

Before Starting the Exhibit 1 Continuum of Care (CoC) Application

HUD strongly encourages ALL applicants to review the following information BEFORE beginning the FY2011 Exhibit 1 Continuum of Care (CoC) application.

Training resources are available online at: www.hudhre.info/esnaps - Training modules are available to help complete or update the Exhibit 1 application, including attaching required forms to the application. - The HUD HRE Virtual Help Desk is available for submitting technical and policy questions.

Things to Remember

- Review the FY2011 Notice of Funding Availability for the Continuum of Care (CoC) Homeless Assistance Program in its entirety for specific application and program requirements. - CoCs that imported their FY2010 information during the CoC Registration process are reminded to carefully review each question in Exhibit 1 to ensure the response imported is appropriate. Questions may have changed from the FY2010 process in which case the imported response may no longer be relevant. Note that not all questions from FY2010 were imported and new questions will require manual responses. Be sure to review the application carefully and verify and update as needed to ensure accuracy.- New CoCs or CoCs that did not apply in FY2010 will not have information pre-populated and must complete all Exhibit 1 forms..

1A. Continuum of Care (CoC) Identification

Instructions:

The fields on this screen are read only and reference the information entered during the CoC Registration process. Updates cannot be made at this time. If the information on this screen is not correct, contact the HUD Virtual Help Desk at www.hudhre.info.

CoC Name and Number (From CoC Registration): CA-520 - Merced City & County CoC

CoC Lead Agency Name: Merced County Association of Governments

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

Instructions:

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

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

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

Name of primary decision-making group: CoC Executive Council

Indicate the frequency of group meetings: Monthly or more

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

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

Specify "other" legal status:

Indicate the percentage of group members that represent the private sector: (e.g., non-profit providers, homeless or formerly homeless persons, advocates and consumer interests) 67%

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

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

Specify "other" process(es):

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

To serve on Executive Council (EC), an application is required explaining motivation for seeking appointment as well as experience with homeless. The CoC general membership, General Collaborative (GC), reviews applications and elects members by white ballot. This past year, Merced County Association of Governments (MCAG) Governing Board accepted governance authority of CoC. This Board also has authority to appoint from its own membership.

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

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

Specify "other" process(es):

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

Yes, if the CoC were provided with sufficient administrative funds, a local agency would have the capacity to serve as the grantee and provide oversight and monitoring. Merced County Association of Governments (MCAG), has administered the CoC Program for the past eight years. In addition to CoC administration, MCAG has administered, including providing oversight and monitoring, the Neighborhood Stabilization Program, the HOME Program and the CDBG Program for member jurisdictions. MCAG has strong partnerships with agencies as we are designated the public forum for cross-jurisdictional issues.

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

Instructions:

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

For additional instructions, refer to the "Exhibit 1 Detailed Instructions" which can be accessed on the left-hand menu bar.

Committees and Frequency

Name of Group	Role of Group (limit 750 characters)	Meeting Frequency
Continuum of Care General Collaborative	The Collaborative identifies the strengths and weaknesses in the system of care, develops means for filling gaps in the system and ensures that services do not overlap or duplicate. In addition, the Collaborative coordinates and assists in the development of local discharge planning policies. Members of the Collaborative also attend meetings hosted by public and private agencies that discharge individuals from their systems of care.	Monthly or more
HMIS and Street Count Subcommittee	Responsible for a) ensuring implementation of HMIS including overcoming any challenges and barriers impacting implementation and inputting accurate data into APRs, compliance with HMIS Data and Technical Standards and integrative use with homeless counts and sub-population data; and b) developing Street Count methodology and homeless surveys, recruits volunteers and collects data regarding the local homeless population.	Monthly or more
One Stop Shop Committee	Community services agencies, including mainstream resource providers, convene monthly to provide immediate services and/or referrals for mainstream resources, employment services, housing, and drug alcohol services. Includes services for re-entry population.	Monthly or more
Merced Homeless Planning Collaborative	Responsible for coordination of community events and meetings to assist homeless and at-risk homeless persons with improved access to mainstream resources, employment and other residential and non-residential programs and activities to improve service delivery, including homeless prevention and rapid re-housing.	Monthly or more
10-Year Plan Implementation Team	Responsible for implementing recommendations of the regional 10 Year Plan to End Homelessness including updating the goals and action steps outlined in the plan on an on-going basis and providing a quarterly evaluation. Initial recommendations are focusing on homeless veterans and educational assurances for homeless children.	quarterly (once each quarter)

