

Before Starting the CoC Application

You must submit all three of the following parts in order for us to consider your Consolidated Application complete:

1. the CoC Application,
2. the CoC Priority Listing, and
3. all the CoC's project applications that were either approved and ranked, or rejected.

As the Collaborative Applicant, you are responsible for reviewing the following:

1. The FY 2026 CoC Program Competition Notice of Funding Opportunity (NOFO) for specific application and program requirements.
2. The FY 2026 CoC Application Detailed Instructions which provide additional information and guidance for completing the application.
3. All information provided to ensure it is correct and current.
4. Responses provided by project applicants in their Project Applications.
5. The application to ensure all documentation, including attachment are provided.

Your CoC Must Approve the Consolidated Application before You Submit It

- 24 CFR 578.9 requires you to compile and submit the CoC Consolidated Application for the FY 2026 CoC Program Competition on behalf of your CoC.

- 24 CFR 578.9(b) requires you to obtain approval from your CoC before you submit the Consolidated Application into e-snaps.

1A. Continuum of Care (CoC) Identification

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants; and
- Frequently Asked Questions

1A-1. CoC Name and Number: NY-505 - Syracuse, Auburn/Onondaga, Oswego, Cayuga Counties CoC

1A-2. Collaborative Applicant Name: Housing & Homeless Coalition of Central New York, INC

1A-3. CoC Designation: CA

1A-4. HMIS Lead: Housing & Homeless Coalition of Central New York,

1B. Coordination and Engagement–Accountable Structure and Participation

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

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- Frequently Asked Questions

1B-1.	Accountable Structure and Participation.	
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In the chart below for the period from June 1, 2025 to May 31, 2026:

1.	select 'Yes' or 'No' in the chart below if the entity listed participated in CoC meetings or select 'Nonexistent' if the entity does not exist in your CoC's geographic area, and
2.	enter the number of persons on the board for each category where you answered 'Yes' in the Participated in CoC Meetings column.

You must click Save at the bottom of the form before entering the number of persons for each category where you answered 'Yes'.

	Entity	Participated in CoC Meetings	Number of Board Members
1.	Affordable Housing Developer(s)	Yes	1
2.	CDBG/HOME/ESG Entitlement Jurisdiction(s)	Yes	3
3.	Certified Community Behavioral Health Clinic (CCBHC)	Yes	1
4.	Community Mental Health Center (CMHC)	Yes	
5.	Disability Advocate(s)	Yes	
6.	Disability Service Organization(s)	Yes	
7.	Emergency Medical Services (EMS)/Crisis Response Team(s)	Yes	1
8.	Employment Assistance Program(s) (e.g., Local Workforce Development, American Job Center)	Yes	
9.	Faith-based Organization(s)	Yes	3
10.	Homeless or Formerly Homeless Person(s)	Yes	3
11.	Hospital(s)	Yes	
12.	Other Primary Healthcare Provider(s) (e.g., Federally Qualified Health Center, Healthcare for the Homeless)	Yes	
13.	Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)	No	
14.	Law Enforcement	Yes	2
15.	Local Court Systems, Including Specialty Courts (e.g., Mental Health Court, Drug Court, Care Court)	Yes	
16.	Local Government Staff/Official(s)	Yes	7

17.	State Government Staff/Official(s)	Yes	
18.	State or Local Elected Public Official(s)	Yes	
19.	Local Jail(s)	No	
20.	Mental Health Service Organization(s)	Yes	
21.	Mental Illness Advocate(s)	Yes	
22.	Organization(s) led by and serving people with disabilities	Yes	
23.	Other homeless subpopulation advocate(s)	Yes	
24.	Other nonprofit homeless assistance provider(s)	Yes	
25.	Other social service provider(s)	Yes	
26.	Public Housing Agencies	Yes	1
27.	Recovery Housing or Sober Living Provider(s)	Yes	
28.	School Administrators/Homeless Liaison(s)	Yes	
29.	School District(s)	Yes	
30.	Street Outreach Team(s)	Yes	2
31.	Substance Abuse Advocate(s)	Yes	
32.	Substance Abuse Service Organization(s)	Yes	1
33.	Universities	Yes	
34.	Veteran Serving Organization(s)	Yes	1
35.	Agencies Serving Survivors of Human Trafficking	Yes	
36.	Victim Service Provider(s)	Yes	
37.	Domestic Violence Advocate(s)	Yes	
38.	Other Victim Service Organization(s)	Yes	
39.	State Domestic Violence Coalition	Yes	
40.	State Sexual Assault Coalition	Yes	
41.	Youth Advocate(s)	Yes	
42.	Youth Homeless Organization(s)	Yes	
43.	Youth Service Provider(s)	Yes	1
44.	Other Homeless Assistance Provider(s)	Yes	
45.	Local Business or Chamber of Commerce or a Member of a Business Improvement District	Yes	
	Other: (limit 50 characters)		
46.	Private Foundations	Yes	3
47.			

1B-2.	Open Invitation for New Members.	
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Describe your CoC's transparent process (e.g., communicated to the public on the CoC's website) to invite new members to join the CoC at least annually.

(limit 2,500 characters)

The CoC holds its Annual Housing & Homeless Coalition Membership Meeting in June of each year. Leading up to that meeting, potential new members are solicited through a variety of methods including in the CoC's bi-weekly newsletter, communication via listserv, the CoC's website, and various social media platforms. The CoC also solicits and accepts new members year-round. The CoC receives inquiries from our contact form located on the CoC website. The CoC staff provides presentations about the coalition and extends training opportunities to new or potential members. New partners are also invited to give presentations of their services at CoC meetings.

1B-3.	CoC's Strategy to Solicit and Consider Opinions on Preventing and Ending Homelessness.	
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Describe your CoC's transparent process (e.g., communicated to the public on the CoC's website) to solicit and consider opinions regarding the CoC's general performance, strategies, and priority setting process from a broad array of individuals and organizations that have knowledge of homelessness or an interest in preventing or ending homelessness in the CoC's geographic area.
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(limit 2,500 characters)

The CoC solicits and considers opinions from a broad array of organizations by targeting board recruitment to sectors both directly and indirectly involved in ending and preventing homelessness. This includes but is not limited to board representation from local government, the health sector, private foundations, Lived Experience Boards, legal services, public housing authorities and other affordable housing providers. Voting members of the general CoC include housing service providers, victim service providers, and youth service providers. The CoC holds various committees, most of which are open to the public, to discuss strategies for ending and preventing homelessness. The CoC also has two Lived Experience boards, one comprised of youth, and one comprised of adults with lived expertise to guide community strategies to end homelessness. The CoC solicits opinions from stakeholders in committees and the Advisory Board in all decision-making, including but not limited to Coordinated Entry policies, HMIS policies, and governance policies. The CoC also routinely surveys members and non-members to solicit feedback.

The CoC's general membership meetings are open to the public and accessible to all who are interested. The CoC has an open listserv to communicate these meetings. The CoC also sends out a bi-weekly newsletter with meeting times, dates, and updates on efforts to end and prevent homelessness. The CoC opens all policies annually for edits and feedback from the community. The CoC uses a variety of methods to capture stakeholder feedback such as using surveying tools, open discussions, presentations, and online collaboration tools like Mural.

The CoC debriefs from all meetings and public forums in the advisory board and general membership meetings. Decisions regarding policies created by the CoC are discussed openly and require vote and approval from CoC member organizations, Lived Experience Boards, and CoC advisory board when changing policies or processes in the homelessness system. Minutes and audio/video recordings are kept on all CoC board meetings and available to the public by posting on the CoC website.

1B-4.	Public Notification for Proposals from Organizations Not Previously Awarded CoC Program Funding.	
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Describe your CoC's transparent process to accept and consider proposals from organizations that have not previously received CoC Program funding including faith-based organizations.
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(limit 2,500 characters)

Application instructions, schedule, and ranking protocols were released alongside the funding opportunity. Agencies applying for new funding were asked to submit narrative RFPs, project budgets, proof of financial stability, and match documentation to the CoC Collaborative Applicant. Renewal applicants were provided with a competition report scoring the agency based on performance and a short narrative RFP. Responses to all narrative applications were due July 17th. All RFPs were submitted by email to the CoC Collaborative Applicant.

Per the CoC Ranking and Rating Protocol, new applications are scored by the Performance Evaluation and Selection committee of the CoC. The Committee is made up of CoC Board Members whose agencies are not funded by CoC or ESG, including members from the Lived Experience Boards. The Committee confirms that a project application meets all threshold criteria which includes being an eligible project applicant, commitment to using HMIS or a comparable database, using the Coordinated Entry system, CoC Membership, and proof of agency's good financial management. Projects meeting all threshold requirements are scored based on narrative responses on program design, community need, efficient and effective use of HUD funding, employment and income growth, and lowering returns to homelessness. The top scoring applications are ranked in the submission to HUD until the funding threshold. Any projects that do not score high enough to be submitted to HUD are notified and provided technical assistance to prepare for the following year's competition.

The CoC posted all funding materials on its website, and CoC staff meet with any organization wishing to apply to ensure that all applicants have technical assistance in applying for funding. The CoC has many faith-based organizations currently funded and new faith-based organizations accepted in this year's local competition.

1B-5	Plan for Comprehensive Strategies for Reducing Homelessness.	
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Describe how your CoC will incorporate comprehensive strategies for reducing homelessness, including interventions in 42 U.S.C. 11386b(d) and other targeted projects for specific subpopulations, by providing a plan to address a gap in the CoC's current homelessness system.

(limit 2,500 characters)

The CoC has a Strategic Plan that was written through a series of workgroups, focus groups, and listening sessions. The Strategic Plan talks about the CoC's efforts to reduce homelessness across the three counties served. The HMIS Lead conduct gaps and needs assessments every three years to keep track of CoC benchmarks of success, new or emerging data that will inform the level of intervention and inform stakeholders and partners on the status of the collective work. The CoC maintains a document with community-identified objectives, strategies to address them, current assets to support the objective, needs to increase capacity to meet objectives, time frames, and the entities responsible, including stakeholders and specific CoC Committees overseeing aspects of the plan. The CoC has six metrics by which it measures the effectiveness of the CoC's strategies to end homelessness: decreasing homelessness by 5% every year, the length of stay in shelter is no longer than 30 days, the CoC has 'ended' homelessness for specific populations, new affordable housing units are added to the CoC annually, people exit homelessness to permanent housing more than 75% of the time, and no more than 5% of people return to homelessness after two years.

The objectives in the strategic plans range from increasing the speed and effectiveness of the Coordinated Entry system, working on creating new affordable housing in the CoC, and functionally ending homelessness for specific sub-populations like participants who meet the chronic definition, youth, families, and Veterans. The CoC understands that housing is not 'one size fits all' and the CoC is pleased to have the opportunity to bring new Supportive Services Only and more Transitional Housing projects into the community as demonstrated by the submitted applicants for new funding. This expansion of the CoC's homeless response system will allow for more options for housing assistance to meet the needs of more participants.

1B-5a	Confirmation of Plan Coverage.
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Select 'Yes' or 'No' in the chart below to indicate whether your narrative in question 1B-5 addresses the following aspects of your plan to address a gap in the CoC's current homelessness system.

1. Identifies the gap, using data or stakeholder feedback	Yes
2. The strategy to address the needs of all relevant subpopulations	Yes
3. Sets quantifiable performance measures	Yes
4. Identifies timelines for the completion of specific tasks	Yes
5. Identifies specific funding sources for planned activities	Yes
6. An individual or body responsible for overseeing implementation of specific strategies	Yes

1C. Coordination and Engagement

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

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1C-1.	Treatment and Recovery Services—On-site Substance Use Treatment Availability.	
	You must upload the List of TH/RRH/PSH Projects and Treatment Providers with On-Site Substance Use Treatment attachment to the 4A. Attachments Screen.	
	What percent of your TH/RRH/PSH projects have substance use treatment available on site?	14%

If you are a rural CoC, describe what substance use treatment is available in your CoC and how people you serve access those services.

(limit 2,500 characters)

Not Applicable- the CoC is not a rural CoC.

1C-1a. Treatment and Recovery Services—Outpatient Treatment for Mental Health and Substance Use Disorders.

Describe how your CoC partners with, or has projects that provide, outpatient treatment for mental health and substance use disorders with a range of appropriate levels of care, psychosocial interventions, medication management, suicide prevention, and recovery supports.

(limit 2,500 characters)

The CoC partners with a range of organizations that provide outpatient treatment for mental health and substance use disorders are offered from the time someone is experiencing homelessness through permanent housing tenancy.

Mental Health and Substance Use crisis response teams are part of the CoC's multi-disciplinary street outreach committee ensuring cross-collaboration with these services. Many emergency shelter providers have on site clinical services available to people staying in congregate shelters, ensuring that service delivery continues into permanent housing tenancy. CoC project also houses or partners with organizations providing care management services including medication management and medical referral and follow up for appropriate levels of care. The CoC also partners with local hospitals and other care facilities that create systems to address high needs individuals to intervene with appropriate levels of care and connection to mental and substance use care. All CoC project staff are trained to work identify needs and assist participants to access care. Multiple CoC-funded organizations provide these services directly through clinical service delivery, on site clinics, and crisis response mental health and/or substance use disorder directly to people currently experiencing homelessness. The CoC funds projects at a Certified Community Behavioral Healthcare Clinic and funds multiple projects at the region's largest Recovery organization. Organizations funded by the CoC that do not have onsite outpatient treatment maintain strong collaborative partnerships to provide referral and warm handoff.

1C-1b. Treatment and Recovery Services—Peer Support and Recovery Navigation.

Describe how your CoC partners with, or has projects that provide access to, peer recovery specialists or other forms of peer support and recovery navigation.

(limit 2,500 characters)

Several Continuum of Care projects provide participants with access to peer support specialists through direct staffing arrangements, outpatient service partnerships, or established referral pathways. Many of these evidence-based services are funded by the New York State Office of Addiction Services and Supports and include recovery navigation, care management, peer-facilitated support groups, education and training, and structured recreational activities. Participating organizations may employ certified recovery peers, mental health peers, or both. Organizations without internal peer-support capacity refer participants to accessible community programs and drop-in centers.

The CoC regularly disseminates information about these resources during meetings to ensure that program staff can appropriately connect participants with available services. In addition, street outreach teams in two counties within the CoC include certified mental health peer specialists who engage individuals experiencing unsheltered homelessness and facilitate access to treatment, recovery supports, and related services.

1C-1c. Treatment and Recovery Services—Connecting Individuals Experiencing Serious Mental Illness with the Services Necessary to Promote Stability.

Describe how your CoC identifies individuals experiencing Serious Mental Illness and connects them with the services necessary to promote stability, such as Assertive Community Treatment teams and other models that combine intensive care coordination and assertive outreach with comprehensive treatment.

(limit 2,500 characters)

Projects in the CoC identify and engage individuals experiencing serious mental illness through multiple access points across its behavioral health continuum. This includes outpatient mental health services, crisis services, Health Home Care Coordination, community-based services, supportive housing, residential services, and Assertive Community Treatment (ACT). Individuals are assessed to identify behavioral health, physical health, housing, social, and other needs and are connected to appropriate levels of care and community resources. Care coordination supports individuals with Serious Mental Illness through linkage to treatment providers, medication management, transportation, medical and behavioral health services, housing and community supports, and ongoing coordination with natural and professional supports. Many CoC projects offer these services on site or through various departments within their organizations with multiple funded organizations providing the above-mentioned services directly. The CoC also partners with all of its County's Office of Mental Health to ensure that people experiencing homelessness and experiencing Serious Mental Illness are triaged and placed in systems of care that are responsive to their needs. Taskforces exist to case conference high need individuals to ensure intensive care coordination exists. This happens for individuals who are unsheltered, in emergency shelter, and in housing programming. The CoC has two street outreach programs specific to intensive care coordination and intervention to work with people experiencing unsheltered homelessness and Serious Mental Illness directly.

1C-1d. Treatment and Recovery Services—Coordination with Providers in Connection with Drug or Other Specialty Courts.

Identify at least one partnership the CoC has with a provider or entity providing services in connection with Drug Courts and other specialty courts serving individuals with mental and substance use disorders, Assisted Outpatient Treatment (AOT) programs, and inpatient civil commitment.

(limit 500 characters)

The CoC has representation from the head of the Reentry Taskforce of its most populous county on its Advisory Board. This position connects the CoC with reentry and with Drug Court and other specialty courts. .

Describe how your CoC coordinates with the provider or entity identified above to support housing stability and movement towards independence, including by leveraging court orders.

(limit 2,500 characters)

CoC partner organizations work with Drug Courts and other specialty courts in meetings regarding high need individuals in the community to coordinate proper services to assist in supporting housing stability and movement toward independence. The CoC funds a program designed to work with the reentry population, including individuals served by specialty courts to promote housing stability through structured transitional housing placements. This project has built strong relationships and works collaboratively with court staff, judges, counsel, and court service providers. The project also works closely with parole and probation. This organization's sentencing mitigation team works directly with defense counsel in presenting the court with a comprehensive bio-psychosocial history and connecting with community services and treatment. The CoC partners on a whole by having Coordinated Entry and CoC Planning staff, as well as CoC project staff, attend case conference meetings with multidisciplinary members such as psychiatric inpatient/outpatient staff, medical staff at local hospitals, substance use treatment, Assisted Outpatient Treatment, mobile crisis units, local government staff such as county level initiatives for opioid reduction and Single Point of Access staff, and street outreach teams. The case conference meetings discuss participants identified as high utilizers of the emergency rooms, 911 calls, mobile crisis units, or EMS. During the meetings, providers discuss participant specific needs, facilitate placement into Office of Mental Health programming if applicable, or assist specialized teams with locating participants for interventions tThe CoC partners on a whole by having Coordinated Entry and CoC Planning staff, as well as CoC project staff, attending case conference meetings with multidisciplinary members such as psychiatric inpatient/outpatient staff, medical staff at local hospitals, substance use treatment, Assisted Outpatient Treatment, mobile crisis units, local government staff such as county level initiatives for opioid reduction and Single Point of Access staff, and street outreach teams. The case conference meetings discuss participants identified as high utilizers of the emergency rooms, 911 calls, mobile crisis units, or EMS. During the meetings, providers discuss participant specific needs, facilitate placement into OMH programming if applicable, or assist specialized teams with locating participants for interventions to take place.

1C-1e. Treatment and Recovery Services—Partnership with Local Crisis System of Care.

Identify at least one partnership the CoC has with the local crisis system of care including 988 and crisis contact centers, mobile crisis and outreach services, and crisis stabilization services.

(limit 500 characters)

The CoC's mobile crisis, 988, and crisis stabilization services all partner with the CoC through formal committee membership, representation the CoC Advisory Board, and through referral and care coordination efforts. All mobile crisis teams in each of the CoC's counties are members of the county-specific street outreach committees to coordinate services and efforts. Mobile crisis and homeless street outreach teams triage and respond to calls in tandem to ensure proper service delivery.

1C-1f.	Treatment and Recovery Services—Availability of Units for Persons Reporting Chronic Substance Use.	
	You must upload the List of CoC Program Projects and the Number of Units that require Substance Abuse Treatment attachment to the 4A. Attachments Screen.	
	Identify the number of CoC Program-funded units that require program participant engagement in substance abuse treatment services as a condition of continued participation in the program in accordance with 24 CFR 578.75.	98

1C-1g.	Treatment and Recovery Services—24/7 Access to Detox, Residential, or Inpatient Treatment.	
Is there 24/7 access to detox, residential, and inpatient behavioral health treatment within the geographic area of your CoC?		Yes

1C-1h. Treatment and Recovery Services—Formal Partnership with Behavioral and Mental Health Facilities.

Identify at least one formal partnership the CoC has with a Certified Community Behavioral Health Clinic (CCBHC), Community Mental Health Center (CMHC), SAMHSA Projects for Assistance in Transition from Homelessness (PATH) provider, Grants for the Benefit of Homeless Individuals (GBHI) provider, or a similar facility if none of the above are located in the geographic area.

(limit 500 characters)

The CoC has a formal Memorandum of Understanding with a Certified Community Behavioral Health Clinic and works closely with that organization-Liberty Resources. The CCBHC organization is also a Continuum of Care funded agency who currently operates a Permanent Supportive Housing program that is transitioning to a Transitional Housing program.

1C-1i. Treatment and Recovery Services—Sober Housing Availability.

Identify at least one new or existing CoC Program-funded project that operates sober housing in accordance with 24 CFR 578.93(b)(5).

(limit 500 characters)

The CoC has one existing project that operates as sober housing. The Center for Community Alternative's Freedom Commons is a site-based Transitional Housing project for the reentry population.

1C-1j. Treatment and Recovery Services—Warm Hand-Offs to Stable Housing Providers.

Describe how your CoC coordinates with the programs named in questions 1C-1a through 1C-1i to facilitate warm hand-offs to stable housing providers and prevent entry into homelessness.

(limit 2,500 characters)

The CoC maintains a broad, collaborative membership to ensure coordination of not just homelessness services, but also other systems of care. The CoC funds organizations that are also substance use disorder treatment providers, a Certified Community Behavioral Health Clinic (CCBHC), providers receiving SAMHSA projects, and reentry/criminal justice serving organizations. The CoC includes the aforementioned programs named in questions 1C-1a through 1C-1i in its case conferencing meetings, including the CoC's street outreach committees in each of its counties and its high need Coordinated Entry case conferencing meetings. The CoC staff also attend other systems of care case conferencing meetings, having put in place formal agreements and privacy data sharing agreements in place so that systems of care can collaborate on warm hand-offs. This allows the CoC and other systems of care to ensure that appropriate housing and treatment services are in place for individuals involved in the aforementioned services and there are not duplications of efforts in the region. This collaboration reduces the frequency in which people from other systems of care enter the homelessness system. Because of these warm handoffs and increased collaboration between systems, the CoC has seen a reduction in the number of people entering shelter from institutional stays, accounting for only 12% in 2025. The CoC anticipates further decreases when analyzing 2026 data.

1C-2. Supportive Services Investment.

	Number
1. Enter your CoC's FY 2026 Annual Renewal Demand (ARD).	\$14,269,658
2. Of projects your CoC proposed to be funded in the FY 2026 CoC Program Competition, enter the total amount of funding for the supportive services budget line items.	\$6,846,158
3. Percent of your CoC's FY 2026 ARD (from element 1 above) that is supportive services funding (from element 2 above).	48%
4. Enter the amount of funding, leverage, match, and funding commitment from other formal partnerships in supportive services for the projects included in your CoC's FY 2026 ARD.	\$2,572,912
5. Percent of your CoC's FY 2026 ARD (from element 1 above) that is the supportive services funding in proposed projects (from element 2 above) plus the amount of funding, leverage, match, and funding commitment from other formal partnerships in supportive services (from element 4 above).	66%

1C-3.**Participation Requirements for Supportive Services.**

You must upload the Language from Project Supportive Service Agreements attachment to the 4A. Attachments Screen.

What percent of your housing projects (TH, PH-PSH, PH-RRH, and Joint projects) require program participants to take part in supportive services (e.g. case management, employment training, substance use disorder treatment) in line with 24 CFR 578.75(h)?	100.00%
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1C-4. Consulting with ESG Recipients.

Describe how your CoC has and will continue to consult with ESG recipients in the planning and allocation of ESG funds.

