$2,395,656.00	1/27/16 – 1/26/17	335	247
Maximus	450	\$1,977,689.00	2/12/15 – 2/11/16	\$2,553,739.20	2/12/16 – 2/11/17	439	242

Work Readiness Providers

TEP Provider	Caseload size	Contract amount for OPY3 Period of Performance		Contract amount for OPY4 Period of Performance		Customers serviced [As of Wednesday, January 20, 2016]	
						Not employed PIT	Employed PIT
America Works	600	\$2,593,159.00	3/1/2015 – 2/28/16	\$2,932,502.40	3/1/2016 – 2/28/17	471	190
OIC DC	300	\$1,452,378.00	1/27/15 – 1/26/16	\$2,427,048.00	1/27/16 – 1/26/17	335	66
Career Team	600	\$2,653,845.00	3/1/2015 – 2/28/16	\$4,029,768.00	3/1/2016 – 2/28/17	662	144
Maximus	600	\$3,539,582.00	3/1/2015 – 2/28/16	\$5,296,844.88	3/1/2016 – 2/28/17	601	181
KRA Corporation	600	\$3,307,117.00	1/27/15 – 1/26/16	\$5,334,530.40	1/27/16 – 1/26/17	663	171
Grant Associates	750	\$4,925,765.00	1/27/15 – 1/26/16	\$7,959,380.98	1/27/16 – 1/26/17	766	208

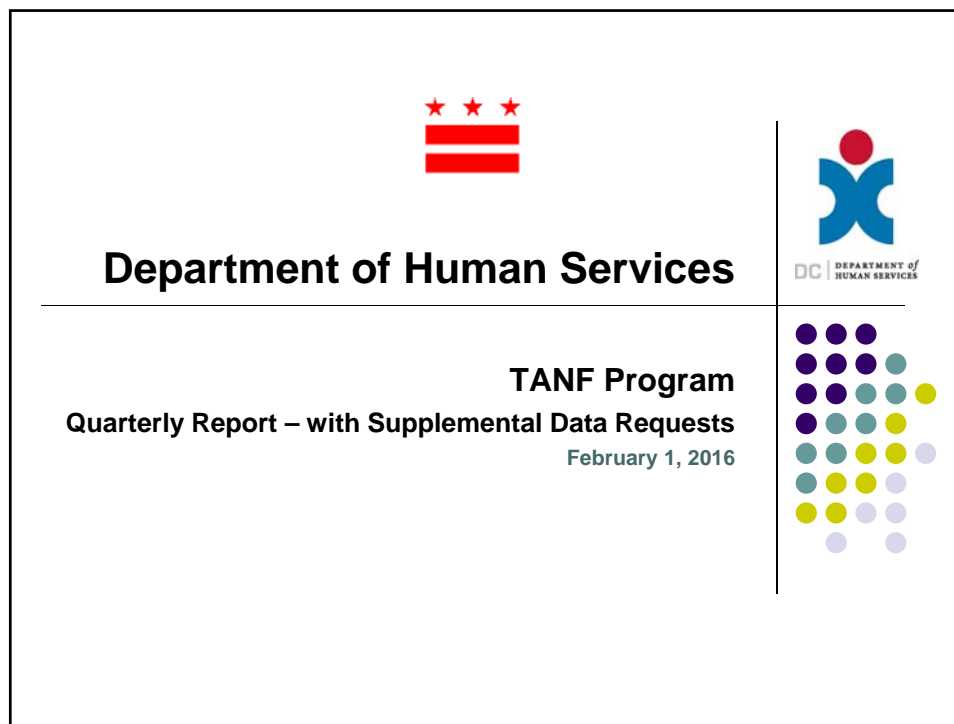



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Overview



- The core mission of the Department of Human Services (DHS) is to provide supportive services to the residents of the District of Columbia to enhance their quality of life and achieve greater degrees of self-sufficiency. Temporary Assistance for Needy Families (TANF) is the central vehicle for providing assistance to families who are experiencing economic challenges.
- The goal of the Temporary Assistance for Needy Families (TANF) Employment Program is to end the dependence on public assistance by helping people prepare for a job and assisting with job placement and job retention.
- As of January 2016, there are 12 external providers (either "job placement" or "work readiness") and the DHS' Office of Work Opportunities supporting the program.
- This report provides eight performance measures for DHS' TANF Employment Program which will be reported and published quarterly beginning 31 July 2015.
- The reported measures shall have one quarter lag due to data availability and collection. DHS is including FY13 and FY14 results for comparative purposes.

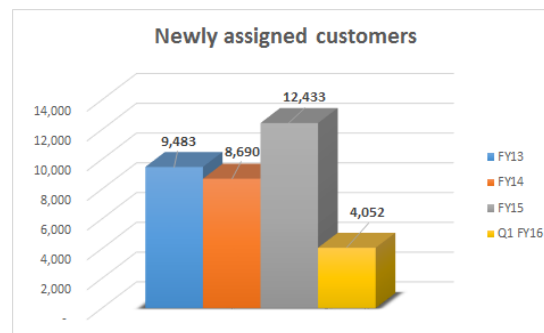
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1. Access to services



1a. Number of customers newly assigned to a provider during the period shown below.



Metric 1a	FY13	FY14	FY15	Q1 FY16
Newly assigned customers	9,483	8,690	12,433	4,052

Once a TANF applicant completes an assessment and is approved for TANF they are assigned to one or more service providers based upon the needs of that customer. The metric represents the number of assignments made to primary service providers during each fiscal year.