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

1D. Continuum of Care (CoC) Member Organizations

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

Organization Name	Membership Type	Organization type	Organization Role	Subpopulations
California Department of Rehabilitation	Public Sector	State g...	Primary Decision Making Group, Committee/Sub-committee/Wo...	Seriously Me...
California Employment Development Department	Public Sector	State g...	Committee/Sub-committee/Work Group	Veterans
City of Merced Housing Program	Public Sector	Local g...	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE
Merced County Association of Governments	Public Sector	Local g...	Primary Decision Making Group, Lead agency for 10-year pl...	NONE
Merced County Department of Mental Health	Public Sector	Local g...	Committee/Sub-committee/Work Group	Seriously Me...
Merced County Department of Public Health	Public Sector	Local g...	Committee/Sub-committee/Work Group	HIV/AIDS
Merced County Human Services Agency	Public Sector	Local g...	Committee/Sub-committee/Work Group	Veterans, Youth
Housing Authority of the County of Merced	Public Sector	Public ...	Committee/Sub-committee/Work Group	NONE
Merced County Office of Education	Public Sector	School ...	Primary Decision Making Group, Committee/Sub-committee/Wo...	Youth
California Department of Corrections	Public Sector	Law enf...	Committee/Sub-committee/Work Group	NONE
Worknet	Public Sector	Local w...	Committee/Sub-committee/Work Group	NONE
Valley Crisis Center	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Domestic Vio...
Central Valley Regional Center	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
Challenged Family Resource Center	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
Community Social Model Advocates	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Substance Abuse
Merced County Community Action Agency	Private Sector	Non-pro..	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE

Center for Independent Living	Private Sector	Funder ...	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE
Merced County Food Bank	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
Turning Point Community Programs	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Seriously Me...
Distinguished Outreach Services	Private Sector	Other	Committee/Sub-committee/Work Group	NONE
Gateway Community Church/Lifeline	Private Sector	Faith-b...	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE
Merced County Rescue Mission	Private Sector	Non-pro..	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE
Salvation Army - Merced	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
Love In the Name of Christ	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	NONE
Golden Valley Health Center	Private Sector	Hospita..	Committee/Sub-committee/Work Group	NONE
Impact House	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
Social Security Administration	Public Sector	State g...	Committee/Sub-committee/Work Group	NONE
Yosemite Church	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	Substance Abuse
Boys and Girls Club	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Youth
Serenity Youth Ranch	Private Sector	Other	Committee/Sub-committee/Work Group	Youth
JMJ Maternity Homes	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
THP+	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Youth
Merced Union High School District	Public Sector	School ...	Committee/Sub-committee/Work Group	Youth
St. Nicholas Episcopal Church, Episcopal Dioces...	Private Sector	Faith-b...	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE
Sierra Saving Grace Homeless Project	Private Sector	Faith-b...	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Catholic Charties	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	NONE

United Way Merced County	Private Sector	Non-pro..	Lead agency for 10-year plan	Youth
Ginger Osby	Individual	For merl..	Committee/Sub-committee/Work Group	NONE
Healthy House	Private Sector	Non-pro..	Attend 10-year planning meetings during past 12 months	NONE
Mercy Medical Center	Private Sector	Hos pita..	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Central Valley Coalition for Housing	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
Family Resource Council	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Youth
Gary Rucker	Private Sector	Busi nesses	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE

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Instructions:

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- Organization name - Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: California Department of Rehabilitation

Type of Membership: Public Sector
(public, private, or individual)

Type of Organization: State government agencies
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Primary Decision Making Group, Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: Seriously Mentally Ill
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Education, Case Management, Life Skills, Healthcare, Mental health, Legal Assistance, Alcohol/Drug Abuse, HIV/AIDS, Employment
(select all that apply)

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Name of organization or individual: California Employment Development Department

Type of Membership: Public Sector
(public, private, or individual)

Type of Organization: State government agencies
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: Veterans
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Employment
(select all that apply)

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 - Services provided, if applicable

Name of organization or individual: City of Merced Housing Program

Type of Membership: Public Sector
(public, private, or individual)