(limit 2,500 characters)

The CoC maintains appointed board positions for the two Administrators of the ESG funding in the community. The CoC continues to provide transparent and consistent monitoring of CoC-funded programs, as well as objective contribution to the ESG funding process. The CoC participates in the application review of ESG funded projects, as well as contributing to the Consolidated Plans for all its jurisdictions. The CoC provides relevant data, including gaps and needs and all federal reports to inform funding decision making. The CoC Lead, who acts as the Collaborative Applicant, HMIS and Coordinated Entry Leads, supports the creation and maintenance of reports on the performance and monitoring of CoC and ESG funded programs to the community at large, as well as maintaining Written Standards for the operation of ESG and CoC projects. The CoC will continue to support the training of staff for both CoC and ESG funded projects. It will also support identification of gaps and needs for CoC and ESG funded projects to ensure that funded projects are effective and meeting community needs. The CoC also supports various workgroups and committees that lead to the success and efficacy of CoC and ESG projects including but not limited to Coordinated Entry Workgroup, Veteran Taskforce, Street Outreach Workgroups in all three counties, and cross system case conferencing meetings.

1C-4a. Coordination with Emergency Shelter Providers.

Describe how your CoC coordinates with shelter providers to connect individuals and families with CoC assistance.

(limit 2,500 characters)

All of the shelter providers in the CoC region participate in the CoC, including HMIS and Coordinated Entry. The Coordinated Entry System is decentralized allowing staff at all shelter providers to be trained to be assessors in the Coordinated Entry process. This ensures that all individuals and families are assessed and connected to Coordinated Entry when staying in emergency shelter. When an individual or family enters emergency shelter, they are assessed for Coordinated Entry after two weeks, to allow time for them to rapid exit or self-resolve. All emergency shelter providers are funded directly by the local Departments of Social Services. These county departments oversee the efforts and contracts of local shelter providers. To ensure that CoC and Department of Social Services are coordinated, the CoC maintains a spot on the Advisory Board for each county to appoint a representative of the Department of Social Services. Shelter providers are required to attend all CoC relevant meetings including membership meetings, Coordinated Entry Committees, case conferencing meetings, street outreach meetings, and various appropriate workgroups and taskforces. The CoC also has three CoC Advisory Board members that represent Emergency Shelter providers.

1C-5. Data Sharing to Inform the Homelessness Response System.

Describe how your CoC has or will share PIT, HIC, HMIS, and System Performance data with state and local government as permitted by law in order to inform the homelessness response system.

(limit 2,500 characters)

The CoC shares all PIT, HIC, LSA, and System Performance data with state and local governments. Aggregate reports are provided to the CoC's government partners to ensure that gaps and needs are being communicated and local government is informed about the state of homelessness in the CoC. The CoC also creates debriefs for its major federal reports, turning the aggregate reports in consumable, visual reports that are provided to local government. The CoC posts all federal reports on the CoC's website. All federal reports are also broken down into county specific reports and sent to New York State Office of Temporary and Disability Assistance, Local Departments of Social Services, the CoC membership and are publicly posted. These reports include the PIT, HIC, SPM and LSA/ STELLA. Data that is not permitted to be disclosed is any data that meets the definition of "Personally Identifiable Information" under the federal definition.

The CoC also maintains Memorandums of Understanding with its local government partners through the Departments of Social Services and ESG Administrators. These partners have licenses and access HMIS to ensure oversight in the system. These partners are able to enter data, run reports, and audit users.

The CoC also participates in a New York State repository, NYSHADE, a de-identified database of homeless client demographic and service activity, allows authorized personnel at homeless and human service provider agencies throughout the State of New York to aggregate demographic and service delivery information, subject to appropriate inter-agency agreements, for the purpose of analyzing statewide homeless datasets to investigate and understand the relationship between public policy and homelessness in New York. The CoC was one of the first CoCs in the state to begin exporting data into the repository.

1C-5a. Using Other Data Sources Alongside HMIS to Improve Care.

Describe how your CoC utilizes other data sources alongside HMIS to improve care (e.g., health care utilization and claims data, electronic health care record data; admission, discharge, and transfer data; and law enforcement and corrections system data).

(limit 2,500 characters)

The CoC improves care to those experiencing homelessness by pulling in service providers from healthcare, mental health, substance use, as well as the Local County Department of Social Services (LCDSS) by obtaining data sharing agreement and for many partners through MOU access to HMIS. While these are not specific to homeless services, the CoC has identified the need for cross-system collaboration to expedite services and overcome barriers to housing. The CoC is the HMIS Lead, and within HMIS there are active MOUs for the Health Department, Office of Children and Family Services, local Office of Mental Health, LCDSS and the City government. This allows each of these organizations to view and enter data into HMIS to improve care coordination services with the other HMIS participating agencies, and to those experiencing homelessness. The HMIS MOU for the Health Department allows the mobile crisis services for those experiencing substance use issues to improve care coordination for the unsheltered and sheltered homeless population they encounter. The HMIS MOU with the City of Syracuse allows for open collaborative data sharing as an active part of our street outreach workgroups, which is a workgroup that is for care coordination for the unsheltered homeless, which includes encampments. The local Office of Mental Health Single Point of Access (SPOA) team works in partnership with the Coordinated Entry Lead to identify individuals with mental health issues who need services and housing through the Office of Mental Health. The SPOA team has access to HMIS to add those individuals who are currently on the wait list for OMH housing and who are active in mental health services. There are also active Data Sharing agreements with the mobile crisis teams who provide emergency mental health services for the street outreach committees. All these entities enter data into HMIS and allows both systems to identify high utilizers of emergency services and target those individuals for services to assist them in obtaining housing and stability, or in maintaining stability. The CoC is currently working on formal partnerships and agreements with additional health care systems, primarily one of our largest hospitals to assist emergency room social workers with HMIS access in hopes to get them back to the shelter or connected to a service provider to assist them outside of the hospital.

1C-6. Employment and Workforce Development Partnership.

Identify at least one partnership the CoC has with employment and workforce development programs and organizations such as the Local Workforce Development Board, State Workforce Agency, American Job Center (also known as One-Stop Career Centers), registered apprenticeship program, community and technical college, union training program, adult education provider, or State Vocational Rehabilitation agency.

(limit 2,500 characters)

The CoC has connections to workforce programs to offer a range of services including career development, and job placement. One example of this partnership is with a funded agency that has a work placement contract connecting participants with employment in janitorial work at the local hospital. In addition, this agency has a training institute for participants interested in becoming a Credentialed Alcoholism and Substance Abuse Counselor or a Certified Peer Recovery Advocate. Another CoC funded program has in-house workforce program through our reintegration services department that includes work readiness focusing on the reentry population. This program sets participants up with apprenticeships, trainings, and employment placement and post-employment support. The CoC also works closely with youth workforce organizations in its Runaway and Homeless Youth Committees.

1C-7. Street Outreach—Cooperation with First Responders and Law Enforcement.

Describe in the field below how your CoC's street outreach projects (including co-response) cooperate with first responders and law enforcement to increase positive interactions in order to increase housing and service engagement and promote use of CoC services.

(limit 2,500 characters)

The CoC conducts street outreach through traditional homeless street outreach teams, as well as mobile crisis vans, food giveaways, mental health crisis response teams, and acute medical care. The Street Outreach teams collaborate with an on-call Street Outreach doctor who goes out multiple times a week and as needed. Street outreach teams respond to calls received through 211 and 911 reporting people sleeping outside and visiting frequented sites to engage new people sleeping outside, as well as being on call and dispatched during Code Blue to ensure that people who are unsheltered are given the opportunity to seek shelter or a warming center in the winter months. Anyone engaged with street outreach is connected to Coordinated Entry, all street outreach teams have at least one trained assessor on staff for Coordinated Entry. Outreach is provided even to those refusing housing or services. The street outreach teams are often dispatched in tandem with crisis response, including the police, mental health crisis teams, and substance use crisis teams to assist in providing the appropriate intervention. There is a monthly street outreach committee that includes substance use providers, housing service providers, the local business district, local police, emergency shelter providers, mental health crisis response teams, and street outreach teams. The meeting allows for case conferencing to avoid duplication of services, as well as coordination with local downtown business district and police. Having a coordinated approach, using case conferencing and collaboration, has allowed the CoC to continuously work toward lowering the occurrence of unsheltered homelessness.

1C-8. Family or Support Network Reunification.

Describe how your CoC, or your recipients, assist with family or support-network reunification efforts for individuals experiencing homelessness or living in CoC Program-funded housing (e.g., case management, travel costs, arrangement of assistance in another geographic area).

(limit 2,500 characters)

All people experiencing homelessness are assessed for the ability to reunify with family or support-networks when seeking shelter placement or within the first week of entering shelter. These efforts include but are not limited to case management services, contacting family and support networks directly to facilitate reunification, and transportation costs. Transportation costs can include bus, train, or airfare to facilitate reunification with family or support networks. The CoC has seen many successful placements of people both from emergency shelter or permanent housing programs to staying with family/friends. In FY25, 20% of people left the system to a destination with friends or family, demonstrating the efficacy of the CoC's efforts to reunify. This percentage includes people leaving emergency shelter, transitional housing, rapid rehousing, and permanent supportive housing.

1C-9	Partnering with Public Housing Agencies—Agreement to Enable Transition to HUD Assisted Housing.		
	Does your CoC have an agreement with at least one public housing agency to enable participants to transition from Transitional Housing, Rapid Re-Housing, and Permanent Supportive Housing to HUD assisted housing?	No	

1C-10. Protecting Public Safety—Cooperation with Law Enforcement.

You must upload the Evidence of Coordination and Non-Interference with Local Efforts to Advance Protecting Public Safety attachment to the 4A. Attachments Screen.

Describe how your CoC cooperates and does not interfere with or impede local efforts to advance the objectives below, and assists first responders in providing services to homeless individuals.

(limit 2,500 characters)

The CoC's street outreach teams and local law enforcement operate as active, coordinated partners across all three counties, with a shared commitment to participant safety, public safety, and effective resolution of unsheltered homelessness. Outreach supervisors and law-enforcement representatives maintain direct lines of communication, participate in committees and case-conferencing meetings, and coordinate field operations through roles and response protocols. For tents and encampments, they jointly assess conditions, plan engagement, sequence outreach and enforcement activities, coordinate shelter and service connections, stabilize sites, and organize clearing and restoration of surrounding public areas. Whenever circumstances permit, outreach staff lead participant engagement and use their established relationships to support communication, voluntary service connection, and de-escalation, while law enforcement provides scene safety, addresses unlawful conduct, and assists with coordinated response needs. Street outreach teams, law enforcement, mental health crisis teams, and SUD response teams also plan and act together in cases involving court-authorized pick-up orders for involuntary evaluation or commitment. Because outreach staff know many participants and their usual locations, they can assist law enforcement with identification, de-escalation, service coordination, and safe, timely handoffs. The CoC works collaboratively with government officials, law enforcement agencies, EMS, substance use providers, behavioral health partners, and stakeholders through standing committees, multidisciplinary workgroups, case conferencing, and coordinated field response. These partnerships support shared situational awareness, clearly defined roles, timely referrals, and coordinated interventions that promote participant well-being and public safety. The CoC supports lawful law-enforcement efforts to address illicit drug activity and does not impede or hinder those efforts. The CoC will continue strengthening relationships with law enforcement through regular communication, joint planning, cross-training, case coordination, and consistent operational protocols. The CoC also partners with law enforcement during the Point in Time Count, having representation from law enforcement agencies in all three counties of the CoC assist in canvassing the night of the PIT. The CoC has attached a letter from its largest law enforcement agency, the Syracuse Police Department.

1C-10a. Protecting Public Safety—Plan to Quickly Clear Tents and Encampments.

Identify local laws, policies, or other practices that help or hinder the CoC's ability to quickly clear tents and encampments on public property and connect individuals who are camping in public with appropriate services and provide a plan explaining how the CoC will leverage beneficial policies while overcoming the harmful effects of restrictive ones. If you cannot provide any mitigating steps, please explain why.

(limit 2,500 characters)

The CoC consists of three counties, that are made up of 65 unique municipalities and the CoC does not have authority to clear encampments on public property. One municipality in the CoC has a camping ban- the City of Oswego. The CoC has worked with each of its County stakeholders to create a plan for addressing and clearing encampments; however, the authority to implement the plan still falls on the participation of each municipality. In participating municipalities, the CoC quickly clears tents and encampments by practicing a multi-disciplinary team model. By utilizing an integrated system where care is coordinated, the longevity of encampments is shortened drastically. This practice starts with street outreach teams engaging clients currently living outside, they build a relationship and connect the client to any services needed. The street outreach teams work in collaboration with emergency medical services, substance abuse outreach teams, mental health crisis response, and local law enforcement. The CoC prioritizes coordinated, constant outreach capacity paired with shelter access and housing opportunities. This priority is how the CoC maintains the standard that unsheltered homelessness is as infrequent and short-term as possible, reducing the number of total encampments. Practicing care coordination in this way has been demonstrated by the 2025 PIT count found a total of 51 unsheltered people whereas the 2026 PIT count found a total of 35, marking a 31% decrease. In a national research study on street outreach, Syracuse was one of the nine localities highlighted with “best practices” in response to street homelessness, highlighting the CoC’s partnership with local law enforcement. Street outreach teams aim to be the first intervention with people sleeping outside rather than law enforcement, unless a crime has been committed or if the situation is unsafe for the street outreach worker. This alleviates the strain on local law enforcement and benefits the clients. Effective management of public spaces must aim to accommodate everyone: Once the unsheltered population of an encampment is housed, the street outreach teams work with law enforcement to clear and restore the area. During the CoC’s evaluation period of June 2024-June 2025, there was a reduction of encampments by 50%. Approaches that work are oriented toward solutions, with a specific emphasis on getting people into housing: The CoC’s priority is to house the unsheltered population by way of t

1C-10b. Protecting Public Safety—Current Status of Tents and Encampments.

Describe the current status of tents and encampments in the CoC’s geographic area.

(limit 2,500 characters)

In the CoC's geographic area there are currently 34 active encampments. An encampment can range from just a single client to the largest with 6 people present. Not all encampments are locations in which people are sleeping outdoors but rather spots often described as "hangouts". Encampment sites are often identified in common location types: wooded areas behind stores, parks, abandoned buildings/parking lots, and many others. The CoC is comprised of three counties totaling approximately 2,400 square miles. The majority of the CoC's geographic area is considered rural for the exception of a few cities which are urban. The encampments in the urban areas account for at least 85% of the total encampments within the CoC. Once the population of an encampment is placed into shelter or permanent housing, the street outreach teams work with local law enforcement and Departments of Public Works to clear and restore the area. Even once the encampment location is deemed inactive, the CoC continues to monitor it for any activity. The CoC also uses inactive encampment locations for potential PIT canvassing areas. The CoC does not have any sanctioned or large encampments. Unsheltered homelessness remains low in the CoC, accounting for only 2% of the total homelessness population in the 2026 Point in Time Count.

1C-10c. Protecting Public Safety—Plan to Decrease the Public Use of Illicit Drugs.

Identify local laws, policies, or other practices that help or hinder the CoC's ability to decrease the public use of illicit drugs and quickly connect individuals who are using illicit drug in public with appropriate services and/or law enforcement and provide a plan explaining how the CoC will leverage beneficial policies while overcoming the harmful effects of restrictive ones. If you cannot provide any mitigating steps, please explain why.

(limit 2,500 characters)

New York laws prohibit the unlawful possession, sale, and use of controlled substances, and local law-enforcement agencies retain authority to respond to illegal conduct and immediate threats to public safety. Beneficial policies and practices also include New York's 911 Good Samaritan protections, broad naloxone access, county behavioral-health systems, OASAS-certified prevention and treatment providers, mobile crisis services, emergency medical services, and local multidisciplinary partnerships. These measures support rapid overdose response and connection to treatment. The CoC does not possess law-enforcement authority and cannot compel arrest or treatment. Its role is to coordinate homelessness assistance and connections to appropriate systems. The CoC partners with local government officials, including city and county, the local police force, EMS, and substance use providers in committees, workgroups, and case conferencing meetings. The CoC does not impede or otherwise hinder law enforcement, or other entities, efforts to decrease the public use of illicit drugs. The CoC will continue to foster relationships with key stakeholders, along with local law enforcement, to serve participants experiencing homelessness and ensure safety of participants and the public. On the night of the 2026 PIT count on February 4, 12% of participants reported having a substance use disorder. The CoC will continue to work on this metric through the collaboration and cooperation existing with local government, partner agencies, and law enforcement.

1C-10d. Protecting Public Safety—Current Status of Overdoses and Illicit Drug Use in Public Spaces.

Describe the current status of overdoses and illicit drug use in public spaces in the CoC's geographic area.

(limit 2,500 characters)

Though overdoses were on the rise from 2013 to 2021, the community has seen a sharp decrease in overdoses and illicit drug use in the CoC geographic area. One county in the CoC saw an 81% decrease in overdoses from 2021 to 2025. The CoC region has expanded treatment and recovery services overall. One example of these expanded services include specific substance use crisis response teams that will respond to illicit drug use/overdose concerns in the community to connect individuals to services, including detox, outpatient treatment, and hospitalization if necessary. The CoC works closely with SUD providers, OASAS providers, and local Substance Use Outreach teams to identify service gaps and overlapping geography with encampments if overlap exists. SUD Outreach providers attend the CoC's Street Outreach Committee meeting to coordinate services. There remains no formal evidence that overdose and illicit drug in public spaces is directly correlated with the homelessness population.

1C-10e. Protecting Public Safety—Standards to Address Danger to Self or Others.

Identify local laws, policies, or other practices that help or hinder the CoC's ability to utilize standards that address homeless individuals who are a danger to themselves or others (e.g., involuntary commitment) and provide a plan explaining how the CoC will leverage beneficial policies while overcoming the harmful effects of restrictive ones. If you cannot provide any mitigating steps, please explain why.

(limit 2,500 characters)

Under NYS Mental Hygiene Law § 9.41 police and peace officers can take individuals into custody who appear mentally ill and behave in a way likely to result in serious harm to themselves or others. § 9.41 allows for police and emergency medical professionals to transport the homeless population to area crisis stabilization centers or psychiatric emergency programs. Once the individual has been evaluated, it does not necessarily mean that there is a mandatory hospital admission. After the (up to) 72-hour hold, the homeless individual will return to the streets. This is a challenge to the community, as the psychiatric needs of the person are not being met in that short of a hold period. With the CoC having additional housing funds available to the area homeless population, the follow-up services would be able to locate and assist the individual(s) get the mobile outreach needed once they have an address established. The CoC works closely with Crisis Response, work with 988 and Mobile Crisis to ensure appropriate response is given. The CoC cannot expand the statutory commitment. The CoC instead will work to promote better coordination between county mental health agencies, hospitals, shelter, and crisis teams.

1C-10f. Protecting Public Safety—Share Information in Accordance with SORNA.

Identify local laws, policies, or other practices that help or hinder the CoC's ability to comprehensively share information, including location information, in accordance with the Sex Offender Registry and Notification Act (SORNA) and provide a plan explaining how the CoC will leverage beneficial policies while overcoming the harmful effects of restrictive ones. If you cannot provide any mitigating steps, please explain why.

(limit 2,500 characters)

New York State has not been determined by the U.S. Department of Justice to have substantially implemented the federal Sex Offender Registration and Notification Act (SORNA). Instead, information concerning registered sex offenders is collected and disclosed pursuant to New York's Sex Offender Registration Act (SORA). The CoC does not administer the registry and has no authority to modify state registration or notification requirements. Beneficial existing practices include the New York State Division of Criminal Justice Services (DCJS) Sex Offender Registry, the public online directory for Level 2 and Level 3 registrants, the DCJS information line, and registration and notification activities conducted by state and local law-enforcement agencies. CoC providers may use publicly available registry information and established contacts with law enforcement to help participants understand and comply with applicable registration requirements, identify legally permissible housing options, and coordinate discharge or reentry planning when authorized. Limitations include differences between SORNA and New York SORA concerning classification, registration, and public disclosure; restrictions on public access to certain registry information; and federal, state, and program-specific confidentiality requirements governing HMIS and participant records. The CoC cannot cure New York's non-implementation of SORNA or disclose confidential HMIS information merely because an individual may be subject to registration. HMIS information will be disclosed only when authorized by applicable law, participant consent, a valid court order or warrant, or another permitted disclosure under governing privacy policies. Victim-service-provider data will remain subject to heightened confidentiality protections. During the grant period, the CoC will: (1) consult with local law enforcement, the reentry Taskforce, and HMIS data document the information that may lawfully be shared; (2) train providers on New York SORA requirements, lawful disclosures, and participant privacy; and (3) support registered individuals in meeting applicable reporting obligations and locating housing that complies with lawful restrictions. These measures will maximize lawful coordination and public safety without exceeding the CoC's authority.

1C-11. Outreach Strategy.

Describe your CoC's strategy to outreach to all individuals and families experiencing homelessness across your geographic area.

(limit 2,500 characters)

All CoC projects are required to maintain outreach and marketing materials. Marketing materials are monitored by CoC staff during CoC monitoring. The CoC has created marketing materials for the Coordinated Entry project that outlines each step of the process from assessment, placement on the prioritization list, communicating with housing project staff, and finally moving into housing. The CoC also created a one-pager for clients that explains the role of the CoC Lead in the community and the types of housing projects that are available through the Coordinated Entry process.

Street outreach and emergency shelter providers engage in ongoing outreach to those least likely to apply for housing to offer services on a weekly basis, even to those refusing housing options. The CoC has been successful at building relationships with the hardest to serve and has housed several people experiencing chronic homelessness that previously refused housing assistance. With its Coordinated Entry grant, which started in October 2023, the CoC now also offers over the phone or in person assessments to anyone not currently engaged in services.

1C-12.	Collaboration Related to Children and Youth—Written Agreements with Early Childhood Services Providers.	
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Select 'Yes' or 'No' in the chart below to indicate whether your CoC or HUD-funded projects in the CoC have written agreements with the listed providers of educational supports and services for children ages 0-5:

		Written Agreement
1.	Child Care (including Child Care and Development Fund)	Yes
2.	Early Childhood Providers	Yes
3.	Early Head Start	Yes
4.	Home Visiting Program (including Maternal, Infant and Early Childhood Home and Visiting or MIECHV)	Yes
5.	Head Start	Yes
6.	Healthy Start	Yes
7.	Public Pre-K	Yes
8.	Tribal Home Visiting Program	No
	Other (limit 150 characters)	
9.		

1C-12a.	Collaboration Related to Children and Youth—Formal Partnerships with Schools and Youth Education Providers.	
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Select 'Yes' or 'No' in the chart below to indicate the youth education providers your CoC has a formal partnership with:

1.	McKinney-Vento Liaison(s) (including State Education Agency (SEA) or Local Education Agency (LEA))	Yes
2.	School District(s)	Yes
3.	General Education Development (GED) Program(s)	Yes

4.	Community College(s)	Yes
5.	Technical College(s)	No
6.	Other Post-Secondary Education Provider(s)	Yes

1C-12b. Collaboration Related to Children and Youth—Informing Individuals and Families who Become Homeless about Eligibility for Educational Services.

Describe your CoC's written policies and procedures to inform individuals and families who become homeless of their eligibility for educational services.

(limit 2,500 characters)

Emergency shelters maintain policies and procedures to ensure that children experiencing homelessness receive educational services in accordance with the McKinney-Vento Act. Family shelters coordinate with school districts regarding enrollment and transportation to minimize interruptions to students' education. Shelter staff may transport students to their school of origin beginning on the first day of shelter placement and continuing until bus service is established. For families placed in emergency hotels, Department of Social Services case managers coordinate bus transportation. School districts are required to ensure that children experiencing homelessness can attend school within three business days.

Each CoC-funded agency designates a staff member to inform families and children of their educational rights and assist them in accessing appropriate school services. This requirement is incorporated into the CoC Written Standards, which are available on the CoC website.

