



**Dave Pascua**

Applicant Name:  
Norwich/New London City  
and County CoC  
Applicant Number:  
CT-507  
Project Name:  
CT-507 CoC Registration  
Project Number:  
COC\_REG\_2009\_009388

CoC Registration  
FY2009

Exhibit 1 Detailed  
Instructions

Exhibit 1 2009

- Part 1: CoC Structure
  - 1A. Identification
  - 1B. Primary Decision-Making Group
  - 1C. Committees
  - 1D. Member Organizations
  - 1E. Project Review and Selection
  - 1F. e-HIC Change in Beds
  - 1G. e-HIC Attachment
  - 1H. e-HIC Sources and Methods
- Part 2: Data Collection and Quality
  - 2A. HMIS Implementation
  - 2B. HMIS Lead Organization
  - 2C. HMIS Contact Person
  - 2D. HMIS Bed Coverage
  - 2E. HMIS Data Quality
  - 2F. HMIS Data Usage
  - 2G. HMIS Data and Technical Standards
  - 2H. HMIS Training
  - 2I. Homeless Population
  - 2J. Homeless Subpopulations
  - 2K. Sheltered Data - PIT
  - 2L. Sheltered Data - Methods
  - 2M. Sheltered Data - Subpopulations
  - 2N. Sheltered Data - Quality
  - 2O. Unsheltered Data - Methods
  - 2P. Unsheltered Data - Coverage
  - 2Q. Unsheltered Data - Quality
- Part 3: CoC Strategic Planning
  - 3A. Strategic Planning

**Submission Summary**

Part	Last Updated
Part 1: CoC Structure	
1A. Identification	No Input Required
1B. Primary Decision-Making Group	11/13/2009
1C. Committees	11/13/2009
1D. Member Organizations	11/05/2009
1E. Project Review and Selection	11/05/2009
1F. e-HIC Change in Beds	11/13/2009
1G. e-HIC Attachment	11/17/2009
1H. e-HIC Sources and Methods	11/13/2009
Part 2: Data Collection and Quality	
2A. HMIS Implementation	11/19/2009
2B. HMIS Lead Organization	11/05/2009
2C. HMIS Contact Person	11/14/2009
2D. HMIS Bed Coverage	11/14/2009
2E. HMIS Data Quality	11/14/2009
2F. HMIS Data Usage	11/05/2009
2G. HMIS Data and Technical Standards	11/05/2009
2H. HMIS Training	11/05/2009
2I. Homeless Population	11/05/2009
2J. Homeless Subpopulations	11/05/2009
2K. Sheltered Data - PIT	11/05/2009
2L. Sheltered Data - Methods	11/15/2009
2M. Sheltered Data - Subpopulations	11/05/2009
2N. Sheltered Data - Quality	No Input Required
2O. Unsheltered Data - Methods	No Input Required
2P. Unsheltered Data - Coverage	10/25/2009
2Q. Unsheltered Data - Quality	11/15/2009
Part 3: CoC Strategic Planning	
3A. Strategic Planning Objectives	
Objective 1	11/15/2009
Objective 2	11/15/2009
Objective 3	11/15/2009
Objective 4	11/15/2009
Objective 5	11/15/2009
3B. Discharge Planning	11/15/2009
3C. CoC Coordination	11/15/2009
Part 4: CoC Performance	
4A. 2008 CoC Achievements	11/15/2009
4B. Chronic Homeless Progress	11/15/2009
4C. Housing Performance	11/11/2009
4D. Mainstream Services Enrollment	11/12/2009
4E. Energy Star & Section 3	10/25/2009
4F. CoC Mainstream Programs	11/15/2009
4G. Provider Mainstream Programs	11/15/2009
Regulatory Barriers	

Objectives

- Objective 1
- Objective 2
- Objective 3
- Objective 4
- Objective 5

3B. Discharge Planning

3C. CoC Coordination

Part 4: CoC Performance

4A. 2008 CoC Achievements

4B. Chronic Homeless Progress

4C. Housing Performance

4D. Mainstream Services Enrollment

4E. Energy Star & Section 3

4F. CoC Mainstream Programs

4G. Provider Mainstream Programs

Regulatory Barriers

Preface

4I. Removing Regulatory Barriers

Page 1

Page 2

Page 3

CoC Project Listing

Summary

Attachments

**Submission Summary**

4I. Removing Regulatory Barriers

Page 1

Page 2

Page 3

Attachments

Submission Summary

No Input Required

No Input Required

No Input Required

11/23/2009

No Input Required

Back Next

Export to PDF

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Back to Submissions List



## 1A. Continuum of Care (CoC) Identification

**Instructions:**

The fields on this screen are read only and reference the information entered during the CoC Registration process. Updates cannot be made at this time. If the information on this screen is not correct, contact the e-snaps help desk.

**CoC Name and Number (From CoC Registration):** CT-507 - Norwich/New London City & County CoC

**CoC Lead Organization Name:** Thames River Community Service Inc.

## 1B. Continuum of Care (CoC) Primary Decision-Making Group

### Instructions:

The following questions are related to the CoC primary decision-making group. The primary responsibility of this group is to manage the overall planning effort for the entire CoC, including, but not limited to:

- Setting agendas for full Continuum of Care meetings
- Project monitoring
- Determining project priorities
- Providing final approval for the CoC application submission.

This body is also responsible for the implementation of the CoC's HMIS, either through direct oversight or through the designation of an HMIS implementing agency. This group may be the CoC Lead Agency or may authorize another entity to be the CoC Lead Agency under its direction.

**Name of primary decision-making group:** Steering Committee

**Indicate the frequency of group meetings:** Monthly or more

**If less than bi-monthly, please explain (limit 500 characters):**

**Indicate the legal status of the group:** Not a legally recognized organization

**Specify "other" legal status:**

**Indicate the percentage of group members that represent the private sector: 81%**  
**(e.g., non-profit providers, homeless or formerly homeless persons, advocates and consumer interests)**

**\* Indicate the selection process of group members: (select all that apply)**

<b>Elected:</b>	<input type="checkbox"/>
<b>Assigned:</b>	<input type="checkbox"/>
<b>Volunteer:</b>	<input checked="" type="checkbox"/>
<b>Appointed:</b>	<input type="checkbox"/>
<b>Other:</b>	<input type="checkbox"/>

**Specify "other" process(es):**

**Briefly describe the selection process of group members. Description should include why this process was established and how it works (limit 750 characters):**

The Steering Committee is comprised of community stakeholders that have made a solid commitment to the Continuum of Care and ending of homelessness in our region. All community and state agencies ensure that they have regular representation and are actively involved in discussions, problem solving and implementation of policies and programs related to ending homelessness on our region. The Continuum continues to raise awareness and strives to engage new members, groups, and potential stakeholders throughout our region to invest in ending homelessness. The Continuum relies on community and state agencies to select individuals to represent, attend, and actively participate in meetings. The meetings are open to the public.

**\* Indicate the selection process of group leaders:  
(select all that apply):**

<b>Elected:</b>	<input checked="" type="checkbox"/>
<b>Assigned:</b>	<input type="checkbox"/>
<b>Volunteer:</b>	<input type="checkbox"/>
<b>Appointed:</b>	<input type="checkbox"/>
<b>Other:</b>	<input type="checkbox"/>

**Specify "other" process(es):**

**If administrative funds were made available to the CoC, would the primary-decision making body, or its designee, have the capacity to be responsible for activities such as applying for HUD funding and serving as a grantee, providing project oversight, and monitoring. Explain (limit 750 characters):**

Yes. However, present non-profit HUD grantees and State of CT Department of Mental Health and Addiction Services could not do this because of conflicts of interest. An independent administrator would have to be hired to carry out these duties. Additional funds of approximately \$210,000.00 would be needed for such items as, but not limited to, hiring a full-time administrator, clerical staff, equipment, rent, supplies and utilities.

# 1C. Continuum of Care (CoC) Committees, Subcommittees and Work Groups

**Instructions:**

Provide information on up to five of the CoCs most active CoC-wide planning committees, subcommittees, and workgroups. CoCs should only include information on those groups that are directly involved in CoC-wide planning activities such as project review and selection, discharge planning, disaster planning, completion of the Exhibit 1 application, conducting the point-in-time count, and 10-year plan coordination. For each group, briefly describe the role and how frequently the group meets. If one of more of the groups meet less than quarterly, please explain.

**Committees and Frequency**

Name of Group	Role of Group (limit 750 characters)	Meeting Frequency
Ten Year Plan to End Homelessness Steering Committee	Monitors and oversees implementation of goals set forth in the regional Ten Year Plan to End Homelessness. Committee consists of community champions who can eliminate and/or minimize barriers to achieve goals.	Quarterly
Community Care Teams (Norwich and New London)	Community Care Teams meet weekly to review referrals and create service plans to assist homeless individuals and families return to permanent housing. Community Care Teams also meet monthly to ensure services offered to homeless persons are streamlined and provided seamlessly. Both Community Care Teams act as a safety net and strive to enforce a no wrong door policy so that homeless persons are assured easy access to services.	Monthly or more
Ten Year Plan Housing Committee	Works collaboratively to explore ways to expand supportive housing units throughout the region for the homeless and chronically homeless population.	Quarterly
Emergency Needs Committee	The Emergency Needs Committee consists of emergency shelter providers throughout the region who work together to identify, prioritize, and address the immediate shelter needs of homeless individuals and families. This group also works collaboratively to develop a regional approach in providing emergency shelter, identify and implement no-freeze and overflow plans.	Monthly or more
HUD Grant Work Group	Works collaboratively to prepare, complete, and submit local CoC Exhibit 1 and Exhibit 2 applications.	Monthly or more

**If any group meets less than quarterly, please explain (limit 750 characters):**

## 1D. Continuum of Care (CoC) Member Organizations

Identify all CoC member organizations or individuals directly involved in the CoC planning process. To add an organization or individual, click on the icon.

Organization Name	Membership Type	Organization Type	Organization Role	Subpopulations
Connecticut State Police	Public Sector	Law enf...	Committee/Sub-committee/Work Group	NONE
Department of Corrections	Public Sector	Law enf...	Committee/Sub-committee/Work Group	NONE
Groton Police Department	Public Sector	Law enf...	Committee/Sub-committee/Work Group	NONE
New London Police Department	Public Sector	Law enf...	Committee/Sub-committee/Work Group	NONE
Norwich Police Department	Public Sector	Law enf...	Committee/Sub-committee/Work Group	NONE
Eastern Connecticut Workforce Investment Board	Public Sector	Local w...	Attend 10-year planning meetings during past 12 months, C...	NONE
Southeast Area Transit	Public Sector	Other	Committee/Sub-committee/Work Group	NONE
Southeast Council of Governments	Public Sector	Local g...	Lead agency for 10-year plan, Attend 10-year planning mee...	NONE
Eastern Connecticut Transportation Consortium	Public Sector	Other	Committee/Sub-committee/Work Group	NONE
Veterans Administration	Public Sector	Other	Attend 10-year planning meetings during past 12 months, C...	Veterans
Alliance for Living	Private Sector	Non-pro..	Attend 10-year planning meetings during past 12 months, C...	HIV/AIDS
Backus Hospital	Private Sector	Hospita..	Committee/Sub-committee/Work Group	NONE
Lawrence and Memorial Hospital	Private Sector	Hospita..	Committee/Sub-committee/Work Group	NONE
Child and Family Agency	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Youth
Connecticut Citizens for Addiction & Recovery	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Substance Abuse
Covenant Shelter	Private Sector	Non-pro..	Attend 10-year planning meetings during past 12 months, C...	NONE

Disabilities Network of Eastern Connecticut	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Seriously Me...
Eastern Regional Service Center	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Seriously Me...
Eastern Regional Mental Health Board	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Seriously Me...
Madonna Place	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Youth, Domes..
Mystic Area Shelter and Hospitality	Private Sector	Non-pro..	Attend 10-year planning meetings during past 12 months, C...	NONE
Malta	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
Martin House	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Seriously Me...
New London Homeless Coalition	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Seriously Me...
New London Community Meal Center	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
Bethsaida Community Inc.	Private Sector	Non-pro..	Attend 10-year planning meetings during past 12 months, C...	NONE
New London Homeless Hospitality Center	Private Sector	Non-pro..	Attend 10-year planning meetings during past 12 months, C...	Seriously Me...
Reliance House	Private Sector	Non-pro..	Attend 10-year planning meetings during past 12 months, C...	Seriously Me...
SCADD	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Substance Abuse
Sound Community Services, Inc.	Private Sector	Non-pro..	Attend 10-year planning meetings during past 12 months, C...	Seriously Me...
Thames River Community Service Inc.	Private Sector	Non-pro..	Attend 10-year planning meetings during past 12 months, C...	NONE
Thames Valley Council for Community Action	Private Sector	Non-pro..	Attend 10-year planning meetings during past 12 months, C...	NONE
The Connection, Inc.	Private Sector	Non-pro..	Attend 10-year planning meetings during past 12 months, C...	Substance Abuse