Type of Organization: Local government agencies
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Primary Decision Making Group, Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Mortgage Assistance
(select all that apply)

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- Services provided, if applicable

Name of organization or individual: Merced County Association of Governments

Type of Membership: Public Sector
(public, private, or individual)

Type of Organization: Local government agencies
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Primary Decision Making Group, Lead agency for
(select all that apply) 10-year plan, Committee/Sub-committee/Work Group

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Not Applicable
(select all that apply)

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Merced County Department of Mental Health

Type of Membership: Public Sector
(public, private, or individual)

Type of Organization: Local government agencies
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: Seriously Mentally Ill
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Street Outreach, Case Management, Life Skills, Healthcare, Mental health, Rental Assistance, Alcohol/Drug Abuse, Employment
(select all that apply)

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Merced County Department of Public Health

Type of Membership: Public Sector
(public, private, or individual)

Type of Organization: Local government agencies
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: HIV/AIDS
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Case Management, Healthcare
(select all that apply)

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Merced County Human Services Agency

Type of Membership: Public Sector
(public, private, or individual)

Type of Organization: Local government agencies
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: Veterans, Youth
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Street Outreach, Utilities Assistance, Child Care, Healthcare, Transportation, Rental Assistance, Alcohol/Drug Abuse, Employment
(select all that apply)

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Housing Authority of the County of Merced

Type of Membership: Public Sector
(public, private, or individual)

Type of Organization: Public housing agencies
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Education, Street Outreach, Child Care, Life Skills, Utilities Assistance, Rental Assistance
(select all that apply)

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Merced County Office of Education

Type of Membership: Public Sector
(public, private, or individual)

Type of Organization: School systems/Universities
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Primary Decision Making Group, Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: Youth
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Education, Child Care, Life Skills
(select all that apply)

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: California Department of Corrections

Type of Membership: Public Sector
(public, private, or individual)

Type of Organization: Law enforcement/corrections
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Law Enforcement
(select all that apply)

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Worknet

Type of Membership: Public Sector
(public, private, or individual)

Type of Organization: Local workforce investment act boards
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Employment
(select all that apply)

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Valley Crisis Center

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: Domestic Violence
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Street Outreach, Case Management, Life Skills, Utilities Assistance, Healthcare, Legal Assistance, Transportation, Rental Assistance
(select all that apply)

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Central Valley Regional Center

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Education, Street Outreach, Child Care, Life Skills, Utilities Assistance, Healthcare, Transportation, Rental Assistance, Employment
(select all that apply)

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Challenged Family Resource Center

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Education, Case Management, Life Skills, Mental health
(select all that apply)

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Community Social Model Advocates

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: Substance Abuse
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Case Management, Life Skills, Utilities Assistance, Transportation, Alcohol/Drug Abuse, Rental Assistance
(select all that apply)

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- Services provided, if applicable

Name of organization or individual: Merced County Community Action Agency

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Primary Decision Making Group, Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Education, Street Outreach, Case Management, Utilities Assistance, Transportation, Alcohol/Drug Abuse, Rental Assistance, Employment
(select all that apply)

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- Services provided, if applicable

Name of organization or individual: Center for Independent Living

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Funder advocacy group
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Primary Decision Making Group, Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Education, Street Outreach, Case Management, Life Skills, Legal Assistance, Employment
(select all that apply)

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

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name - Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Merced County Food Bank

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Not Applicable
(select all that apply)

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

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Turning Point Community Programs

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: Seriously Mentally Ill
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Case Management, Life Skills, Mental health, Transportation
(select all that apply)

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

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Distinguished Outreach Services

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Other
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Street Outreach, Transportation, Employment
(select all that apply)

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

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Gateway Community Church/Lifeline

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Faith-based organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Primary Decision Making Group, Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Alcohol/Drug Abuse
(select all that apply)

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

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- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Merced County Rescue Mission

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Primary Decision Making Group, Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Education, Case Management, Child Care, Life Skills, Healthcare, Mental health, Legal Assistance, Alcohol/Drug Abuse
(select all that apply)

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

Instructions:

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- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Salvation Army - Merced

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Utilities Assistance, Rental Assistance
(select all that apply)

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

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- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Love In the Name of Christ

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Faith-based organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Education, Case Management, Life Skills
(select all that apply)