1C-12c. Collaboration Related to Children and Youth—Coordination with Foster Care or Child Welfare Services.

Describe how your CoC coordinates with foster care or child welfare services to assist youth transitioning from public systems of care.

(limit 2,500 characters)

Youth approaching their eighteenth birthday may remain in foster care or transition into the community with individualized discharge planning and ongoing assistance. Discharge planning is intended to support a safe and stable transition and may include coordination of housing, benefits, education, employment, health care, behavioral health services, transportation, and other community-based supports, as appropriate to the youth's needs. If a discharge arrangement is unsuccessful or the youth subsequently requires additional support, the youth may be eligible to re-enter foster care until their twenty-first birthday, consistent with applicable requirements.

When a youth who is currently in foster care enters an emergency shelter, shelter staff and the responsible child welfare agency coordinate promptly to verify the youth's legal and placement status, assess immediate safety and service needs, and facilitate reunification with the youth's approved foster care placement or another appropriate care setting. This coordination is intended to prevent prolonged shelter stays, maintain continuity of care, and ensure that the youth remains connected to case management and other required supports.

The CoC maintains formal child welfare representation on its governing board to promote ongoing coordination between the homelessness response system and child welfare agencies. The current representative is an employee of the Department of Children and Family Services in one of the counties within the CoC's geographic area. This representation strengthens cross-system communication, supports the development of coordinated policies and referral practices, and assists the CoC in identifying and addressing service gaps affecting youth with current or prior foster care involvement.

The CoC was awarded funding through Round 8 of the Youth Homelessness Demonstration Program (YHDP), which is enabling the community to strengthen partnerships with foster care and child welfare systems serving transition-age youth. Through YHDP planning and implementation, the CoC has established four new housing projects designed to connect youth, including those with foster care involvement, to safe and stable housing. These projects are intended to provide developmentally appropriate housing assistance and supportive services that promote housing stability, continuity of care, educational and employment advancement, and long-term self-sufficiency.

1C-12d. Collaboration Related to Children and Youth—Coordination with Runaway and Homeless Youth (RHY)-funded Providers.

Describe how your CoC coordinates with RHY-funded providers including Street Outreach Programs, Basic Center Programs, Transitional Living Programs, and Maternity Group Homes where such providers exist.

(limit 2,500 characters)

The CoC partners with all RHY-funded providers in the CoC. All RHY-funded providers enter data into HMIS and are active participants in the CoC. All RHY-funded organizations in the CoC are also Co-funded agencies. The CoC has RHY committees that are attend by both CoC providers, as well as RHY-funded providers that also include school districts, local districts, youth-focused youth employment agencies, youth mental health teams, and various other service providers.

1C-13. Collaboration Related to Families with Children—TH or RRH Project Dedicated to Serving Families with Children.

Identify at least one Rapid Rehousing (RRH) or Transitional Housing (TH) project in the CoC that primarily or exclusively serves families with children experiencing homelessness in accordance with 24 CFR 578.93(b).

(limit 500 characters)

The Salvation Army Housing and Life Skills Education (TSA HALE) rapid rehousing project exclusively serves families with children experiencing homelessness. The CoC, along with our agency partners and stakeholder, has identified families as a priority population for the community.

1C-13a. Collaboration Related to Families with Children—Supportive Services to Improve Income to Pay Rent.

Describe how the project(s) identified in 1C-13 provides supportive services focused on improving incomes to pay rent, such as workforce development, job training, or registered apprenticeship programs.

(limit 2,500 characters)

The Salvation Army Housing and Life Skills Education (TSA HALE) rapid rehousing project offers life skills education workshops monthly to provide education to clients around obtaining employment. TSA HALE staff work with families on resume building, assistance with completing employment applications, doing mock interviews with clients to prepare them for interviews, tips for following up on applications submitted, coaching on how to dress for interviews and answering difficult questions about their employment history and job loss, and information about and transportation to participate in job fairs to help them secure income. Families must attend these life skills workshops monthly until they have secured full-time employment. Families must turn in paystubs monthly to show they have continued employment. Families with no employment are required to attend case management sessions twice a month and one life skills session monthly until they secure income. After securing income, they may decrease to one case management session monthly to accommodate their employment schedule. TSA HALE staff work flexible schedules to meet the needs of families that are working, often coming in early or staying late to accommodate families with full-time work schedules.

1C-13b. Collaboration Related to Families with Children—Leveraging Funding from Mainstream Family Service Systems.

Describe how the project(s) identified in 1C-13 leverages funding from mainstream family service systems, such as Temporary Assistance for Needy Families (TANF).

(limit 2,500 characters)

The Salvation Army Housing and Life Skills Education (TSA HALE) rapid rehousing project requires families without income to complete applications for Public Assistance and follow through with all parts of the application process to obtain income. TSA HALE staff connect families with appropriate programs to apply for SSI/SSDI, if they are eligible, and help with transportation to these appointments to secure income. Families that have TANF are also referred to the Central New York Centralized Housing Assistance and Network for Community Engagement (CNY CHANCE) program, housed with the collaborative applicant, for additional assistance in securing security deposits and landlord incentives to assist them in obtaining housing more quickly. CNY CHANCE is funded through the Childhood Poverty Reeducation Act at the state level utilizing TANF funds.

TSA HALE staff refers families to WIC and SNAP programs, when eligible, to help them stretch their food budget and provide necessary food for their families. TSA HALE connects families with The Salvation Army's onsite food pantry for additional assistance in this area as well. TSA HALE staff completes Section 8 applications with all families to assist them in securing funding to assist them in maintaining their housing when the rapid rehousing program ends financial support. Referrals are made through the Onondaga Single Point of Access (SPOA) mental health system for eligible families with mental health diagnosis to connect them with other supportive housing programs that offer more intensive support for those that are unable to work due to their diagnosis.

1C-13c. Collaboration Related to Families with Children—Combining Housing Assistance with Parental Support.

Describe how the project(s) identified in 1C-13 combines housing assistance with childcare, parenting support, pregnancy-related and child healthcare, and education.

(limit 2,500 characters)

The Salvation Army Housing and Life Skills Education (TSA HALE) rapid rehousing project provides life skills workshops on eligible daycare assistance programs and referrals to daycare providers (both internal and external) to assist families with obtaining this service so that they can work. Referrals to parenting classes are made for families that express a need, or if the TSA HALE case manager has identified a need for the client in this area. The Salvation Army (TSA) has skill builder programs on-site for families needing assistance in this area, and families are referred to this program when there is an identified need. Referrals to health care navigators (internal at TSA and other resources) for families that do not have health insurance. Often these referrals can be addressed same day as the identified need through TSA's Health Care Navigator program. TSA HALE case managers assist families and their family members with obtaining a primary care physician when one is not identified at intake. Life skills workshops are offered on the topics of pregnancy and family planning.

1C-14. Collaboration with Veteran Serving Organizations—Partnership with the U.S. Department of Veterans Affairs or Veteran Serving Organization.

Identify at least one partnership the CoC has with the Department of Veterans Affairs or other Veteran Serving Organizations.

(limit 500 characters)

The CoC has formal partnerships with Veterans Affairs, including HUD VASH, outreach staff, and Grant Per Diem Staff. The CoC hosts a veterans workgroup that includes VA, Supportive Services for Veteran Families, and Grant and Per Diem programs to ensure veterans are identified and served quickly in the homelessness response system. Because of these formal connections, the CoC has maintained extremely low numbers of veterans experiencing homelessness.

1C-14a	Collaboration with Veteran Serving Organizations.	
	Select 'Yes' or 'No' in the chart below to indicate whether the partnership(s) identified in 1C-14 does the following:	

1.	Refers veterans identified by the CoC to VA or other Veteran Serving Organizations for assistance?	Yes
2.	Coordinates the provision of emergency shelter, supportive services, and housing for veterans?	Yes
3.	Ensures access to a full spectrum of employment and career pathway opportunities?	Yes
4.	Shares data with the Department of Veterans Affairs as appropriate?	Yes
5.	Identifies service gaps for veterans?	Yes
6.	Fills service gaps for veterans?	Yes

1C-15. Collaboration with Organizations who Address the Needs of Survivors of Domestic Violence, Dating Violence, Sexual Assault, and Stalking.

Identify at least one partnership your CoC has with victim service providers, state domestic violence coalitions, state sexual assault coalitions, anti-trafficking service providers or other organizations who help provide shelter, housing, and services to individuals and families of persons experiencing trauma or a lack of safety related to fleeing or attempting to flee domestic violence, dating violence, sexual assault, and stalking.

(limit 500 characters)

The CoC has MOUs with all Victim Service Providers in the CoC, two of which are currently funded agencies, and the third is an applicant in this NOFO. VSPs all have a dedicated point of entry into the Coordinated Entry system designed to protect the privacy and security of survivors of domestic violence. The CoC participates in its state domestic violence coalitions and attends all quarterly convenings of the state coalitions.

1C-16. Collaboration with Justice System Re-entry Partners.

Identify at least one partnership your CoC has to prevent homelessness among people transitioning from prisons, jails, or court-ordered programs.

(limit 500 characters)

The CoC works closely with County-led reentry programs, including having representation of the Reentry Taskforce on the CoC Advisory Board. The CoC works closely to ensure that placement into homelessness is avoided and has a funded program to serve the reentry population that does enter the homelessness system.

1C-17. Collaboration with Partners to Address High Utilizers of Healthcare Systems.

Identify at least one partnership or project your CoC has to provide specialized supportive services for homeless individuals with a high level of medical needs.

(limit 500 characters)

The CoC is a member of a taskforce with local hospitals and healthcare providers to address the supportive services for people with high levels of medical needs. The taskforce is designed to create systems for people experiencing homelessness to access healthcare services while mitigating high utilization of hospitals.

1C-18. Collaboration with Partners to Address the Needs of Aging and Elderly Individuals Experiencing Homelessness.

Identify at least one partnership or project your CoC has to serve aging and elderly individuals experiencing homelessness, such as with a provider of residential care, assisted living, or medical respite services.

(limit 500 characters)

The CoC partners with its local offices of the aging to serve aging and elderly individuals experiencing homelessness to direct to appropriate services including residential care, assisted living, or medical respite services. The CoC is in the process of integrating the offices of the aging into HMIS to ensure ease of service for both the CoC and elderly serving organizations. The CoC also partners with New York State funded supportive housing designed for frail/elderly who use Coordinated Entry

1C-19. Permanent Supportive Housing for Chronically Homeless Individuals and Families—Project that Prioritizes Individuals Experiencing Chronic Homelessness.

Identify at least one Rapid Rehousing (RRH) or Permanent Supportive Housing (PSH) project that prioritizes individuals experiencing chronic homelessness.

(limit 500 characters)

Helio Health Recovery Permanent Supported Housing Program is a permanent supportive housing project that prioritizes individuals experiencing chronic homelessness within the CoC.

1C-19a. Permanent Supportive Housing for Chronically Homeless Individuals and Families—On-site Behavioral Healthcare.

Describe how the project(s) identified in 1C-19 provides on-site behavioral healthcare.

(limit 2,500 characters)

Helio Health's Recovery Supported Permanent Housing (RPSHP) permanent supportive housing program integrates behavioral health services into housing through case management, care coordination. Helio Health, as an agency, provides in-house mental health treatment and employs staff that are credentialed to provide mental health services and treatment. Helio Health also provides in-house substance use treatment and employs staff credentialed to provide substance use assessment, treatment, and related interventions. All participants who are enrolled in Helio Health RPSHP have access to services with the mental health and substance use in-house teams as part of their agreements. Case Managers in RPSHP work with participants to assess behavioral healthcare needs and liaise with the trained, credentialed staff within the organization to create a comprehensive care plan. While the on site behavioral healthcare providers focus on the care, case managers within the program facilitate the ongoing care and work with the participant so they stay consistent with their care plan.

1C-19b. Permanent Supportive Housing for Chronically Homeless Individuals and Families—Assesses Need for Higher Level of Care.

Describe how the project(s) identified in 1C-19 has a policy for assessing program participant need for higher level of care (i.e., assisted living, residential treatment).

(limit 2,500 characters)

Helio Health's Recovery Permanent Supported Housing Program (RPSHP) provides participants individualized levels of support based on client need, including coordination with treatment providers, wellness planning, and communication with treatment teams. Project staff must complete assessment of service needs on a regular basis. Staff monitor a participant's functioning, stability, and ability to maintain housing. When a participant's needs appear to exceed what the program can safely provide, staff assess whether a higher level of care is needed. The assessment is a comprehensive look at the participant's ability to maintain housing on their own or if placement is needed in a residential or assisted living facility. If necessary, the project will refer to community partners for skilled nursing assessments. Helio Health is the largest provider of residential substance use treatment in the region and is able to fully assess participants for residential service needs.

1C-19c. Permanent Supportive Housing for Chronically Homeless Individuals and Families—Assesses Readiness for Moving On.

Describe how the project(s) identified in 1C-19 has a policy for assessing program participant readiness for moving on to unsubsidized or other permanent housing.

(limit 2,500 characters)

Helio Health's Recovery Permanent Supported Housing Program (RPSHP) has a formal Moving-On policy and procedure designed to assess a participant's readiness to transition to unsubsidized or other permanent housing. The procedure identifies participants who no longer require the intensive services provided through the program and who have demonstrated housing stability and self-sufficiency. Readiness is evaluated by reviewing whether the participant has a consistent source of income and whether their 30% rent contribution is sufficient to cover the monthly rent or Fair Market Rent (FMR), including applicable utilities. The assessment also considers the participant's ability to financially support themselves, effectively resolve crisis situations, maintain housing stability, and independently access and utilize community-based services. Through this process, the Moving-On initiative promotes participant growth, independence, self-determination, and housing choice while ensuring individuals are prepared for a successful transition to permanent housing without ongoing subsidy support.

1D. Project Capacity, Review, and Ranking–Local Competition

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- Frequently Asked Questions

1D-1.	Project Review and Ranking Process Your CoC Used in Its Local Competition. We use the response to this question along with the required attachment as a factor when determining your CoC's eligibility for bonus funds and for other NOFO criteria below.	
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You must upload the Local Competition Scoring Tool attachment to the 4A. Attachments Screen.

Select 'Yes' or 'No' in the chart below to indicate how your CoC reviewed, rated, and ranked project applications during your local competition:

1.	Established total points available for each project application type.	Yes
2.	At least 50 percent of the total available points were based on objective criteria to review, rate, and rank project applications.	Yes
3.	At least 25 percent of the total available points were based on system performance measures to review, select and rate project applications.	Yes
4.	Considered returns to homelessness in reviewing, rating, and ranking housing projects (TH, PH-PSH, PH-RRH).	Yes
5.	Considered employment income in reviewing, rating, and ranking housing projects (TH, PH-PSH, PH-RRH).	Yes
6.	Considered supportive service participation requirements in reviewing, rating, and ranking housing projects (TH, PH-PSH, PH-RRH).	Yes

1D-2.	New Proposals.	
	Does your CoC invite new proposals from entities that have not previously received funding, if such eligible entities exist?	Yes

1D-2a.	Web Posting of CoC-Approved Consolidated Application Before the CoC Program Competition Application Submission Deadline.	
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	Enter the date your CoC posted all parts of the CoC-approved Consolidated Application on the CoC's website or partner's website—which included: 1. the CoC Application, and 2. Project Priority Listings.	09/28/2026
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1D-2b.	Notification to Community Members and Key Stakeholders by Email that the CoC-Approved Consolidated Application is Posted on the Website.	
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	Enter the date your CoC notified community members and key stakeholders that the CoC-approved Consolidated Application was posted on your CoC's website or partner's website.	09/28/2026
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1D-2c.	Local Competition Selection Results for All Projects.	
	You must upload the Local Competition Selection Results attachment to the 4A. Attachments Screen.	

	Does your attachment include: 1. Project Names, 2. Project Scores, 3. Project Rank, 4. Project Status—Accepted, Rejected, Reduced Reallocated, Fully Reallocated, 5. Amount Requested from HUD, and 6. Reallocated Funds +/-.	Yes
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1D-2d.	Projects Rejected/Reduced—Notification Outside of e-snaps.	
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1.	Did your CoC reject or reduce any project application(s) submitted for funding during its local competition?	Yes
2.	If you selected 'Yes' for element 1 of this question, enter the date your CoC notified applicants that their project applications were being rejected or reduced, in writing, outside of e-snaps.	09/21/2026
3.	Did your CoC inform applicants why your CoC rejected or reduced their project application(s) submitted for funding during its local competition?	Yes

1D-2e.	Projects Accepted—Notification Outside of e-snaps.	
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	Enter the date your CoC notified project applicants that their project applications were accepted and ranked on the New and Renewal Priority Listings in writing, outside of e-snaps.	09/21/2026
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1D-3.	Reallocation—Reviewing Performance of Existing Projects.	
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	Describe:
1.	your CoC's reallocation process to reallocate from lower performing projects to create new high performing projects, including how your CoC determined which projects are candidates for reallocation because they are low performing or less needed,
2.	whether your CoC identified any low performing or less needed projects through the process described in element 1 of this question during your CoC's local competition this year,
3.	whether your CoC reallocated any low performing or less needed projects during its local competition this year; and
4.	why your CoC did not reallocate low performing or less needed projects during its local competition this year, if applicable.

(limit 2,500 characters)

The CoC's Ranking Protocol outlines the states that the CoC may use the reallocation process to shift funds in whole or part from existing renewal projects to new project applications, as needed. Agencies will be subject to reallocation discussions with the Performance, Evaluation, and Selection (PES) committee due to the following reasons:

1. Project has not expended 100% of grant funds for two or more consecutive years
2. Projects are out of compliance and have had the same significant findings two or more consecutive years
3. Projects have been in the bottom 10% of CoC Ranking due to low performance for two or more consecutive years, as evidenced by the project's Annual Performance Report, performance measures, and CoC Ranking Process.
4. The project no longer meets community needs by serving a population not represented in the homeless service system, or project and/or agency is no longer operational
5. An agency does not complete the local renewal application process

The PES committee identified several projects that are underperforming and/or no longer meet community need.

The PES committee decided to reallocate all unspent funds from the previous funding year. The PES committee also approved the complete reallocation of two projects, both rapid rehousing projects, that no longer meet community need. The PES committee reallocated portions of each permanent housing renewal project, rapid rehousing and permanent supportive housing, building a reallocation pot to fund as many new SSO and TH project applications as possible. While permanent housing is still a need in the community, the PES committee and the CoC are utilizing this new opportunity to diversify the range of housing services the CoC can provide for participants.

Not applicable.

1D-3a.	Reallocation Between FY 2021 and FY 2026.	
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	Did your CoC cumulatively reallocate at least 20 percent of its ARD between FY 2021 and FY 2026?	Yes
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2A. Homeless Management Information System (HMIS) and System Performance

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants; and
- Frequently Asked Questions

2A-1.	HMIS Vendor.	
	Not Scored—For Information Only	

	Enter the name of the HMIS Vendor your CoC is currently using.(limit 75 characters)	Wellsky
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2A-2.	HMIS Implementation Coverage Area.	
	Not Scored—For Information Only	

	Select from dropdown menu your CoC's HMIS coverage area.	Multiple CoCs
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2A-3.	PIT Count—Methodology Change.	
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	Describe:
1.	any changes your CoC made to your unsheltered PIT count implementation, including methodology or data quality changes between 2025 and 2026, if applicable, and
2.	how the changes affected your CoC's PIT count results.

(limit 2,500 characters)

Upstate New York experienced several snowstorms in the last two weeks of January 2026, and as a result the PIT count date and rescheduled snow date was cancelled and needed to be moved to the first week in February. The CoC obtained HUD's approval to conduct the count in February. The PIT count was conducted on February 4th, 2026. As a result of this many of the volunteers could not attend the PIT count, which meant that the remaining volunteers needed to cover more area. Despite the reduction in volunteers, the entire geographic region was still canvassed.

There were also changes in the capacity with the ability to house people in emergency shelter on the night of the PIT. With it being below 32 degrees Fahrenheit, the New York State Code Blue Executive Order was in effect, expanding shelter services on the night of the PIT. There is also a total of 6 street outreach teams for the CoC covering the whole of the geographic area to identify the unsheltered populations. This paired with the expanded shelter capacity saw emergency shelter numbers increase slightly, while unsheltered numbers dropped drastically from the previous year.

2A-4. Reduce Encampments—Actions to Reduce Encampments.

Describe in the field below the actions your CoC took to reduce the number of encampments or the number of people residing in encampments during your evaluation period.

(limit 2,500 characters)

The CoC evaluated the 12-month period of June 1, 2024 to June 1, 2025. In this period, the CoC saw a decrease in encampments by 50%. The CoC achieved this reduction by employing an integrated care strategy. The CoC holds monthly committee meetings focused on Street Outreach to facilitate care coordination for clients that are unsheltered and staying in encampments. Since the CoC encompasses three counties, the meetings are county specific to account for any need differences across the geographic area. This meeting brings together emergency medical services, substance abuse outreach teams, mental health crisis response, local law enforcement, and housing providers. This group conducts case conferencing for clients that may have some barriers to achieving housing or are resistant to shelter. The CoC encourages collaboration from all partners and providers to find a solution for each unsheltered person. In this meeting, any encampment locations are reviewed to ensure accurate and up to date information. The locations are discussed to guarantee that street outreach providers are consistently attempting to engage these clients in services and that all encampments are being reached. When the population of an encampment has been placed into temporary shelter or permanent housing, the street outreach teams partner with local law enforcement to clear and restore the area.

2A-4a.	Reduce Encampments—Number of Encampments.	
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1. Enter the estimated number of encampments in the beginning of your evaluation period.	56
2. Enter the reduction in the number of encampments during your evaluation period.	28

2A-4b.	Reduce Encampments—Number of People in Encampments.	
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1. Enter the estimated number of people in encampments in the beginning of your evaluation period.	72
2. Enter the reduction in the number of people in encampments during your evaluation period.	28

2A-4c.	Reduce Encampments—Plans to Reduce Encampments.
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If there has been no reduction in encampments or persons in encampments in your CoC, describe the plans your CoC has to participate in efforts to reduce these numbers.

(limit 2,500 characters)

Not Applicable- the CoC has seen reductions in encampments.

2A-5. Reducing the Number of First Time Homeless—CoC's Plan.

Describe your CoC's plan to decrease the number of individuals and families becoming homeless for the first time.

(limit 2,500 characters)

In 2023, the CoC noted a large increase in the number of first time homeless, which were identified using HMIS data to be primarily families with adults and children. The increase was identified using detailed HMIS Data from the 2023 SPM reports and running other reports from HMIS. Since 2023, the number of those experiencing homelessness for the first time decreased in 2024 by 6%, however there was a slight increase of 3 people (0.08%) in 2025. The CoC has two primary strategies for preventing first-time homelessness: A) Early intervention and prevention for people at imminent risk of homelessness including, but not limited to using ESG Homelessness Prevention funds, legal services that are provided to low-income households at eviction court, and assistance in emergency back rent or utility payments. B) Diversion from shelter: Intake workers at local departments of social services and staff at the 2-1-1 human services referral hotline are trained to connect clients requesting emergency shelter with family and community resources and refer to emergency shelter only when appropriate networks have been exhausted. This includes working with people in institutional stays, ensuring that they are not released into homelessness. The CoC has seen a decrease in the number of people entering emergency shelter from institutions as a result of its increased focus on the entry point over the last two years.

2A-6. Reducing Length of Time Homeless—CoC's Plan.

Describe your CoC's plan to reduce the length of time individuals and families remain homeless.