Veteran's Center	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Veteran s
Women's Center of Southeastern Connecticut, Inc.	Private Sector	Non-pro..	Attend 10-year planning meetings during past 12 months, C...	Youth, Domes..
211	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
Niantic Community Church	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	NONE
Catholic Charities	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	NONE
All Souls Unitarian Congregation	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	NONE
Diocese of Norwich	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	NONE
Salvation Army	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	NONE
Shiloh Baptist Development Corporation	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	NONE
St. Frances House	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	NONE
St. James Episcopal Church	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	NONE
St. Luke Lutheran Church	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	NONE
St. Patrick Cathedral	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	NONE
St. Vincent DePaul Soup Kitchen	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	NONE
Electric Boat Service Association	Private Sector	Fun der ...	None	NONE
Center for Urban Community Services	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
Connecticut Coalition to End Homelessness	Private Sector	Non-pro..	Attend 10-year planning meetings during past 12 months, C...	NONE
Connecticut Coalition Against Domestic Violence	Private Sector	Non-pro..	None	Domesti c Vio...
Connecticut Housing Coalition	Private Sector	Non-pro..	None	NONE
Corporation for Supportive Housing	Private Sector	Non-pro..	Attend 10-year planning meetings during past 12 months, None	NONE

National Alliance on Mental Illness	Private Sector	Non-pro..	None	NONE
Partnership for Strong Communities	Private Sector	Non-pro..	None	NONE
United Way of Southeastern Connecticut	Private Sector	Non-pro..	Primary Decision Making Group, Attend 10-year planning me...	NONE
Bank of America	Private Sector	Funder...	None	NONE
Citizens Bank Foundation	Private Sector	Funder...	None	NONE
Community Foundation of Southeastern Connecticut	Private Sector	Non-pro..	None	NONE
Dime Bank Foundation	Private Sector	Funder...	None	NONE
Eastern Federal Bank Foundation	Private Sector	Funder...	None	NONE
Liberty Bank Foundation	Private Sector	Funder...	None	NONE
People's United Bank	Private Sector	Funder...	None	NONE
Community Foundation of the Tri-County Area	Private Sector	Funder...	None	NONE
Pfizer Foundation	Private Sector	Funder...	None	NONE
Big Y World Class Market	Private Sector	Businesses	None	NONE
Bob's Furniture	Private Sector	Businesses	None	NONE
Gorin's Furniture	Private Sector	Businesses	None	NONE
Leader Store	Private Sector	Businesses	None	NONE
Mashantucket Pequot Tribal Nation	Private Sector	Funder...	None	NONE

Mohegan Tribal Nation	Private Sector	Funder ...	None	NONE
Shop Rite Super Market	Private Sector	Businesses	None	NONE
Stop & Shop Super Market	Private Sector	Businesses	None	NONE
Community Health Center	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
Generations	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
Hospice of Southeastern Connecticut	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
United Community and Family Services	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
Visiting Nurses Association of Southeastern Con...	Private Sector	Non-pro..	Attend 10-year planning meetings during past 12 months, C...	NONE
Homeless Person # 1	Individual	Homeles..	Attend 10-year planning meetings during past 12 months, C...	NONE
Homeless Person # 2	Individual	Homeles..	Attend 10-year planning meetings during past 12 months, C...	NONE
Homeward Bound Treasures	Private Sector	Businesses	None	NONE
Angel Food Ministries	Private Sector	Faith-b...	None	NONE
Gemma Moran Food Center - United Way	Private Sector	Non-pro..	None	NONE

## 1E. Continuum of Care (CoC) Project Review and Selection Process

### Instructions:

The CoC solicitation of projects and project selection should be conducted in a fair and impartial manner. For each of the following items, indicate all of the methods and processes the CoC used in the past year to assess all new and renewal project(s) performance, effectiveness, and quality. In addition, indicate if any written complaints have been received by the CoC regarding any CoC matter in the last 12 months, and how those matters were addressed and/or resolved.

**Open Solicitation Methods:**  
(select all that apply) f. Announcements at Other Meetings, a. Newspapers, e. Announcements at CoC Meetings, c. Responsive to Public Inquiries, b. Letters/Emails to CoC Membership, d. Outreach to Faith-Based Groups

**Rating and Performance Assessment Measure(s):**  
(select all that apply) g. Site Visit(s), b. Review CoC Monitoring Findings, k. Assess Cost Effectiveness, c. Review HUD Monitoring Findings, r. Review HMIS participation status, d. Review Independent Audit, j. Assess Spending (fast or slow), p. Review Match, i. Evaluate Project Readiness, e. Review HUD APR for Performance Results, h. Survey Clients, o. Review CoC Membership Involvement, f. Review Unexecuted Grants, m. Assess Provider Organization Capacity, l. Assess Provider Organization Experience

**Voting/Decision-Making Method(s):**  
(select all that apply) c. All CoC Members Present Can Vote, a. Unbiased Panel/Review Committee, b. Consumer Representative Has a Vote, f. Voting Members Abstain if Conflict of Interest

**Were there any written complaints received by the CoC regarding any matter in the last 12 months?** No

**If yes, briefly describe complaint and how it was resolved (limit 750 characters):**

## **1F. Continuum of Care (CoC) Housing Inventory--Change in Beds Available**

For each housing type, indicate if there was any change (increase or reduction) in the total number of beds in the 2009 electronic Housing Inventory Chart (e-HIC) as compared to the 2008 e-HIC. If there was a change, please describe the reasons in the space provided for each housing type.

**Emergency Shelter:** No

**Briefly describe the reason(s) for the change in Emergency Shelter beds, if applicable (limit 750 characters):**

**Safe Haven:** No

**Briefly describe the reason(s) for the change in Safe Haven beds, if applicable (limit 750 characters):**

**Transitional Housing:** No

**Briefly describe the reason(s) for the change in Transitional Housing beds, if applicable (limit 750 characters):**

**Permanent Housing:** Yes

**Briefly describe the reason(s) for the change in Permanent Housing beds, if applicable (limit 750 characters):**

The following new supportive housing was created in 2009:  
Southeastern Mental Health Authority - 2 beds

**CoC certifies that all beds for homeless persons are listed in the e-HIC regardless of HMIS participation and HUD funding:** Yes

## 1G. Continuum of Care (CoC) Housing Inventory Chart Attachment

### Instructions:

Each CoC must complete and attach the electronic Housing Inventory Chart, or e-HIC. Using the version of the document that was sent electronically to the CoC, verify that all information is accurate and make any necessary additions or changes. Click on "Housing Inventory Chart" below to upload the document. Each CoC is responsible for reading the instructions in the e-HIC carefully.

Document Type	Required?	Document Description	Date Attached
Housing Inventory Chart	Yes	Housing Inventory...	11/17/2009

## Attachment Details

**Document Description:** Housing Inventory Chart

## 1H. Continuum of Care (CoC) Housing Inventory Chart (HIC) - Data Sources and Methods

### Instructions:

Complete the following items based on data collection methods and reporting for the electronic Housing Inventory Chart (e-HIC), including Unmet need determination. The information should be based on a survey conducted in a 24-hour period during the last ten days of January 2009.

**Indicate the date on which the housing inventory count was completed:** 01/28/2009  
(mm/dd/yyyy)

**Indicate the type of data or methods used to complete the housing inventory count:** Housing inventory survey  
(select all that apply)

**Indicate the steps taken to ensure data accuracy for the Housing Inventory Chart:** Follow-up, Instructions, Updated prior housing inventory information, Confirmation, Training  
(select all that apply)

### Must specify other:

**Indicate the type of data or method(s) used to determine unmet need:** Unsheltered count, HUD unmet need formula, Local studies or non-HMIS data sources, Housing inventory, National studies or data sources, Stakeholder discussion, Applied statistics, Provider opinion through discussion or survey forms  
(select all that apply)

### Specify "other" data types:

**If more than one method was selected, describe how these methods were used together (limit 750 characters):**

Key community stakeholders reviewed data and determined where adjustments were necessary (based on local information) in determining unmet needs. University of Pennsylvania extrapolated local data from the point in time count and applied acceptable formula in providing/projecting a final unsheltered count locally. HUD formula was used in conjunction with these methods to determine the unmet need.



## 2A. Homeless Management Information System (HMIS) Implementation

### Intructions:

CoCs should complete the following information in conjunction with the HMIS Lead Agency. All information is to be current as of the date in which this application is submitted. For additional instructions, refer to the detailed instructions available on the left menu bar.

**Select the HMIS implementation type:** Statewide

**Select the CoC(s) covered by the HMIS:** (select all that apply)  
CT-503 - Bridgeport/Stratford/Fairfield CoC, CT-500 - Danbury CoC, CT-502 - Hartford CoC, CT-506 - Norwalk/Fairfield County CoC, CT-508 - Stamford/Greenwich CoC, CT-510 - Bristol CoC, CT-504 - Middletown/Middlesex County CoC, CT-512 - City of Waterbury CoC, CT-501 - New Haven CoC, CT-507 - Norwich/New London City & County CoC, CT-509 - New Britain CoC, CT-505 - Connecticut Balance of State CoC

**Does the CoC Lead Organization have a written agreement with HMIS Lead Organization?** Yes

If yes, the agreement (e.g., contract, Memorandum of Understanding, etc.) must be submitted with the application.

**Is the HMIS Lead Organization the same as CoC Lead Organization?** No

**Has the CoC selected an HMIS software product?** Yes

**If "No" select reason:**

**If "Yes" list the name of the product:** Service Point

**What is the name of the HMIS software company?** Bowman

**Does the CoC plan to change HMIS software within the next 18 months?** No

**Indicate the date on which HMIS data entry started (or will start):** 05/01/2004  
(format mm/dd/yyyy)

**Is this an actual or anticipated HMIS data entry start date?** Actual Data Entry Start Date

**Indicate the challenges and barriers impacting the HMIS implementation:** Inadequate staffing, No or low participation by non-HUD funded providers, Inadequate resources  
(select all the apply):

**If CoC indicated that there are no challenges or barriers impacting HMIS implementation, briefly describe either why CoC has no challenges or how all barriers have been overcome (limit 1000 characters).**

**If CoC identified one or more challenges or barriers impacting HMIS implementation, briefly describe how the CoC plans to overcome them (limit 1000 characters).**

Full implementation of HMIS continues to be a priority for our CoC. During this past year, we achieved 100% HMIS participation by all emergency shelter and transitional housing providers. This includes HMIS participation by all non-HUD funded programs. Our next challenge is to encourage and support all non-HUD funded supportive housing (SH) providers to utilize and enter into HMIS. Our CoC will provide HMIS training dates, confirm completion of HMIS training, and then request and acquire the specific number of HMIS licenses needed by non-HUD funded PSH programs so they can begin entering into HMIS.

## 2B. Homeless Management Information System (HMIS) Lead Organization

Enter the name and contact information for the HMIS Lead Agency. This is the organization responsible for implementing the HMIS within a CoC. There may only be one HMIS Lead Agency per CoC.

**Organization Name** Connecticut Coalition to End Homelessness

**Street Address 1** Suite 4

**Street Address 2** 77 Buckingham Street

**City** Hartford

**State** Connecticut

**Zip Code** 06106-1710

**Format:** xxxxx or xxxxx-xxxx

**Organization Type** Non-Profit

If "Other" please specify

**Is this organization the HMIS Lead Agency in more than one CoC?** Yes

## 2C. Homeless Management Information System (HMIS) Contact Person

Enter the name and contact information for the primary contact person at the HMIS Lead Agency.

**Prefix:** Ms.  
**First Name** Sarah  
**Middle Name/Initial**  
**Last Name** Zucker  
**Suffix**  
**Telephone Number:** 860-721-7876  
**(Format: 123-456-7890)**  
**Extension** 111  
**Fax Number:** 860-257-1148  
**(Format: 123-456-7890)**  
**E-mail Address:** szucker@cceh.org  
**Confirm E-mail Address:** szucker@cceh.org

## 2D. Homeless Management Information System (HMIS) Bed Coverage

**Instructions:**

HMIS bed coverage measures the level of participation in a CoC's HMIS. It is calculated by dividing the total number of year-round non-DV HMIS-participating beds available in the CoC by the total number of year-round non-DV beds available in the CoC. Participation in HMIS is defined as collection and reporting of client level data either through direct data entry into the HMIS or into an analytical database that includes HMIS data at least annually.

HMIS bed coverage is calculated by dividing the total number of year-round non-DV HMIS-participating beds in each housing type by the total number of non-DV beds available in each program type. For example, the bed coverage rate for Emergency Shelters (ES) is equal to the total number of year-round, non-DV HMIS-participating ES beds divided by the total number of non-DV ES beds available in the CoC. CoCs can review or assess HMIS bed coverage by calculating their rate monthly, quarterly, semiannually, annually, or never. CoCs are considered to have low bed coverage rates if they only have a rate of 0-64% among any one of the housing types. CoCs that have a housing type with a low bed coverage rate should describe the CoCs plan to increase bed coverage in the next 12-months in the space provided.

The 2005 Violence Against Women Act (VAWA) Reauthorization bill restricts domestic violence provider participation in HMIS unless and until HUD completes a public notice and comment process. Until the notice and comment process is completed, HUD does not require nor expect domestic violence providers to participate in HMIS. HMIS bed coverage rates are calculated excluding domestic violence provider beds from the universe of potential beds.