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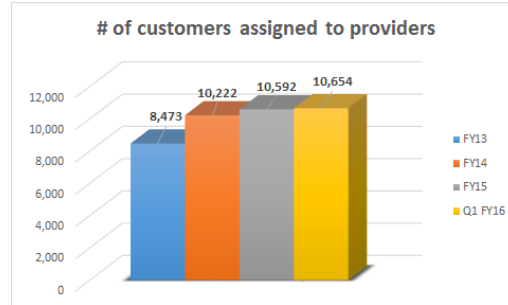
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1. Access to services –cont'd



1b. Number of customers served by TANF providers (point-in-time measure)

This metric represents the total number of customers being served by TANF providers at the end of the periods noted below. This number excludes customers who have been removed from service providers due to lack of participation.



Metric 1b	FY13	FY14	FY15	Q1 FY16
# of customers assigned to providers	8,473	10,222	10,592	10,654

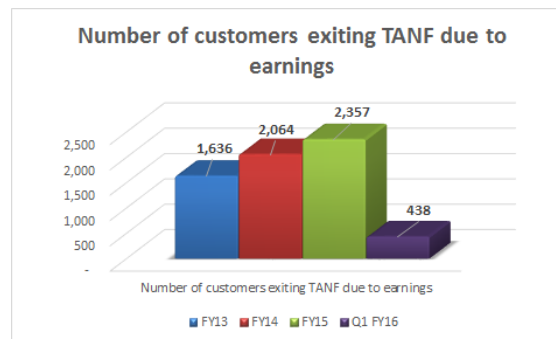
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2. Customers exiting TANF due to earnings



The number of TANF customers whose cases closed and exited TANF because of earnings.



METRIC 2	FY13	FY14	FY15	Q1 FY16
Number of customers exiting TANF due to earnings	1,636	2,064	2,357	438
# of customers assigned to providers	8,473	10,222	10,592	10,654
Percent of customers served exiting TANF due to earnings	19%	20%	22%	4%

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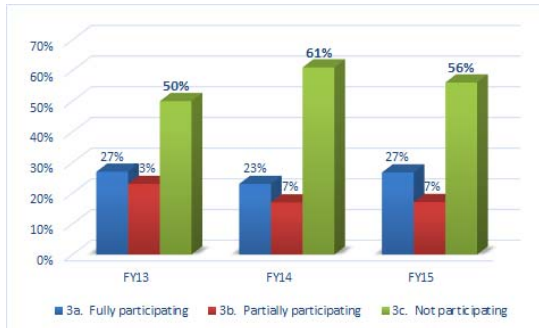
3. Engagement level

Engagement Level of Customers

3a. Customers fully participating as a percentage of customers served

3b. Customers partially participating as a percentage of customers served

3c. Customers not participating as a percentage of customers served



This metric includes all customers served by the employment vendors, DHS Office of Work Opportunity and UDC PATHS. The total case load size varies each month, however the average total caseloads are shown in the table below.

Engagement level is based on the customer's required work hours (20, 30, or 35 hours) which varies depending on household factors. Fully participating means customer is working the full number of required work hours.

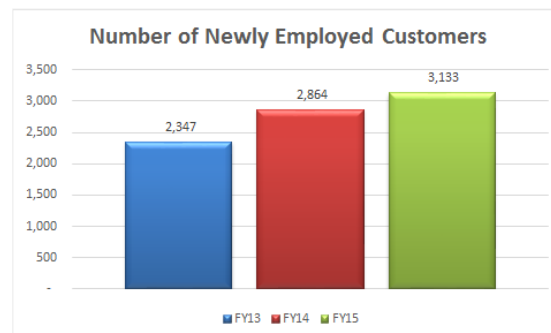
METRIC 3	FY13	FY14	FY15
3a. Fully participating	27%	23%	27%
3b. Partially participating	3%	7%	7%
3c. Not participating	50%	61%	56%
Average total caseload	4,861	8,082	7,818

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4. Newly employed customers

This metric represents the number customers who obtained new employment during the periods shown below.



Except for point in time measures, the reported measures has a one quarter lag due to data availability and collection. DHS is including FY13 and FY14 results for comparative purposes.

METRIC 4	FY13	FY14	FY15
Number of Newly Employed Customers	2,347	2,864	3,133

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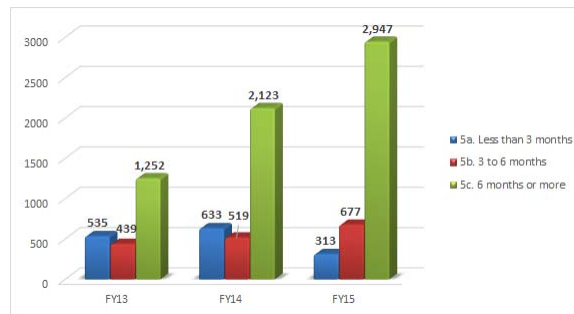
5. Employment retention

A point-in-time measure showing the count of:

5a. customers retaining employment for less than 3 months

5b. customers retaining employment for 3 to 6 months

5c. customers retaining employment for 6 months or more



Due to availability of data, this metric includes only the employment placements of customers with open cases and excludes those customers whose cases have closed. Some of the of those placements are captured in Metric 2-TANF Exits due to earnings.

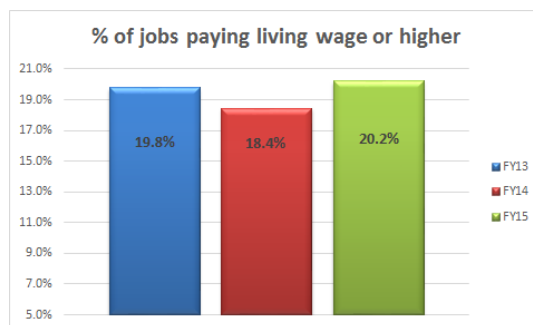
Metric 5	FY13	FY14	FY15
5a. Less than 3 months	535	633	313
5b. 3 to 6 months	439	519	677
5c. 6 months or more	1,252	2,123	2,947
Total	2,226	3,275	3,937

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6. Salary levels

New jobs secured that pay a living wage as a percentage of total new jobs started in the period.