(limit 2,500 characters)

Each year, the HMIS Lead reviews county-specific SPM reports to assess differences across counties for each performance metric. During the 2026 review process, the CoC identified one county with a significantly higher average length of stay in emergency shelter: 135 days compared with the CoC-wide average of 85 days. Following identification of this disparity, the issue was brought to the existing case conferencing workgroup in that county. The workgroup determined that any individual or family residing in shelter for more than six months would be referred to case conferencing for a discussion of barriers to obtaining permanent housing and potential strategies for addressing those barriers. This approach will continue as an ongoing practice in that county, with the goal of replicating the process in the CoC's other two counties. In addition, local Departments of Social Services have been expanding supportive services for individuals and families placed in hotel/motel shelter, particularly within the rural counties of the CoC. Some counties initially lacked sufficient capacity to provide supportive services in these settings; however, they have been working to address this gap by subcontracting with local organizations to provide case management and other supportive services. The CoC is also submitting new SSO projects in this NOFO to assist in the grant period in ensuring better services provided to people experiencing homelessness.

2A-7.	Successful Permanent Housing Placement—Exits to Unsubsidized Housing.	
	Based on HMIS data, what percent of program participants exited from TH/RRH/PSH collectively to unsubsidized housing?	35.00%

Describe how you calculated the data for this response.

(limit 2,500 characters)

For the 2025 SPM reporting year (10/1/2024 – 9/30/2025) there were 1042 people who exited from TH/RRH/PSH projects in the CoC, and 54% of them exited to a non-subsidized permanent housing destination. This calculation started with creating a reporting group of all TH, RRH and PSH project into HMIS, and then pulling a CoC APR for the reporting group with a start date of 10/01/2024 and an end date of 09/30/2025. The data is then pulled from section 23C of the CoC APR for Exit Destinations in the section marked "Permanent Situations." Then we take the numbers from the following permanent situations; Total (Staying or living with family, permanent tenure + Staying or living with friends, permanent tenure + Rental by client, no ongoing housing subsidy + Owned by client, no ongoing housing subsidy) divided by the total number of Leavers in the APR section 5a.5.

2A-8.	Housing Inventory Count (HIC) and Point-in-Time (PIT) Count Date.	
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	Enter the date your CoC conducted its 2026 Housing Inventory Count (HIC) and Point-in-Time (PIT) count.	02/04/2026
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2A-8a.	HIC and PIT Count Data—HDX 2.0 Submission Date.	
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	Did your CoC submit its 2026 Housing Inventory Count (HIC) and Point-in-Time (PIT) count data in HDX 2.0 by April 30, 2026, 8:00 p.m. EDT?	Yes
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2A-8b.	Longitudinal System Analysis (LSA) Data—HDX 2.0 Submission Date.	
	You must upload your CoC's FY 2026 HDX Competition Report to the 4A. Attachments Screen.	

Did your CoC submit at least two usable LSA data files to HUD in HDX 2.0 by January 16, 2026, 11:59 p.m. EST?	Yes
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2A-8c.	System Performance Measures (SPM) Data—HDX 2.0 Submission Date.	
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	Did your CoC submit its FY 2025 System Performance Measures data in HDX 2.0 by March 4, 2026, 8:00 p.m. EDT?	Yes
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2A-9.	HMIS and Comparable Database Participation—Bed Coverage Rate.	
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Using the FY 2026 HDX Competition Report we issued your CoC, enter data in the chart below by project type:

Project Type	Adjusted Total Year-Round, Current Non-VSP Beds	Adjusted Total Year-Round, Current VSP Beds	Total Year-Round, Current, HMIS Beds and VSP Beds in an HMIS Comparable Database	HMIS and Comparable Database Coverage Rate
1. Emergency Shelter (ES) beds	1,144	76	1,220	100.00%
2. Safe Haven (SH) beds	0	0	0	100.00%
3. Transitional Housing (TH) beds	138	5	146	98.00%
4. Rapid Re-Housing (RRH) beds	377	32	409	100.00%
5. Permanent Supportive Housing (PSH) beds	1,054	0	1,054	100.00%
6. Other Permanent Housing (OPH) beds	756	6	765	99.60%

2A-9a.	Partial Credit for Bed Coverage Rates of 84.99 Percent or Lower for Any Project Type in Question 2A-9.	
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For each project type with a bed coverage rate that is 84.99 percent or lower in question 2A-9, describe:

1.	steps your CoC will take over the next 12 months to increase the bed coverage rate to at least 85 percent for that project type, and
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2.	how your CoC will implement the steps described to increase bed coverage to at least 85 percent.
----	--

(limit 2,500 characters)

This is not applicable- all bed rates are over 85%

3A. Policy Initiatives

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- Frequently Asked Questions

3A-1.	Supporting Activities within an Opportunity Zone.	
	You must upload the HUD-2996 Certification for Opportunity Zone Preference Points attachment to the 4A. Attachments Screen.	

1.	Will the proposed activities/projects occur within Opportunity Zone Census Tracts?	Yes
2.	Do you expect to use at least 50% of the proposed activities/projects in Opportunity Zones Census Tracts?	Yes

3A-2	Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes.
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Is your CoC requesting to designate one or more of its SSO, TH, or Joint TH and PH-RRH component projects to serve families with children or youth experiencing homelessness as defined by other Federal statutes?

No

4A. Attachments Screen For All Application Questions

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants; and
- Frequently Asked Questions

We have provided the following guidance to help you successfully upload attachments and get maximum points:

1.	You must include a Document Description for each attachment you upload; if you do not, the Submission Summary screen will display a red X indicating the submission is incomplete.
2.	You must upload an attachment for each document listed where 'Required?' is 'Yes'.
3.	We prefer that you use PDF files, though other file types are supported—please only use zip files if necessary. Converting electronic files to PDF, rather than printing documents and scanning them, often produces higher quality images. Many systems allow you to create PDF files as a Print option. If you are unfamiliar with this process, you should consult your IT Support or search for information on Google or YouTube.
4.	Attachments must match the questions they are associated with.
5.	Only upload documents responsive to the questions posed—including other material slows down the review process, which ultimately slows down the funding process.
6.	If you cannot read the attachment, it is likely we cannot read it either.
	. We must be able to read the date and time on attachments requiring system-generated dates and times, (e.g., a screenshot displaying the time and date of the public posting using your desktop calendar; screenshot of a webpage that indicates date and time).
	. We must be able to read everything you want us to consider in any attachment.
7.	After you upload each attachment, use the Download feature to access and check the attachment to ensure it matches the required Document Type and to ensure it contains all pages you intend to include.
8.	Only use the 'Other' attachment option to meet an attachment requirement that is not otherwise listed in these detailed instructions.

Document Type	Required?	Document Description	Date Attached
01. 1C-1. List of TH/RRH/PSH Projects and Treatment Providers with On-Site Substance Use Treatment	Yes	List of TH/RRH/PS...	09/29/2026
02. 1C-1f. List of CoC Program Projects and Number of Units that require Substance Abuse Treatment	Yes	List of CoC Progr...	09/29/2026
03. 1C-3. Language from Project Supportive Service Agreements	Yes	Language from Pro...	09/29/2026
04. 1C-10. Evidence of Coordination and Non-Interference with Local Efforts to Advance Public Safety	Yes	Evidence of Coord...	09/29/2026
05. 1D-1. Local Competition Scoring Tool	Yes	Local Competition...	09/29/2026

06. 1D-2c. Local Competition Selection Results	Yes	Local Competition...	09/29/2026
07. 2A-8b. FY 2026 HDX Competition Report	Yes	FY 2026 HDX Compe...	09/29/2026
08. 3A-1. HUD-2996 Certification for Opportunity Zone Preference Points	No	HUD-2996 Certific...	09/29/2026
09. 3A-2a. Project List for Other Federal Statutes	No		
10. 3A-DP. Your CoC's Policy or Statement to Advance Recovery	No	Your CoC's Policy...	09/29/2026
11. Other	No		

Attachment Details

Document Description: List of TH/RRH/PSH Projects and Treatment Providers with On-Site Substance Use Treatment

Attachment Details

Document Description: List of CoC Program Projects and Number of Units that require Substance Abuse Treatment

Attachment Details

Document Description: Language from Project Supportive Service Agreements

Attachment Details

Document Description: Evidence of Coordination and Non-Interference with Local Efforts to Advance Public Safety

Attachment Details

Document Description: Local Competition Scoring Tool

Attachment Details

Document Description: Local Competition Selection Results

Attachment Details

Document Description: FY 2026 HDX Competition Report

Attachment Details

Document Description: HUD-2996 Certification for Opportunity Zone
Preference Points

Attachment Details

Document Description:

Attachment Details

Document Description: Your CoC's Policy or Statement to Advance
Recovery

Attachment Details

Document Description:

Submission Summary

Ensure that the Project Priority List is complete prior to submitting.

Page	Last Updated
1A. CoC Identification	09/25/2026
1B. Coordination and Engagement–Accountable Structure and Participation	09/29/2026
1C. Coordination and Engagement	09/29/2026
1D. Project Review/Ranking	09/29/2026
2A. HMIS Implementation	09/29/2026
3A. Policy Initiatives	09/29/2026
4A. Attachments Screen	09/29/2026
Submission Summary	No Input Required



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List of TH/RRH/PSH Projects and Treatment Providers with On-Site Substance Use Treatment

Helio Health: Helio Housing First

Helio Health: Recovery Permanent Supportive Housing Combined

Helio Health: Susan's Place



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List of CoC Program Projects and Number of Unites that require Substance Abuse Treatment

<u>Agency</u>	<u>Project</u>	<u>Number of Units</u>
Helio Health	Helio Housing First	38
Helio Health	Recovery Permanent Supportive Housing Combined	52
Helio Health	Susan's Place	8

YWCA Domestic Violence Services

Applicant Agreement

Thank you for your interest in the YWCA Domestic Violence Supportive Services.

A Case Manager will review all information contained in this Interview Packet with you at the time of the Program Intake.

******This agreement is subject to change without notice******

The following are basic criteria for determining eligibility for using YWCA Domestic Violence Non-residential Supportive Services:

- Persons who have recently experienced abuse (physical, emotional, financial, sexual) by a spouse, partner, parent or adult child
- Persons who are living with someone abusive or who has controlled access to the home or apartment
- Persons who have been abused in the past and are in danger of this happening again; see similar patterns or direct threats
- Persons whose abuser is threatening with a weapon
- Persons who have been severely emotionally abused

Individuals accessing our domestic violence services whether through shelter, counseling, advocacy, or support groups must be physically capable of caring for themselves and must not require supervision in caring for their children.

We cannot accept victims or children of severe emotional impairment that would impact group living or negatively affect group counseling. Our team will provide referrals for services to meet your needs or your child's needs.



at the YWCA
of Syracuse &
Onondaga County Inc.

YWCA of Syracuse & Onondaga Co. Inc.
401 Douglas Street, Syracuse, NY 13203
P 315.424.0040 F 315.424.1249
ywca-syracuse.org

Criteria for Admittance to Participate

- Must be a DV survivor (a history of domestic violence) and homelessness
- Must be able and willing to participate in all aspects of the program, including participation in the supportive services such as trainings, celebrations, job search and other.
- Must have a daily program in place such as school, employment, treatment, volunteer work, etc. This must consist of at least twenty hours of productivity by the resident per week.
- Must agree to sign confidential releases for all programs and agencies you are involved with during your Intake Interview and throughout the length of your participation in the program.
- Must be willing to address issues, such as chemical addiction, mental health, etc. along with actively addressing all issues that may arise while in the program.
- Must commit to and participate in a Life Skills workshop series and job training workshop series while in the program.
- Must commit to follow through with an individualized service plan.
- Must meet with a Case Manager to assess program compliance and areas for growth and development.
- Must immediately notify a Case Manager of any changes in resident's daily schedule, programming, personal information, health status, custody changes, income status, etc.
- Must display the appropriate level of independence and ability to maintain a healthy and productive lifestyle, along with carrying out activities of daily living for themselves, without staff assistance. This includes the ability to maintain a clean environment (apartment), maintain proper, clean personal hygiene, and independently address all medical circumstances properly.
- Must have the ability to maintain a medication schedule on their own and must notify a Case Manager of any controlled substances prescribed.
- Children living with their mothers/father/caretakers must not be left alone. Admission for mothers/fathers/caretakers with children depends on the housing availability.
- Potential Residents MUST have all the following information turned into the Case Manager completing the Applicant's Intake Interview before they will receive a move-in date, providing the applicant is eligible for the YWCA Program.
 - Photo ID (driver's license, non-driver's ID, sheriff's ID, Benefit Card, passport, etc.)
 - Social Security Card
 - Birth Certificate
 - Statements of Program Involvement (signed statement on program/agency letterhead proving involvement in any program or agency the potential resident is currently involved with)
 - Proof of income (DSS Budget Sheet, current SSI/D Award Letter, Employment Pay- Stubs, etc.)
 - Homelessness Verification Form (if applicable)

➤ Disability Verification Form (if applicable)

Participants Must:

- Attend all Mandatory Monthly House Meetings
- Develop an Individualized Service Plan with their Case Manager
- Meet with the Job Coach and complete an Initial Assessment and develop an employment/educational related Individualized Service Plan
- Provide documentation of Consistent attendance to their Daily Programming
- Provide documentation of all Program requested material, including, but not limited to proof of income, proof of daily programming, identification verification, etc.
- Meet with their Case Manager monthly
- Begin the process of obtaining a Photo ID, a birth certificate, and a social security card (if applicable)
- Orient to, and maintain Program compliance in the following areas:
 - Program Rules and Program Criteria
 - Staff and Peer Relations
 - Re-unification with children (if applicable)
 - Proper Daily Living Skills
 - Structured Schedule
 - Proper Budgeting

Program Notices:

- An individual may not pose a threat to themselves, or others. Posing a threat will result in immediate dismissal from the program and staff will make all effort to make referrals to the appropriate organization
- Violence and/or Disrespectful Behavior towards staff will not be tolerated under any circumstances. Any participant involved in such situations will be immediately discharged from the program and a referral to an appropriate organization will be done.
- The YWCA is an alcohol and drug free environment. Substance abuse will not be tolerated. Failure to engage in treatment can result in removal from the program.
- All staff are required by law to report any suspicion of child abuse, maltreatment, and/or neglect. Leaving a child unsupervised, not keeping a child properly fed, bathed, or clothed, harsh and/or excessive discipline, verbal and/or emotional abuse are all grounds for a CPS report to be made by program staff.
- Any questions, problems, concerns, or confusion regarding program rules, criteria, policies, and procedures should be brought to your Case Manager immediately.

Applicant Signature: _____

Date: _____

Case Manager Signature: _____

Date: _____



at the YWCA
of Syracuse &
Onondaga County Inc.

YWCA of Syracuse & Onondaga Co. Inc.
401 Douglas Street, Syracuse, NY 13203
P 315.424.0040 F 315.424.1249
ywca-syracuse.org

Confidentiality Agreement

I, _____, understand that the YWCA Syracuse Onondaga County Domestic Violence Program is a Confidential Program.

Initial each Agreement:

_____ I understand that I am not to provide or discuss any information about the YWCA participants with anyone for safety reasons.

_____ I will not give out the location of the YWCA meetings/trainings to other individuals that are not part of the program

_____ I understand that providing such information about the YWCA Domestic Violence Program participants will result in myself being immediately discharged from the YWCA Domestic Violence Program

This agreement is in adherence to the YWCA Domestic Violence Program Rules Contract dated: _____, indicating my intention to refrain from providing any information to others, of whom I am not involved with, about the YWCA Domestic Violence Program and the participants.

DV Participant Signature: _____ **Date:** _____

Case Manager Signature: _____ **Date:** _____



at the YWCA
of Syracuse &
Onondaga County Inc.

YWCA of Syracuse & Onondaga Co. Inc.
401 Douglas Street, Syracuse, NY 13203
P 315.424.0040 F 315.424.1249
ywca-syracuse.org



at the YWCA
of Syracuse &
Onondaga County Inc.

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ywca-syracuse.org

Community Action Programs Cayuga/Seneca

Housing Client Agreement

The purpose of Community Action Program Cayuga/Seneca (CAP) Housing Programs is to assist clients to obtain and remain in stable, affordable, safe, and permanent housing, increase skills and or/income, and achieve greater self determination.

The undersigned _____ (hereby designate "Client") and Community Action Programs Cayuga/Seneca (hereby designated "CAP") agree to enter into the following agreement, whereby CAP agrees to assist Client with rental subsidy payment and Case Management, and Client agrees to participate in the Housing Program as defined below.

By initialing and signing below I agree to follow the program policies and regulations set before me to ensure rental assistance payments to the landlord for the period specified as well as case management services. Failure to comply with the items listed below may result in both financial assistance and case management being discontinued. I understand that it is my responsibility to pay my portion of the rent directly to landlord and to pay all utilities directly. CAP will provide rental assistance directly to the landlord provided, if I follow the policies and regulations listed below.

1. I agree to actively participate in housing searches; work with my case manager on identifying goals on my Personal Goal Worksheet and continuing to work to meet goals throughout program.
I agree to actively participate in housing searches, work with my case manager to identify goals on my Personal Goal Worksheet, and continue working toward those goals throughout my participation in the program. I understand that my participation in these activities and my continued engagement with the program are requirements for maintaining my rental subsidy.
2. I agree to provide and/or assist in obtaining for CAP a copy of the one-year lease for the apartment that I will be renting. The unit will be rent reasonable and within HUD Fair Market Rent guidelines.
3. I agree to have CAP inspect the apartment that I will be renting prior to signing the lease to ensure that the apartment meets HUD guidelines.
4. I agree to report any changes in employment status, income changes, or DSS status within two business days to my case manager. I agree to submit any paperwork required within two weeks to my case manager. For example: Employment Verification from employer or paystubs.
5. I agree to meet with my case manager once weekly until housing is obtained; thereafter once monthly or as needed* as a condition of CAP providing rental assistance to my landlord and continuation of supportive services in the Housing program.
6. I agree to report immediately to my case manager any significant issues at the apartment that may result in the unit not being habitable. This includes but is not limited to fire damage, water damage, loss of heat and infestation.
7. I agree to pay portion of my rent directly to landlord on the date specified in the lease. I understand that my portion of the rent is subject to change upon my quarterly reviews.
8. I understand that CAP will provide flexible rental subsidy for my apartment based on my income. CAP will pay a portion of my rent directly to the landlord.
9. I agree to report immediately to my primary case manager and if I am unable to pay my portion of the rent, pay utilities, or am no longer living at the apartment.
10. I agree to use the CNYHMIS Client Data Request Form if I need any information from the HMIS Database.
11. I agree to provide 30 days written notice to landlord and my case manager if I decide to move.

12. I agree to refrain from verbally, physically, or emotionally threatening, abusing, or endangering children, other Agency clients, volunteers, or staff.
13. I agree to refrain from engaging in illegal behaviors while on program property and while representing the program.

CAP Termination Process

Participation in CAP case management and supportive services is a requirement of receiving and maintaining rental assistance through the program. Failure to participate in required case management and supportive services may result in termination of rental assistance and/or termination from the program.

- All terminations will be in written form explaining the reason for termination.
- Client may be terminated due to the following program violations:
 - Having received 3 warnings. Warnings are issued for:
 - Refusal to meet with the case manager, refusal to provide updated income verification, continual missed/rescheduled case manager or referral appointments.
 - Fraud including fraudulent statements and/or providing fraudulent documents in order to gain benefits or eligibility into the program.
 - Assault of an employee with any of the participating agencies.
 - Threatening or menacing case manager or any other CAP collaborative partner.
- Most terminations will result in a 30-day notice. Depending on the severity of the violation (e.g., assault) Client may be immediately terminated without a 30-day notice.
- Clients will be given another copy of the Grievance Policy and Procedure so that they understand that they can present an objection to the termination by following the Grievance Procedure.
- Termination at Clients Request
 - Clients can vacate the housing unit at their request by giving 30 days' notice. The request should be in writing and witnessed. Case Manager should advise the Community Services Director of all such requests to determine appropriateness. Case Manager should support positive changes.
 - Clients can request to terminate participation in the Program by signing a statement requesting their exit from the program.
- Eviction by the landlord does not necessarily warrant termination from the program. Case managers may relocate the client if needed.

CAP Responsibility to Client

- Case manager will assist with housing searches and provide supports to goals identified on Personal Goal Worksheet.
- Provide referrals to community resources to assist in gaining economic stability.
- Actively communicate with Client about the program.

In signing this agreement, I, _____, fully understand that violating these program policies may be cause for program termination. If I am terminated from the Housing Program CAP no longer has any responsibility and/or liability for rental assistance. I have received a copy of this agreement.

Client Signature: _____ Date: _____

CAP Representative Signature: _____ Date: _____

<i>In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age or disability.</i>

Catholic Charities Permanent Supportive Housing (PSH) Agreement

As a participant in Catholic Charities Permanent Supportive Housing, I/We,

CLIENT NAME: _____

Agree (Please check all that you agree with):

- ☐ To complete an initial intake
- ☐ To complete an annual assessment with any assigned case manager
- ☐ To notify my caseworker of any increase or decrease in my income
- ☐ To notify my caseworker of any changes in my household composition
- ☐ To be an active participant in the development of my goals and assessment worksheet
- ☐ To work collaboratively with any case manager, other service provider staff to maintain my housing
- ☐ To maintain contact with program staff at a minimum of once per month
- ☐ To allow my case manager to meet me in my home to assess for habitability
- ☐ To pay my tenant share of the rent monthly and on time
- ☐ To abide by the stipulations as documented within my lease
- ☐ To maintain a safe environment when visiting with any case manager, staff member, or other service provider. Threats, violence, or acts of aggression will not be tolerated.

Housing First is a proven method of ending all types of homelessness and is the most effective approach to ending chronic homelessness. If a client is evicted from a residence while enrolled in Catholic Charities PSH program, it will not necessarily result in the termination from Catholic Charities PSH.

I agree with the terms and requirements to receive services from Catholic Charities PSH. I also understand that providing false information may result in disqualification and/or termination from the program. I will be given verbal notification that my case is in danger of disqualification/termination and time to resolve any issues that could lead to such. Should my case be disqualified/terminated, and I disagree with said disqualification/termination, I will have thirty days from the date of the exit notice in which to appeal, in writing, to the Program Director, for reconsideration.

If I have a concern or complaint, I will first attempt to resolve it directly with my case manager. If I cannot resolve said concern/complaint, I will follow the process of the grievance policy which was provided to me upon entry into Catholic Charities of Onondaga County PSH.

I understand that this is not an entitlement program. Decisions on participation are based on a review of information about a household and whether that household meets the eligibility criteria as outlined in the program guide. Dismissal from Catholic Charities PSH can occur and every case and situation is reviewed on an individual basis. Dismissal can occur for things such as but not limited to safety and security, entering prison or an institution for 90 days or more, or refusal to follow program guidelines.

Client Signature

Date

Staff Signature

Date

Sublease Agreement

This **Sublease Agreement** is made between **Catholic Charities of Onondaga County**, as the "Sublandlord," and _____, as the "Subtenant," together referred to as the "Parties."

The Parties agree that the Subtenant shall lease from the Sublandlord a portion of the Sublandlord's interest in the premises located at _____, Syracuse, New York (the "Premises") on the following terms:

1. Sublease Term. The sublease will have an initial term of **one (1) year**, beginning on _____ that is renewable and is terminable only for cause.

2. Sublease is contingent on Subtenant being an active Supportive Housing Program participant. In addition, as an active Supportive Housing Program Participant, the Subtenant will be expected to meet with an assigned Caseworker at least once per week.