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

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- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Golden Valley Health Center

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Hospitals/med representatives
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Healthcare, Mobile Clinic
(select all that apply)

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

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- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Impact House

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Case Management, Life Skills, Utilities Assistance, Alcohol/Drug Abuse
(select all that apply)

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

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Social Security Administration

Type of Membership: Public Sector
(public, private, or individual)

Type of Organization: State government agencies
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Not Applicable
(select all that apply)

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

Instructions:

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Yosemite Church

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Faith-based organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: Substance Abuse
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Alcohol/Drug Abuse
(select all that apply)

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

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Boys and Girls Club

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: Youth
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Life Skills
(select all that apply)

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

Instructions:

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Serenity Youth Ranch

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Other
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: Youth
(No more than two subpopulations)

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Not Applicable
(select all that apply)

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

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: JMJ Maternity Homes

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Not Applicable
(select all that apply)

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

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: THP+

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: Youth
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Case Management, Life Skills, Utilities Assistance, Rental Assistance
(select all that apply)

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

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Merced Union High School District

Type of Membership: Public Sector
(public, private, or individual)

Type of Organization: School systems/Universities
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: Youth
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Education
(select all that apply)

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

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: St. Nicholas Episcopal Church, Episcopal Diocese of San Joaquin

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Faith-based organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Primary Decision Making Group, Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Not Applicable
(select all that apply)

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

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Sierra Saving Grace Homeless Project

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Faith-based organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group, Attend
(select all that apply) 10-year planning meetings during past 12 months

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Case Management, Rental Assistance
(select all that apply)

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

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- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Catholic Charties

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Faith-based organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Utilities Assistance, Prescription Assistance, Transportation, Rental Assistance, Soup
(select all that apply) Kitchen/Food Pantry

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

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- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: United Way Merced County

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Lead agency for 10-year plan
(select all that apply)

Subpopulation(s) represented by the organization: Youth
(No more than two subpopulations)

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Not Applicable
(select all that apply)

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

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- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Ginger Osby

Type of Membership: Individual
(public, private, or individual)

Type of Organization: Formerly Homeless
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Not Applicable
(select all that apply)

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

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- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Healthy House

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Attend 10-year planning meetings during past 12 months
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Education
(select all that apply)

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

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- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Mercy Medical Center

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Hospitals/med representatives
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group, Attend
(select all that apply) 10-year planning meetings during past 12 months

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Healthcare
(select all that apply)

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

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- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Central Valley Coalition for Housing

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Rental Assistance
(select all that apply)

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

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- Organization name - Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Family Resource Council

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: Youth
(No more than two subpopulations)

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Education
(select all that apply)

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

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- Organization name - Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Gary Rucker

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Businesses
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group, Attend
(select all that apply) 10-year planning meetings during past 12 months

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Not Applicable
(select all that apply)

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

Instructions:

The CoC solicitation of projects and the project selection process should be conducted in a fair and impartial manner. For each of the following items, indicate all of the methods and processes the CoC used in the past year to assess the performance, effectiveness, and quality of all requested new and renewal project(s).

In addition, indicate if any written complaints have been received by the CoC regarding any CoC matter in the last 12 months, and how those matters were addressed and/or resolved.

Open Solicitation Methods:
(select all that apply)

- a. Newspapers, f. Announcements at Other Meetings, e. Announcements at CoC Meetings, c. Responsive to Public Inquiries, b. Letters/Emails to CoC Membership, d. Outreach to Faith-Based Groups

Rating and Performance Assessment Measure(s):
(select all that apply)

- b. Review CoC Monitoring Findings, g. Site Visit(s), k. Assess Cost Effectiveness, q. Review All Leveraging Letters (to ensure that they meet HUD requirements), c. Review HUD Monitoring Findings, r. Review HMIS participation status, j. Assess Spending (fast or slow), p. Review Match, i. Evaluate Project Readiness, e. Review HUD APR for Performance Results, n. Evaluate Project Presentation, h. Survey Clients, o. Review CoC Membership Involvement, f. Review Unexecuted Grants, a. CoC Rating & Review Committee Exists, m. Assess Provider Organization Capacity, l. Assess Provider Organization Experience

Voting/Decision-Making Method(s):
(select all that apply)

- c. All CoC Members Present Can Vote, a. Unbiased Panel/Review Committee, e. Consensus (general agreement), d. One Vote per Organization, b. Consumer Representative Has a Vote, f. Voting Members Abstain if Conflict of Interest

Were there any written complaints received by the CoC regarding any matter in the last 12 months?