What is the average hours/wage TANF consumers receive once placed at an employer?

The living wage is defined as the hourly rate that an individual must earn to meet basic needs, if they are the sole provider and are working full-time.

The DC Living Wage is defined in the Living Wage Act of 2006 and increased in January 2014 and January 2015 as noted in the table below.

Because of the complexity of the analysis to accurately compute net-employed caseloads retrospectively, this metric is being revised to make the denominator the total number of customers receiving services.

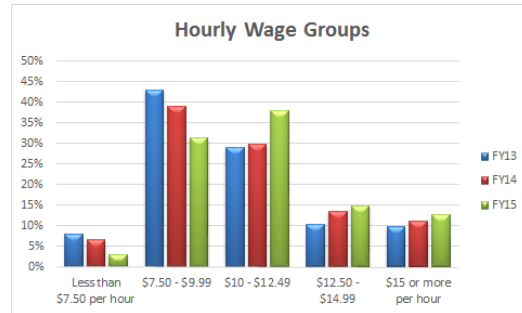
Metric 6	FY13	FY14	FY15
Number of customers earning living wage+	462	521	605
Number of employment placements	2,335	2,824	2,999
% of jobs paying living wage or higher	19.8%	18.4%	20.2%
DC Living Wage	\$12.50	\$12.50/\$13.60	\$13.60

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6. Salary levels – cont'd

Wages of new jobs secured shown by wage groups during the periods noted below.



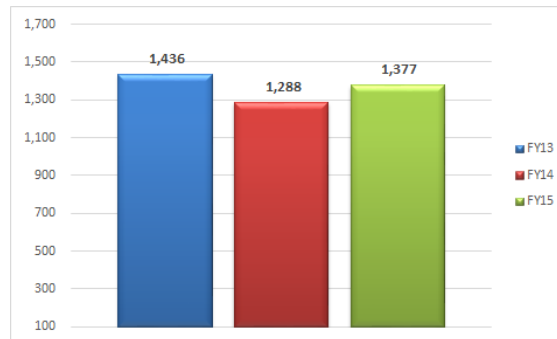
Wage Groups	FY13	FY14	FY15
Less than \$7.50 per hour	8%	7%	3%
\$7.50 - \$9.99	43%	39%	31%
\$10 - \$12.49	29%	30%	38%
\$12.50 - \$14.99	10%	14%	15%
\$15 or more per hour	10%	11%	13%

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7. Enrollment in educational/training programs

Number of customers who started new educational/training programs



Metric 7	FY13	FY14	FY15
Education placements	1,436	1,288	1,377

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This metric includes the following programs:

- vocational educational training
- job skills training directly related to employment
- education direction related to employment
- satisfactory attendance at a secondary school or in the course of study leading to a certificate of general equivalence
- work experience
- community service
- on-the-job training.

Providers include Work Readiness providers, DHS Office of Work Opportunity and UDC PATHS.

As noted in the table the number of educational placements has increased by approximately 23% between Q2 and Q3 and by 45% from Q1 to Q2.

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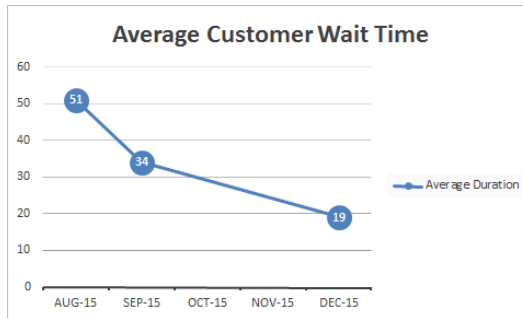
8. Customer wait time

(from initial assessment to assignment to service provider)



8a. Number of customers waiting to be assigned to a service provider

8b. Average wait time



Wait times are based on the capacity of service providers. Customers are assigned immediately to an available slot, which open either due to an exit of a current participant or when the count of slots are expanded.

DHS increased the capacity of its employment vendors beginning in May 2015 thus dramatically reducing the wait time and number of customers waiting. The wait time in early 2015 was in about 6 months.

Metric 8a	August 2013	August 2014	August 2015	September 30, 2015	December 31, 2015
Number of customers waiting	5390	3207	340	22	28

Metric 8b	Aug-15	Sep-15	Dec-15
Average Duration	51 days	34 days	19 days

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TANF service providers included in reporting



SERVICE PROVIDERS	TYPE
America Works Group	Job Placement
ARBOR E&T/ dba ResCare Workforce Services	Job Placement
Career TEAM, LLC	Job Placement
KRA Corporation	Job Placement
Maximus Human Services, Inc.	Job Placement
America Works Group	Work Readiness
Career TEAM, LLC	Work Readiness
Grant Associates	Work Readiness
KRA Corporation	Work Readiness
Maximus Human Services, Inc.	Work Readiness
Opportunities Industrialization Center of DC	Work Readiness
DHS Office of Work Opportunity Case Coordination Unit	Work Readiness
UDC PATHS Program	Work Readiness

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Supplemental Data Request

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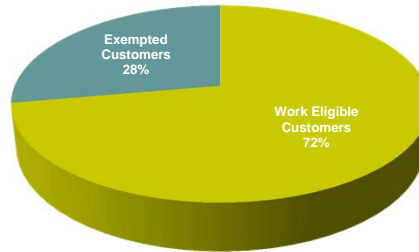
List of Supplemental Data Requests