**Indicate the HMIS bed coverage rate (%) for each housing type within the CoC. If a particular housing type does not exist anywhere within the CoC, select "Housing type does not exist in CoC" from the drop-down menu.**

* Emergency Shelter (ES) Beds	86%+
* Safe Haven (SH) Beds	Housing type does not exist in CoC
* Transitional Housing (TH) Beds	76-85%
* Permanent Housing (PH) Beds	65-75%

**How often does the CoC review or assess its HMIS bed coverage?** Quarterly

**If bed coverage is 0-64%, describe the CoC's plan to increase this percentage during the next 12 months:**

## 2E. Homeless Management Information System (HMIS) Data Quality

**Instructions:**

Enter the percentage of missing or unknown records AND the percentage of records where the value is "refused" or unknown ("don't know") for each Universal Data Element listed below. Universal Data Elements are information fields that HUD requires all homeless service providers participating in a local HMIS to collect on all homeless clients seeking housing and/or services. They include personal identifying information as well as information on a client's demographic characteristics and recent residential history. The elements target data that are essential to the administration of local homeless assistance programs as well as obtaining an accurate picture of the extent, characteristics and the patterns of service use of the local homeless population.

Where the collection of Social Security Numbers is not authorized by law, failure to collect this data element will not competitively disadvantage an application. Additionally, in lieu of the actual SSN, the response categories of "Don't Know" and "Refused" are considered valid response categories, per the HMIS Data and Technical Standards.

For additional instructions, refer to the detailed instructions available on the left menu bar.

**Indicate the percentage of unduplicated client records with null or missing values on a day during the last ten days of January 2009.**

Universal Data Element	Records with no values (%)	Records where value is refused or unknown (%)
* Social Security Number	1%	12%
* Date of Birth	2%	0%
* Ethnicity	4%	0%
* Race	2%	0%
* Gender	3%	0%
* Veteran Status	5%	2%
* Disabling Condition	5%	17%
* Residence Prior to Program Entry	5%	1%
* Zip Code of Last Permanent Address	6%	5%
* Name	0%	0%

**Instructions:**

The Annual Homeless Assessment Report (AHAR) is a national report to Congress on the extent and nature of homelessness in America. The AHAR uses data from Homeless Management Information Systems (HMIS) to estimate the number and characteristics of people who use homeless residential services and their patterns of service use. The data collection period for AHAR 4 began on October 1, 2007 and ended on September 30, 2008. Communities must have had a minimum bed coverage rate of 65 percent throughout the entire reporting period in two or more reporting categories; i.e., emergency shelters for individuals (ES-IND), emergency shelters for families (ES-FAM), transitional housing for individuals (TH-IND), and transitional housing for families (TH-FAM); to be eligible to participate in AHAR 4.

**Did the CoC or subset of CoC participate in AHAR 4?** No

**Did the CoC or subset of CoC participate in AHAR 5?** Yes

**How frequently does the CoC review the quality of client level data?** Monthly

**How frequently does the CoC review the quality of program level data?** Monthly

**Describe the process, extent of assistance, and tools used to improve data quality for agencies participating in the HMIS (limit 750 characters):**

CT Coalition to End Homelessness subcontracts with Nutmeg Consulting to provide the following assistance to improve data quality for agencies participating in HMIS: HMIS Help Desk offered by phone and email Mon-Fri. 9am-5pm; a monthly HMIS training schedule on the system that is implemented statewide via a mobile training unit; quarterly data quality reports on Universal Data Elements are provided to members of CT HMIS Steering Committee for distribution and use among their CoC's local program; on site support for users or administrators that need assistance with CT HMIS; an interactive and frequently updated website ([www.ctmis.com](http://www.ctmis.com)) that provides tools, resources, information, and a connection to the Help Desk for all users of CT HMIS.

**Describe the existing policies and procedures used to ensure that valid program entry and exit dates are recorded in the HMIS (limit 750 characters):**

The CT HMIS Policies and Procedures manual states that: A client is to be exited from a program if that client has not been in the program for 15 consecutive calendar days. In addition, at the end of every monthly reporting period, individual programs will check to ensure that every client who has been out of the program for 15 consecutive days has been exited from the program. The exit date should be set as the date that the client left the program and stopped receiving services.

## 2F. Homeless Management Information System (HMIS) Data Usage

### Instructions:

- HMIS can be used for a variety of activities. These include, but are not limited to:
- Data integration/data warehousing to generate unduplicated counts; Involves assembling HMIS data from multiple data collection systems into a single system in order to de-duplicate client records.
  - Use of HMIS for point-in-time count of sheltered persons
  - Use of HMIS for point-in-time count of unsheltered persons
  - Use of HMIS for performance measurement; Using HMIS to evaluate program or system-level performance, focusing on client-level outcomes, or measurable changes in the well-being of homeless clients.
  - Use of HMIS for program management; Using HMIS data for grant administration, reporting, staff supervision, or to manage other program activities.
  - Integration of HMIS data with mainstream system; Merging HMIS data with data from other mainstream systems, such as welfare, foster care, educational, or correctional systems.

Indicate the frequency in which each of the following activities is completed:

<b>Data integration/data warehousing to generate unduplicated counts:</b>	Quarterly
<b>Use of HMIS for point-in-time count of sheltered persons:</b>	Annually
<b>Use of HMIS for point-in-time count of unsheltered persons:</b>	Annually
<b>Use of HMIS for performance assessment:</b>	Annually
<b>Use of HMIS for program management:</b>	Annually
<b>Integration of HMIS data with mainstream system:</b>	Semi-annually



## 2G. Homeless Management Information System (HMIS) Data and Technical Standards

**Instructions:**

- For each item, indicate whether the activity is completed monthly, quarterly (once each quarter), semiannually (two times per year), annually (every year), or never.
- Unique user name and password: CoC assesses that system user name and password protocols are followed and meet HMIS technical standards.
  - Secure location for equipment: CoC manages physical access to systems with access to HMIS data in compliance with HMIS technical standards.
  - Locking screen savers: CoC makes HMIS workstations and HMIS software automatically turn on password-protected screen savers when a workstation is temporarily not in use.
  - Virus protection with auto update: CoC protects HMIS systems from viruses by using virus protection software that regularly updates virus definitions from the software vendor.
  - Individual or network firewalls: CoC protects systems from malicious intrusion behind a secure firewall.
  - Restrictions on access to HMIS via public forums: CoC allows secure connections to HMIS data only through PKI certificate or IP filtering as defined in the HMIS technical standards.
  - Compliance with HMIS Policy and Procedures manual: CoC ensures HMIS users are in compliance with community-defined policies and protocols for HMIS use.
  - Validation of off-site storage of HMIS data: CoC validates that off-site storage of HMIS data is secure.

**Indicate the frequency in which the CoC or HMIS Lead completes a compliance assessment for each of the following HMIS privacy and security standards:**

* Unique user name and password	Quarterly
* Secure location for equipment	Annually
* Locking screen savers	Annually
* Virus protection with auto update	Annually
* Individual or network firewalls	Annually
* Restrictions on access to HMIS via public forums	Annually
* Compliance with HMIS Policy and Procedures manual	Annually
* Validation of off-site storage of HMIS data	Annually

**How often does the CoC assess compliance with HMIS Data and Technical Standards?** Quarterly

**How often does the CoC aggregate data to a central location (HMIS database or analytical database)?** Monthly

**Does the CoC have an HMIS Policy and Procedures manual?** Yes

**If 'Yes' indicate date of last review or update by CoC:** 10/01/2008

**If 'No' indicate when development of manual will be completed (mm/dd/yyyy):**

## 2H. Homeless Management Information System (HMIS) Training

**Instructions:**

An important component of a functioning HMIS is providing comprehensive training to homeless assistance providers that are participating in the HMIS. In the section below, indicate the frequency in which the CoC and/or HMIS Lead Agency offers each of the following training activities:

- Privacy/Ethics training: Training to homeless assistance program staff on established community protocols for ethical collection of client data and privacy protections required to manage clients' PPI (protected personal information).
- Data Security training: Training to homeless assistance program staff on established community protocols for user authentication, virus protection, firewall security, disaster protection, and controlled access to HMIS.
- Using HMIS data locally: Training on use of HMIS data to understand the local extent and scope of homelessness.
- Using HMIS data for assessing program performance: Training on use of HMIS to systematically evaluate the efforts programs are making to address homelessness.
- Basic computer skills training: Training on computer foundation skills such as mouse and keyboard functions, web searching, document saving, and printing.
- HMIS software training: Training on use and functionality of HMIS software including adding new clients, updating client data, running reports, and managing client cases.

**Indicate the frequency in which the CoC or HMIS Lead Agency offers each of the following training activities:**

Privacy/Ethics training	Monthly
Data Security training	Monthly
Data Quality training	Monthly
Using HMIS data locally	Annually
Using HMIS data for assessing program performance	Monthly
Basic computer skills training	Quarterly
HMIS software training	Monthly

## 2I. Continuum of Care (CoC) Point-in-Time Homeless Population

**Instructions:**

This section must be completed using statistically reliable, unduplicated counts or estimates of homeless persons in sheltered and unsheltered locations on a single night. Because 2009 was a required point-in-time count year, CoCs were required to conduct a one day, point-in-time count during the last 10 days of January--January 22nd to 31st. Although point-in-time counts are only required every other year, HUD requests that CoCs conduct a count annually if resources allow. Data entered in this chart must reflect a point-in-time count that took place during the last 10 days of January 2009, unless a waiver was received by HUD.

Additional instructions on conducting the point-in-time count can be found in the detailed instructions, located on the left hand menu.

Indicate the date of the most recent point-in-time count (mm/dd/yyyy): 01/28/2009

**For each homeless population category, the number of households must be less than or equal to the number of persons.**

Households with	Dependent Children
-----------------	--------------------

	Sheltered	Transitional	Unsheltered	Total
	Emergency			
<b>Number of Households</b>	23	29	0	52
<b>Number of Persons (adults and children)</b>	59	83	0	142

Households without	Dependent Children
--------------------	--------------------

	Sheltered	Transitional	Unsheltered	Total
	Emergency			
<b>Number of Households</b>	106	25	23	154
<b>Number of Persons (adults and unaccompanied youth)</b>	106	25	23	154

All Households/	All Persons
-----------------	-------------

	Sheltered	Transitional	Unsheltered	Total
	Emergency			
<b>Total Households</b>	129	54	23	206
<b>Total Persons</b>	165	108	23	296

## 2J. Continuum of Care (CoC) Point-in-Time Homeless Subpopulations

**Instructions:**

Enter the number of sheltered and unsheltered adults who belong in each subpopulation category. As in the Homeless Populations chart, this chart must be completed using statistically reliable and unduplicated counts or estimates of homeless persons based on the point-in-time count conducted during the last ten days of January 2009. Only adults should be included in the counts for this chart, except for the Unaccompanied Youth (those under age 18) category. Subpopulation data is required for sheltered persons and optional for unsheltered persons, with the exception of Chronically Homeless.

	Sheltered	Unsheltered	Total
* Chronically Homeless (Federal definition)	36	23	59
* Severely Mentally Ill	64	0	64
* Chronic Substance Abuse	70	0	70
* Veterans	21	12	33
* Persons with HIV/AIDS	4	0	4
* Victims of Domestic Violence	26	12	38
* Unaccompanied Youth (under 18)	0	0	0

## 2K. Continuum of Care (CoC) Sheltered Homeless Population & Subpopulation: Point-In-Time (PIT) Count

### Instructions:

CoCs are only required to conduct a one-day point-in-time count every two years (biennially) however, HUD strongly encourages CoCs to conduct an annual point-in-time count, if resources allow. Below, select the time period that corresponds with how frequently the CoC plans to conduct a point-in-time count:

- biennially (every other year);
- annually (every year);
- semi-annually (twice a year); or
- quarterly (once each quarter).

CoCs will separately calculate and enter the percentage of emergency shelter and transitional housing providers that provided data for the Homeless Population and Subpopulation charts. For example, if 9 out of 12 transitional housing programs provided point-in-time data, enter 75%. If all providers for a program type contributed data, enter 100%.

**How frequently does the CoC conduct a point-in-time count?** Annually

**Enter the date in which the CoC plans to conduct its next point-in-time count: (mm/dd/yyyy)** 01/28/2010

**Indicate the percentage of homeless service providers supplying population and subpopulation data that was collected via survey, interview, and/or HMIS.**

**Emergency shelter providers:** 100%

**Transitional housing providers:** 100%

## 2L. Continuum of Care (CoC) Sheltered Homeless Population and Subpopulation: Methods

### Instructions:

CoCs may use one or more methods to count sheltered homeless persons. Indicate the method(s) used to gather and calculate population data on sheltered homeless persons. Check all applicable methods:

- Survey Providers: Providers counted the total number of clients residing in each program on the night designated as the point-in-time count.
- HMIS: The CoC used HMIS to complete the point-in-time sheltered count.
- Extrapolation: The CoC used extrapolation techniques to estimate the number and characteristics of sheltered homeless persons from data gathered at emergency shelters and transitional housing programs. CoCs that use extrapolation techniques are strongly encouraged to use the HUD General Extrapolation worksheet.

Indicate the method(s) used to count sheltered homeless persons during the last point-in-time count:  
(Select all that apply):

Survey Providers:	<input checked="" type="checkbox"/>
HMIS:	<input type="checkbox"/>
Extrapolation:	<input type="checkbox"/>
Other:	<input type="checkbox"/>

If Other, specify:

Describe how the data on the sheltered homeless population, as reported on 2I, was collected and the sheltered count produced (limit 1500 characters):

Using standardized paper or web-based survey forms, providers reported the number of people and households residing at ES & TH programs. Those data were collected by the research team, entered into a database and aggregated to derive population counts. For family programs that failed to report the number of children, an average family size based on available data was applied to estimate the number of children. The multiplier used was 1.81 children per family.