No

If yes, briefly describe complaint(s), how it was resolved, and the date(s) resolved (limit 1000 characters):

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

For each housing type, indicate if there was a change (increase or reduction) in the total number of beds counted in the FY2011 Housing Inventory Count (HIC) as compared to the FY2010 HIC. If there was a change, please describe the reasons in the space provided for each housing type. If the housing type does not exist in your CoC, please select "Not Applicable" and indicate that in the text box for that housing type.

Emergency Shelter: Yes

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

There was a decrease of 12 ES beds between 2010 and 2011. In 2010 there was a total of 127 beds and only 115 beds in 2011. Community Action Agency lost its funding for Havenwood ES which had 21 beds. However, there was an increase of 9 beds from two other ES providers between 2010 and 2011. Thus, the net loss was 12 beds.

HPRP Beds: Not Applicable

Briefly describe the reason(s) for the change in HPRP beds or units, if applicable (limit 750 characters):

All City of Merced HPRP funds were spent between Oct 2009 and May 2010.

Safe Haven: Not Applicable

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

Transitional Housing: Yes

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

In 2010 there were 136 TH beds and in 2011 there were 112 which represents a decrease of 24 beds. Community Action Agency lost their funding for New Hope House which was a 24 bed program. As a result, the program is no longer in operation.

Permanent Housing: Yes

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

In 2010 there were 108 PSH beds and in 2011 there were 30 beds representing a decrease of 78 beds. Although Los Banos Family Apartments specified that a certain number of apartments would be provided to homeless families, the population served did not necessarily meet the HUD CoC definition for homelessness. Thus, their 104 beds should not have been included in the HIC beginning a few years ago. However, the CoC added 14 new PSH beds between 2010 and 2011 and will be adding more next year.

CoC certifies that all beds for homeless persons were included in the Housing Inventory Count (HIC) as reported on the Homelessness Data Exchange (HDX), regardless of HMIS participation and HUD funding: Yes

1G. Continuum of Care (CoC) Housing Inventory Count - Data Sources and Methods

Instructions:

Complete the following items based on data collection methods and reporting for the Housing Inventory Count (HIC), including Unmet need determination. The information should be based on a survey conducted in a 24-hour period during the last ten days of January 2011. CoCs were expected to report HIC data on the Homelessness Data Exchange (HDX).

Did the CoC submit the HIC data in HDX by May 31, 2011? Yes

If no, briefly explain why the HIC data was not submitted by May 31, 2011 (limit 750 characters).

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

Indicate the steps taken to ensure the accuracy of the data collected and included in the housing inventory count: (select all that apply) Follow-up, Instructions, Updated prior housing inventory information, Confirmation, Training, HMIS

Must specify other:

Indicate the type of data or method(s) used to determine unmet need: (select all that apply): Unsheltered count, HUD unmet need formula, HMIS data, Housing inventory, Stakeholder discussion, Provider opinion through discussion or survey forms

Specify "other" data types:

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

Key stakeholders discussed the initial estimates of unmet need based on HUD's unmet need formula to determine if adjustments were necessary based on information from local studies and non-HMIS data sources including the 10-Year Plan to End Homelessness, 2011 Count and Survey, and the HIC. Adjustments were made to the number of persons in need of ES, TH, and PSH beds based on 1) the plan that states that CH persons from the streets should be placed in PSH and not ES or TH; 2) households with children from the streets should be placed in TH and not ES and rapidly re-housed as soon as possible; and 3) length of stay data from HMIS and APRs. These adjustments were used to recalculate the unmet need by program type through unmet need formula.

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

All CoCs are expected to have a functioning Homeless Management Information System (HMIS). An HMIS is a computerized data collection application that facilitates the collection of information on homeless individuals and families using residential or other homeless services and stores that data in an electronic format. CoCs should complete this section in conjunction with the lead agency responsible for the HMIS. All information should reflect the status of HMIS implementation as of the date of application submission.

For additional instructions, refer to the "Exhibit 1 Detailed Instructions" which can be accessed on the left-hand menu bar.