#	Questions	Status (as of February 1, 2015)
1	Number of 60 month plus customers in subsidized housing	See Slide # 23
2	Breakdown of barriers faced by long stayers	See Slide # 21
3	How many families over 60 months have entered shelter annually over the past three years?	DHS is working with TCP to develop this report
4	Data showing how families move on and off of TANF	DHS has a closures report (see Slide #22) , but does not currently have a report for families who reapply. This is being reviewed.
5	Educational breakdown of customers	See Slides #24, 25, and 26
6	What percentage of TANF consumers have work experience?	See Slides #30, 31, and 32
7	What is the average hours/wage TANF consumers receive once placed at an employer?	See Slides # 10 and 11
8	Federal work-participation rates for 2010 through the present	See Slides #27 and 28
9	The percentage of TANF participants exempt from the work-participation requirements for 2010 through the present.	See Slide #29
10	Percentage of adults enrolled in TANF who have attained fulltime employment since 2010	See Slide #8. Looking at additional analysis being conducted which should provide more nuance
11	Average earnings of those who have reached fulltime employment since 2010	DHS is working on developing this report
12	Percentage of TANF cases closed because of earnings for 2010 through the present	See Slide #22
13	Breakdown of children by age	See Slide #33
14	Explanation of what number DHS is going to use when talking about long stayers. DCFPI is really interested in how it went from 6000 – 6200 to 7400 so quickly.	See Slide #34
15	Any further breakdown beyond the large buckets we discussed at the meeting on barriers (like child welfare, childcare) faced by long stayers. We need to see if we can add some more detail to the childcare barrier question.	See Slide #21. Additional analysis being conducted which should provide more nuance
16	Power numbers, monthly (or quarterly) by category	See Slide #20
17	Childcare voucher (what happened in October, 2016), application does not address it neither does OSSE policy	DHS is working with OSSE to ensure continuity of services

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The District's TANF Population



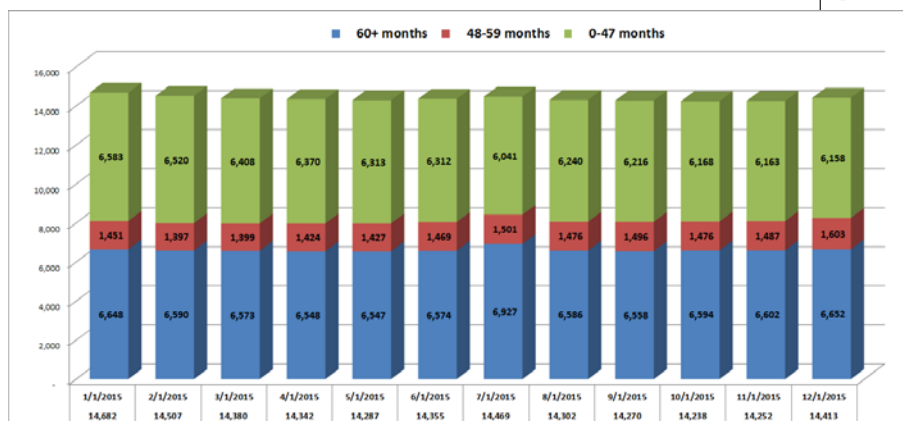
TANF caseload December 31, 2015 = 15,889

TANF Population as of September 30, 2015	# of Customers
Work Eligible Customers	11,475
Exempted Customers	4,414
Total	15,889

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Time on TANF



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60-Month TANF Customers



Total Number of 60 Month+ Customers as of January 30, 2016

Assignment Breakdown

Job Placement Vendor	750
Work Readiness Vendor	2,226
Awaiting Service Provider Referral	27
Currently not participating and/or referred for sanction	2,270
Currently Exempt/Pending Exempt	911
Closed Cases	374
Total	6,558

Receiving Homeless Services

Total number receiving homeless services	480
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POWER Caseload Breakdown

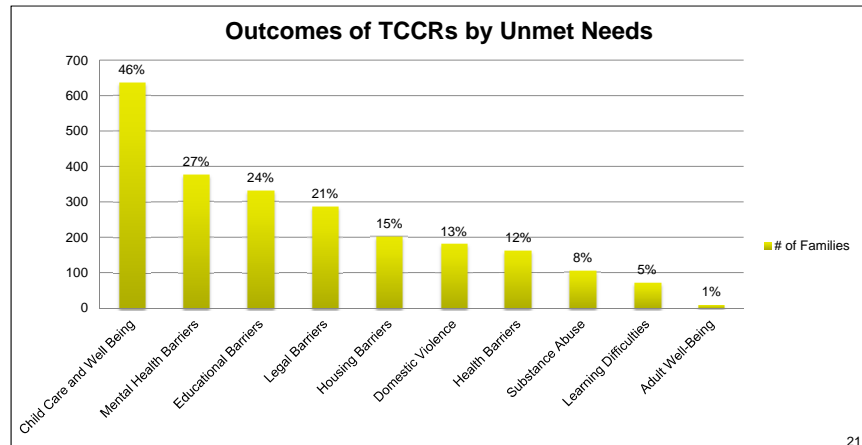


POWER Medical	503
Caring for an adult in the home	127
Caring for a child in the home	63
Primary Age 60 and over	34
Domestic Violence	48
Teen Parent	7
Total	782

TANF Comprehensive Case Reviews (TCCRs), n=2221



- Three top barriers are child care and well being (46%), mental health barriers (27%), and educational barriers (24%).
- 42% of Families had more than one barrier unmet.