Comparing the 2009 point-in-time count to the previous point-in-time count (2008 or 2007), describe any factors that may have resulted in an increase, decline, or no change in the sheltered population count (limit 1500 characters):

In comparison to the 2008 PIT count, the 2009 PIT count reflects a 4% decrease in homeless sheltered families and no change in homeless sheltered individuals. The decrease in homeless sheltered families was due to the creation, in 2008, of 15 supportive housing units for families. The zero increase in homeless sheltered individuals was due to the creation, in 2008, of 24 supportive housing units for individuals, who were chronically homeless. Factors related to new individuals becoming homeless in the past year include, high cost of housing in our region, and low wages in a service economy.

## 2M. Continuum of Care (CoC) Sheltered Homeless Population and Subpopulation Data

### Instructions:

Check all methods used by the CoC to produce the sheltered subpopulations data reported in the subpopulation table.

- HMIS: The CoC used HMIS to gather subpopulation information on sheltered homeless persons without extrapolating for any missing data.
- HMIS data plus extrapolation: The CoC used HMIS data and extrapolation techniques to estimate the number and subpopulation characteristics of sheltered homeless persons in the CoC. Extrapolation techniques accounted for missing HMIS data and the CoC completed HUD's Extrapolation Tool.
- Sample of PIT interviews plus extrapolation: The CoC conducted interviews with a random or stratified sample of sheltered homeless adults and unaccompanied youth to gather subpopulation information. The results from the interviews were extrapolated to the entire sheltered homeless population to provide statistically reliable subpopulation estimates for all sheltered persons. CoCs that made this selection are encouraged to use the applicable HUD Sample Strategy tool.
- Interviews: The CoC conducted interviews with every homeless person staying in an emergency shelter or transitional housing program on the night designated for the point-in-time count.
- Non-HMIS client level information: Providers used individual client records (e.g., case management files) to provide the CoC with subpopulation data for each adult and unaccompanied youth living in a sheltered program on the night designated for the point-in-time count.

Additional instructions on this section can be found in the detailed instructions, located on the left hand menu. Also, for more information about any of the techniques listed above, see: [A Guide for Counting Sheltered Homeless People](http://www.hudhre.info/documents/counting_sheltered.pdf) at [http://www.hudhre.info/documents/counting\\_sheltered.pdf](http://www.hudhre.info/documents/counting_sheltered.pdf).

**Indicate the method(s) used to gather and calculate subpopulation data on sheltered homeless persons (select all that apply):**

HMIS	<input type="checkbox"/>
HMIS plus extrapolation:	<input type="checkbox"/>
Sample of PIT interviews plus extrapolation:	<input type="checkbox"/>
Sample strategy:	<input type="checkbox"/>
Provider expertise:	<input type="checkbox"/>
Non-HMIS client level information:	<input type="checkbox"/>
None:	<input type="checkbox"/>
Other:	<input checked="" type="checkbox"/>

**If Other, specify:**

PIT interviews of 100% of sheltered residents.

**Describe how data on sheltered subpopulations, as reported on 2J, was collected and the subpopulation data produced (limit 1500 characters):**

Shelter providers conducted surveys with 100% of their residents on the night of the PIT count. PIT coordinators collected and reviewed information for data quality and then submitted to CCEH.

2009 Findings for sheltered subpopulation counts are as follows:  
3% decrease in chronically homeless  
6% decrease in severely mentally ill  
1% decrease in chronic substance abuse  
40% increase in homeless veterans  
100% increase in persons with HIV/AIDS  
4% increase in victims of domestic violence  
0% no change/no unaccompanied youth identified

**Comparing the 2009 point-in-time count to the previous point-in-time count (2008 or 2007), describe any factors that may have resulted in an increase, decline, or no change in the sheltered subpopulations data. Response should address changes in all sheltered subpopulation data (limit 1500 characters):**

In 2009 there was a decrease in the sheltered subpopulations chronically homeless, severely mental ill, and chronic substance abuse. The decrease in these subpopulations can be attributed to the creation of supportive housing that was specifically created to meet the needs of these subpopulations.

In 2009 there was an increase in the sheltered populations for homeless veterans, persons with HIV/AIDS, and victims of domestic violence. The increase can be attributed to the fact that no newly created housing was designated to meet the needs of those specific subpopulations.



## 2N. Continuum of Care (CoC) Sheltered Homeless Population and Subpopulation: Data Quality

### Instructions:

CoCs often undertake a variety of steps to improve the quality of the sheltered population and subpopulation data. These include, but are not limited to:

- Instructions: The CoC provided written instructions to providers to explain protocol for completing the sheltered PIT count.
- Training: The CoC trained providers on the protocol and data collection forms used to complete the sheltered PIT count.
- Remind/Follow-up: The CoC reminded providers about the count and followed up with providers to ensure the maximum possible response rate from all programs.
- HMIS: The CoC used HMIS to verify data collected from providers for the sheltered count.
- Non-HMIS De-duplication techniques: The CoC used strategies to ensure that each sheltered and unsheltered homeless person was not counted more than once during the point in time count. The non-HMIS de-duplication techniques must be explained in the box below.

CoCs that select "Non-HMIS de-duplication techniques" must describe the techniques used. De-duplication is the process by which information on the same homeless clients within a program or across several programs is combined into unique records.

**Indicate the steps used by the CoC to ensure the data quality of the sheltered persons count: (select all that apply)**

Instructions:	<input checked="" type="checkbox"/>
Training:	<input checked="" type="checkbox"/>
Remind/Follow-up	<input checked="" type="checkbox"/>
HMIS:	<input type="checkbox"/>
Non-HMIS de-duplication techniques:	<input checked="" type="checkbox"/>
None:	<input type="checkbox"/>
Other:	<input checked="" type="checkbox"/>

### If Other, specify:

The Connecticut Coalition to End Homelessness (CCEH) convened a series of meetings across the state to engage key stakeholders in the count and to ensure broad participation and implementation of a standardized methodology. CCEH also staffed a toll-free hotline to answer questions and resolve logistical issues. To improve data accuracy, a web-based survey was available for submission of sheltered count data.

### Describe the non-HMIS de-duplication techniques, if selected (limit 1000 characters):

To minimize the possibility of double counting, staff and volunteers conducted the count on the same day from 7-11pm. Interviewers also asked each person who completed the survey if s/he had already been interviewed. All data were centrally collected and analyzed. Count organizers used several strategies to deduplicate data including, discarding data from surveys in which the respondent indicated being previously interviewed, discarded duplicate data submitted via surveys and tally sheets, and discarding photocopied submission that were identical to original surveys also received.

## 20. Continuum of Care (CoC) Unsheltered Homeless Population and Subpopulation: Methods

### Instructions:

CoCs can use a number of methodologies to count unsheltered homeless persons. These include, but are not limited to:

- Public places count: The CoC conducted a point-in-time count based on observation of unsheltered homeless persons, but without interviews.
- Public places count with interviews: The CoC conducted a point-in-time count and either interviewed all unsheltered homeless persons encountered during the public places count or a sample of these individuals.
- Service-based count: The CoC interviewed people using non-shelter services, such as soup kitchens and drop-in centers, screened for homelessness, and counted those that self-identified as unsheltered homeless persons. In order to obtain an unduplicated count, every person interviewed in a service-based count must be asked where they were sleeping on the night of the last point-in-time count.
- HMIS: The CoC used HMIS in some way to collect, analyze, or report data on unsheltered homeless persons. For example, the CoC entered respondent information into HMIS in an effort to check personal identifying information to de-duplicate and ensure persons were not counted twice.

For more information on any of these methods, see

¿A Guide to Counting Unsheltered Homeless People¿ at:  
[http://www.hudhre.info/documents/counting\\_unsheltered.pdf](http://www.hudhre.info/documents/counting_unsheltered.pdf).

Indicate the method(s) used to count unsheltered homeless persons:  
(select all that apply)

Public places count:	<input type="checkbox"/>
Public places count with interviews:	<input checked="" type="checkbox"/>
Service-based count:	<input type="checkbox"/>
HMIS:	<input type="checkbox"/>
Other:	<input type="checkbox"/>

If Other, specify:

## **2P. Continuum of Care (CoC) Unsheltered Homeless Population and Subpopulation - Level of Coverage**

### **Instructions:**

Depending on a number of factors, the level of coverage for a count of unsheltered persons may vary from place to place. Below, indicate which level of coverage best applies to the count of unsheltered homeless persons in the CoC.

¿ Complete coverage means that every part of a specified geography, such as an entire city or a downtown area, every street is canvassed by enumerators looking for homeless people and counting anyone who is found.

¿ Known locations means counting in areas where unsheltered homeless people are known to congregate or live.

¿ A combined approach merges complete coverage with known locations by counting every block in a portion of the jurisdiction (e.g. central city) AND conducting counts in other areas of the jurisdiction where unsheltered persons are known to live or congregate.

**Indicate the level of coverage of unsheltered homeless persons in the point-in-time count:** Probability Sampling

**If Other, specify:**

## 2Q. Continuum of Care (CoC) Unsheltered Homeless Population and Subpopulation - Data Quality

### Instructions:

CoCs may undertake one or more methods to improve data quality of the unsheltered population and subpopulation data, as reported on 2I and 2J, respectively. Check all steps that the CoC has taken to ensure data quality:

- Training: The CoC conducted trainings(s) for point-in-time enumerators or CoC staff.
- HMIS: The CoC used HMIS to check for duplicate entries or for some other purpose.
- De-duplication techniques: The CoC used strategies to ensure that each unsheltered homeless person was not counted more than once during the point-in-time count.

All CoCs should have a strategy for reducing the occurrence of counting persons more than once during a point-in-time count, also known as de-duplication. De-duplication techniques should always be implemented when the point-in-time count extends beyond one night or takes place during the day at service locations used by homeless people that may or may not use shelters.

For more information on de-duplication and other techniques used to improve data quality, see *A Guide for Counting Unsheltered Homeless People* at: [www.hudhre.info/documents/counting\\_unsheltered.pdf](http://www.hudhre.info/documents/counting_unsheltered.pdf).

**Indicate the steps used by the CoC to ensure the data quality of the unsheltered persons count. (select all that apply)**

Training:	<input checked="" type="checkbox"/>
HMIS:	<input type="checkbox"/>
De-duplication techniques:	<input checked="" type="checkbox"/>
Other:	<input checked="" type="checkbox"/>

### If Other, specify:

The Connecticut Coalition to End Homelessness (CCEH) convened a series of meetings across the state to engage key stakeholders in the count and to ensure broad participation and participation and implementation of a standardized methodology. CCEH also staffed a toll-free hotline to answer questions and resolve logistical issues. Density ratings were assigned to each census tract or block group based on the number of homeless people expected to be found in each area. To determine density ratings, the CoC consulted with key informants, such as outreach teams, service providers, and government agencies. Teams canvassed 100% of areas designated as certain and high and a statistically valid sample of areas designated as low or extremely low. The research team used a web-based randomization calculator to assign the areas to be included in the sample.

**Describe the techniques used by the CoC to reduce duplication, otherwise known as de-duplication (limit 1500 characters):**

To minimize the possibility of double counting, staff and volunteers conducted the count on the same day from 7-11PM. Interviewers also asked each person who completed a survey if he/she had already been interviewed. All data were centrally collected and analyzed. Count organizers used several strategies to de-duplicate data including, discarding data from surveys in which the respondent indicated being previously interviewed, discarding duplicate data submitted via surveys and tally sheets, and discarding photocopied submissions that were identical to original surveys also received.

**Describe the CoCs efforts to reduce the number of unsheltered homeless household with dependent children. Discussion should include the CoCs outreach plan (limit 1500 characters):**

The CoC routinely consults with homeless outreach providers, local police and various human service providers to identify, engage and assist unsheltered homeless families. No unsheltered families with dependent children were identified on the night of the PIT count. However, emergency family shelters were prepared to provide overflow beds for homeless families if necessary. Additionally, motel vouchers for families with dependent children were set aside on the night of the PIT count.

**Describe the CoCs efforts to identify and engage persons that routinely sleep on the streets or other places not meant for human habitation (limit 1500 characters):**

Homeless outreach and engagement throughout our region is performed through a collaborative effort consisting of several agencies and programs. Street outreach is conducted in the woods, train and bus stations, libraries, parking lots, under bridges, as well as at emergency shelters, soup kitchens, drop in centers, and at all other locations where homeless individuals and families are known to frequent and/or establish encampments. It is through this collaboration that our region has been successful in achieving a solid understanding of whom and where our homeless population are located.

**Comparing the 2009 point-in-time count to the previous point-in-time count (2008 or 2007), describe any factors that may have resulted in an increase, decline, or no change in the unsheltered population data (limit 1500 characters):**

In comparison to the 2008 PIT count, the 2009 PIT count reflected no change in unsheltered families (zero families were found in the 2008 and 2009 PIT count), and a 44% increase in the unsheltered count for homeless individuals. The final 2009 unsheltered count of individuals (23) is an extrapolatory number. The actual number of unsheltered individuals found on the night of the count was 3, but after performing an extrapolation, the final number was 23. This explains the increase in the number of unsheltered individuals for the 2009 PIT count.