3. Rent. Per HUD regulations, Subtenant will pay a total monthly rent equal to **30% of his /her eligible income**. Subtenant will work with Catholic Charities staff to determine this amount. Rent will be payable on the first day of each month directly to **Catholic Charities, 1654 West Onondaga Street, Syracuse, NY 13204**. If payment is received directly by Catholic Charities Supportive Housing staff then a receipt will be issued at the time the payment is collected.

4. Security Deposit. Not Applicable.

5. Termination Notice. Subtenant is not responsible for finding a replacement upon the termination of his/her tenancy.

6. Subtenant's Interest in the Premises. Subtenant is one of _____ total tenants occupying the Premises (the "Tenants"). Subtenant will not share a bedroom at the Premises. Subtenant may share all of the common spaces (e.g., living room, dining room, kitchen, and bathroom) in the Premises equally with the other Tenants.

7. Guest Policy. The Subtenant does not need to obtain Sublandlord's permission prior to the visit of any overnight guest(s). **No long-term guests are permitted.** Subtenant is not allowed to leave guests in the premises when Subtenant is not present.

8. Utility Charges. The Sublandlord will pay utility costs. Air-conditioners are not permitted unless Subtenant has supplied the Sublandlord with written documentation of doctor authorized use of an air-conditioner.

9. Noise Level. Subtenants will maintain an appropriate noise level at all times.

10. Personal Belongings. Neither the Sublandlord nor the Landlord is responsible for the Subtenant's items. The subtenant is encouraged to pursue renter's insurance to have losses covered.

11. No Pet Policy. Subtenant is not allowed to have a pet unless the Subtenant has supplied the Sublandlord with documentation of doctor authorized use of a licensed therapy pet.

12. Master Lease. In addition to the provisions of this Sublease Agreement, the Subtenant agrees to be bound by all the conditions of the lease, rules and regulations between Sublandlord and the Landlord, _____ (the "Master Lease").

13. Termination of Master Lease. If the Master Lease is terminated the Sublandlord will provide thirty (30) days' notice to Subtenant. Subtenant agrees that if the Master Lease is terminated for any reason, this Sublease Agreement will terminate as of the same date.

14. Termination of Sublease. **If the Subtenant violates any of the conditions of this Sublease or other program guidelines/documents, Catholic Charities may provide notice that the Subtenant must vacate within thirty (30) days.**

15. Institutionalization During Term of the Sublease. If Subtenant becomes institutionalized (including incarceration) during the term of this Sublease, the Sublease will be terminated within 90 days.

16. Subleasing and Assignment. Subtenant may not lease, sublease, or assign the Premises.

17. Condition of the Premises. Subtenant is responsible for any damage resulting from the act or neglect of Subtenant or those persons who are invitees of the Subtenant. **Excessive damages and/or neglect will result in termination of this Sublease Agreement and/or the Subtenant will be responsible for the costs of the damages. Excessive Damage includes, any damage done to building and/or apartment that is not considered basic "wear and tear."**

18. Inspections. Subtenant must allow the Sublandlord to conduct regular habitability inspections of the apartment to check for maintenance problems and upkeep of the property. Subtenant must allow access for scheduled maintenance. In the event of an emergency, or requested maintenance repairs the subtenant must allow immediate access to the unit.

19. Smoke Detectors. The Sublandlord has installed smoke detectors for subtenant's safety. It is the Subtenants responsibility to keep them in working order and to inform the Sublandlord if the smoke detector is not working.

20. Alterations. Subtenant must obtain Sublandlord's prior written consent to install any washing machines, dryers, "built-in" decorations or make alterations to paint or wallpaper the apartment. Nor shall the Subtenant make any repairs to the apartment.

21. Lock Changes and Replacement Keys. Subtenant **may not** change the locks on the door or install additional locks. If Subtenant misplaces, loses or the keys are stolen there may a replacement fee charged to the Subtenant. This includes the apartment door and any additional keys that the Sublandlord has provided the Subtenant with at move-in.

22. Pest Control. To limit pest infestations Sublandlord needs to pre-approve any furniture being brought into the apartment. If an infestation occurs and an exterminator identifies infested items they are to be disposed of. The Subtenant cannot refuse exterminators access to the apartment.

23. Complete and Binding Agreement. All preliminary negotiations between the Parties are merged into, and superseded by, the terms of this Sublease and will not be enforceable until signed by both Subtenant and Sublandlord. Any modification to this Agreement must be in writing, signed by both Sublandlord and Subtenant.

___ **24. Grievance Policy and Due Process.** The subtenant received a copy of the grievance policy.

___ **25. Lead Information Pamphlet.** The subtenant received a copy of the lead pamphlet.

___ **26. Right to Fair Housing.** The subtenant received a copy of the NYS Fair Housing Rights.

___ **27. Right to VAWA.** The subtenant received a copy of the Violence Against Women Act.

We, the Undersigned, agree to the above stated terms.

Subtenant:

Sublandlord:

Signature

Signature

Print Name

Print Name

Date:_____

Date:_____



CAYUGA COUNSELING SERVICES

Transitional Housing Service Participation Policy

Participants enrolled in the Transitional Housing Program are expected to engage in a minimum of 20 hours of supportive services and activities per week, consistent with applicable HUD requirements. Activities may include employment, education, vocational training, job searches, volunteer work, life-skills development, financial literacy, behavioral health treatment, recovery services, parenting education, case management, and housing stabilization.

Transitional Housing is time-limited to a maximum of 24 months, with staff assisting participants in developing and implementing individualized plans to achieve housing stability, independence, and long-term self-sufficiency within the program's 24-month timeframe.

Chadwick Residence Permanent Supportive Housing Agreement

Welcome to Chadwick Residence

Case Manager: Kim Freeman 315-679-1615

Program Coordinator: Sondra Little 315-679-1802

Executive Director: Lynn Cross 315-679-1802

Housing Agreement

This apartment serves as temporary housing while you learn and develop skills that will help you become self-sufficient. You must read and understand the following rules; your signature verifies that you understand these rules and agree to abide by them at all times. Violation of any rule may result in discharge from this program. If you are unclear about any of these rules, it is your responsibility to address them with Chadwick Residence staff.

This is a voluntary program. Your success depends upon your willingness to cooperate and participate in the supportive services programming we offer. This will take dedication and a sincere desire to obtain your goals.

As a participant in this program, you will be treated with respect. We expect that you will treat your peers and Chadwick Residence staff with respect as well.

If you are accepted into our program, it is because we believe you can achieve your goals and follow program rules. We look forward to working with you and assisting you in any way that we can.

IT IS UNDERSTOOD THAT THESE RULES AND REGULATIONS ARE PART OF THE HOUSING AGREEMENT AND MUST BE ADHERED TO.

THIS HOUSING AGREEMENT PERTAINS TO THE FOLLOWING INDIVIDUALS:

TENANT _____	DATE: _____
CHILD _____	DATE: _____
CHILD _____	DATE: _____
CHILD _____	DATE: _____
CHILD _____	DATE: _____

Housing Rules and Regulations

Chadwick Residence, Inc. has the right to terminate this agreement or refuse to renew the agreement for violations of the terms of the agreement, such as:

Rental Agreement

Failure to make rent payments due under the **Rental Agreement**.

Rent is due between the first and fifth of each month. Rent paid after the fifth of each month is subject to a \$10.00 late fee. Tenants leaving the Chadwick Program should give a 30-day notice.

- Permanent Supportive Housing Apartment rents are subject to change
- Depending upon the number of children and bedrooms in the household due to changes in housing composition.
- Gain or loss of employment

Housing Inspection Agreement

Failure to maintain a clean living environment.

All apartments must be kept in a clean and sanitary condition. Chadwick Residence, Inc. will conduct monthly inspections using the **Housing Inspection Agreement**.

- Tenants who leave the Chadwick Program, or are terminated from the program, agree to remove all trash and personal items from the apartment. Refrigerators should be empty of all food, and the stove should be free of grease and food.

Acceptable Behavior Agreement

Failure to maintain acceptable conduct.

Tenant obligations as set forth in the **Acceptable Behavior Agreement** and these rules, regulations, or for other good cause, including but not limited to objectionable conduct of the tenant, members of tenant's household, tenant's visitors, or other persons under the tenant's control.

- Objectionable conduct: Objectionable conduct includes, but is not limited to, loud or disruptive conduct, habits, or practices which may be expected to have a detrimental effect on tenants or people residing in the apartment complex that interferes with tenants' peaceful enjoyment of their apartments.

Consent for Release of Information

Tenant obligations as set forth in the **Consent for release of information (ROI)**:

The Chadwick Residence program is designed to assist you in setting and working towards goals to stabilize your life situation and maintain permanent housing. Often, other service providers are involved where it is either necessary or helpful for Chadwick staff to communicate with them in relation to your individual service plan. You will be asked to sign Consent for Release of Confidential Information forms, giving permission for communication to take place. Your Case Manager will fully discuss the details of the information to be shared and the contents of the form with you. A separate form must be completed for each individual or agency with which information is to be share.

Confidentiality Agreement:

Tenant obligations as set forth in the **Confidentiality Agreement:**

You and every resident have the right to confidentiality. No information should be shared about you with anyone without your written consent; however, the Chadwick Residence staff works as a team, and information will be shared on a need-to-know basis between staff members for the purpose of providing services. The Executive Director must be kept informed of all substantial information, and is ultimately responsible for the overall program and individual service provision.

Additionally, there are certain situations whereby law confidentiality does not apply. They include:

Intent or suspected intent to harm oneself or someone else;

Suspected or known child abuse, maltreatment and/ or neglect.

In these situations, staff are required by law to take appropriate action with or without your permission and contact the appropriate people to provide for the health and safety of those involved.

All Chadwick Residence staff are required by New York State Law to report any known or suspected child abuse or neglect. If any staff member witnesses or suspects child abuse and/ or neglect, it will be reported to the Department of Social Services Children's Protective Services (CPS).

The confidentiality of other residents should also be respected. You also should not discuss other residents or their situations in the community or in your treatment programs, as this is also a violation of confidentiality.

Client Rights:

Tenant obligations as set forth in the **Client Rights:**

The following are your rights. Please read them carefully. If you do not understand these rights, please ask to have them further explained to you. Chadwick Residence staff shall respect and protect clients' rights.

- the right to accept or refuse services after receiving this explanation;
- the right to change your mind at any time if you agree to receive services;
- the right to a humane environment that provides reasonable protection from harm and appropriate privacy for your personal needs;
- the right to appropriate services that meet your needs;
- the right to be free from abuse, neglect, and exploitation;
- the right to be treated with dignity and respect;
- the right to be told about the program's rules and regulations before receiving services in a language that you understand;
- the right to a service plan designed to meet your needs, and to take part in the development of that plan;
- the right to meet with staff to review and update the plan as needed;
- the right to refuse to take part in research without affecting your services;
- the right to have information about you kept private and to be told about the times when information can be released without your permission;
- the right to receive an explanation of your services or your rights if you have questions while you are receiving services;
- the right to address any concerns you may have with the provider;
- the right to have your rights explained to you in simple terms, in a way you understand prior to

- receiving services;
- the right to complain directly to the Division of Consumer Protection, at 800-697-1220.

Grievances:

Tenant obligations as set forth in the **Grievance Agreement:**

It is normal for people to sometimes disagree, have a conflict with, or become upset with someone else. If this happens to you with another client or staff member of Chadwick Residence, you should first discuss the situation directly with the person involved. If the situation is not resolved, please notify your Case Manager so they may follow up and help with further resolution of the issue, when possible. Under no circumstances should verbal or physical threats be used, nor will they be tolerated. All situations will be documented by your Case Manager. If the issue is with your Case Manager, you should talk with the Program Coordinator and/or the Executive Director. The Executive Director's decision on a matter is final.

During the grievance process you have the right:

- to have your grievances taken seriously and considered in a fair, timely, and impartial manner;
- to privacy in all related correspondence (written and verbal, including email), and to have your confidentiality thoroughly protected;
- to receive copies of all documentation related to your grievance;
- to enlist the assistance of outside entities, such as advocacy organizations for civil rights, tenant's rights, and anti-discrimination in housing and social services;
- to be assured that you will not be terminated or otherwise refused assistance solely on the basis of engaging in any part of the grievance process.

Service Plan Agreements

Tenant obligations as set forth in the **Service Plan Agreement:**

During client intake, the client and case manager create a service plan for each client, which includes benefit continuity, ensuring that clients enroll in or reinstate Public Assistance/SNAP benefits, medical insurance, ID cards, Birth Certificates, Social Security Cards, and SSI or SSDI.

Clients are required to attend weekly case management meetings where clients establish specific, measurable goals, including defined services to be provided (and the responsible parties), facilitating their progress towards achieving housing stability goals, and goal progress is reviewed and documented in HMIS.

Clients are required to collaborate with their case manager to secure 20 hours a week of: volunteer opportunities, employment, or educational and vocational programs.

Proof of participation documentation is required.

Clients are required to attend 1 hour weekly case management sessions with their case manager

If not employed or volunteering for at least 20 hours a week, clients are required to attend life skills opportunities provided to address areas such as independent living skills, parenting classes, and banking/credit repair.

Apartment Rules and Expectations

Tenant obligations as set forth in the **Apartment Rules and Expectations Agreement:**

Tenants are required to adhere to the rules outlined in the apartment Lease requirements as outlined in the Apartment Rules.

Grounds for Termination

A tenant may be declared ineligible to reside in the housing program, and eviction proceedings may be brought against the tenant for the following reasons:

1. Non-payment of rent.
2. Chronic delinquency in payment of rent.
3. Any willful misrepresentation or concealment of any material fact which would affect eligibility for admission or continued occupancy. Failure to report any and all adjustments, such as but not limited to, income and family composition.
4. Inability to maintain independent living, or where applicable, failure to employ those services necessary to maintain independent living. This includes a tenant's inability to maintain a functional ability in basic nutritional, financial, mental, and social domains.
5. Any act or omission that would have rendered the tenant ineligible at the time the tenant originally applied for tenancy. Criteria for continued occupancy are covered in this document.
6. Breach of any rules or regulations of tenancy, including but not limited to, breach of any material element of these tenant regulations and the Housing Agreement.

Compliance and Discharge Process

Clients can be terminated and are on a case-by-case basis. Violations of a nature that may warrant termination are reported to the Program Manager. The Program Manager will consider extenuating circumstances to determine if the violations are severe enough to warrant immediate discharge or if participants will be given the opportunity to resolve violations. If the client is allowed to stay, but continues to be non-compliant and is unwilling to work with staff to resolve problems, the Program Manager will consult with the Executive Director and they will make a final determination regarding termination. Staff will attempt to help the participant find another place to live before discharge. Participants do have the right to appeal their discharge with the Executive Director and to have others assist them with this appeal. All supportive plans of action will incorporate the following three-stage compliance and discharge process:

Stage 1: Three verbal warnings with expectations discussed and follow-up plan initiated.

Stage 2: Two written warnings {initial warning + follow-up plan and, if warranted, a final warning with pending discharge information.

Stage 3: Discharge from program.

This signature represents that I have reviewed and understand the above terms of this agreement and the policies and procedures therein.

Name of Tenant: _____ Unit: _____

Tenant's Signature: _____ Dated: _____

Case Manager's Signature: _____ Dated: _____



SSTH Rental Agreement

Month Beginning: _____ Prorated Amount (if applicable): _____

I, _____, agree to pay Chadwick Residence \$ _____

every month. I am aware that it is my responsibility to pay the rent in full and on time. Rent is due by the 5th of every month. Failure to pay the rent could lead to being discharged from the program.

Client Signature: _____ Date: _____

Unit / Address: _____

Housing Inspection Agreement

I understand that apartment checks take place on a monthly basis. The purpose of the inspection is to ensure apartment lease compliance, resident health and safety, as well as to encourage a comfortable living environment.

During the inspection, the apartment will be checked for the following:

- Clear entrance and exit to and from the apartment
- Working smoke detectors
- Kitchen counters are clean and clear of trash or open/spoiled food
- Stovetops and oven are clean and free of grease
- Refrigerators are clean and free of spoiled food
- All appliances are in good working order
- Trash is taken out regularly /no odors are present
- Bathroom is clean and free of trash
- Sink, Toilet, Tub/Shower are in good working order
- Bed mattresses are covered with bed bug covers
- Bedrooms are clean and clear of clutter, access to windows of second-floor dwellings
- Rugs are free of debris and stains
- Furniture provided by Chadwick Residence is in good condition

I further understand that maintaining a clean apartment is required in order to adhere to the lease and maintain supportive housing with Chadwick Residence. I have read and understand the above apartment checklist, and I understand that persistent violations of these rules may result in discharge from the program.

This signature represents that I have reviewed and understand the above terms of this agreement and the policies and procedures therein.

Name of Tenant: _____ Unit: _____

Tenant's Signature: _____ Dated: _____

Case Manager's Signature: _____ Dated: _____

Acceptable Behavior Agreement

Tenants are responsible for the conduct of themselves, the members of their household, and their visitors or other persons under the tenant's control.

- **Objectionable conduct:** Objectionable conduct includes, but is not limited to, loud or disruptive conduct, habits, or practices which may be expected to have a detrimental effect on other people residing in the apartment complex that interferes with their peaceful enjoyment of their apartments. More specifically, objectionable behavior includes, but is not limited to:
 - Radios, televisions, stereos, and CD players loud enough to carry beyond the confines of the tenant's apartment;
 - Any loud activities after 11 p.m. that carry beyond the confines of the tenant's apartment;
 - Excessive number of visitors;
 - Harassment of neighbors or project staff;
 - Pattern of violent behavior: Evidence of repeated acts of violence or a pattern or conduct on the part of the tenant or the tenant's household which constitutes a danger to peaceful occupation by the tenant's neighbors.
 - Engaging in criminal activity of any kind, including any tenant or guest of tenant possessing or using illegal drugs, or any drug-related criminal activity including manufacture, sale, distribution, or possession with intent to manufacture, sell, distribute an illegal controlled substance.
 - Possession or use of illegal substances includes evidence of drug use such as a conviction record, reports from a probation officer, a social service agency, or reports from the family indicating that the individual is using drugs.

This signature represents that I have reviewed and understand the above terms of this agreement.

Name of Tenant: _____ Unit: _____

Tenant's Signature: _____ Dated: _____

Case Manager's Signature: _____ Dated: _____



Consent for Release of Confidential Information

This agency requests your permission to release or obtain confidential information about you and/or your son () and/or your daughter ().

The material to be released includes: All information with regards to your involvement with and/or service provision from:

Chadwick Residence 335 Valley Drive, Syracuse, NY 13207, 315-476-6554/Fax: 315-476-6555

This release pertains to both hard copies and verbal communication.

The reason for releasing the information is: To facilitate intake decisions, service planning, and /or coordination of services.

I have been explained what info action is to be released, to whom, and for what purpose, and I understand the explanation. By signing this form I agree to the release of information. I understand this release will last up to one year from today's date unless I notify Chadwick Residence sooner that I do not want any more information to be released or obtained. I understand that I can take back permission at any time unless the information has already been given out. To take back permission I must present/send a letter to Chadwick Residence, 335 Valley Drive, Syracuse, NY 13207. I also understand that a copy of this form can be used in the same way as this original form.

Print Client Name: _____

Client's Signature: _____ Date: _____

Witness Signature: _____ Date: _____

Client Rights:

Tenant obligations as set forth in the **Client Rights:**

The following are your rights. Please read them carefully. If you do not understand these rights, please ask to have them further explained to you. Chadwick Residence staff shall respect and protect clients' rights.

- the right to accept or refuse services after receiving this explanation;
- the right to change your mind at any time if you agree to receive services;
- the right to a humane environment that provides reasonable protection from harm and appropriate privacy for your personal needs;
- the right to appropriate services that meet your needs;
- the right to be free from abuse, neglect, and exploitation;
- the right to be treated with dignity and respect;
- the right to be told about the program's rules and regulations before receiving services in a language that you understand;
- the right to a service plan designed to meet your needs, and to take part in the development of that plan;
- the right to meet with staff to review and update the plan as needed;
- the right to refuse to take part in research without affecting your services;
- the right to have information about you kept private and to be told about the times when information can be released without your permission;
- the right to receive an explanation of your services or your rights if you have questions while you are receiving services;
- the right to address any concerns you may have with the provider;
- the right to have your rights explained to you in simple terms, in a way you understand prior to receiving services;
- the right to complain directly to the Division of Consumer Protection, at 800-697-1220.

This signature represents that I have reviewed and understand the above terms of this agreement and the policies and procedures therein.

Name of Tenant: _____ Unit: _____

Tenant's Signature: _____ Dated: _____

Case Manager's Signature: _____ Dated: _____

Grievances:**Tenant obligations as set forth in the Grievance Agreement:**

It is normal for people to sometimes disagree, have a conflict with, or become upset with someone else. If this happens to you with another client or staff member of Chadwick Residence, you should first discuss the situation directly with the person involved. If the situation is not resolved, please notify your Case Manager so they may follow up and help with further resolution of the issue, when possible. Under no circumstances should verbal or physical threats be used, nor will they be tolerated. All situations will be documented by your Case Manager. If the issue is with your Case Manager, you should talk with the Program Coordinator and/or the Executive Director. The Executive Director's decision on a matter is final.

During the grievance process you have the right:

- to have your grievances taken seriously and considered in a fair, timely, and impartial manner;
- to privacy in all related correspondence (written and verbal, including email), and to have your confidentiality thoroughly protected;
- to receive copies of all documentation related to your grievance;
- to enlist the assistance of outside entities, such as advocacy organizations for civil rights, tenant's rights, and anti-discrimination in housing and social services;
- to be assured that you will not be terminated or otherwise refused assistance solely on the basis of engaging in any part of the grievance process.

This signature represents that I have reviewed and understand the above terms of this agreement and the policies and procedures therein.

Name of Tenant: _____ Unit: _____

Tenant's Signature: _____ Dated: _____

Case Manager's Signature: _____ Dated: _____

Service Plan Agreements

During client intake, the client and case manager create a service plan for each client, which includes benefit continuity, ensuring that clients enroll in or reinstate Public Assistance/SNAP benefits, medical insurance, ID cards, Birth Certificates, Social Security Cards, and SSI or SSDI.

Clients are required to attend weekly case management meetings where clients establish specific, measurable goals, including defined services to be provided (and the responsible parties), facilitating their progress towards achieving housing stability goals, and goal progress is reviewed and documented in HMIS.

The service plan includes 3 Steps:

STEP 1: (Months 1-3) Focuses on client intake. Program Adaptability: Addressing the client's adjustment to program rules, case management meetings, and the continuation of their pre-existing service programs. **Benefit Continuity:** Ensuring that clients enroll in or reinstate Public Assistance/SNAP benefits, medical insurance, ID cards, Birth Certificates, Social Security Cards, and SSI or SSDI. Having the correct resources allows clients to have the necessary documentation to apply for housing opportunities, facilitate access to medical services, support groups, counseling, vocational training, and educational opportunities. **Baseline Assessments:** Identifying client needs and establishing comprehensive training sessions in areas such as: financial management, household chores, meal preparation, food safety, personal hygiene, parenting, continuing education, employment/volunteer options, and community navigation. **Crisis Planning:** Clients already enrolled in substance abuse or mental health programs will continue in these programs, while those requiring such services will be referred accordingly.

STEP 2: (Months 4-6) Focuses on Skill Building. Service Integration: Job building / Sobriety, Financial Literacy: budgeting/debt consolidation/credit repair/savings, and Case Management: Community Connections (Peer Support /Outpatient Services)

STEP 3 (Months 7-12) Focuses on the client's Exit Strategy/ Long Term Housing Planning. Housing Plan (area, dwelling type), **Housing Applications** (application Fees), **Document Readiness** (Credit report/ rental History/ Past Disconnect Utilities repair).