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TANF Closures (All Cases)



Closure Reason (Jan 2011 - Dec 2015)	# of Customers	Percentage
Failure to Complete Eligibility Process	9,226	34%
Earnings	8,401	31%
Failure to Meet Eligibility Requirements	3,980	15%
Administrative*	3,071	11%
Voluntary Withdrawal	1,875	7%
Unearned Income	644	2%
Other	194	1%
Total	27,393	100%

*Administrative= duplicate cases joined, families open separate cases

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TANF Customers in Subsidized Housing



- There are 1,956 60 month + customers receiving some form of subsidized housing according to a data match with DCHA conducted in January 2016.
- Short-term subsidy programs (Rapid Re-Housing) will be included in future reports.

Educational Background (All Assessed TANF Customers)



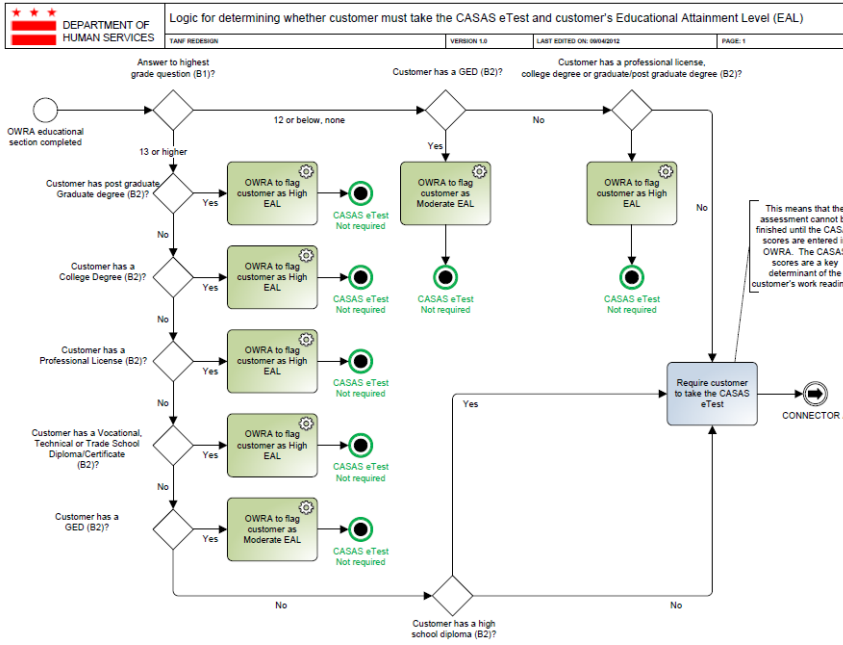
Based on Self-reporting:

- 22% of TANF customers report post-high school education (high level of education)
- 76% report a moderate level of education and (HS degree or GED)
- 2% report a low level of education (no high school degree)

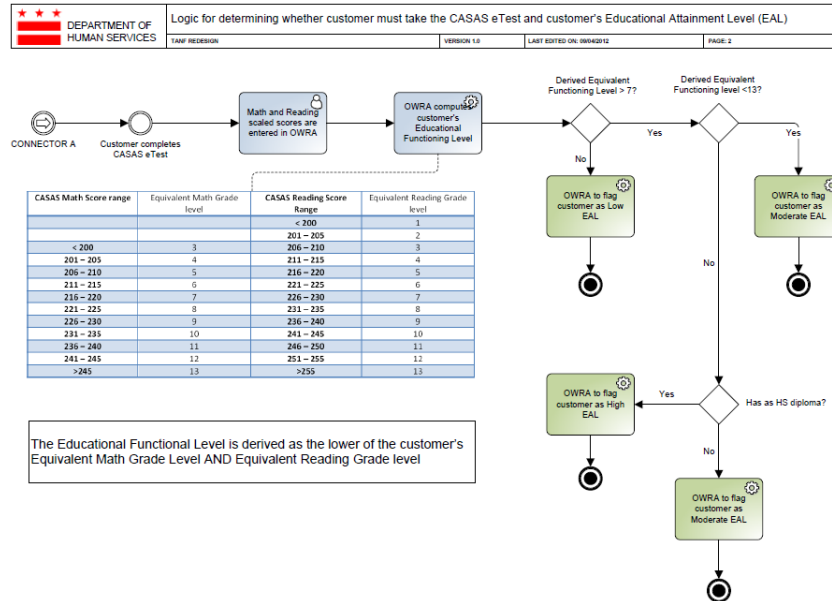
Education is measured as high, medium or low at the time a customer is assessed. This is conducted and captured in the TANF Comprehensive Assessment (TCA). The work experience level helps inform the appropriate placement.

The methodology for determining high, medium and low placement is on the following two slides.

Educational Attainment Methodology



Educational Attainment Methodology

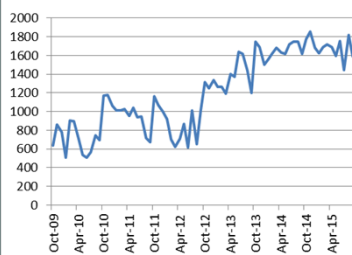


Federal Work Participation Rates



These charts represent the federal work participation rate from FY10 through FY15, both in terms of % compliance, as well as numerical success.

WPR successes



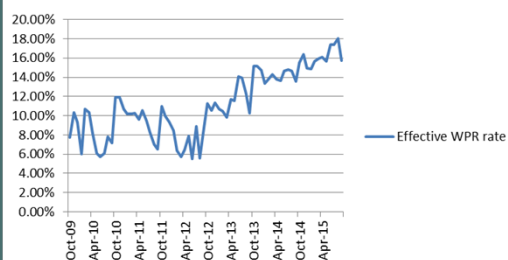
WPR successes

From FY 10 through the present, the WPR has increased both in terms of a percentage of the caseload as well as a raw numerical increase.

In October, 2009, the WPR was 7.75%, compared to a WPR of 15.73% in September, 2015.