### 3A. Continuum of Care (CoC) Strategic Planning Objectives

#### Objective 1: Create new permanent housing beds for chronically homeless individuals.

##### Instructions:

Ending chronic homelessness is a HUD priority. CoCs can work towards accomplishing this by creating new beds for the chronically homeless. Describe the CoCs short-term and long-term plan for creating new permanent housing beds for the chronically homeless. For additional instructions, refer to the detailed instructions available on the left menu bar.

##### In the next 12-months, what steps will the CoC take to create new permanent housing beds for the chronically homeless (limit 1000 characters)?

1. Applying this year using Bonus Dollars to create 3 Supportive Housing Units.
2. 1 SH Unit approved from last year Samaritan Dollars was available for occupancy 10/01/09.

##### Describe the CoC plan for creating new permanent housing beds for the chronically homeless over the next ten years (limit 1000 characters)?

1. CoC will work with developers throughout the region, especially those applying for or approved tax credits, who are building new developments to set aside SH units for chronically homeless persons.
2. CoC will continue to collaborate with leading agencies, whose focus is to advocate and/or create SH, and who provide state-wide technical assistance to create SH units for chronically homeless persons. i.e. Connecticut Housing Coalition, Corporation for Supportive Housing (CSH), Reaching Home Campaign, Connecticut Coalition to End Homelessness (CCEH), and Center for Housing Innovations.
3. CoC will work with and advocate for local housing authorities to utilize up to 20% of their Section 8 Programs to create Project Based SH Units for chronically homeless persons.
4. CoC will continue to seek and identify potential funding sources for rental subsidies and service dollars for "shovel ready" SH projects throughout the region that will house chronically homeless persons.

How many permanent housing beds do you currently have in place for chronically homeless persons? 86

How many permanent housing beds do you plan to create in the next 12-months? 3

How many permanent housing beds do you plan to create in the next 5-years? 69

How many permanent housing beds do you plan to create in the next 10-years? 149

### 3A. Continuum of Care (CoC) Strategic Planning Objectives

**Objective 2: Increase percentage of homeless persons staying in permanent housing over 6 months to at least 77 percent.**

**Instructions:**

Increasing the self-sufficiency and stability of homeless participants is an important outcome measurement of HUD's homeless assistance programs. Describe the CoCs short-term and long-term plan for increasing the percentage of homeless persons staying in permanent housing over 6 months to at least 77 percent. For additional instructions, refer to the detailed instructions available on the left menu bar.

**In the next 12-months, what steps will the CoC take to increase the percentage of homeless persons remaining in permanent housing for at least six months to at least 77 percent? If the CoC has already reached this threshold, describe how it will be exceeded or maintained (limit 1000 characters)?**

This past year, permanent housing (PH) programs throughout the CoC collectively were successful in assisting 97% of homeless persons remain in PH for six months or longer, far exceeding the national expectation of 77%. As an effort to maintain this percentage, the CoC will encourage all PH providers to maintain their high standard of care and continue to network, collaborate and assist one another in providing wrap around services based on individual needs. Services will remain client centered and client driven. Finally, to enhance their knowledge base of services being provided staff will attend both mandatory and voluntary training offered by the Corporation for Supportive Housing. Trainings and workshops will focus on learning and implementing various approaches to assist participants in PH achieve personal goals and to successfully maintain their housing.

**Describe the CoC's long-term plan to increase the percentage of homeless persons remaining in permanent housing for at least six months to at least 77 percent? CoCs response should include how it will continue to work towards meeting and exceeding this objective (limit 1000 characters).**

Strategies to improve upon our already high standard for assisting persons in PH maintain their housing include: continue to assist participants in establishing and nurturing positive relationships with landlords and property managers; consistently look for ways to enhance case management and/or clinical supports; assist clients in accessing various community resources such as food or furniture banks, clothing vouchers, utility assistance, eviction prevention, legal services, child care, and rental rebate; introduce and offer peer support or crisis intervention when needed; and assist clients in obtaining employment or improving income.

**What percentage of homeless persons in permanent housing have remained for at least six months? 97**

**In 12-months, what percentage of homeless persons in permanent housing will have remained for at least six months?** 97

**In 5-years, what percentage of homeless persons in permanent housing will have remained for at least six months?** 98

**In 10-years, what percentage of homeless persons in permanent housing will have remained for at least six months?** 99



### 3A. Continuum of Care (CoC) Strategic Planning Objectives

**Objective 3: Increase percentage of homeless persons moving from transitional housing to permanent housing to at least 65 percent.**

**Instructions:**

The ultimate objective of homeless assistance is to achieve the outcome of helping homeless families and individuals obtain permanent housing and self-sufficiency. Describe the CoC's short-term and long-term plan to increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 65 percent. For additional instructions, refer to the detailed instructions available on the left menu bar.

**In the next 12-months, what steps will the CoC take to increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 65 percent? If the CoC has already reached this threshold, describe how it will be exceeded or maintained (limit 1000 characters)?**

During this past year, transitional housing (TH) providers throughout our CoC were collectively successful in assisting 67% of participants move from TH into permanent housing, which exceeds the national expectation of 65%. Over the next twelve months Homeless Prevention and Rapid Re-Housing (HPRP) funds will financially provide additional individuals and families with the opportunity to move from transitional housing into permanent housing.

**Describe the CoC's long-term plan to increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 65 percent? CoCs response should include how it will continue to work towards meeting and exceeding this objective (limit 1000 characters).**

Long-term strategies to increase the percentage of moving persons from transitional housing into permanent housing include: continue to advocate and negotiate for affordable rents with landlords and owners in the private housing market; nurture an already strong relationship with local housing authorities and advocate for equal access to public and private subsidized housing; continue to streamline regional supportive housing services via our universal application process and universal wait list for supportive housing programs; continue to assist eligible persons with achieving home ownership; encourage and foster natural support systems and individual choices to permanently reside with family and/or friends; and maintain current funding level for all transitional housing programs.

**What percentage of homeless persons in transitional housing have moved to permanent housing?** 67

**In 12-months, what percentage of homeless persons in transitional housing will have moved to permanent housing?** 70

**In 5-years, what percentage of homeless persons in transitional housing will have moved to permanent housing?** 72

**In 10-years, what percentage of homeless persons in transitional housing will have moved to permanent housing?** 75

### 3A. Continuum of Care (CoC) Strategic Planning Objectives

**Objective 4: Increase percentage of persons employed at program exit to at least 20 percent.**

**Instructions:**

Employment is a critical step for homeless persons to achieve greater self-sufficiency, which represents an important outcome that is reflected both in participants' lives and the health of the community. Describe the CoCs short-term and long-term plans for increasing the percentage of persons employed at program exit to at least 20 percent. For additional instructions, refer to the detailed instructions available on the left menu bar.

**In the next 12-months, what steps will the CoC take to increase the percentage of persons employed at program exit to at least 20 percent? If the CoC has already reached this threshold, describe how it will be exceeded or maintained (limit 1000 characters)?**

This past year 30% of all persons who exited programs were employed at the time of their exit exceeding the national expectation of 20%. Strategies to increase this percentage over the next twelve months include: continue to refer program participants to vocational services created and offered by private and state agencies, all of whom serve as CoC members; continue to partner with and utilize the various services offered by the State of CT Department of Labor (DOL) such as One Stop Locations and Career Express Bus; continue to work with the Disabilities Navigator whose primary purpose is to assist disabled persons with job attainment; and to encourage and foster new employment initiatives such as the one created by our Norwich winter shelter. This consists of a full-day curriculum, as well as a strong partnership with local businesses, employers, DOL, Soup Kitchen and employment specialists.

**Describe the CoC's long-term plan to increase the percentage of persons employed at program exit to at least 20 percent. CoCs response should include how it will continue to work towards meeting and exceeding this objective (limit 1000 characters).**

This past year 30% of all persons who exited programs were employed at the time of their exit exceeding the national expectation of 20%. Long-term strategies to increase the percentage include: support our Ten Year Plan to End Homelessness Employment and Income Committee in its effort to build an active network of contacts drawn from One Stop locations and community leaders, and to streamline employment services throughout our region; encourage and support the creation of new employment programs and/or services such as Work and Learn and Homeworks.

**What percentage of persons are employed at program exit?** 30

**In 12-months, what percentage of persons will be employed at program exit?** 32

**In 5-years, what percentage of persons will be employed at program exit?** 35

**In 10-years, what percentage of persons will  
be employed at program exit? 40**

### **3A. Continuum of Care (CoC) Strategic Planning Objectives**

#### **Objective 5: Decrease the number of homeless households with children.**

##### **Instructions:**

Ending homelessness among households with children is a HUD priority. CoCs can work towards accomplishing this by creating beds and/or increasing supportive services for this population. Describe the CoCs short-term and long-term plans for decreasing the number of homeless households with children. For additional instructions, refer to the detailed instructions available on the left menu bar.

##### **In the next 12-months, what steps will the CoC take to decrease the number of homeless households with children (limit 1000 characters)?**

Strategies to decrease the number of homeless families with children over the next twelve months include: utilization of Homeless Prevention and Rapid Re-Housing (HPRP) funds; assist families with either gaining employment or improving their household income; assist families with accessing public or private subsidized housing; continue to streamline regional supportive housing services via our universal application process and universal wait list for supportive housing programs; and to continue to identify homeless families at weekly community care teams where providers work together to develop and implement immediate and long-term solutions to ending homelessness for homeless families with children.

##### **Describe the CoC's long-term plan to decrease the number of homeless households with children (limit 1000 characters)?**

Long-term strategies to decrease the number of homeless families with children include: continued utilization of Homeless Prevention and Rapid Re-Housing funds, which is a three year award; continue efforts to create supportive housing units for families through the Neighborhood Stabilization Program; continue to work with local housing authorities and developers to set aside supportive housing units for homeless families. Our CoC most recently succeeded in negotiating with one developer and one local housing authority to set aside a combined total of twenty supportive housing units upon completion of a rehabilitation project. Our CoC also continues to work with local cities and towns who are committed to developing and implementing affordable housing plans for those in need.

- What is the current number of homeless households with children, as indicated on the Homeless Populations section (2)?** 52
- In 12-months, what will be the total number of homeless households with children?** 48
- In 5-years, what will be the total number of homeless households with children?** 42
- In 10-years, what will be the total number of homeless households with children?** 40

## 3B. Continuum of Care (CoC) Discharge Planning

### Instructions:

The McKinney-Vento Act requires that State and local governments have policies and protocols developed to ensure that persons being discharged from a publicly-funded institution or system of care are not discharged immediately into homelessness. To the maximum extent practicable, Continuums of Care should similarly have in place or be developing policies and protocols to ensure that discharged persons are not released directly onto the streets or into CoC funded homeless assistance programs. In the space provided, provide information on the policies and/or protocols that the CoC either has in place or is developing for each system of care, to ensure that persons are not routinely discharged into homelessness (this includes homeless shelters, the streets, or other homeless assistance housing programs). Response should address the following:

- ¿ What? Describe the policies that have been developed or are in the process of being developed.
- ¿ Where? Indicate where persons routinely go upon discharge from a publicly funded institution or system of care.
- ¿ Who? Identify the stakeholders or collaborating agencies.

Failure to respond to each of these questions will be considered unresponsive.

**For each of the systems of care identified below, describe any policies and/or protocols that the CoC either has in place or is developing for each system of care, to ensure that persons are not routinely discharged into homelessness (this includes homeless shelters, the streets, or other homeless assistance housing programs) (limit 1500 characters).**

### Foster Care:

The discharge planning protocol for foster care is in the policy manual of the CT State Department of Children & Families (DCF). Sect 42-10-3 says that a discharge conference is required for all youth 18 years of age or older at least 180 days prior to the anticipated discharge. The Plan includes the living arrangement for the youth & connection to aftercare services. Discharge planning is a collaborative effort and mandates participation from: Client, clients attorney, Adolescent Specialist, Adolescent Services Social Work Supervisor, specialized staff, community service providers, & family members. Housing is a key component of DCF Treatment Planning, is included in all administrative case reviews and is the responsibility of the Adolescent Specialist. DCF's Independent living Program offers life skills education & training, supervised transitional & practice living in their own community housing. Youth routinely are discharged into: group homes; the Community Housing Assistance Program; (includes a rent subsidy), & independent housing with community supports. DCF receives 1.3 million from the Chafee Foster Care Independence Program to provide housing and other appropriate support and services to former foster care recipients between 18-21 years of age. Our CoC has received a copy of this policy, agrees with and understands that this policy prevents discharging into homelessness. DCF works as a member of our CoC to prevent discharging into homelessness.

### Health Care:

The Department of Public Health (DPH) licenses & regulates hospitals in the State of CT. Section 19a-504c-1 of the Public Health Code outlines the requirements for hospitals regarding discharge planning. It says, "Every hospitalized patient shall have a written discharge plan, which shall be given to the patient or family or representative prior to discharge". The plan must be signed off by the treating physician and is meant to identify the continued needs of the patient as well as the resources required to meet those needs including housing. The discharge plan is to be completed in collaboration with the patient, or appropriate family or representative & other care givers. If a determination is made that the patient cannot return home or cannot care for oneself, the patient is referred to the Social Work Department of the hospital. This department assists patients and families in completing and processing applications for extended care, rehabilitation, group homes, substance abuse treatment facilities, & other residential placements. Social work staff of hospitals evaluates financial & psychological needs, assists in the completion of housing applications & addresses barriers to appropriate discharges. Our CoC has received a copy of this discharge policy, agrees with this policy, and understands that this policy prevents discharging into homelessness. DPH works collaboratively as a member of our CoC to prevent discharging into homelessness.