Clients are required to collaborate with their case manager to secure 20 hours a week of: volunteer opportunities, employment, or educational and vocational programs. Proof of participation documentation is required.

Clients are required to attend 1 hour weekly case management sessions with their case manager

If not employed or volunteering for at least 20 hours a week, clients are required to attend life skills opportunities provided to address areas such as independent living skills, parenting classes, and banking/credit repair.

Name of Tenant: _____ Unit: _____

Tenant's Signature: _____ Dated: _____

Case Manager's Signature: _____ Dated: _____

Apartment Rules and Expectations

Apartment Interiors:

Tenants will report to apartment management and notify case manager within 24 hours of any defect or fault requiring repair. In case of emergency, (water leaks, electrical issues, window or door issues, stove, or refrigerator malfunction, etc.) the tenant will report those problems immediately to the apartment management and Case Manager.

Tenants may **NOT** make any modifications, alterations, delete from or add to the apartment. Tenants wishing to put ceiling fans in their apartment cannot do so without first receiving permission. Replacement of burned out lightbulbs in the apartment interiors are the responsibility of the tenant. In areas needing halogen light bulbs, the tenant will notify apartment management and Case Manager. Common areas are the responsibility of management.

No waterbeds will be allowed in the apartments.

Damages:

Every tenant shall be responsible for and make good on any damages caused to any parts of the premises, building, or apartment done in the process of moving in or out. Normal wear and tear of the apartment is not included. The restitution is the responsibility of the tenant for damages created by the household members or its guests. Examples of damages incurred due to tenant's neglect or carelessness are: over-running water onto sills and floors, etc.

Services:

Available utilities: heat, hot water, and electricity will be provided. Washer/dryers, freezers, or other appliances cannot be used in the apartment. A fan is allowed for your comfort. The resident may purchase an air conditioner which must be installed by management of the building.

Tenants must make arrangements and pay for the installation of telephone and/ or cable/ Internet services.

Vehicles and Parking:

Residents with an automobile must register the vehicle with management of the complex and alert Case Manager/Program Coordinator. Parking must be in designated parking areas only. If your automobile or that of a visitor is parked illegally, it will be removed at the owner's expense.

Vehicles require registration. If your automobile or that of a visitor is parked without registration, it will be removed at the owner's expense.

All vehicles must be in working condition and able to be moved if necessary.

No repairs of vehicles will be permitted to take place in the parking lot except for tire replacement.

Vehicles must never be parked on curbs or sidewalks.

Vehicles may not be washed in the parking lot, and tenants should not use water belonging to the complex to wash vehicles.

Keys:

At no time are tenants to duplicate keys.

Tenants will receive one key.

Tenants should not give their key to anyone to use.

Maintenance of keys is the tenant's responsibility.

Lost keys must be requested from the apartment complex by the Chadwick Residence Program

Coordinator. The fee for replacement keys charged by the apartment will be transferred to the tenant. If a

tenant is locked out of the apartment any Lockout fee's will also be charged to the tenant.

Guests:

Only the residents and occupants listed on the first page of this lease may reside in the apartment. It is a breach of this lease to have any person or persons living in the apartment who are not listed on the lease. You are responsible for the actions of your family members, guests, occupants and invitees. If any of you or any of your family members, guests or invitees violate the lease, all residents will be considered to have breached the lease.

Visitors:

Tenants must submit a Guest Request form to their Case Manager for any guest who will be staying more than two consecutive nights. No guest may stay more than 2 weeks. Your guest must provide their name, phone number, and home address.

Personal Property:

Chadwick Residence may deny entrance to tenant's furnishings, equipment or personal belongings which it deems unsafe, unsanitary, or unhealthful to the complex, or, after occupancy, may order their removal from the premises. The Chadwick management shall also have permission and approval of the tenant to exterminate furnishings brought into the building, if necessary, at the expense of the tenant.

Smoking:

Smoking is only allowed in designated areas outside of the building. No smoking is allowed in public hallways, elevators, or lobbies. Unless the apartment complex allows NO smoking is allowed in the apartment.

Pets: No pets are allowed in the apartments with the exception of fish. Fish tanks can be no greater than ten gallons. All fish are the responsibility of the tenant. Any water damage caused by fish tanks are the responsibility of the tenant.

Firearms:

Firearms are required to be legally registered.

Deliveries:

Tenants should be present to receive deliveries whenever possible. Management shall not be responsible for packages left in hall, at doors of apartments, or any other place on the premises, or for any article left with any other tenants.

Personal Belongings:

Chadwick Residence is not responsible for loss, theft or damage to your personal property. If you move from your housing without taking your personal belongings, they will be packed by a staff member and stored for a maximum of ten days and disposed of or given to donations after ten days of no retrieval, unless you have made other arrangements with your Case Manager.

If you must leave without all of your belongings, you may request through your Case Manager that your belongings are stored up to but no longer than ten days. In this case, you must pack and label your belongings and give your Case Manager a date when you can retrieve them. If you do not pick up your belongings within the ten-day period and have not made other arrangements, they will be disposed of or given to donations.

Apartment Searches:

Chadwick Staff reserve the right to search any apartment at any time without permission, notice, or stated reason.

This signature represents that I have reviewed and understand the above terms of this agreement and the policies and procedures therein.

Name of Tenant: _____ Unit: _____

Tenant's Signature: _____ Dated: _____

Case Manager's Signature: _____ Dated: _____

Freedom Commons Transitional Housing Participant Agreement

1. **The participant agrees to maintain eligibility for monetary and medical benefits** that he or she may qualify for (i.e., SSI, SSD, PA, Medicaid)
2. **The participant agrees to notify the Freedom Commons Case Manager of changes in the financial situation, such as an increase or decrease in entitlements** so that changes can be adjusted accordingly.
3. **The participant agrees to immediately work with the Academy case manager to create an individual service plan to address short—and long-term goals**, including transition to permanent housing.
4. **The participant agrees to have weekly individual sessions with the assigned case manager** regarding his or her service plan, referrals, and any assistance needed.
5. **The participant agrees to daily room inspections** to assess the accommodations' condition and discuss further adjustments to community living if needed.
6. **The participant agrees to engage in (AM and PM) focus groups.** AM Focus meetings are held weekly to help residents focus on their daily goals. PM Focus meetings are held Monday through Wednesday evenings to reflect on the day's events and productive activities. You may be excluded from this activity due to employment, programming, or other educational/vocational activities.
7. **The participant agrees to engage in or work towards full-time productive activity** such as treatment services, housing search, mental health counseling, job search, education/vocation, medical appointments, etc.
8. **The participant agrees not to engage in any of the following:**
 - ❖ Drug possession, drug use or drug dealing, or any other illegal activities.
 - ❖ Possession or use of alcohol or drugs.
 - ❖ Physically or verbally violent behavior
 - ❖ Theft or destruction of property
 - ❖ Prostitution
 - ❖ Arson
 - ❖ Unlawful or lawful possession of a weapon
 - ❖ Selling goods or services from his or her accommodations.
 - ❖ Behavior that endangers residents, staff, facility, or self
9. **The participant agrees** not to conduct activities that may disturb others, such as fights or acts of violence, or engage in verbal or physical abuse of staff, volunteers, visitors, residents, or neighbors. Also, any abusive language of people's race, gender, sexual orientation, culture, religion, or ethnicity.
10. **The participant agrees to live in shared accommodations.**
11. **The participant agrees** to keep accommodations clean and to have a house detail, complete the detail each day, and contribute to the health and cleanliness of the house.

12. **The participant agrees** to adhere to the house curfew, which is 10:00 pm, which is reviewed at the time of intake.
13. **The participant agrees** to enter the building through the designated Academy entrance, and when leaving the building, you must sign in and out.
14. **The participant agrees** to respect other participants' privacy and keep their identity, living address, and additional personal information confidential.
15. **The participant agrees** to provide written notice before discharge from the program. In addition, the participant can present written or oral objections before deciding.
16. **The participant agrees** that if his or her actions constitute an immediate threat to him or herself, staff, and other residents, Freedom Commons may terminate participation in the program and remove the resident from his or her accommodations.
17. **The participant agrees** that their property will be held for seven days upon discharge. If it is not retrieved within seven business days after discharge, it will be discarded or donated.

I _____ have read this agreement and understand its rules.
Freedom Commons reserves the right to change or add to this agreement, if necessary, in the future.

Participant Signature

Date



Participant Name: _____
Begin Date of Occupancy at this location: _____
Address: _____

Permanent Supportive Housing Programs

Participant Agreement/Sub Lease Agreement

As a participant in the Helio Health Permanent Supportive Housing Program (“Program”), I agree to comply with the following requirements, I understand that failure to comply with any of the below requirements may result in termination of participation in the Program: (Please initial the lines and sign at the bottom)

1. ____ I understand that no firearms, weapons, or illegal drugs of any kind are allowed in the apartment (finding of firearm will result in immediate termination from the program).
2. ____ I understand that I may not show any verbal or physical aggression toward Helio Health staff, landlord or other tenants.
3. ____ I agree not to engage in illegal activities that may impact other tenants, Helio Health staff, or other individuals that may be at or near the residence for any lawful purpose.
4. ____ I agree to let staff enter my apartment for purposes of maintenance requests, pest control or other necessary checks to ensure my apartment meets standards.
5. ____ I agree to participate in creating a Services plan/ Treatment plan with my case manager.
6. ____ As a part of my participation in this program I understand I must remain engaged in the recommended level of care outpatient treatment.
7. ____ I agree to pay my portion of the rent directly to Helio Health in full and by the 5th of each month. I understand that I am responsible for obtaining and maintaining as source of income:

Unit Rental Cost per month \$_____ Resident portion per month \$_____

8. ____ I understand and agree to notify Helio Health of any changes to my household income or personal circumstances and to take part in the annual income review process. This includes reporting any increases in Social Security Income (SSI), Social Security Disability Income (SSDI), earned wages, or other sources of income.
9. ____ I agree to sign an updated Sub-Lease Agreement each time there is an increase or decrease in my income, to reflect the accurate amount of rent that I owe.
10. ____ I agree to abide by all terms of the lease/landlord agreement for the apartment. I understand that this Agreement effectively incorporates the terms of the lease for the unit in which I will reside.
11. ____ I understand that smoke and carbon monoxide detectors must be in working order at all times and I cannot remove or tamper with them for any reason.
12. ____ I understand that Helio Health may decide to discharge me from the program after 90-days of absence from my apartment.

13. ____ I agree to meet with my Case Manager ____ times each month at a mutually agreeable time. Should I miss a scheduled home visit, I understand that my Case Manager will contact me within 24-hours. If attempts to contact me continue to be unsuccessful, staff will leave notice and enter my apartment the following day for a wellness check.
14. ____ I agree that no long-term guests will be allowed to stay in my apartment without first discussing the stay with my Case Manager (Long-term is defined as any visitors staying more than two consecutive nights).
15. ____ I understand that guests cannot be left in my apartment when I am not there with them. Unattended guests will be asked to leave by case manager.
16. ____ I agree not to make copies of my keys, loan them, or share them with others. The locks can only be changed by the landlord.
17. ____ I agree that, before moving from my apartment, I will give Helio Health a 30-Day notice. I understand that Helio Health will give me written notice before they terminate this agreement. If I do not agree with the termination, I have the right to appeal the decision with the supervisor of the person making the decision.
18. ____ I understand that Helio Health has the right to release me from this agreement for my safety due to Domestic Violence. (VAWA-Violence Against Women Act 1994P.L. 103-32)
19. ____ I understand that information collected by Helio Health will be entered in the Homeless Management Information System (HMIS). (Not applicable to MRT)
20. ____ I understand that the apartment comes furnished, but all furnishings belong to Helio Health. It is my responsibility to take proper care of these items while I am using them.
21. ____ I understand that there NO pets (excluding Service Animals or properly documented Emotional Support Animals) are allowed in the apartment at any time.
22. ____ I understand that my initial next to each item herein signifies my understanding and consent to each condition.

I understand after signing this Participant Agreement/Sub-Lease Agreement I will receive a copy and that I agree to comply with these conditions. I understand that failure to comply with any of these conditions may result in my termination from this program.

Participant Signature: _____ Date: _____

Helio Health Staff Signature: _____ Date: _____

Program Expectations and Service Recipient Responsibilities:

As a participant of Helio Health Rapid Re-Housing (RRH) OR Tenant Rental Assistance Program (TRA), I understand and agree to the following:

Program Acknowledgements

1. I have received the Notice of Occupancy Rights under the Violence Against Women Act.
2. I have received lead hazard information.

Client Responsibilities:

1. I understand that the program is voluntary, and I may discharge from the program at any time.
2. I understand that I will obtain and maintain benefits or employment to maintain my housing and to continue working with RRH/TRA.
3. I understand that I must provide proof of income. (pay stubs, SSI letter, DSS, etc)
4. I understand that I am to follow the lease provided to me.
5. I agree not to engage in illegal activities that may impact other tenants, Helio Health staff, or other individuals that may be at or near the residence for any lawful purpose.
6. I understand that I may not show any verbal or physical aggression toward Helio Health staff, landlord or other tenants.
7. As a part of my participation in this program I understand I must remain engaged in the level of care recommended by my treatment provider.
8. I understand that smoke and carbon monoxide detectors must be in working order at all times and I cannot remove or tamper with them for any reason.
9. I understand that Helio Health may decide to discharge me from the program after 90-days of absence or lack of engagement.

Services:

1. I understand that the goal of this program is to assist to obtain and maintain self-sufficiency.
2. I understand that I need to be an active participant in finding housing, obtaining benefits, and in developing my Service/Care Plan.
3. I understand that to maintain my subsidy, I must meet with my Case Manager once per month at minimum.

Rental Fees:

1. I understand that I am responsible to pay rent directly to the landlord in full and on time.
2. I understand that I am responsible for my utilities.
3. I understand that I am responsible for my own keys. Any fees attached to obtaining new keys is my responsibility.

Property:

1. I understand that I am the lease holder of my apartment. I also understand that Helio Health is not a party to the lease.
2. I understand that I need to maintain a clean apartment and abide by the terms of lease/landlord agreement.
3. I understand that Helio Health is not my landlord, but a provider of Case Management services and HUD rent subsidy only.
4. I understand that if an issue arises with my apartment that I will directly contact my landlord and Case Manager.
5. I understand that after signing the lease, if I wish to move, I will be responsible for the cost of moving and security deposit for the new unit.

By signing this document, I acknowledge that this document has been reviewed and read to me. I understand and agree to the above expectations and client responsibilities.

Termination Process, Eviction and Appeal

Helio Health may terminate assistance to a participant who violates this Agreement. Other reasons for termination of subsidy may include but are not limited to Successful completion of the program, failure to make contact with Helio Health for 90 days, Income that exceeds Program eligibility, Receipt of Section 8/Rental subsidy from another provider.

Voluntary Termination

1. I understand that if I wish to move, I must contact the landlord with a 30-day notice.
2. I understand that if I have not met with my Case Manager, I will be given up to 90 days to make contact before program termination.

Involuntary Termination

1. I understand that Helio Health will provide 30-day written notice of intent to terminate services. To appeal termination of services, I must respond within 10 days of receipt of the notice to terminate service.
2. I understand that Helio Health will provide to me, a written notice containing a clear statement of the reason for termination.
3. I understand that I have a right to a review of the decision to terminate, in which I am given the opportunity to present written or oral objections before a person other than the person (or a subordinate of that person) who made or approved the termination decision.
4. I understand that should I appeal a decision to terminate I will receive prompt written notice of the final decision.

Eviction

1. Landlord eviction will result in a 30-day notice of intent to terminate services with Helio Health.

By signing this document, I acknowledge that this document has been read and reviewed and read to me. I understand and agree to the above termination process.

Grievance Policy

It is the mission of Helio Health to provide you with services that maintain the highest standard of quality. We strive to objectively review and resolve each and every grievance as quickly as possible to help ensure your continued satisfaction with our services.

If you are in any way dissatisfied with the services that you are receiving, please contact your Case Manager. If your Case Manager is unable to meet your needs or you feel uncomfortable contacting your Case Manager, please contact:

Program Director:

Oneida County: (315) 732-4202

Onondaga County: (315) 472-9964

If the Program Director is unable to meet your needs, please contact:

Oneida County: Residential Service Director (315) 724-5168

Onondaga County: Community Housing Services Director: (315) 478-2453

If you are still unsatisfied, please begin by contacting the Helio Health Compliance Department by calling (315) 474-5506 or by emailing Compliance@helio.health.

By signing this document, I acknowledge that this document has been read and reviewed and read to me. I understand and agree to the above grievance policy and procedures.

Liberty Resources Transitional Housing

Transitional Housing Service Participation Policy

Participants enrolled in the Transitional Housing Program are expected to engage in a minimum of 20 hours of supportive services and activities per week, consistent with applicable HUD requirements. Activities may include employment, education, vocational training, job searches, volunteer work, life-skills development, financial literacy, behavioral health treatment, recovery services, parenting education, case management, and housing stabilization.

Transitional Housing is time-limited to a maximum of 24 months, with staff assisting participants in developing and implementing individualized plans to achieve housing stability, independence, and long-term self-sufficiency within the program's 24-month timeframe.



239 Oneida St., Fulton NY 13069 PHONE: 315.598.4717 / 1.800.359.1171 FAX: 315.592.7533 WEB: www.oco.org

OCO Homeless Services

Phone: 315-342-7532 Fax: 315-342-7554 Hotline: 315-342-7618 or 1-877-342-7618

Voluntary Participation

Participation with **Oswego County Opportunities, Inc. Homeless Services** is free and voluntary. Agreeing to participate means that **OCO Homeless Services** staff will assist you in your current situation. We'll work together in planning and providing services which meet your needs.

I agree to voluntarily participate in OCO's HUD Rapid Rehousing (RRH) Program and/or OCO's HUD Transitional Housing (TH) Program.

I agree to refrain from verbally, physically or emotionally threatening behaviors towards staff. Behaviors that will not be tolerated include: hitting, kicking, punching, slapping, name calling, threats, excessive use of profanity, intimidating behaviors and racist or sexist language, comments or insults.

I agree to meet with my Case Manager a minimum of once per month in RRH and weekly in TH. Weekly meetings is strongly encouraged for all consumer's.

I understand that as a part of my participant agreement, I must engage in twenty hours of service provision a week.

Print Consumer's Name

Staff Signature

Consumer's Signature

Date

Date

I acknowledge that I have received information on New York State Fair Housing and the Violence Against Womens Act (VAWA).

Print Consumer's Name

Staff Signature

Consumer's Signature

Date

Date



DOING THE
MOST GOOD™

STATE STREET APARTMENTS PROGRAM AGREEMENT

Welcome to State Street Apartments!

To make your stay as productive as possible, SSA staff agrees to provide you with a safe, comfortable place for you to live with adequate necessities. We will assist you in resolving your problems and conflicts while acting in compliance with NY State law. We will guide you in identifying both long and short-term goals and will assist you in meeting your goals whenever possible. To do this, you will make daily decisions with minimal staff intervention, unless requested by you. However, if faced with concerns regarding safety issues, staff will intervene. Below are the rules and expectations at State Street Apartments.

Keys/Money

Upon admission to SSA, you will be given a key to your bedroom and your mailbox. We strongly encourage you to lock your door upon leaving the premises. *If you lose your key, you will be responsible for the cost of replacing it. SSA is not liable for any loss/theft of property, including money.* For an extra level of security, purchasing a locked box to keep money in is encouraged.

Respect

Please respect the rights of staff as well as other residents. Aggressive behavior is not tolerated and can result in the police being contacted and/or immediate discharge from SSA (temporary or permanent at the discretion of the SSA Manager). Staff will appropriately deal with behaviors such as verbal threats, abusive language, and provoking fights.

Drug/Alcohol/Weapon Free Environment

“It is the policy of the Salvation Army, Syracuse Area Services to prohibit weapons and illicit drugs of any kind to be on any Salvation Army property” [TSA Weapons & Illicit Drugs Policy]

Possession of illegal drugs, drug paraphernalia, and/or weapons is not allowed on the premises. Having weapons can pose a safety issue to all others within the building. Staff is available for resident conflict resolution and to help with any unexpected issues such as the need for outside medical attention. On-call staff is available as needed.

Smoking

The designated areas for smoking are the apartment balconies or the back yard. For safety reasons, you are not expected to light or burn anything (cigarette, cigar, candle, incense, etc.) inside the apartment.

Mental Health

Your commitment to your mental well-being is essential in being successful. For everyone, staying mentally healthy will mean different things. For some people, medication is important. For others, seeing a therapist or attending groups, and for some both are necessary. Whatever is right for YOU is what we will expect you to actively work on during your residence. However, if a professional recommendation is made (such as inpatient or rehabilitation treatment), we will expect you to follow through.

Medications

If you have any medications prescribed to you, it is important for you to take them as directed.

Rounds/Appropriate Dress/Access to your Apartment

SSA staff will conduct a walk-through in each apartment, throughout the day and evening, to ensure safety and that the apartment accommodations are working properly. Staff should always knock before entering your apartment and/or bedroom. Please dress appropriately when you are in shared space or public space at State Street Apartments. You may dress how you choose within the confines of your private bedroom when the door is completely closed.

Staff Access to your Apartment/Room Searches

Please be aware that SSA staff, Salvation Army employees, or people that work outside of this agency, may need to enter your apartment to provide services or render repairs. We engage services such as pest control, electricians, plumbers, property inspectors, heating/air services, painters and other similar services and vendors throughout the year. Whenever possible, you will be given at least 24 hours advance notice to prepare for the visit. You may be notified verbally by an SSA staff and/or in writing.

Please be aware that in situations classified as an emergency, staff will not ask your permission but will simply announce their presence as they unlock and enter your apartment or bedroom. Situations that could be considered emergencies may include but are not limited to: violence/crime in progress, evidence of smoke or fire, plumbing malfunctions, unannounced monitoring visits from program funding sources, compliance with a legal search warrant and issues considered to be an immediate threat to the health and safety of SSA's residents and staff.

In all cases where you didn't receive advance notice that an outside service or vendor would be entering your apartment, you will receive a memo making you aware that someone was in your apartment and why.

In ALL cases, both emergency and non-emergency, SSA staff will be present when someone else is entering your apartment. Only in extreme situations (such as being forced to evacuate the building during a fire) would an outside person enter your apartment/bedroom without SSA staff being present.

Meetings with the Case Manager

You are expected to meet at least twice monthly with your Case Manager. These meetings are times for you to work on goals, discuss challenges, complete important paperwork, etc.

Service Requirements

You are expected to engage in at least twenty hours of service provision a week in order to maintain enrollment in the program.

Discharge

You are expected to give the SSA Program Manager at least 30 days notice in writing if you plan to move out of SSA. Failure to do so will result in your security deposit NOT being returned to you.

If you are evicted by the SSA Program Manager, your security deposit will not be returned, nor the remainder of rent paid for the month in which you are evicted.

Upon discharge, you will also be expected to return your bedroom and mailbox keys. Any belongings you leave behind will only be kept for 14 days before being discarded, unless otherwise arranged in advance in writing. Additionally, upon discharge, it is your responsibility to make the post office aware of your new living address. SSA will forward mail for up to 21 days (3 weeks) after you leave. After 21 days, ***all mail will be returned to the sender!***

This agreement is subject to change at the discretion of the SSA Program Manager and as policies & procedures evolve over time.

Your signature below acknowledges that you understand this agreement and will comply with it.

Resident (print name)

Resident Signature

Date

SSA Staff

Date

Sublease Agreement

This **Sublease Agreement** is made between **Catholic Charities of Onondaga County**, as the "Sublandlord," and _____, as the "Subtenant," together referred to as the "Parties."