Supporting details on following slide

Effective WPR rate



Effective WPR rate

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Federal Work Participation Rates



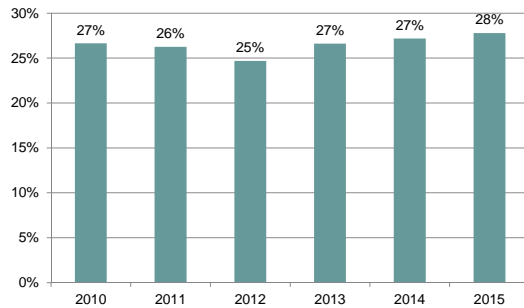
Date	WPR successes	Effective WPR rate	Date	WPR successes	Effective WPR rate	Date	WPR successes	Effective WPR rate
Oct-09	637	7.73%	Oct-11	1159	11.01%	Oct-13	1747	15.14%
Nov-09	862	10.32%	Nov-11	1066	9.99%	Nov-13	1685	15.17%
Dec-09	784	9.35%	Dec-11	999	9.29%	Dec-13	1504	14.70%
Jan-10	507	6.04%	Jan-12	917	8.48%	Jan-14	1555	13.32%
Feb-10	906	10.72%	Feb-12	699	6.39%	Feb-14	1624	13.84%
Mar-10	895	10.34%	Mar-12	625	5.71%	Mar-14	1680	14.30%
Apr-10	707	8.18%	Apr-12	706	6.44%	Apr-14	1634	13.80%
May-10	535	6.11%	May-12	870	7.91%	May-14	1619	13.61%
Jun-10	509	5.69%	Jun-12	612	5.49%	Jun-14	1719	14.63%
Jul-10	563	6.09%	Jul-12	1014	8.89%	Jul-14	1749	14.78%
Aug-10	746	7.82%	Aug-12	649	5.60%	Aug-14	1743	14.63%
Sep-10	691	7.16%	Sep-12	1021	8.73%	Sep-14	1616	13.60%
Oct-10	1170	11.92%	Oct-12	1317	11.23%	Oct-14	1771	15.50%
Nov-10	1177	11.92%	Nov-12	1246	10.58%	Nov-14	1854	16.36%
Dec-10	1060	10.71%	Dec-12	1338	11.33%	Dec-14	1684	14.95%
Jan-11	1009	10.19%	Jan-13	1266	10.69%	Jan-15	1625	14.85%
Feb-11	1010	10.21%	Feb-13	1264	10.44%	Feb-15	1690	15.66%
Mar-11	1027	10.23%	Mar-13	1188	9.80%	Mar-15	1714	15.97%
Apr-11	957	9.62%	Apr-13	1397	11.68%	Apr-15	1686	16.10%
May-11	1039	10.52%	May-13	1370	11.57%	May-15	1597	15.63%
Jun-11	939	9.46%	Jun-13	1636	14.05%	Jun-15	1753	17.39%
Jul-11	944	8.27%	Jul-13	1614	13.91%	Jul-15	1445	17.36%
Aug-11	718	7.01%	Aug-13	1437	12.28%	Aug-15	1819	18.05%
Sep-11	672	6.51%	Sep-13	1200	10.28%	Sep-15	1584	15.73%

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Exempt from Work Requirements

The percent of the total TANF caseload, as of the close of CY 2015, which is exempt from the work participation requirements.



This percentage is derived from the percentage of those who are exempt from work requirements.

This includes child only cases, cases where there is a child under one (1) and all POWER cases.

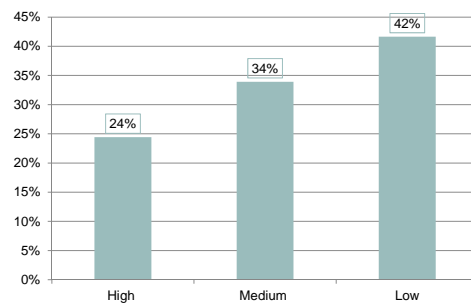
Year	2010	2011	2012	2013	2014	2015
Total Exempt Caseload	4,637	4,584	4,477	4,527	4,766	4,414
Total Caseload	17,404	17,461	18,133	17,011	17,532	15,889

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TANF Customers with Work Experience

Percentage of TANF customers with work experience, measured as high, medium and low



Work experience is measured as high, medium or low at the time a customer is assessed. This is conducted and captured in the TANF Comprehensive Assessment (TCA). The work experience level helps inform the appropriate placement.

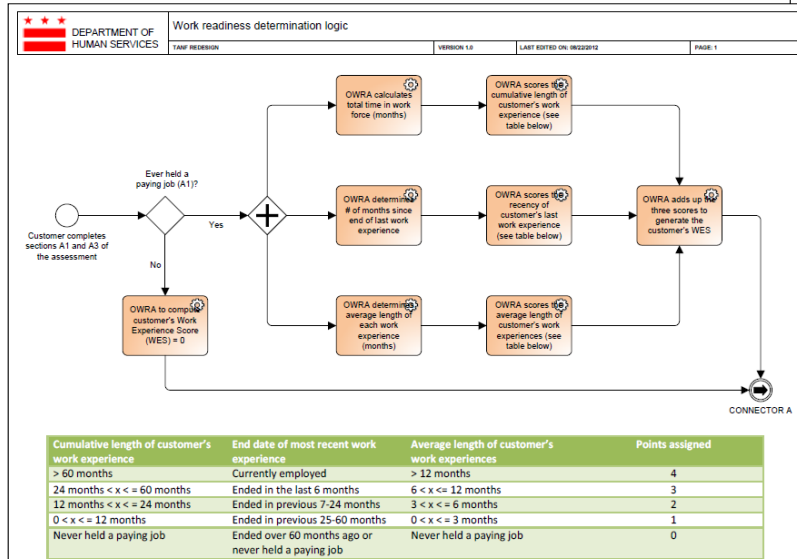
The methodology for determining high, medium and low placement is on the following two slides.