**Mental Health:**

The State of Connecticut Mental Health and Addiction Services (DMHAS) discharge protocol specifies that every patient treated in a DMHAS facility must have a specialized treatment plan that includes a discharge plan which necessarily entails attention to the person's living situation. The person treating the patient & community based providers collaborate to ensure that aftercare services needed by the patient are provided. The policy states, "Under no circumstances shall an emergency shelter be considered appropriate housing disposition, & patients shall not be directly discharged from a DMHAS facility without documented evidence that discharge and aftercare plans have been an integral part of the treatment plan". Persons discharged from DMHAS facilities are routinely discharged into permanent supportive housing; housing with short or long-term subsidies; & independent living depending on the intensity of ongoing service needs. Our CoC has received a copy of this discharge policy, agrees with this policy, and understands that this policy prevents discharging into homelessness. DMAHS works collaboratively as a member of our CoC to prevent discharging into homelessness.

**Corrections:**

The State of Connecticut Department of Corrections (DOC) re-entry model provides service to facilitate the transition from incarceration to community placement. Administrative Directive 9.3 Discharge Planning mandates that Housing and aftercare program referrals are topics to be addressed in the discharge planning process. Discharge planning protocols are described in the Offender Accountability Plan created for each inmate and stipulating that offenders begin participation in discharge planning no less than 6 months before discharge. Discharge planning is a collaborative effort between the inmate and multiple staff assigned to assist in the discharge & community service staff. To prevent the release of inmates into homelessness, DOC has significantly increased staffing and the number of housing options for inmates released; there are greater number of halfway house beds for parole and community services; & DOC contracts for a variety of residential & non-residential services in the community. Between agency protocol and programs, contracted services & assistance from multiple other state agencies, the DOC is working to increase successful community reintegration for offenders, thereby reducing homelessness among this population. CoC has received a copy of this policy, agrees with this and understands that this policy prevents discharging into homelessness. DOC works as a member of our CoC to prevent discharging into homelessness.



### 3C. Continuum of Care (CoC) Coordination

**Instructions:**

A CoC should regularly assess the local homeless system and identify shortcomings and unmet needs. One of the keys to improving a CoC is to use long-term strategic planning to establish specific goals and then implement short-term/medium-term action steps. Because of the complexity of existing homeless systems and the need to coordinate multiple funding sources, there are often multiple long-term strategic planning groups. It is imperative for CoCs to coordinate, as appropriate, with each of these existing strategic planning groups to meet the local CoC shortcomings and unmet needs.

New in 2009, CoCs are expected to describe the CoC's level of involvement and coordination with HUD's American Recovery and Reinvestment Act of 2009 programs, such as the Homelessness Prevention and Rapid Re-housing Program (HPRP), the Community Development Block Grant-Recovery (CDBG-R), the Tax Credit Assistance Program and the Neighborhood Stabilization Program (NSP1 or NSP2). Finally, CoCs with jurisdictions that are receiving funds through the HUD-VASH initiative should describe coordination with this program as well. CoCs that include no jurisdictions receiving funds from any one of these programs, should indicate such in the text box provided.

**Does the Consolidated Plan for the jurisdiction(s) that make up the CoC include the CoC strategic plan goals for addressing homelessness?** Yes

**If yes, list the goals in the CoC strategic plan that are included in the Consolidated Plan:**

- Goal 1: Supportive Housing
- Goal 2: Home Ownership
- Goal 3: Rental Housing Supply
- Goal 4: Rental Housing Opportunities
- Goal 5: Affordable Housing Planning
- Goal 6: Fair Housing
- Goal 7: Homelessness
- Goal 8: Special Needs

**Describe how the CoC is participating in or coordinating with the local Homeless Prevention and Rapid re-housing Program (HPRP) initiative, as indicated in the substantial amendment to the Consolidated Plan 2008 Action Plan (1500 character limit):**

The lead agency of Homeless Prevention and Rapid Re-Housing (HPRP) is a member of the CoC and is the recipient of these funds for this region. The lead agency reports monthly at CoC meetings to educate members on the purpose and scope of this initiative, educate members on the application and/or referral process, provides an update of the number of persons served, expenditures to date, budget balance and projections.

There are a total of six sub-grantee agencies for this region that meet monthly, and all grantee agencies are members of the CoC. The lead agency continues to collaborate with the State Department of Social Services and 211 to develop and implement the referral process. As noted in HPRP guidelines, all grantees are required to enter and share HMIS data. All CoC members who are HMIS users signed and submitted a formal HMIS Data Sharing Agreement. All HMIS users throughout our CoC, including those that are not grantees of HPRP, now have the capacity to share HMIS data as long as there is a Release of Information in place.

**Describe how the CoC is participating in or coordinating with the local Neighborhood Stabilization Program (NSP) initiative, HUD VASH, and/or any HUD managed American Reinvestment and Recovery Act programs (2500 character limit)?**

Currently, the City of Norwich, Reliance House Incorporated and the Norwich Soup Kitchen, which are members of the CoC, are working closely with several downtown businesses, the Landlord Association, a developer, and former City Councilmen to develop supportive housing for homeless individuals and families through the Neighborhood Stabilization Program. This group continues to meet monthly and has identified potential properties throughout Norwich that could serve as potential sites for this project. This group continues to seek potential funding sources that could provide rental subsidies and pay for support services. The group is currently poised to approach the local housing authority to inquire and/or ask the housing authority to consider utilizing up to 20% of its Section 8 funds to create project based supportive housing units.

There is a HUD VASH representative that routinely attends our monthly CoC meetings. Emergency shelter and homeless outreach providers throughout our CoC works closely with this representative. Homeless veterans are consistently referred to this representative. In addition, the CoC monitors and/or tracks the number and demographics of homeless veterans, and shares this information with the Veterans Administration. As a result of this collaboration, approximately three chronically homeless veterans in our region have received VASH vouchers.

Under the American Reinvestment and Recovery Act program a financial literacy center is being established in our CoC to educate and inform people on asset attainment, income stabilization, household budgeting and saving.

## 4A. Continuum of Care (CoC) 2008 Achievements

### Instructions:

For the five HUD national objectives in the 2009 CoC application, enter the 12-month numeric achievements that you provided in Exhibit 1, Part 3A of the 2008 electronic CoC application. Enter this number in the first column, "Proposed 12-Month Achievement". Under "Actual 12-Month Achievement" enter the actual numeric achievement that your CoC attained within the past 12 months that is directly related to the national objective. CoCs that did not submit an Exhibit 1 application in 2008 should answer no to the question, "Did CoC submit an Exhibit 1 application in 2008?"

Objective	Proposed 12-Month Achievement (number of beds or percentage)		Actual 12-Month Achievement (number of beds or percentage)	
Create new permanent housing beds for the chronically homeless.	51	Beds	2	Beds
Increase the percentage of homeless persons staying in permanent housing over 6 months to at least 71.5%.	95	%	97	%
Increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 63.5%.	70	%	67	%
Increase percentage of homeless persons employed at exit to at least 19%	36	%	30	%
Decrease the number of homeless households with children.	54	Households	52	Households

Did CoC submit an Exhibit 1 application in 2008? Yes

For any of the HUD national objectives where the CoC did not meet the proposed 12-month achievement as indicated in 2008 Exhibit 1, provide explanation for obstacles or other challenges that prevented the CoC from meeting its goal:

**Permanent Housing (PH) Beds:**

The primary obstacle is that there has been no funding to create new PH beds. Three agencies from our CoC submitted applications to the State of Connecticut in the last Next Step Initiative Round to create a combined total of forty two PH units. Unfortunately, due to the poor economy and uncertainty of the State budget, the Governor eliminated those funds. Bonus dollars is another avenue that our CoC utilizes to create PH units for the chronically homeless. However, due to the current HUD formula used to calculate the bonus amount, our CoC is limited to \$64,000 in bonus dollars. This allows us to only create 1-3 permanent supportive housing units annually.

**Moving from Transitional Housing to Permanent Housing:**

One major obstacle is that there has been no funding available to create new permanent supportive housing beds. In addition, it was reported by one provider that there was a brief period of time when a significant number of homeless persons in transitional housing required intense, long-term treatment, which impacted our percentage of success rate for moving homeless persons from transitional housing into permanent housing.

**Employment at Exit:**

The poor economy has lead to a general increase in unemployment and lack of jobs.

## 4B. Continuum of Care (CoC) Chronic Homeless Progress

### Instructions:

HUD must track each CoC's progress toward ending chronic homelessness. A chronically homeless person is defined as an unaccompanied homeless individual with a disabling condition who has either been continuously homeless for a year or more OR has had at least four episodes of homelessness in the past three years. To be considered chronically homeless, persons must have been sleeping in a place not meant for human habitation (e.g., living on the streets) and/or in an emergency shelter during that time. An episode is a separate, distinct, and sustained stay on the streets and/or in an emergency homeless shelter.

This section asks each CoC to track changes in the number of chronically homeless persons as well the number of beds available for this population. For each year, indicate the total unduplicated point-in-time count of the chronically homeless. For 2006 and 2007, this number should come from Chart K in that year's Exhibit 1. The 2008 and 2009 data has automatically been pulled forward from the respective years 2I. Next, enter the total number of existing and new permanent housing beds, from all funding sources, that were/are readily available and targeted to house the chronically homeless for each year listed.

CoCs must also identify the cost of new permanent housing beds for the chronically homeless. The information in this section can come from point-in-time data and the CoCs housing inventory.

**Indicate the total number of chronically homeless persons and total number of permanent housing beds designated for the chronically homeless persons in the CoC for 2007, 2008, and 2009.**

Year	Number of CH Persons	Number of PH beds for the CH
2007	53	53
2008	44	84
2009	59	86

**Indicate the number of new permanent housing beds in place and made available for occupancy for the chronically homeless between February 1, 2008 and January 31, 2009.**

**Identify the amount of funds from each funding source for the development and operations costs of the new permanent housing beds designated for the chronically homeless, that were created between February 1, 2008 and January 31, 2009.**

Cost Type	HUD McKinney-Vento	Other Federal	State	Local	Private
Development	\$49,800				
Operations			\$150,000		
<b>Total</b>	\$49,800	\$0	\$150,000	\$0	\$0

**If the number of chronically homeless persons increased or if the number of permanent beds designated for the chronically homeless decreased, please explain (limit 750 characters):**

The data for unsheltered chronically homeless individuals was arrived at by two different methods in 2008 and 2009. In 2008, the data reflected and actual count of individuals who were chronically homeless. In 2009, it was an extrapolated number. In 2009, the actual unsheltered chronically homeless count was three, but the extrapolated number was twenty three.

## 4C. Continuum of Care (CoC) Housing Performance

### Instructions:

In this section, CoCs will provide information from the recently submitted APR for all projects within the CoC, not just those being renewed in 2009.

HUD will be assessing the percentage of all participants who remain in S+C or SHP permanent housing (PH) for more than six months. SHP permanent housing projects include only those projects designated as SH-PH. Safe Havens are not considered permanent housing. Complete the following table using data based on the most recently submitted APR for Question 12(a) and 12(b) for all permanent housing projects within the CoC.

**Does CoC have permanent housing projects for which an APR should have been submitted?** Yes

Participants in Permanent Housing (PH)	
a. Number of participants who exited permanent housing project(s)	15
b. Number of participants who did not leave the project(s)	99
c. Number of participants who exited after staying 6 months or longer	13
d. Number of participants who did not exit after staying 6 months or longer	98
e. Number of participants who did not exit and were enrolled for less than 6 months	10
<b>TOTAL PH (%)</b>	<b>97</b>

### Instructions:

HUD will be assessing the percentage of all transitional housing (TH) participants who moved to a PH situation. TH projects only include those projects identified as SH-TH. Safe Havens are not considered transitional housing. Complete the following table using data based on the most recently submitted APR for Question 14 for all transitional housing projects within the CoC.

**Does CoC have any transitional housing programs for which an APR should have been submitted?** Yes

Participants in Transitional Housing (TH)	
a. Number of participants who exited TH project(s), including unknown destination	42
b. Number of participants who moved to PH	28
<b>TOTAL TH (%)</b>	<b>67</b>

## 4D. Continuum of Care (CoC) Enrollment in Mainstream Programs and Employment Information

**Instructions:**

HUD will be assessing the percentage of clients in all of your existing projects who gained access to mainstream services, especially those who gained employment. This includes all S+C renewals and all SHP renewals, excluding HMIS projects. Complete the following charts based on responses to APR Question 11 for all projects within the CoC.