The Parties agree that the Subtenant shall lease from the Sublandlord a portion of the Sublandlord's interest in the premises located at _____, Syracuse, New York (the "Premises") on the following terms:

1. Sublease Term. The sublease will have an initial term of **one (1) year**, beginning on _____ that is renewable and is terminable only for cause.

2. Sublease is contingent on Subtenant being an active Supportive Housing Program participant. In addition, as an active Supportive Housing Program Participant, the Subtenant will be expected to meet with an assigned Caseworker at least once per week.

3. Rent. Per HUD regulations, Subtenant will pay a total monthly rent equal to **30% of his /her eligible income**. Subtenant will work with Catholic Charities staff to determine this amount. Rent will be payable on the first day of each month directly to **Catholic Charities, 1654 West Onondaga Street, Syracuse, NY 13204**. If payment is received directly by Catholic Charities Supportive Housing staff then a receipt will be issued at the time the payment is collected.

4. Security Deposit. Not Applicable.

5. Termination Notice. Subtenant is not responsible for finding a replacement upon the termination of his/her tenancy.

6. Subtenant's Interest in the Premises. Subtenant is one of _____ total tenants occupying the Premises (the "Tenants"). Subtenant will not share a bedroom at the Premises. Subtenant may share all of the common spaces (e.g., living room, dining room, kitchen, and bathroom) in the Premises equally with the other Tenants.

7. Guest Policy. The Subtenant does not need to obtain Sublandlord's permission prior to the visit of any overnight guest(s). **No long-term guests are permitted.** Subtenant is not allowed to leave guests in the premises when Subtenant is not present.

8. Utility Charges. The Sublandlord will pay utility costs. Air-conditioners are not permitted unless Subtenant has supplied the Sublandlord with written documentation of doctor authorized use of an air-conditioner.

9. Noise Level. Subtenants will maintain an appropriate noise level at all times.

10. Personal Belongings. Neither the Sublandlord nor the Landlord is responsible for the Subtenant's items. The subtenant is encouraged to pursue renter's insurance to have losses covered.

11. No Pet Policy. Subtenant is not allowed to have a pet unless the Subtenant has supplied the Sublandlord with documentation of doctor authorized use of a licensed therapy pet.

12. Master Lease. In addition to the provisions of this Sublease Agreement, the Subtenant agrees to be bound by all the conditions of the lease, rules and regulations between Sublandlord and the Landlord, _____ (the "Master Lease").

13. Termination of Master Lease. If the Master Lease is terminated the Sublandlord will provide thirty (30) days' notice to Subtenant. Subtenant agrees that if the Master Lease is terminated for any reason, this Sublease Agreement will terminate as of the same date.

14. Termination of Sublease. **If the Subtenant violates any of the conditions of this Sublease or other program guidelines/documents, Catholic Charities may provide notice that the Subtenant must vacate within thirty (30) days.**

15. Institutionalization During Term of the Sublease. If Subtenant becomes institutionalized (including incarceration) during the term of this Sublease, the Sublease will be terminated within 90 days.

16. Subleasing and Assignment. Subtenant may not lease, sublease, or assign the Premises.

17. Condition of the Premises. Subtenant is responsible for any damage resulting from the act or neglect of Subtenant or those persons who are invitees of the Subtenant. **Excessive damages and/or neglect will result in termination of this Sublease Agreement and/or the Subtenant will be responsible for the costs of the damages. Excessive Damage includes, any damage done to building and/or apartment that is not considered basic "wear and tear."**

18. Inspections. Subtenant must allow the Sublandlord to conduct regular habitability inspections of the apartment to check for maintenance problems and upkeep of the property. Subtenant must allow access for scheduled maintenance. In the event of an emergency, or requested maintenance repairs the subtenant must allow immediate access to the unit.

19. Smoke Detectors. The Sublandlord has installed smoke detectors for subtenant's safety. It is the Subtenants responsibility to keep them in working order and to inform the Sublandlord if the smoke detector is not working.

20. Alterations. Subtenant must obtain Sublandlord's prior written consent to install any washing machines, dryers, "built-in" decorations or make alterations to paint or wallpaper the apartment. Nor shall the Subtenant make any repairs to the apartment.

21. Lock Changes and Replacement Keys. Subtenant **may not** change the locks on the door or install additional locks. If Subtenant misplaces, loses or the keys are stolen there may a replacement fee charged to the Subtenant. This includes the apartment door and any additional keys that the Sublandlord has provided the Subtenant with at move-in.

22. Pest Control. To limit pest infestations Sublandlord needs to pre-approve any furniture being brought into the apartment. If an infestation occurs and an exterminator identifies infested items they are to be disposed of. The Subtenant cannot refuse exterminators access to the apartment.

23. Complete and Binding Agreement. All preliminary negotiations between the Parties are merged into, and superseded by, the terms of this Sublease and will not be enforceable until signed by both Subtenant and Sublandlord. Any modification to this Agreement must be in writing, signed by both Sublandlord and Subtenant.

___ **24. Grievance Policy and Due Process.** The subtenant received a copy of the grievance policy.

___ **25. Lead Information Pamphlet.** The subtenant received a copy of the lead pamphlet.

___ **26. Right to Fair Housing.** The subtenant received a copy of the NYS Fair Housing Rights.

___ **27. Right to VAWA.** The subtenant received a copy of the Violence Against Women Act.

We, the Undersigned, agree to the above stated terms.

Subtenant:

Sublandlord:

Signature

Signature

Print Name

Print Name

Date:_____

Date:_____



TAPC Resident Contract

**Welcome to the TAPC! If you need help or have any questions, please ask staff!
You can reach the front desk at (315) 479-1330.**

We want you to enjoy your time with us here at the TAPC. However, with so many young ladies living in the same building (along with infants, babies and toddlers!), it has become necessary over the years to establish several rules and guidelines. They are meant to keep everyone safe and also meant to help you achieve your goals so you may soon live on your own and independently!

1. RENT & SECURITY DEPOSIT

- a. Rent = \$300 (1 person), \$340 (2 people), \$380 (3 people). Due the 1st of each month.
- b. Security Deposit: \$100 and first month's rent prior to moving in.
- c. If you do not have enough money for the security deposit, payment plans are available.
- d. The Security Deposit will be returned when you move out, if you adhere to the following:
 - Provide the TAPC and DSS with a written 30-day notice
 - Remove all your belongings prior to your last day of rent payment
 - Clean your apartment according to the approval of the TAPC Director/Staff
 - Pay all past due rent that might be owed to the TAPC
 - Replace or reimburse any damaged items belonging to the TAPC
- e. If you are eligible for a Security Deposit, it will take The Salvation Army 1-2 weeks to process the payment. Please plan for this slight delay.
- f. A \$5 key deposit will be required for your apartment key. When you move out, if you return the key in good working order, your \$5 deposit will be returned to you as well.

2. WEAPONS, VIOLENCE & DISREPECTFUL BEHAVIOR

- a. TAPC residents and their guests must not possess weapons of any kind (ex: knives, pellet guns, box cutters, mace, etc).
- b. Any weapons confiscated will not be returned unless law enforcement provides approval.
- c. Threats, gossip, verbal abuse, violent behavior or instigating conflict toward residents, guests, staff and even your own children (inside or outside of the TAPC building) will not be tolerated. Everyone at the TAPC must be entitled to live in peace and to express their own opinions without fear of bullying or harassment.

3. DRUGS & ALCOHOL

- a. The TAPC is a drug-free environment! TAPC residents must not use or be suspected of using drugs or alcohol on the premises.
- b. Guests suspected of being under the influence of drugs or alcohol will be required to leave the property immediately, including possible permanent restriction from the building.

4. DAMAGES TO PROPERTY

- a. TAPC residents must inform staff if anything in their apartment needs repair.
- b. TAPC residents will be responsible to pay for any damages they, their guests or their children cause to their apartment or property. Examples include (but are not limited to): holes in the walls, broken furniture, carpet and water damages (caused by overflowing

sinks, tubs, toilets). Unpaid damages will be taken out of your security deposit. Unpaid damages which exceed the security deposit may result in immediate discharge.

- c. Certain repairs may require outside vendors to complete. The TAPC is not responsible for repair delays caused by these outside vendors.

5. **PERSONAL BELONGINGS**

- a. Stealing from residents, guests or staff will not be tolerated. The TAPC will involve law enforcement to assist with investigations, including the use of TAPC camera footage.
- b. Entering another resident's apartment without permission is considered a violation of this same policy. Being in someone else's apartment requires their prior permission.
- c. TAPC staff will not retrieve items that you may have left in another resident's apartment.
- d. The TAPC is not responsible for items or property damaged or stolen by visitors in your apartment. This includes keeping your doors closed and locked.
- e. We suggest that you bring your stroller to your apartment. The TAPC will not replace lost or stolen strollers from the hallway or the lobby. If you do not have room to store your stroller, speak with the TAPC Director regarding possible TAPC storage options.
- f. Once you move out of your TAPC apartment, you must remove all belongings by the last day of paid rent. Unless there is some other written plan on file with the Program Director, any belongings left in the apartment on the last day of paid rent will be removed and disposed or donated in any manner the TAPC chooses.

6. **ROOM INSPECTIONS & ACCESSING APARTMENTS**

- a. The TAPC reserves the right to inspect your apartment for issues relating to maintenance, health, safety and overall cleanliness. When possible, the TAPC staff will inform you prior to visiting your apartment. In certain circumstances, the TAPC may be unable to provide prior notice, such as during an emergency situation or in cases where a program violation is suspected. Staff may also enter your apartment to retrieve items you borrowed from the TAPC, such as vacuums or strollers.
- b. During scheduled and unscheduled visits, TAPC staff will knock on your apartment door, identify themselves, and wait to be invited in. In situations where a resident is not home or program violations are suspected, TAPC staff will not wait for permission to enter.
- c. If you are not home when staff enter your apartment, you will receive a note stating that we entered (either a general notice to all residents or a specific note posted on your door).
- d. The exterminator vendor enters all TAPC apartments every month. Do not refuse the exterminator vendor from entering your apartment.
- e. **If staff or vendors identify your ROOM as being UNSAFE or UNSANITARY for your child, the TAPC is required to contact CPS immediately.** Likewise, if CPS is involved in your case regarding unsafe or unsanitary conditions, the TAPC will allow them access to your apartment, even if you are not home.
- f. **Program restrictions and guest restrictions will be issued for any failed room inspections or unhealthy conditions.** TAPC residents must adhere to the following:
 - Turn off lights, heating units, irons, curling irons, etc, etc when you are not home.
 - Do not leave trash containers open or unemptied for extended periods of time.
 - Do not leave trash in the hall or outside your door.
 - Limit excessive clutter, left over food, or food on the floor.
 - Do not block exits & Do not remove emergency evacuation routes.
 - Do not remove screens or "window stops."
 - Do not use electrical cords that are worn or frayed.
 - Do not leave combustible items on stove burners.
 - Do not tamper with smoke detectors.
- g. If you need help improving your living conditions, just ask the TAPC staff for assistance.

7. LOANERS

The TAPC Office has a limited supply of vacuums, strollers and car seats that are available for your use on a sign-out basis. Please use them immediately and return them the same day. (Please return the stroller closed.)

8. PETS: There are no pets allowed at the TAPC or in your apartment.

9. DOORS & WALLS (DECORATIONS & Postings)

Please limit your door decorations to items that are not vulgar, degrading, or offensive in any way (staff will remove all inappropriate items). Please use “fun tack” tape or command strips only. Do not use nails or screws. It is acceptable to post a non-offensive “Do Not Disturb” sign on your door. Do not place stickers on doors, fridges, cabinets, etc, etc.

10. LOCKING YOURSELF OUT (SEE FRONT DESK/STAFF)

- a. If you lock yourself out of your apartment, TAPC staff can let you in. However, we may not be able to drop everything and race up the stairs. Be patient! We'll help as soon as we can.
- b. If you lose your key, you will need to buy a new one from the TAPC for \$5.

11. SMOKING & FIRE CODE VIOLATIONS

- a. Due to Fire Codes, there is no smoking or burning candles/incense at the TAPC.
- b. There is No Smoking at the TAPC front door or entryway (regardless of the weather!).
- c. Do not leave your child alone or unattended while you are outside smoking! You must plan for your child's care/ supervision.
- d. Violation of these policies may result in social services intervention, as well as TAPC restrictions, including immediate discharge.

12. FIRE DRILLS

- a. During a fire drill, leave the building immediately and gather at the 667 lot or 677 lobby.
- b. If you see an actual fire, pull the alarm box and use the nearest exit.
- c. Fire drills are done monthly at various times. To comply with fire code, everyone must exit the building. See the emergency fire evacuation routes in every room and hallway.
- d. Violation of these policies will result in TAPC restrictions, including discharge.

13. SMOKE DETECTORS

TAPC smoke detectors are not to be removed, covered, or otherwise tampered with. Violation of this policy will result in TAPC restrictions, including discharge.

14. QUIET HOURS

Quiet Hours are from 9 pm - 9 am. Please be considerate of your neighbors by keeping the noise at a reasonable level (even when it isn't “quiet hours”). To reduce noise levels, your doors are expected to be closed during Quiet Hours.

15. HALLWAY RULES

- a. During Business Hours (Mon-Fri 8-4:30 pm), residents should not congregate in the hallways. Once Business Hours are over, residents may then use the hallways for socializing until the onset of Quiet Hours.
- b. There is no food or drink allowed in the TAPC hallways.
- c. Children must be supervised by their parents in the hallways.
- d. TAPC residents must be respectful of their neighbors and keep the noise level down.
- e. Please clean up after yourself. Pick up wrappers and trash in the hallways. **THIS IS YOUR HOME. TAKE PRIDE IN WHERE YOU LIVE.**

16. RESIDENTS SIGNING IN/OUT & DOOR BUZZER

- a. TAPC residents must sign in and out of the building, using a.m. and p.m.
- b. If a resident or child will be away from the building over night or for a period of days, you must notify staff in writing.
- c. If you plan on being away, please empty your garbage & clean your room before leaving.
- d. Do not hold down the door buzzer! The noise from the buzzer rings throughout the upstairs hallway and is considered disrespectful and disruptive behavior. Call us ahead of time to let us know you are coming so you are not left standing outside in the dark or in the rain. We will respond as quickly as possible.

17. TIME SPENT IN PROGRAM

- a. Residents must live/sleep in their TAPC Apartment at least 4 out of 7 days a week. The TAPC is for people who need our housing. If you don't need our housing, we'll give your TAPC apartment to someone who does.
- b. DSS will be notified if you are no longer "living here." DSS will then stop your rent & close your case.

18. PROGRAM INCENTIVES & REWARDS

- Free Washes will be given to those residents with good attendance at school, work, TAPC Group Sessions or volunteering at the program.
- Free Wash passes can also be earned by maintaining a regularly clean apartment.
- The Free Washes are free . . . you bring the soap!
- Tenants selected as "Resident of the Month" will receive recognition for their hard work as well as a small acknowledgement gift for their efforts.

19. GUESTS & GUEST HOURS - Daily 3 pm – 9 pm

- a. Guest must already be listed on the Approved Guest List! This means prior approval, paperwork and ID (at each visit).
- b. Parents and guests must sign in and out at the front desk. Parents and guests who are 16 years and older must leave a **picture** ID at the front desk. Minors still sign in and out at desk and will need to agree to picture being taken.
- c. Guests will be restricted due to prior or current behavior of residents or guests. Parents or guests with an active order of protection against them will not be admitted. Anyone known to be violent against a resident will not be admitted.
- d. **Guests who arrive extremely early will be asked to wait outside until Guest Hours begin.** Guests arriving within 5 minutes of Guest Hours may be allowed to wait inside the lobby.
- e. Parents and guests must remain with the TAPC resident they are visiting. Parents and guests should not be in the apartment if the resident is not present.
- f. Parents and guests are welcome, provided they adhere to program rules. TAPC residents are responsible for the actions of their guests.
- g. At 9 pm all parents and guests must vacate the TAPC. Any guest in violation, may be restricted from future visits, this includes guests requiring reminders to exit the building.
- h. **If your guests do not leave the building by 9 pm, you will lose guest privileges for 7 days. If your guests violate Guest Hours a second time, your guest privileges will be suspended for a month. Continued violations beyond that will result in the loss of guest privileges until further notice. (Only your Case Planner or TAPC Director can remove you from the "No Guest List," so plan ahead if your restriction is ending).**
- i. For any residents who are under the age of 18 (or considered a Minor), guest privileges are limited. Family members of any age may visit if the resident is able to provide documented evidence that a family connection exists. All other guests must be under the age of 21.

- j. TAPC staff will not open the front door for any outside Visitor after guest hours are over.
- k. Parents and guests may not invite their own guests into the TAPC.
- l. Guests can not listed on more than one resident's approved guest list.
- m. Only TAPC staff should let residents and guests into the building. Any resident who lets a non-resident into the building without staff approval will face TAPC restrictions, including discharge.
- n. Residents should spend no more than 2 nights per week in another resident's apartment. Again, the TAPC is for people who need our housing. If you don't need our housing, we'll give your TAPC apartment to someone who does.
- o. If you've lost your own Guest privileges, then you've lost the privilege of being with other residents who currently have guests visiting.

20. CARE AND SAFETY OF CHILDREN & BABYSITTING POLICY

- a. All children must be supervised and in sight of their parent or babysitter.
- b. All residents should be in school or working, maintaining their responsibility to PA/JOB Plus, to protect their income. As such, TAPC residents cannot regularly babysit other resident's children during the day.
- c. Residents should not attempt to care for more than one beyond their own child.
- d. A babysitter is only responsible to watch your child during the time that she has agreed. If the resident does not return on time, without additional contact or planning, TAPC staff will instruct the babysitter to call CPS.
- e. Children should never be left alone. If TAPC staff discover a child alone, they will insist that the parent provide immediate supervision or make alternative arrangements to ensure the child's safety. If the situation resulted in any type of abuse or neglect, CPS will also be notified.
- f. TAPC staff is not responsible for supervising a resident's child at any time, especially, if staff is on shift alone. Staff may temporarily hold your baby while you are out to smoke, but only if you remain in sight, for cigarette or some air for 5-10 minutes.

21. TRASH REMOVAL: Trash Closet Hours (Monday – Friday, 8am - 5 pm)

- Garbage should be placed in the garbage cans that are in each apartment, not on the floor. Trash should be removed from your room daily and placed in the trash closet. Otherwise, you can bring it through the tunnel to the dumpster, any time the alarms are off.
- **Garbage cannot be left in the hallway** or outside the closet.
- Apartment trash cannot be placed in laundry room trash cans or in the returnable bottle barrel. Please take out your trash if you know you will be out for a couple or you are moving.

22. LAUNDRY ROOM

- The laundry room is for use by residents only. Laundry should be removed immediately when it is done so that other residents may use the machines. If laundry is not removed immediately, other residents will place your clothing on top of the machine. Never start a load of laundry and then leave the building!
- a. Laundry Room is open almost all of the time, unless it is locked for pest control.
- b. Free Washes are not allowed to be shared.
- c. If we have a new move-in, we will have to close the laundry room temporarily until all their items are washed. This is part of our pest control policy and we cannot change that. All clothing entering the building needs to go straight to the Laundry Room.
- d. Please clean lint traps regularly.

- 23. HOUSE GATHERINGS - POSTED AS SCHEDULED**
Program updates and Living Skills topics are reviewed. You can also share your ideas, concerns, to help us work together to make program improvements. At times we share a meal and celebrate any resident working hard at achieving their goals.
- 24. MEETING WITH YOUR CASE PLANNER**
Residents must keep appointments with their Case Planner at least twice a month. TAPC residents must be actively working on a goal plan. You must keep your Case Planner informed of your progress so we can help you stay on track. By being informed, we'll have the ability to nominate you as Resident of the Month!
- 25. EDUCATIONAL ENROLLMENT & SERVICE REQUIREMENTS**
Residents are expected to attend school or find employment. These are also requirements for Public Assistance recipients completing their Jobs Plus requirements. The participant must engage in at least twenty hours of service provision a week in order to maintain enrollment in the program. You will earn Free Washes for any successes in this area!
- 26. TAPC SUPPORT GROUPS - Free Washes for attendance!**
- 27. APPROPRIATE CLOTHING AND DRESS**
You must be fully dressed and covered up when entering public areas. This includes Hallways, Lobby, Lounge, Group Room, Parking Lot and even your own apartment if the door is open. It is not acceptable to walk around with see-through clothing, short shorts or showing body parts.
- 28. COMPUTER / PLAY ROOM / MEETING ROOM / KITCHEN AREA**
- Approval is needed for use of the computer for school, employment or goal related use.
 - The Lounge / Meeting Room will be closed if the microwave, toaster & computer users do not clean up after themselves or their child.
- 29. EMERGENCY FOOD AND DIAPERS**
Emergency food, formula, diapers and feminine hygiene products are available at the TAPC Office. This supply is just to get you through the night, until you follow up with your Case Planner the next business day and establish more permanent arrangements. Staff will document the items given out. Overuse of the emergency supplies will not be allowed.
- 30. FRONT STEPS AND TAPC LOBBY**
- TAPC residents and guests cannot hang around or sit on the front building steps.
 - You can socialize and sit on the steps near the flags. Residents and guests are not allowed to visit for more than 5 minutes in the front lobby.
 - If you are on the "NO GUEST LIST," you must meet with visitors outside.
- 31. MOVING OUT: PA BENEFITS & FORWARDING ADDRESS FOR MAIL**
Please be advised that if you are under the age of 18 and you choose to move out of the TAPC (or if you are Discharged), DSS requires us to inform Public Assistance that you will no longer be living in a supported and supervised environment. This may cause difficulties with your PA benefits / Income. Please give your Forwarding Address at the TAPC Front desk so we can forward your mail. Without a forwarding address, the TAPC will return your mail to sender. Please be aware that DSS, social security office, child support offices & any other government mail normally cannot be forwarded.

Resident Landlord Agreement:

Together with TAPC staff, I have reviewed and discussed all the policies and expectations in this Resident Contract. I understand that the rules also coincide with the items listed in the Rental Agreement. **I realize that if I do not adhere to this agreement, I may face program consequences, up to and including immediate Discharge.**

I understand the TAPC Resident Contract and agree to comply with its conditions. I realize that violating these policies will result in consequences, which may include being placed on the NO GUEST LIST or even immediate Program Discharge/Eviction.

I also understand that by violating the following policy numbers, not only will I face consequences and possible eviction, but the TAPC staff will take additional steps to involve law enforcement as well as the Department of Social Services CPS Unit: #2, #3, #5, #6, #11 and #20.

I also understand that the following policy numbers do not contain additional consequences other than those already listed: #7, #8, #9, #10, #16, #18, #22, #23, #26, #28, #29 and #31.

If a program discharge/eviction should be issued I understand that I may discuss the legitimacy of that decision with the Program Director and that I may be able to enroll back into the program at a later date, depending on the circumstances regarding the discharge/eviction.

Resident Printed Name: _____

Resident's Signature: _____

Date _____

TAPC Staff Signature: _____

Date _____

(Revised: 3/23/22 – SMC)

Transitional Housing Service Agreement and Program Expectations

Name _____

While you are admitted to the Unity House Transitional Housing, you are required to abide by the Program Expectations outlined in this agreement. As a resident, you have access to dedicated supportive services designed to help you in meeting these expectations as well as engaging with the local community and accessing area resources to the extent you choose. We expect residents to follow these guidelines to ensure a safe and stable environment for everyone. If you experience difficulties meeting these expectations, staff will collaborate with you on a corrective action plan; however, unresolved issues may jeopardize your housing placement.