- Select the HMIS implementation coverage area:** Single CoC
- Select the CoC(s) covered by the HMIS: (select all that apply)** CA-520 - Merced City & County CoC
- Is the HMIS Lead Agency the same as the CoC Lead Agency?** No
- Does the CoC Lead Agency have a written agreement with the HMIS Lead Agency?** Yes
- Has the CoC selected an HMIS software product?** Yes
- If "No" select reason:**
- If "Yes" list the name of the product:** Service Point
- What is the name of the HMIS software company?** Bowman
- Does the CoC plan to change HMIS software within the next 18 months?** No
- Indicate the date on which HMIS data entry started (or will start): (format mm/dd/yyyy)** 01/01/2006
- Indicate the challenges and barriers impacting the HMIS implementation: (select all the apply):** No or low participation by non-HUD funded providers
- If CoC indicated that there are no challenges or barriers impacting HMIS implementation, briefly describe either why CoC has no challenges or how all barriers have been overcome (limit 1000 characters).**
- If CoC identified one or more challenges or barriers impacting HMIS implementation, briefly describe how the CoC plans to overcome them (limit 1000 characters).**

The CoC plans to continue to educate the General Collaborative at the monthly meeting on the importance of all providers (not just HUD funded) providing at least the basic information into HMIS. A presentation on basic input is provided once a year. Quarterly reports on the data collected during that quarter is also presented to the General Collaborative.

2B. Homeless Management Information System (HMIS) Lead Agency

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

Organization Name Merced County Community Action Agency

Street Address 1 1235 W. Main Street

Street Address 2

City Merced

State California

Zip Code 95340

Format: xxxxx or xxxxx-xxxx

Organization Type Non-Profit

If "Other" please specify

Is this organization the HMIS Lead Agency in more than one CoC? No

2C. Homeless Management Information System (HMIS) Bed Coverage

Instructions:

HMIS bed coverage measures the level of provider participation in a CoC's HMIS. Participation in HMIS is defined as the collection and reporting of client level data either through direct data entry into the HMIS or into an analytical database that includes HMIS data on an at least annual basis.

HMIS bed coverage is calculated by dividing the total number of year-round beds located in HMIS-participating programs by the total number of year-round beds in the Continuum of Care (CoC), after excluding beds in domestic violence (DV) programs. HMIS bed coverage rates must be calculated separately for emergency shelters, transitional housing, and permanent supportive housing.

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

For additional instructions, refer to the "Exhibit 1 Detailed Instructions" which can be accessed on the left-hand menu bar.

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

* Emergency Shelter (ES) Beds	86%+
* Safe Haven (SH) Beds	No beds in CoC
* Transitional Housing (TH) Beds	86%+
* Permanent Housing (PH) Beds	86%+

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

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

2D. Homeless Management Information System (HMIS) Data Quality

Instructions:

HMIS data quality refers to the extent that data recorded in an HMIS accurately reflects the extent of homelessness and homeless services in a local area. In order for HMIS to present accurate and consistent information on homelessness, it is critical that all HMIS have the best possible representation of reality as it relates to homeless people and the programs that serve them. Specifically, it should be a CoC's goal to record the most accurate, consistent and timely information in order to draw reasonable conclusions about the extent of homelessness and the impact of homeless services in its local area. Answer the questions below related to the steps the CoC takes to ensure the quality of its data. In addition, CoCs will indicate their participation in the Annual Homelessness Assessment Report (AHAR) for 2010 and 2011 as well as whether or not they plan to contribute data to the Homelessness Pulse project in 2012.

For additional instructions, refer to the Exhibit 1 Detailed Instructions, which can be accessed on the left-hand menu bar.

Indicate the percentage of unduplicated client records with null or missing values on a day during the last ten days of January 2011.

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

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

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

Merced County Community Action Agency has a staff member who provides one-on-one training and technical assistance. All partners have been trained by Bowman Systems, which provides the nation's leading HMIS system. Participants are encouraged to enter HUD requested information daily. The site is monitored weekly by the HMIS Program Administer and if there is no activity a courtesy call is given to make sure there are no technical problems.

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

As mentioned in the previous narrative, the HMIS Program Administrator monitors the HMIS site weekly. If inconsistencies are found with data entered, a courtesy call is given to provide assistance and/or training to improve data entry methods and processes.