**Total Number of Exiting Adults: 57**

Mainstream Program	Number of Exiting Adults	Exit Percentage (Auto-calculated)	
SSI	14	25	%
SSDI	7	12	%
Social Security	2	4	%
General Public Assistance	1	2	%
TANF	11	19	%
SCHIP	0	0	%
Veterans Benefits	0	0	%
Employment Income	17	30	%
Unemployment Benefits	1	2	%
Veterans Health Care	0	0	%
Medicaid	16	28	%
Food Stamps	26	46	%
Other (Please specify below)	2	4	%
Child support and Tribal support			
No Financial Resources	5	9	%

**The percentage values will be calculated by the system when you click the "save" button.**

**Does CoC have projects for which an APR Yes  
 should have been submitted?**



## 4E. Continuum of Care (CoC) Participation in Energy Star and Section 3 Employment Policy

### Instructions:

HUD promotes energy-efficient housing. All McKinney-Vento funded projects are encouraged to purchase and use Energy Star labeled products. For information on Energy Star initiative go to: <http://www.energystar.gov>

A "Section 3 business concern" is one in which: 51% or more of the owners are section 3 residents of the area of service; or at least 30% of its permanent full-time employees are currently section 3 residents of the area of service, or within three years of their date of hire with the business concern were section 3 residents; or evidence of a commitment to subcontract greater than 25% of the dollar award of all subcontracts to businesses that meet the qualifications in the above categories is provided. The "Section 3 clause" can be found at 24 CFR Part 135.

**Has the CoC notified its members of the Energy Star Initiative?** Yes

**Are any projects within the CoC requesting funds for housing rehabilitation or new construction?** No

## 4F. Continuum of Care (CoC) Enrollment and Participation in Mainstream Programs

It is fundamental that each CoC systematically help homeless persons to identify, apply for, and follow-up to receive benefits under SSI, SSDI, TANF, Medicaid, Food Stamps, SCHIP, WIA, and Veterans Health Care as well as any other State or Local program that may be applicable.

Does the CoC systematically analyze its projects APRs in order to improve access to mainstream programs? Yes

If 'Yes', describe the process and the frequency that it occurs.

The CoC allocates this task annually to the HUD Grant Committee. This committee reviews and analyzes all project APRs as part of the process for completing the NOFA application. It also works to assess and improve access to mainstream programs.

Does the CoC have an active planning committee that meets at least 3 times per year to improve CoC-wide participation in mainstream programs? Yes

If "Yes", indicate all meeting dates in the past 12 months.

The Community Care team meets every Tuesday afternoon at 2:00 pm.

Does the CoC coordinate with the State Interagency Council on Homelessness to reduce or remove barriers to accessing mainstream services? Yes

Does the CoC and/or its providers have specialized staff whose primary responsibility is to identify, enroll, and follow-up with homeless persons on participation in mainstream programs? Yes

If yes, identify these staff members Provider Staff

Does the CoC systematically provide training on how to identify eligibility and program changes for mainstream programs to provider staff? Yes

If "Yes", specify the frequency of the training. Monthly or more

Does the CoC use HMIS as a way to screen for mainstream benefit eligibility? Yes

If "Yes", indicate for which mainstream programs HMIS completes screening.

Homeless Prevention and Rapid Re-Housing (HPRP)

**Has the CoC participated in SOAR training? Yes**

**If "Yes", indicate training date(s).**

May 24-25, 2007

June 18-19, 2008

## 4G: Homeless Assistance Providers Enrollment and Participation in Mainstream Programs

Indicate the percentage of homeless assistance providers that are implementing the following activities:

Activity	Percentage
<b>1. Case managers systematically assist clients in completing applications for mainstream benefits.</b> <b>1a. Describe how service is generally provided:</b>	100%
Application assistance is provided during case management meetings specifically addressing client stabilization goals.	
<b>2. Homeless assistance providers supply transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs.</b>	100%
<b>3. Homeless assistance providers use a single application form for four or more mainstream programs:</b> <b>3.a indicate for which mainstream programs the form applies:</b>	100%
The State of Connecticut's Department of Social Services has a single application for the following programs: TANF, Food Stamps, Medicaid, and general assistance benefits. Providers throughout the CoC also has access to DSS records to verify approval of applications for benefits. The CoC also has a single universal application for all permanent supportive housing programs.	
<b>4. Homeless assistance providers have staff systematically follow-up to ensure mainstream benefits are received.</b>	100%
<b>4a. Describe the follow-up process:</b>	
Follow-up occurs during individual case management meetings.	

## **Questionnaire for HUD's Initiative on Removal of Regulatory Barriers (HUD 27300)**

**Complete Part A if the CoC Lead Agency is a local jurisdiction (a county exercising land use and building regulatory authority and another applicant type applying for projects located in such jurisdiction or county (collectively or jurisdiction)).**

**Complete Part B if the CoC Lead Agency is a State agency, department, or other applicant for projects located in unincorporated areas or areas otherwise not covered in Part A.**

**Indicate the section applicable to the CoC Lead Agency: Part A**

## Part A - Questionnaire for HUD's Initiative on Removal of Regulatory Barriers

### Part A. Local Jurisdictions. Counties Exercising Land Use and Building Regulatory Authority and Other Applicants Applying for Projects Located in such Jurisdictions or Counties [Collectively, Jurisdiction]

<p><b>*1. Does your jurisdiction's comprehensive plan (or in the case of a tribe or TDHE, a local Indian Housing Plan) include a "housing element"?</b></p> <p>A local comprehensive plan means the adopted official statement of a legislative body of a local government that sets forth (in words, maps, illustrations, and/or tables) goals, policies, and guidelines intended to direct the present and future physical, social, and economic development that occurs within its planning jurisdiction and that includes a unified physical plan for the public development of land and water. If your jurisdiction does not have a local comprehensive plan with a housing element, please select No. If you select No, skip to question # 4.</p>	Yes
<p><b>2. If your jurisdiction has a comprehensive plan with a housing element, does the plan provide estimates of current and anticipated housing needs, taking into account the anticipated growth of the region, for existing and future residents, including low, moderate and middle income families, for at least the next five years?</b></p>	Yes
<p><b>3. Does your zoning ordinance and map, development and subdivision regulations or other land use controls conform to the jurisdiction's comprehensive plan regarding housing needs by providing: a) sufficient land use and density categories (multi-family housing, duplexes, small lot homes and other similar elements); and, b) sufficient land zoned or mapped "as of right" in these categories, that can permit the building of affordable housing addressing the needs identified in the plan?</b></p> <p>(For purposes of this notice, "as-of-right" as applied to zoning, means uses and development standards that are determined in advance and specifically authorized by the zoning ordinance. The ordinance is largely self-enforcing because little or no discretion occurs in its administration). If the jurisdiction has chosen not to have either zoning, or other development controls that have varying standards based upon districts or zones, the applicant may also enter yes.</p>	Yes
<p><b>4. Does your jurisdiction's zoning ordinance set minimum building size requirements that exceed the local housing or health code or that are otherwise not based upon explicit health standards?</b></p>	No
<p><b>*5. If your jurisdiction has development impact fees, are the fees specified and calculated under local or state statutory criteria?</b></p> <p>If no, skip to question #7. Alternatively, if your jurisdiction does not have impact fees, you may select Yes.</p>	No
<p><b>6. If yes to question #5, does the statute provide criteria that sets standards for the allowable type of capital investments that have a direct relationship between the fee and the development (nexus), and a method for fee calculation?</b></p>	

## Part A - Page 2

<p>*7. If your jurisdiction has impact or other significant fees, does the jurisdiction provide waivers of these fees for affordable housing?</p>	<p>No</p>
<p>*8. Has your jurisdiction adopted specific building code language regarding housing rehabilitation that encourages such rehabilitation through graded regulatory requirements applicable as different levels of work are performed in existing buildings?</p> <p>Such code language increases regulatory requirements (the additional improvements required as a matter of regulatory policy) in proportion to the extent of rehabilitation that an owner/developer chooses to do on a voluntary basis. For further information see HUD publication: Smart Codes in Your Community: A Guide to Building Rehabilitation Codes (<a href="http://www.huduser.org/publications/destech/smartcodes.html">http://www.huduser.org/publications/destech/smartcodes.html</a>.)</p>	<p>No</p>
<p>*9. Does your jurisdiction use a recent version (i.e. published within the last 5 years or, if no recent version has been published, the last version published) of one of the nationally recognized model building codes (i.e. the International Code Council (ICC), the Building Officials and Code Administrators International (BOCA), the Southern Building Code Congress International (SBCI), the International Conference of Building Officials (ICBO), the National Fire Protection Association (NFPA)) without significant technical amendment or modification.</p> <p>In the case of a tribe or TDHE, has a recent version of one of the model building codes as described above been adopted or, alternatively, has the tribe or TDHE adopted a building code that is substantially equivalent to one or more of the recognized model building codes?</p>	<p>Yes</p>
<p>Alternatively, if a significant technical amendment has been made to the above model codes, can the jurisdiction supply supporting data that the amendments do not negatively impact affordability.</p>	
<p>*10. Does your jurisdiction's zoning ordinance or land use regulations permit manufactured (HUD-Code) housing "as of right" in all residential districts and zoning classifications in which similar site-built housing is permitted, subject to design, density, building size, foundation requirements, and other similar requirements applicable to other housing that will be deemed realty, irrespective of the method of production?</p>	<p>Yes</p>
<p>*11. Within the past five years, has a jurisdiction official (i.e., chief executive, mayor, county chairman, city manager, administrator, or a tribally recognized official, etc.), the local legislative body, or planning commission, directly, or in partnership with major private or public stakeholders, convened or funded comprehensive studies, commissions, or hearings, or has the jurisdiction established a formal ongoing process, to review the rules, regulations, development standards, and processes of the jurisdiction to assess their impact on the supply of affordable housing?</p>	<p>Yes</p>
<p>*12. Within the past five years, has the jurisdiction initiated major regulatory reforms either as a result of the above study or as a result of information identified in the barrier component of the jurisdiction's "HUD Consolidated Plan?" If yes, briefly describe. (Limit 2,000 characters.)</p>	<p>No</p>
<p>*13. Within the past five years has your jurisdiction modified infrastructure standards and/or authorized the use of new infrastructure technologies (e.g. water, sewer, street width) to significantly reduce the cost of housing?</p>	<p>No</p>

## Part A - Page 3

<p><b>*14. Does your jurisdiction give "as-of-right" density bonuses sufficient to offset the cost of building below market units as an incentive for any market rate residential development that includes a portion of affordable housing?</b></p> <p>(As applied to density bonuses, "as of right" means a density bonus granted for a fixed percentage or number of additional market rate dwelling units in exchange for the provision of a fixed number or percentage of affordable dwelling units and without the use of discretion in determining the number of additional market rate units.)</p>	No
<p><b>*15. Has your jurisdiction established a single, consolidated permit application process for housing development that includes building, zoning, engineering, environmental, and related permits?</b></p> <p>Alternatively, does your jurisdiction conduct concurrent, not sequential, reviews for all required permits and approvals?</p>	No
<p><b>*16. Does your jurisdiction provide for expedited or "fast track" permitting and approvals for all affordable housing projects in your community?</b></p>	No
<p><b>*17. Has your jurisdiction established time limits for government review and approval or disapproval of development permits in which failure to act, after the application is deemed complete, by the government within the designated time period, results in automatic approval?</b></p>	Yes
<p><b>*18. Does your jurisdiction allow "accessory apartments" either as: a) a special exception or conditional use in all single-family residential zones or, b) "as of right" in a majority of residential districts otherwise zoned for single-family housing?</b></p>	No
<p><b>*19. Does your jurisdiction have an explicit policy that adjusts or waives existing parking requirements for all affordable housing developments?</b></p>	No
<p><b>*20. Does your jurisdiction require affordable housing projects to undergo public review or special hearings when the project is otherwise in full compliance with the zoning ordinance and other development regulations?</b></p>	No



## Continuum of Care (CoC) Project Listing

**Instructions:**

To upload all Exhibit 2 applications that have been submitted to this CoC, click on the "Update List" button. This process may take several hours depending on the size of the CoC, however the CoC can either work on other parts of Exhibit 1 or it can log out of e-snaps and come back later to view the updated list. To rank a project, click on the icon next to each project to view project details.

For additional instructions, refer to the 2008 Project Listing Instructions on the left-hand menu bar.

Project Name	Date Submitted	Grant Term	Applicant Name	Budget Amount	Proj Type	Prog Type	Comp Type	Rank
New London Shelte...	2009-11-23 08:28:...	1 Year	Connecticut Depar...	296,748	Renewal Project	S+C	TRA	U
Flora O'Neil Apar...	2009-11-10 17:01:...	1 Year	Bethsaida Communi..	86,984	Renewal Project	SHP	PH	F
The Homeless Coll...	2009-11-23 11:11:...	1 Year	The Thames Valley...	673,047	Renewal Project	SHP	PH	F
HUD 1	2009-11-23 15:58:...	1 Year	Alliance for Living	75,678	Renewal Project	SHP	PH	F
Thames River Fami...	2009-11-12 17:08:...	1 Year	Thames River Comm...	195,983	Renewal Project	SHP	TH	F
HUD 3	2009-11-19 15:41:...	1 Year	Alliance for Living	34,311	Renewal Project	SHP	PH	F
Katie Blair House	2009-11-10 16:57:...	1 Year	Bethsaida Communi..	87,528	Renewal Project	SHP	TH	F
Housing for Health	2009-11-23 12:45:...	2 Years	New London Homele...	65,040	New Project	SHP	PH	P1
HUD 2	2009-11-19 14:28:...	1 Year	Alliance for Living	34,083	Renewal Project	SHP	PH	F
New London Shelte...	2009-11-23 08:42:...	1 Year	Connecticut Depar...	124,236	Renewal Project	S+C	TRA	U
Supportive Housin...	2009-11-20 13:13:...	1 Year	Women's Center of...	50,584	Renewal Project	SHP	TH	F

## Budget Summary

<b>FPRN</b>	\$1,238,198
<b>Permanent Housing Bonus</b>	\$65,040
<b>SPC Renewal</b>	\$420,984
<b>Rejected</b>	\$0

## Attachments

Document Type	Required?	Document Description	Date Attached
Certification of Consistency with the Consolidated Plan	Yes	Certificates of C...	11/23/2009

## Attachment Details

**Document Description:** Certificates of Consistency with the Consolidated Plans

# Certification of Consistency with the Consolidated Plan

U.S. Department of Housing  
and Urban Development

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.  
(Type or clearly print the following information:)

Applicant Name: New London Homeless Hospitality Center, Inc.