Work Experience at the time of assessment		
High	Medium	Low
3,401	4,723	5,800

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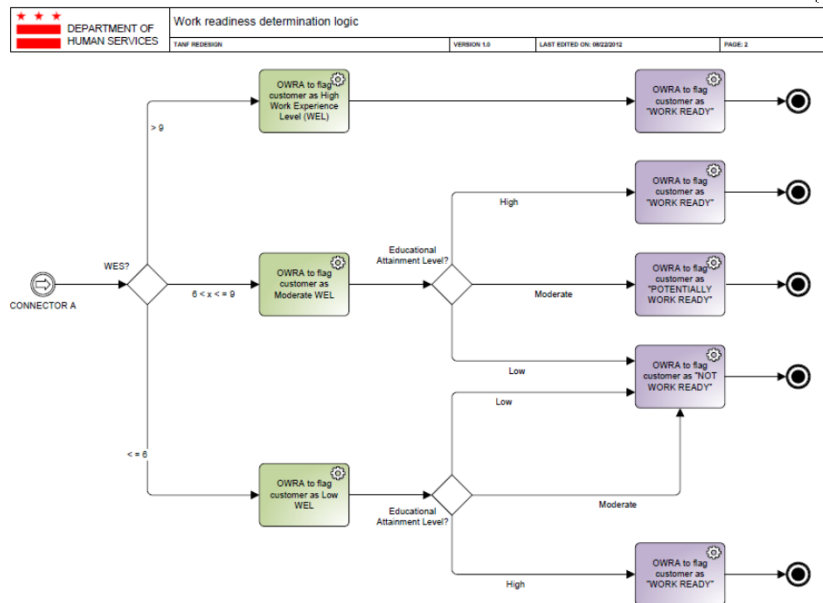
30

TANF Customers with Work Experience Methodology



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TANF Customers with Work Experience Methodology



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Breakdown of Children Ages



Breakdown of ages of children of 60 month plus customers	Almost 46% of children are between the ages of 4 – 9.
--	---

Age	Number of Children
AGE: 0 - 3	2,206
AGE: 4 - 9	6,199
AGE: 10 - 13	2,806
AGE: 14 - 18	2,397

DHS ESA and OSSE are working together to ensure there is no interruption of child care services where applicable

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TANF 60 Month customer identification methodology



DHS uses a specific methodology to calculate a point-in-time total of cases impacted by the 60-month time limit as of October, 2016. This number changes daily as new customers are approved for TANF and other customers exit TANF.

- **We use the following process to determine the impacted cases:**
 - Pull TANF Universe Data from CATCH
 - Filter for only open or received cases (TANF Program Status) and with TANF Participation Status of IN/DI which means they are in the case. Exclude any Open POWER case.
 - Filter for the “Cumulative Months on TANF” for customer who will hit the 60 month time limit by October 1, 2016 (i.e. 48 cumulative months or more).

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GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF HUMAN SERVICES



Office of the General Counsel

MEMORANDUM

TO: Richard Walker
ESA Policy Analyst

Attorney Client Privilege

Ellen Wells, Esq.
ESA Deputy Administrator

Anthea Seymour
ESA Administrator

FROM: Monica Brown, Esq.
General Counsel, DHS

THROUGH: Mary Ellen Rayment, Esq.
Assistant General Counsel, DHS

DATE: December 9, 2015

SUBJECT: Supplement to November 10, 2015 Memorandum titled, "Applicability of the District SNAP Minimum Benefit law to SNAP Customers with \$0.00 Eligibility"

SUPPLEMENTAL QUESTIONS PRESENTED

Question: Is a household that receives a federally-funded Supplemental Nutrition Assistance Program (SNAP) allotment that is under \$30.00 for a month due to an expedited determination, eligible to receive a locally-funded minimum SNAP benefit?

Supplemental Scenarios: Please analyze how the locally-funded minimum SNAP benefit law would apply in the following specific scenarios involving expedited determinations:

1. A household applies for SNAP benefits on the first of the month and is eligible for an expedited determination. In this situation, the expedited allotment is for a full month. If

that expedited allotment is for under \$30.00, is the household eligible to receive a locally-funded minimum SNAP benefit for that month? Does the agency have a choice?

2. A household applies for SNAP benefits after the 15th of a month and is eligible for an expedited determination. In this situation, part of the expedited allotment is for the full month following the month of application. If that full month allotment is under \$30.00, is the household eligible to receive a locally-funded minimum SNAP benefit for that month? Does the agency have a choice?

SHORT ANSWERS

Answer to Question: Yes, if the Household is “*participating*” in SNAP and ESA considers the Household to be a “*family*,” the Household is entitled to a locally-funded minimum monthly SNAP benefit that equals the difference between the locally-funded minimum monthly SNAP benefit amount (\$30.00) and the monthly federally-funded SNAP benefit to which the Household is entitled even if the family is participating in SNAP pursuant to an expedited eligibility determination.

Answer to Supplemental Scenarios: The response to each supplemental scenario is the same; families must receive at least \$30.00 per month in SNAP benefits regardless of which process was used to determine their eligibility. Unlike the scenarios analyzed in the November 10, 2015 Memorandum titled, “Applicability of the District SNAP Minimum Benefit law to SNAP Customers with \$0.00 Eligibility,” there is no question that families in the supplemental scenarios would all be “*participating*” in SNAP.