Indicate which reports the CoC or subset of the CoC submitted usable data: None
(Select all that apply)

Indicate which reports the CoC or subset of the CoC plans to submit usable data: 2011 AHAR, 2011 AHAR Supplemental Report on Homeless Veterans
(Select all that apply)

2E. Homeless Management Information System (HMIS) Data Usage

Instructions:

CoCs can use HMIS data for a variety of applications. These include, but are not limited to, using HMIS data to understand the characteristics and service needs of homeless people, to analyze how homeless people use services, and to evaluate program effectiveness and outcomes.

In this section, CoCs will indicate the frequency in which it engages in the following.

- Integrating or warehousing data to generate unduplicated counts
- Point-in-time count of sheltered persons
- Point-in-time count of unsheltered persons
- Measuring the performance of participating housing and service providers
- Using data for program management
- Integration of HMIS data with data from mainstream resources

For additional instructions, refer to the [Exhibit 1 Detailed Instructions](#) which can be accessed on the left-hand menu bar.

Indicate the frequency in which the CoC uses HMIS data for each of the following:

Integrating or warehousing data to generate unduplicated counts:	At least Monthly
Point-in-time count of sheltered persons:	At least Annually
Point-in-time count of unsheltered persons:	Never
Measuring the performance of participating housing and service providers:	At least Monthly
Using data for program management:	At least Monthly
Integration of HMIS data with data from mainstream resources:	Never

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

Instructions:

In order to enable communities across the country to collect homeless services data consistent with a baseline set of privacy and security protections, HUD has published HMIS Data and Technical Standards. The standards ensure that every HMIS captures the information necessary to fulfill HUD reporting requirements while protecting the privacy and informational security of all homeless individuals.

Each CoC is responsible for ensuring compliance with the HMIS Data and Technical Standards. CoCs may do this by completing compliance assessments on a regular basis and through the development of an HMIS Policy and Procedures manual. In the questions below, CoCs are asked to indicate the frequency in which they complete compliance assessment.

For additional instructions, refer to the "Exhibit 1 Detailed Instructions" which can be accessed on the left-hand menu bar.

For each of the following HMIS privacy and security standards, indicate the frequency in which the CoC and/or HMIS Lead Agency complete a compliance assessment:

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

How often does the CoC Lead Agency assess compliance with the HMIS Data and Technical Standards? At least Monthly

How often does the CoC Lead Agency aggregate data to a central location (HMIS database or analytical database)? At least Monthly

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

If 'Yes' indicate date of last review or update by CoC: 11/16/2010

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

2G. Homeless Management Information System (HMIS) Training

Instructions:

Providing regular training opportunities for homeless assistance providers that are participating in a local HMIS is a way that CoCs can ensure compliance with the HMIS Data and Technical Standards. In the section below, CoCs will indicate how frequently they provide certain types of training to HMIS participating providers.

For additional instructions, refer to the "Exhibit 1 Detailed Instructions" which can be accessed on the left-hand menu bar.

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

* Privacy/Ethics training	At least Quarterly
* Data Security training	At least Quarterly
* Data Quality training	At least Quarterly
* Using Data Locally	At least Monthly
* Using HMIS data for assessing program performance	At least Monthly
* Basic computer skills training	At least Monthly
* HMIS software training	At least Monthly

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

Instructions:

The purpose of the point-in-time count is to further understand the number and characteristics of people sleeping on the streets, including places not meant for human habitation, emergency shelters, and transitional housing. Although CoCs are only required to conduct a point-in-time count every two years, HUD strongly encourages CoCs to conduct a point-in-time count annually.

CoCs are to indicate how frequently they will conduct a point-in-time count and what percentage of their homeless service providers participated. CoCs will also describe if there was an increase, decrease, or no change between the most recent point-in-time count and the one prior. CoCs are to indicate in the narrative which years are being compared.

How frequently does the CoC conduct a point-in-time count? annually (every year)

***Indicate the date of the most recent point-in-time count (mm/dd/yyyy):** 01/25/2011

If the CoC conducted the point-in-time count outside the last 10 days in January, was a waiver from HUD obtained prior to January 19, 2011? No

Did the CoC submit the point-in-time count data in HDX by May 31, 2011? Yes

If no, briefly explain why the point-in-time data was not submitted by May 31, 2011 (limit 750 characters).