Project Name: Housing for Health

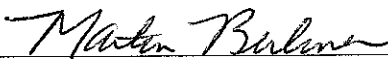
Location of the Project: Scatter site apartments in existing rental buildings in New London.

Name of the Federal  
Program to which the  
applicant is applying: HUD Supportive Housing Program

Name of  
Certifying Jurisdiction: New London, CT

Certifying Official  
of the Jurisdiction  
Name: Martin Berliner

Title: City Manager

Signature: 

Date: 10-29-09

# Certification of Consistency with the Consolidated Plan

U.S. Department of Housing  
and Urban Development

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.  
(Type or clearly print the following information:)

Applicant Name: Alliance for Living

Project Name: Supportive Housing Program HUD 1

Location of the Project: New London County

Name of the Federal  
Program to which the  
applicant is applying: Supportive Housing Program

Name of  
Certifying Jurisdiction: City of New London

Certifying Official  
of the Jurisdiction  
Name: Martin H. Berliner

Title: City Manager

Signature: Martin Berliner

Date: 10-29-09

# Certification of Consistency with the Consolidated Plan

U.S. Department of Housing  
and Urban Development

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.  
(Type or clearly print the following information:)

Applicant Name: Alliance for Living

Project Name: Supportive Housing Program HUD 1

Location of the Project: New London County

Name of the Federal Program to which the applicant is applying: Supportive Housing Program

Name of Certifying Jurisdiction: City of Norwich

Certifying Official of the Jurisdiction Name: Alan H. Bergren

Title: City Manager

Signature: *Alan H. Bergren*

Date: 10-28-09

# Certification of Consistency with the Consolidated Plan

U.S. Department of Housing  
and Urban Development

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.  
(Type or clearly print the following information:)

Applicant Name: Alliance for Living

Project Name: Supportive Housing Program HUD 1

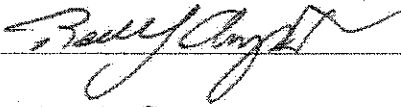
Location of the Project: New London County

Name of the Federal  
Program to which the  
applicant is applying: HUD Homeless Assistance Supportive Housing Program

Name of  
Certifying Jurisdiction: State of CT Department of Economic & Community Develop.

Certifying Official  
of the Jurisdiction  
Name: Ronald F. Angelo, Jr.

Title: Deputy Commissioner, Dept. of Economic & Community Develop.

Signature: 

Date: 11-5-09



# Certification of Consistency with the Consolidated Plan

U.S. Department of Housing  
and Urban Development

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.  
(Type or clearly print the following information:)

Applicant Name: Alliance for Living

Project Name: Supportive Housing Program HUD 2

Location of the Project: New London County

Name of the Federal Program to which the applicant is applying: Supportive Housing Program

Name of Certifying Jurisdiction: City of New London

Certifying Official of the Jurisdiction Name: Martin Berliner

Title: City Manager

Signature: Martin Berliner

Date: 10-29-09

# Certification of Consistency with the Consolidated Plan

U.S. Department of Housing  
and Urban Development

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.  
(Type or clearly print the following information:)

Applicant Name: Alliance for Living

Project Name: Supportive Housing Program HUD 2

Location of the Project: New London County

Name of the Federal  
Program to which the  
applicant is applying: Supportive Housing Program

Name of  
Certifying Jurisdiction: City of Norwich

Certifying Official  
of the Jurisdiction  
Name: Alan H. Bergen

Title: City Manager

Signature: Alan H. Bergen

Date: 10-28-09

# Certification of Consistency with the Consolidated Plan

U.S. Department of Housing  
and Urban Development

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.  
(Type or clearly print the following information:)

Applicant Name: Alliance for Living

Project Name: Supportive Housing Program HUD 2

Location of the Project: New London County

Name of the Federal Program to which the applicant is applying: HUD Homeless Assistance Supportive Housing Program

Name of Certifying Jurisdiction: State of CT Department of Economic & Community Develop.

Certifying Official of the Jurisdiction Name: Ronald F. Angelo, Jr.

Title: Deputy Commissioner, Dept. of Economic & Community Develop.

Signature: 

Date: 11.5.09

# Certification of Consistency with the Consolidated Plan

U.S. Department of Housing  
and Urban Development

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.  
(Type or clearly print the following information:)

Applicant Name: Alliance for Living

Project Name: Supportive Housing Program HUD 3

Location of the Project: New London County

Name of the Federal Program to which the applicant is applying: Supportive Housing Program

Name of Certifying Jurisdiction: City of New London

Certifying Official of the Jurisdiction Name: Martin Berliner

Title: City Manager

Signature: Martin Berliner

Date: 10-29-09

# Certification of Consistency with the Consolidated Plan

U.S. Department of Housing  
and Urban Development

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.  
(Type or clearly print the following information:)

Applicant Name: Alliance for Living

Project Name: Supportive Housing Program HUD 3

Location of the Project: New London County

Name of the Federal  
Program to which the  
applicant is applying: Supportive Housing Program

Name of  
Certifying Jurisdiction: City of Norwich

Certifying Official  
of the Jurisdiction  
Name: Alan H. Bergren

Title: City Manager

Signature: Alan H. Bergren

Date: 10-28-09

# Certification of Consistency with the Consolidated Plan

U.S. Department of Housing  
and Urban Development

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.  
(Type or clearly print the following information:)

Applicant Name: Alliance for Living

Project Name: Supportive Housing Program HUD 3

Location of the Project: New London County

Name of the Federal  
Program to which the  
applicant is applying: HUD Homeless Assistance Supportive Housing Program

Name of  
Certifying Jurisdiction: State of CT Department of Economic & Community Develop.

Certifying Official  
of the Jurisdiction  
Name: Ronald F. Angelo, Jr.

Title: Deputy Commissioner, Dept. of Economic & Community Develop.

Signature: 

Date: 11-5-09

**Certification of Consistency  
with the Consolidated Plan**

U.S. Department of Housing  
and Urban Development

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.  
(Type or clearly print the following information:)

Applicant Name: 1)Thames River Community Service Inc.2) Bethsaida Community INC.

Project Name: 1)Thames River Family Program 2)Katie Blair House 2)Flora O'Neil

Location of the Project: 1) One Thames River Place; Norwich, CT 06360  
2) Katie Blair: 117 Cliff Street; Norwich, CT 06360  
2) Flora O'Neil Apartments: 103 Cliff Street, Norwich, CT 06360

Name of the Federal  
Program to which the  
applicant is applying: HUD Continuum of Care Homeless Assistance Program

Name of  
Certifying Jurisdiction: City of Norwich Connecticut

Certifying Official  
of the Jurisdiction  
Name: Alan H. Bergren

Title: City Manager, City of Norwich

Signature: *Alan H. Bergren*

Date: 10-9-09

RECEIVED

OCT 08 2009

OFFICE OF THE CITY MANAGER  
NORWICH, CT

**CERTIFICATION OF CONSISTENCY WITH THE  
CONSOLIDATED PLAN LIST**

**RENEWAL PROJECTS IN NORWICH, CONNECTICUT  
JURISDICTION**

**Applicant: Thames River Community Service Inc.  
Project: Thames River Family Program  
One Thames River Place  
Norwich, CT 06360**

**Applicant: Bethsaida Community Inc.  
Project: Katie Blair House  
117 Cliff Street  
Norwich, CT 06360**

**Applicant: Bethsaida Community Inc.  
Project: Flora O'Neil Apartments  
103 Cliff Street  
Norwich, CT 06360**



# Certification of Consistency with the Consolidated Plan

U.S. Department of Housing  
and Urban Development

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.  
(Type or clearly print the following information:)

Applicant Name: The Thames Valley Council for Community Action, Inc.

Project Name: Homeless Collaborative Network

Location of the Project: New London County  
\_\_\_\_\_  
\_\_\_\_\_

Name of the Federal Program to which the applicant is applying: HUD Homeless Continuum of Care: Perm. Supportive Housing

Name of Certifying Jurisdiction: State of CT Department of Economic & Community Develop.

Certifying Official of the Jurisdiction Name: Ronald F. Angelo, Jr.

Title: Deputy Commissioner, Dept. of Economic & Community Develop.

Signature:   
\_\_\_\_\_

Date: 11.13.09

**Certification of Consistency  
with the Consolidated Plan**

U.S. Department of Housing  
and Urban Development

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.  
(Type or clearly print the following information:)

Applicant Name: CT Department of Mental Health and Addiction Services

Project Name: Norwich/New London Shelter Plus Care

Location of the Project: Scattered sites, New London County, CT  
\_\_\_\_\_  
\_\_\_\_\_

Name of the Federal Program to which the applicant is applying: HUD Homeless Assistance Shelter Plus Care Program

Name of Certifying Jurisdiction: State of CT Dept. Department of Economic & Community Develop.

Certifying Official of the Jurisdiction Name: Ronald F. Angelo, Jr.

Title: Deputy Commissioner, Dept. of Economic & Community Develop.

Signature: 

Date: 10.23.09

# Certification of Consistency with the Consolidated Plan

U.S. Department of Housing  
and Urban Development

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.  
(Type or clearly print the following information:)

Applicant Name: State of CT Department of Mental Health and Addiction Services

Project Name: New London Shelter Plus Care Combo Grant 2009

Location of the Project: New London County, CT Scattered Site (TRA)

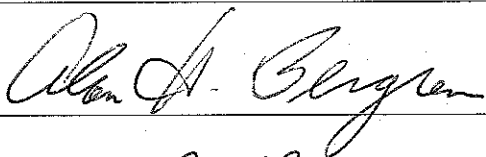
\_\_\_\_\_  
\_\_\_\_\_

Name of the Federal Program to which the applicant is applying: Shelter Plus Care

Name of Certifying Jurisdiction: City of Norwich

Certifying Official of the Jurisdiction Name: Alan Bergren

Title: City Manager

Signature: 

Date: 10-19-09

# Certification of Consistency with the Consolidated Plan

U.S. Department of Housing  
and Urban Development

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.  
(Type or clearly print the following information:)

Applicant Name: State of CT Department of Mental Health and Addiction Services

Project Name: New London Shelter Plus 2004 Renewal

Location of the Project: New London County, CT Scattered Site (TRA)

\_\_\_\_\_  
\_\_\_\_\_

Name of the Federal Program to which the applicant is applying: Shelter Plus Care

Name of Certifying Jurisdiction: City of Norwich

Certifying Official of the Jurisdiction Name: Alan Bergren

Title: City Manager

Signature: 

Date: 10-19-09

# Certification of Consistency with the Consolidated Plan

U.S. Department of Housing  
and Urban Development

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.  
(Type or clearly print the following information:)

Applicant Name: State of CT Department of Mental Health and Addiction Services

Project Name: New London Shelter Plus Care Combo Grant 2009


Location of the Project: New London County, CT Scattered Site (TRA)

Name of the Federal Program to which the applicant is applying: Shelter Plus Care

Name of Certifying Jurisdiction: City of New London

Certifying Official of the Jurisdiction Name: Martin Berliner

Title: City Manager

Signature: 

Date: 10-22-09

**Certification of Consistency  
with the Consolidated Plan****U.S. Department of Housing  
and Urban Development**

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.  
(Type or clearly print the following information:)

Applicant Name: State of CT Department of Mental Health and Addiction ServicesProject Name: New London Shelter Plus 2004 RenewalLocation of the Project: New London County, CT Scattered Site (TRA)Name of the Federal  
Program to which the  
applicant is applying: Shelter Plus CareName of  
Certifying Jurisdiction: City of New LondonCertifying Official  
of the Jurisdiction  
Name: Martin BerlinerTitle: City ManagerSignature: Date: 10-22-09

**Certification of Consistency  
with the Consolidated Plan**

U.S. Department of Housing  
and Urban Development

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.  
(Type or clearly print the following information:)

Applicant Name: Women's Center of Southeastern Connecticut, Inc.

Project Name: Supportive Housing Program

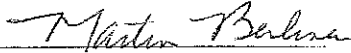
Location of the Project: 34 Jay Street  
New London, CT 06320

Name of the Federal  
Program to which the  
applicant is applying: Continuum of Care (CoC) Homeless Assistance Grant Programs

Name of  
Certifying Jurisdiction: City of New London

Certifying Official  
of the Jurisdiction  
Name: Martin Berliner

Title: City Manager

Signature: 

Date: 11-18-09