1. You must engage in supportive services and participate by meeting with your housing case manager at least twice per month.
2. You should work collaboratively with your case manager to develop and implement your own service plan agreement. The service plan will be updated at least semiannually.
3. You must abide by the terms and conditions of the occupancy agreement, including adherence to property rules such as maintaining the apartment in good condition and complying with noise expectations. Individuals are expected to be respectful of neighbors and the surrounding community. If you do not abide by your occupancy agreement conditions, remediation will be completed with assistance and support from Unity House staff. If continued issues occur, termination of the occupancy agreement can occur.
4. You are expected to interact with staff and neighbors in a respectful and non-threatening manner. Verbal abuse, threats, harassment, physical aggression, or acts of violence toward others are not permitted and may result in immediate intervention and further action in accordance with agency policy.
5. Income documentation will be verified at the time of admission, during significant changes in financial status, and upon request by staff while assisting you in finding future housing options that fit your needs. Income is not a condition of program eligibility.
8. You should communicate all changes in household composition or phone numbers.

I acknowledge that I have received and reviewed the Program Expectations for Unity House Transitional Housing. I have had the opportunity to ask questions and know how to request additional information or support if needed.

Individual: _____

Date: _____

Unity House Staff _____

Date: _____



Vera House HUD CoC Supportive Services Agreement

Project: Scattered-Site Transitional Housing for Survivors

Participant Supportive Services Participation Agreement

Participant Name: _____

Household identification number: _____

Program entry date: _____

Case manager: _____

Purpose

Vera House's Scattered-Site Transitional Housing Program provides safe, confidential, time-limited housing and individualized supportive services to help survivors and their families increase safety, housing stability, economic security, and readiness for permanent housing. Services will be trauma-informed, culturally responsive, accessible, and tailored to the participant's stated needs, goals, safety considerations, family responsibilities, and choices. Each participant will be required to fill out a weekly form that outlines the supportive services they participated in and give to their case manager on a monthly basis.

Participation Requirement

As a condition of continued participation in this Transitional Housing Program, each adult participant must participate in a housing-focused case-management meeting at least twice every 30 days, unless an applicable legal exception or approved reasonable accommodation modifies this requirement. Meetings will address non-disability-related

housing needs, such as housing search, tenancy education, benefits access or planning for permanent housing. The participant and case manager will jointly develop an Individualized Housing Stability and Safety Plan promptly after program entry and review it during these meetings. The participant will have a meaningful role in selecting goals and revising the plan. No participant must disclose trauma details or accept clinical services to satisfy this requirement.

Separately, the TH project will provide individualized services designed to result in at least 20 hours per week of combined engagement in services, activities, education, training, volunteering, and/or employment for participants to whom the applicable FY 2026 TH criterion applies. Paid employment may count toward this engagement level. This is a service-planning provision, not an automatic housing-termination threshold or a requirement to accept clinical services. Vera House will use flexible scheduling and reasonable accommodations to reduce barriers related to safety, disability, childcare, transportation, court obligations, health, and work schedules.

Activities That May Satisfy the Requirement

Depending on the participant's individualized plan, qualifying engagement may include:

- Meetings with a Vera House case manager;
- Safety planning and housing stability planning;
- Housing search, landlord communication, lease education, and permanent-housing preparation;
- Benefits screening, application assistance, and financial literacy or credit-repair activities;
- Education, GED preparation, vocational education, job training, job search, or employment-readiness activities;
- Paid employment, work experience, volunteering, or community-building activities;
- Parenting education, children's service coordination, or family-strengthening activities;

- Legal advocacy, court accompaniment, or appointments related to obtaining legal protections and resolving barriers to housing;
- Health, behavioral-health, counseling, recovery, or substance-use services when voluntarily selected by the participant; and
- Other services or activities jointly determined to advance the participant's safety, housing, wellness, employment, or self-sufficiency goals.

Exceptions and Accommodations

The 20-hour weekly engagement standard does not apply to a participant who:

- Is over age 62;
- Is an individual with handicaps as defined in 24 CFR 8.3; or
- Has a developmental disability as defined under 24 CFR 578.3.

These participants may continue to receive supportive services that they choose and that are appropriate to their individualized needs. Vera House will provide reasonable accommodations and effective communication for participants with disabilities.

Safety, Privacy, and Confidentiality

Vera House will protect personally identifying information and survivor records in accordance with applicable confidentiality laws and Vera House policy. Information will not be shared with landlords, employers, service providers, family members, law enforcement, or other parties without the participant's informed, written, reasonably time-limited consent, except when disclosure is required by law. A participant may revoke consent as permitted by law.

Participation expectations will be implemented in a manner that prioritizes survivor safety. Vera House will offer confidential meeting locations, remote options when appropriate, and schedule adjustments when participation would create a safety risk.

When Participation Becomes Difficult

Participants should tell their case manager when safety concerns, disability, health, childcare, transportation, employment, court obligations, or other circumstances make an activity unsafe or impractical. Vera House will first use supportive engagement, reasonable accommodation, schedule adjustment, referral changes, and revision of the Individualized Housing Stability and Safety Plan. A missed appointment or short-term reduction in participation will not automatically result in termination.

Grievance and Termination Protections

Before terminating assistance for failure to meet a program requirement, Vera House will follow the written termination process required by 24 CFR 578.91. The participant will receive:

1. A written copy of program rules and the termination process before assistance begins;
2. Written notice clearly explaining the proposed reason for termination;
3. An opportunity to present written or oral objections to a reviewer who neither made nor approved the initial decision and is not subordinate to the person who did; and
4. Prompt written notice of the final decision.

Termination will be considered only after Vera House reviews safety concerns, disability-related needs, reasonable accommodations, and other extenuating circumstances and documents reasonable efforts to resolve the concern. Termination will not be based on a participant's status as a survivor or on conduct directly related to domestic violence, dating violence, sexual assault, or stalking in violation of applicable VAWA protections.

Participant Acknowledgment

By signing below, I acknowledge that:

- This agreement has been explained to me I;
- I had an opportunity to ask questions and receive answers;

- I understand the individualized supportive-services participation requirement and the activities that may satisfy it;
- I understand that Vera House cannot require disability-related services and that the 20-hour standard does not apply when an identified age or disability exception applies;
- I understand my confidentiality, accommodation, grievance, and appeal rights; and
- I received a copy of this agreement.

Participant signature: _____

Date: _____

Vera House representative: _____

Title: _____

Signature: _____

Date: _____

Interpreter or communication assistance provided, if applicable:



SYRACUSE POLICE DEPARTMENT

CITY OF SYRACUSE, MAYOR SHARON F. OWENS

Mark M. Rusin
Chief of Police

September 29, 2026

To the NY-505 Continuum of Care:

This letter is provided in support of the Housing & Homeless Coalition of Central New York, Inc (HHC) and the NY-505 Continuum of Care (NY-505 CoC) and its application under the U.S. Department of Housing and Urban Development (HUD) Continuum of Care (CoC) Program Notice of Funding Opportunity (NOFO). The HHC CoC (NY-505) covers 3 counties in NYS including Cayuga, Onondaga and Oswego.

To our knowledge, the HHC and CoC NY-505 does not interfere with the ability of local public safety agencies to carry out their lawful public safety responsibilities, including but not limited to: clearing tents and encampments; decreasing the public use of illicit drugs; and utilizing standards to address danger to self or others.

The HHC and the NY-505 CoC and its partner agencies collaborate with local law enforcement, emergency services, and other appropriate public safety agencies as necessary and do not establish policies or practices that prevent or discourage appropriate public safety response.

Syracuse Police
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Sincerely,

Mark M. Rusin
Chief



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Onondaga/Oswego/Cayuga County Continuum of Care 2026 New Project Application Rubric

Applications are due July 17th, at 5pm
Applications and all attachments must be submitted in a single PDF to
the HHC via email: info@hhccny.org

<u>Agency and Project Information</u>			
Agency Name:			
Program Name:			
Application Contact Person:			
Agency Contact Email:			
Amount Requesting:		Bed/Unit Inventory (TH) or Projected Number of People Served (SSO Projects)	
Component Type:	☐ Transitional Housing ☐ Supportive Services Only ☐ Supportive Services Only- Street Outreach		
County Serving:	☐ Cayuga ☐ Onondaga ☐ Oswego ☐ Multi-County		
Is this project serving a specific sub-population- please name.			

Threshold Requirements

Applicant is a Non-Profit organization with active 501(c)3 status, public housing authority, or local government organization	☐ Yes ☐ No
Agree to use HMIS (or comparable database if DV)	☐ Yes ☐ No
HHC Membership- has a current MOU or is submitting an MOU with this application	☐ Yes ☐ No
Applicant agrees to using the Coordinated Entry System to fill 100% of beds	☐ Yes ☐ No
Agency has submitted accompanying application in e-snaps.	☐ Yes ☐ No
Management letter from agency's most recent fiscal audit demonstrating that agency is in good standing is attached.	☐ Yes ☐ No
The agency has reviewed all new HUD priorities outlined in the NOFO.	☐ Yes ☐ No
If the answer is no to any of the above questions, please explain below.	
If agency does not meet threshold requirements, stop scoring. Agency is not eligible for CoC funding.	

Narrative Questions

Program Design: 5 points	Please provide a general description of the program including the population served, bed/unit configuration. Please indicate whether project will serve any specialized populations. If submitting an application for Transitional Housing, please outline whether project will be site-based or scattered. If submitting an application for shelter case management (SSO) have you discussed with your local district? (500 words)
4-5 points: Description of project aligns with program requirements and mentions communication with local districts. 2-3 points: Components are missing from program design or program design not well thought-out. 0-1 points: Narrative does not address design elements outlined in the question or critical information is lacking from narrative response.	
Community Need: 5 points	Using local data on homelessness, how does this project support the HHC's goals of ending homelessness for all persons? Please include agency's unique ability to serve the population. (250 words)
4-5 points: Narrative uses local HMIS data to support project goals. Rationale for project is clearly related to HMIS data. Agency has demonstrated leadership in serving this population. 2-3 points: Either narrative does not use HMIS data OR Agency does not demonstrate evidence of leadership in serving population.	

0-1 points: Narrative does not use HMIS/HHC data AND agency does not demonstrate evidence of leadership in serving proposed population.

Efficient and Effective Use of HUD funding 5 points	Has the agency applying for the new project had experience running CoC-funded projects? Please describe housing programs the agency currently administers and describe success of the programs. Please explain. (250 words)
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4-5 points: Agency demonstrates experience operating housing programs, addresses any issues with past performance issues with plan to improve in the future. Application uses currently funded housing project data to demonstrate capacity.

2-3 points: Has some experience operating housing programs.

0-1 points: Agency has little or no experience operating housing programs.

Performance Measures

Employment & Income Growth: 10 points	Describe how clients will be assisted in obtaining employment and income resources to maximize their ability to live independently. (250 words)
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8-10 points: Agency describes their ability and commitment to helping clients in each of the three areas described.

5-7 points: Specific strategies are named, but do not include all three resource areas.

2-4 points: All three resource areas are described, but specific strategies are not described. Strategies are vague.

0-1 points: Answer is not applicable to the question or does not give any detail.

Supportive Service Provision: 10 points	Describe how your program supports and engages the individuals served throughout their participation in the project. (250 words)
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7-10 points: Agency has actionable practices to provide ongoing supportive services throughout the duration of the project. Examples of practices include centering the participant in goal planning, creative engagement strategies, and case management training.

4-6 points: Agency provides supportive services but has limited examples of specific practices.

0-3 points: Agency does not have a clear strategy for providing ongoing services.

Returns to Homelessness: 10 points	How will projects ensure that clients will not return to homelessness after project exit?
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8-10 points: Describes agency practices relating to supportive services and stability plans. Agency has 'moving on' strategies to ensure participants are stable at program exit. Agency addresses how it will ensure participants have long-term stability including access to ongoing supportive services, affordable housing/subsidies, etc.

5-7 points: Agency describes commitment to ensuring participants do not return to homelessness but strategies are unclear or limited. Agency has limited experience in stabilizing clients.



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2-4 points: Agency commits to ensuring participants will not return to homelessness but does not give any concrete details.

0-1 points: Answer is not applicable to the question or does not give details.

For Reviewer Use Only

Applicant Budget is feasible, cost effective, and allowable. (5 points)

☐ Yes ☐ No



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**Cayuga/Onondaga/Oswego County Continuum of Care
2026-27 Local Renewal Application Rubric**

**Applications are due Friday, July 17th by 5 pm.
Single Project Applications must be submitted in a single PDF to
the HHC via email: info@hhccny.org**

<u>Agency and Project Information</u>	
Agency Name:	
Program Name:	
Application Contact Person:	
County Serving:	☐ Cayuga ☐ Onondaga ☐ Oswego ☐ Multi-County
Current Component Type:	☐ RRH ☐ PSH ☐ TH-RRH
Renewal Competition Selection:	☐ Submit project as it exists now for renewal in the local competition ☐ Use transition grant option to switch to TH component ☐ Self-reallocate all or partial funds
If requesting to partially reallocate funds, what is the dollar amount agency is requesting to retain?	
The agency has reviewed all new HUD priorities outlined in the NOFO.	☐ Yes ☐ No

Narrative Response Questions

Supportive Service Provision

Describe how your program supports and engages the individuals served throughout their participation in the project. Please specify how required services will be administered. (250 words)

This question is not scored.

If you are applying for a transition grant to change your project component to a Transitional Project, describe how the project will meet service provision requirements.

If you are applying for a renewal project to keep your current component type in the competition, describe how your project will implement service agreements.

Project Competition Report:

All performance data is for FY2025 (10/1/2024 to 9/30/2025). Financial data is for the most recent completed Fiscal Year. Monitoring score is for the most recent monitoring visit.

Data Quality:
5 points

Were all the following error rates below 5% for Q6 of your FY2025 APR?
Personally-Identifying information (6a),
Universal Data Elements (6b),
Income and Housing Data Quality (6c),
Chronic Homelessness (6d)

☐ Yes ☐ No

Score 5 points for Yes. At or above 5% in any category, no points

Employment
Income Growth:
10 points

What percentage of clients enrolled in your program within the FY2025 year increased their employment income (APR Q19a1 and Q19a2)?

{Within the “Number of Adults with Earned Income” Rows in Q19a1 & 19a2} Adults who Gained or Increased Income from Start to Annual Assessment, Average Gain+ Adults who Gained or Increased Income from Start to Exit, Average Gain)/(Total Adults in Q19a1 + Total Adults in Q19a2)

The PSH scoring:

10 points: More than 15%

7 points: 11% - 14%

4 points: Improved from FY2024

0 points: Less than 11% or did not improve

The RRH scoring:

10 points: More than 16% 7 points: 12% - 15% 4 points: Improved from FY2024 0 points: Less than 12% or did not improve	
Permanent Housing Placement & Retention: 10 points	For PSH, what percentage of clients served in FY2025 either stayed in the project or exited to a permanent housing destination (APR Q5a#8 Stayers, Q23c Exiting to housing destinations) (Positive housing destinations + Stayers) / (Total Participants – Persons excluded) For RRH, of the clients who exited your project, what percentage of clients served in FY2025 exited to a permanent housing destination (APR Q23c)?
The PSH scoring: 10 points: 93-100% 7 points: 86-92% 4 points: Improved from 2024 0 points: Less than 86% or did not improve The RRH scoring: 10 points: 89-100% 7 points: 82-88% 4 points: Improved from 2024 0 points: Less than 82% or did not improve	
Returns to Homelessness 0-12 months: 5 points	What percentage of participants returned to homelessness within this year's Returns SPM for FY2025 for the following time frames (0-12 months)? (Total number of returns in the SPM Measure 2 report between 0 – 365 days/ "Total persons exiting to positive housing destinations" (CoC APR Q23.c) for the 10/1/2022 – 9/30/2023 operating year)
Total Returns for 0-12 months: 5 points: 0-7% 3 points: 8-15% 0 points: 16%+	
Returns to Homelessness 13-24 months: 5 points	What percentage of participants returned to homelessness within this year's Returns SPM for FY2025 for the following time frames (13 to 24 months)? (Total number of returns in the SPM Measure 2 report between 366-730 days/ "Total persons exiting to positive housing destinations" (CoC APR Q23.c) for the 10/1/2022 – 9/30/2023 operating year)
Total Returns for 13-24 months: 5 points: 0-7% 3 points: 8-15% 0 points: 16%+	
APR Submission: 5 points	Was the project's most recent APR submitted on time?
☐ Yes ☐ No	

Score 5 points for Yes.

Monitoring:
10 points

Were there significant findings for your project during CoC monitoring?

☐ Yes ☐ No

Score 10 points for No.

Total

**Certification for Opportunity Zones
Preference Points**

U.S. Department of Housing and
Urban Development

OMB Number: 2501-0044
Expiration Date: 02/28/2027

Type or clearly print the following information.

***Warning: Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties (18 U.S.C §§ 287, 1001, 1010, 1012, 1014; 31 U.S.C. § 3729, 3802; 24 CFR § 28.10(b)(1)(iii)).*

Applicant Organization: NY-505 Continuum of Care, Onondaga, Oswego, Cayuga Counties

Assistance Listing number and Federal Program name to which the Applicant is applying:

Include the funding opportunity number and name exactly as it appears in the applicable funding opportunity announcement (example: 14.896, Family Self-Sufficiency Program).

HUD FY2026 Continuum of Care Competition Grant Notice of Funding Opportunity

Opportunity Zone Census Tract(s), which the proposed activities/projects will benefit:

Include below the full 11-digit census tract number (example: 06067001101). Designated Opportunity Zone Census Tracts can be found at: <https://opportunityzones.hud.gov/resources>. Select the "CDFI Fund Opportunity Zones Resources" link and then select the "List of designated Qualified Opportunity Zones."

Rural OZ (13): 36011042100; 36011041400; 36011041600; 36011041500; 36067940000; 36075020800; 36075021003; 36075021102; 36075021104; 36075021201; 36075021604; 36075021605; 36075021602
OZ (44): 36075020903; 36067011102; 36067013900; 36067001000; 36067000400; 36067000200; 36067000600; 36067000800; 36067001400; 36067000501; 36067001500; 36067001701; 36067001600; 36067002300; 36067002101; 36067002000; 36067012900; 36067002700; 36067003000; 36067003200; 36067003400; 36067003500; 36067003601; 36067003602; 36067002400; 36067004500; 36067004302; 36067004301; 36067004200; 36067004000; 36067003900; 36067003800; 36067004900; 36067005100; 36067005300; 36067005500; 36067005800; 36067005200; 36067005400; 36067005900; 36067006101; 36067006102; 36067005602;

36067004401

The application meets which of the following criteria (please select one):

- ☐ The proposed activities/projects will occur solely within the Opportunity Zone Census Tract(s) listed above.
- ☒ The proposed activities/projects will occur within the Opportunity Zone Census Tract(s) listed above and other communities.
- ☐ The proposed activities/projects will occur outside Opportunity Zone Census Tracts, but substantial and direct benefits will accrue within the Opportunity Zone Census Tracts listed above.

Note: Projects which substantially and directly benefit Opportunity Zone Census Tracts, but which do not consist of activities delivered within Opportunity Zone Census Tracts may be considered for competitive preference. If applicable, the respective Federal Agency will clearly define "substantially and directly" in the relevant funding announcement.

Estimated Funding Allocations

Estimate a percentage of the total dollar amount of awarded federal funding that would result in a direct benefit within the Opportunity Zone Census Tracts listed above:

- ☒ 76% - 100%
- ☐ 51% - 75%
- ☐ 26% - 50%
- ☐ 11% - 25%
- ☐ 1% - 10%

Provide a narrative explaining and/or reference the section in the application that explains how the project will support public and private investment in urban and economically distressed areas, specifically qualified Opportunity Zones (300-word limit):

Example: "The Main Street project described in this application will stimulate economic opportunity and mobility, encourage entrepreneurship, expand quality educational opportunities, and promote workforce development for those families residing within the XYZ Opportunity Zone."

The funded projects in the NY-505 Continuum of Care operate primarily in the 57 opportunity zones listed above. The funded agencies provide housing and supportive services that will allow community members of our CoC to thrive and achieve self-sufficiency.

Check the following boxes that accurately reflect the nature or purpose of the proposed project:

- | | |
|---|---|
| ☐ Access to Capital | ☐ Workforce Development |
| ☐ Asset Building | ☐ Low Income Housing Tax Credit (LIHTC) or other rent restricted housing |
| ☐ Business Assistance | ☐ Market rate housing |
| ☐ Community Capacity Building | ☐ Industrial development |
| ☐ Economic Development | ☐ Commercial or retail development |
| ☐ Education | ☐ Other business development |
| ☐ Healthy Food Access | ☐ "Above ground" infrastructure – streets, sidewalks, lighting |
| ☐ Health | ☐ "Below ground" infrastructure – water, sewer, gas, electric |
| ☒ Housing | ☐ Schools or other educational facilities |
| ☒ Human Services and Family Support | ☐ Hospitals or other health care facilities |
| ☐ Community Infrastructure | |
| ☐ Public Safety | |

Certification of Authorized Representative for the Applicant:

****Under penalty of perjury, I certify on behalf of the Applicant that**

- (1) all information provided on this form is true, complete, and accurate, and
- (2) the Applicant will notify the Agency immediately upon learning of any change in the information provided on this form, and
- (3) I am authorized to speak for the Applicant regarding all information provided on this form.

Prefix: First Name: Middle Name:

Last Name: Suffix:

Title:

Organization:

Signature:

Date:

NY-505 Continuum of Care Statement on Advancing Recovery

The NY-505 Continuum of Care (CoC) is committed to ensuring that CoC-funded housing offers people experiencing homelessness a safe, stable environment and connects them with the services and supports needed to remain housed and pursue their individual goals.

Consistent with this commitment, the NY-505 CoC does not support CoC-funded housing projects that operate drug injection or “safe consumption” sites; knowingly distribute drug paraphernalia on or off property they control; knowingly permit the use or distribution of illicit drugs on agency property; or conduct, permit, encourage, or otherwise allow these activities.

All projects submitted through the NY-505 CoC competition must comply with applicable federal, state, and local laws; HUD requirements; 24 CFR part 578; applicable leases and program agreements; and their approved policies and procedures. Projects must take appropriate action when they learn of activities prohibited by this statement.

If the CoC learns that a CoC-funded project has engaged in activities prohibited by this statement, it will review the circumstances with the project and may require corrective action. Depending on the nature and severity of the conduct, remedies may include a corrective action plan, increased monitoring, or other appropriate measures. Serious or unresolved violations may affect the project's standing in the CoC competition and its consideration in future funding decisions, consistent with applicable HUD requirements. When appropriate, the CoC may also refer concerns to HUD or other relevant authorities.

The NY-505 CoC recognizes that substance use disorders can be a significant barrier to housing stability for some people experiencing homelessness. It encourages CoC-funded projects to connect participants with appropriate treatment, recovery supports, peer services, and recovery housing based on each participant's needs and goals. The CoC also supports collaboration with treatment and recovery providers.

This statement does not impose a blanket sobriety requirement on CoC-funded housing, require treatment as a condition of assistance, or require eviction or termination of assistance solely for a participant's first violation of a drug-related program policy or lease provision. However, individual CoC-funded projects may establish sobriety or treatment requirements when permitted by 24 CFR part 578 and other applicable requirements.

The NY-505 CoC believes that safe housing and expanded access to treatment and recovery resources are compatible goals. This statement outlines the standards for projects submitted through the NY-505 CoC competition while allowing each project to use approaches suited to its population and program model.