LEGAL ANALYSIS

The District Department of Human Services (DHS) Office of the General Counsel (OGC) re-reviewed local and federal SNAP law and regulations, the legislative history of the locally-funded SNAP minimum benefit provision, and the Memorandum from former DHS Economic Security Administration (ESA) (formerly known as the Income Maintenance Administration (IMA)) Administrator, to all ESA staff dated May 3, 2011 with respect to the two expedited SNAP eligibility determination scenarios ESA asked DHS OGC to analyze. The relevant law requires the District to use local funds to ensure that every family participating in SNAP receives at least \$30.00 in SNAP benefits per month.

Relevant law:

The law that requires the District to use local funds to provide a minimum monthly SNAP benefit to each participating family states:

Beginning on or after January 1, 2015, but beginning no later than October 1, 2015, a family participating in the food stamp program whose federally funded household benefit is less than \$30 per month shall receive locally funded benefits to bring the household's total benefit to \$30 per month.

D.C. Official Code § 4-261.04.

The Local Minimum Benefit Law Applies to Expedited Households:

While DHS may give the undefined phrase, “*participating in the food stamp program*,” used in this law any reasonable interpretation consistent with its policy and practices, it would be unreasonable to interpret the phrase to exclude families who receive SNAP benefits on an expedited basis. Because of their dire level of need, expedited SNAP Households go through a faster and more abbreviated process to determine whether they meet the SNAP eligibility requirements. *See* 7 C.F.R. § 273.2(i). When they are determined eligible, they are assigned a shorter certification period than SNAP Households who go through standard processing. *See* 7 C.F.R. § 273.2(i)(4).

Regardless of the method used to process the eligibility determination, however, expedited SNAP Households are clearly participating in SNAP for the duration of their certification periods. They meet the same eligibility requirements as standard processing Households and receive monthly SNAP benefits based the same calculations. *See* 7 C.F.R. § 273.8(a); 7 C.F.R. § 273.9(a); 7 C.F.R. § 273.10. The main difference is that expedited SNAP Households can be determined eligible and begin to receive benefits prior to completing some of the verifications. *See* 7 C.F.R. § 273.2(i)(4). The fact that some eligibility factors may not be fully verified at the time expedited Households begin to participate in SNAP appears to be immaterial under the relevant law.

At least one reported case has examined the issue of whether laws on issuing benefits should not apply to expedited processing SNAP Households when they have not completed the entire standard processing verification requirements, albeit not in the specific context of providing a minimum SNAP benefit. *Johnson v. Madigan*, 1992 U.S. Dist. LEXIS 5002 (N.D. Ga. 1992). The Federal District Court for the Northern District of Georgia found that beneficiaries entitled to SNAP benefits under expedited and standard processing should be treated the same for purposes of the federal law on combining an initial and first full month's

allotments when a customer applies after the 15th of the month. The *Madigan* court reasoned that: both types of households are eligible for benefits; both types of households receive benefits; there is nothing in the legislative history or wording of the federal laws to suggest that expedited households were meant to be treated differently under the law for purposes of allotting combined SNAP benefits when application is made after the 15th of the month; and, the federal law does not specify that law on providing combined initial allotments applies only to fully verified beneficiaries. *Id.*

The *Madigan* court's logic for finding that expedited and standard processing households should be treated the same under the law for purposes of calculating their initial benefit issuance applies to the supplemental scenarios. The local statute that governs the supplemental scenarios makes no distinction between families participating in SNAP after expedited versus standard processing. The local statute makes no reference to a requirement that it apply only to beneficiaries whose eligibility factors have been fully verified. There is nothing in federal or local law stating that eligibility following expedited processing is anything less than full eligibility for the certification period that applies.

Even if it were necessary to look beyond the plain text of the statute to interpret its meaning, an interpretation that found expedited processing families to be excluded from the local minimum monthly SNAP benefit law would be contrary to the legislative intent of the statute. The purpose of the local law is to ensure that families who need assistance with purchasing food receive at least a minimum amount of assistance from the District. It could not have been the District Council's intent that the District denies that minimum assistance to the neediest families: those whose income and resources are so low that they are entitled to expedited processing.

Thus, under both supplemental scenarios, the local SNAP minimum monthly benefit law applies and is mandatory regardless of the fact that the family is participating in SNAP for a short certification period after expedited processing.

For supplemental scenario number 1, the expedited Household's initial allotment is for a full month. Under the plain text of the applicable statute and consistent with the legislative purpose of the law, if the Household is a "*family*" and its full month benefit would be under \$30.00, the District must use local funds to provide the difference between the full month benefit amount and \$30.00.

The Local Minimum Benefit Law Requires the District to Provide at Least \$30.00 in SNAP Benefits per month.

The local law requires the District to use local funds to bring a participating family's benefit up to \$30.00 "*per month*." D.C. Official Code § 4-261.04.

For supplemental scenario number 2, the expedited Household is receiving a combined allotment of the first and second month's benefits. The combined allotment is issued in one month, but represents two separate monthly benefit allotments. *See* 7 C.F.R. § 273.2(i)(4)(iii)(C). Federal law gives the District the administrative option of either issuing it as a single allotment or as two separate allotments made available at the same time. *See* 7 C.F.R. § 273.2(i)(4)(iii)(C) and 7 C.F.R. § 274.2(c). The local law requires the District to supplement monthly SNAP benefit payments to ensure that a participating family's SNAP benefit is at least \$30.00 per month. The District's locally-funded SNAP minimum monthly benefit law does not state any exceptions. If the portion of a participating SNAP family's combined allotment that represents the second full month of participation would be less than \$30.00, even if the combined allotment of the initial pro-rated and subsequent full month is \$30.00 or more, the District must supplement the combined allotment with local funds so that the participating family will be receiving at least \$30.00 per month in SNAP benefits.

If you have any questions, please contact Assistant General Counsel, Mary Ellen Rayment, at (202) 671-4441 or mary.rayment@dc.gov.