Enter the date in which the CoC plans to conduct its next point-in-time count: (mm/dd/yyyy) 01/24/2012

Indicate the percentage of homeless service providers supplying population and subpopulation data for the point-in-time count that was collected via survey, interview, and/or HMIS.

Emergency Shelter: 100%
Transitional Housing: 100%

Comparing the most recent point-in-time count to the previous point-in-time count, describe any factors that may have resulted in an increase, decrease, or no change in both the sheltered and unsheltered population counts (limit 1500 characters).

In 2009 372 persons were counted and in 2011 486 persons were counted which represents an increase of 114 persons. The sheltered population increased from 35 in 2009 to 48 in 2011 due to an increase in ES and TH beds. The CoC believes that the single adult male homeless population has grown significantly as the result of the California Department of Corrections and Rehabilitation early release of low-risk offenders during the past two years because of serious overcrowding of correctional institutions and budgetary constraints. In particular, the CoC has encountered an increasing number of sex offenders who live along the river banks who have been recently discharged from prisons.

2I. Continuum of Care (CoC) Sheltered Homeless Population & Subpopulations: Methods

Instructions:

Accuracy of the data reported in point-in-time counts is vital. Data produced from these counts must be based on reliable methods and not on "guesstimates." CoCs may use one or more method(s) to count sheltered homeless persons. This form asks CoCs to identify and describe which method(s) were used to conduct the point-in-time counts. The description should demonstrate how the method(s) was used to produce an accurate count.

For additional instructions, refer to the "Exhibit 1 Detailed Instructions" which can be accessed on the left-hand menu bar.

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

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

If Other, specify:

Describe the methods used by the CoC, as indicated by the above selected method(s), to collect data on the sheltered homeless population during the most recent point-in-time count. Response should indicate how the method(s) selected above were used in order to produce accurate data (limit 1500 characters):

The following three steps were completed to collect data and to produce accurate data: 1) right before the point-in-time sheltered count, the housing inventory chart that was submitted to HUD in May, 2010 was updated to include any new emergency shelters, transitional housing, and safe havens programs. Overflow beds were also updated; 2) HMIS was used to determine how many total beds were occupied for each HIC listed emergency shelter, transitional housing, safe haven program and programs that provide overflow beds that participate in HMIS; and 3) survey providers that represented HIC listed emergency shelter, transitional housing, and safe haven programs and any overflow beds that were not participating in HMIS were asked to complete a provider survey form that included all of the information contained in the HIC including the number of total beds that were occupied. As a result, these three steps allowed the CoC to capture the necessary data to complete a sheltered count for HUD funded and non-HUD funded emergency shelter, transitional housing, and any overflow beds known by the CoC. The CoC does not have any safe haven beds.

2J. Continuum of Care (CoC) Sheltered Homeless Population and Subpopulation: Data Collection

Instructions:

CoCs are required to produce data on seven subpopulations. These subpopulations are: chronically homeless, severely mentally ill, chronic substance abuse, veterans, persons with HIV/AIDS, victims of domestic violence, and unaccompanied youth (under 18). Subpopulation data is required for sheltered homeless persons and, with the exception of chronically homeless and veterans, optional for unsheltered persons. Sheltered chronically homeless persons are those living in emergency shelters only.

The definition of chronically homeless persons is an unaccompanied individual with a disabling condition, or an adult member of a family with a disabling condition, who meets all other requirements for chronic homeless designation. CoCs may use a variety of methods to collect subpopulation information on sheltered homeless persons and may utilize more than one in order to produce the most accurate data. This form asks CoCs to identify and describe which method(s) were used to gather subpopulation information for sheltered populations during the most recent point-in-time count. The description should demonstrate how the method(s) was used to produce an accurate count.

For additional instructions, refer to the Exhibit 1 Detailed Instructions which can be accessed on the left-hand menu bar.

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

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

If Other, specify:

Describe the methods used by the CoC, based on the selections above, to collect data on the sheltered homeless subpopulations during the most recent point-in-time count. Response should indicate how the method(s) selected above were used in order to produce accurate data on all of the sheltered subpopulations (limit 1500 characters):

Interviews: The CoC conducted interviews with every homeless person staying in an emergency shelter or transitional housing program on the night designated for the point-in-time count. A survey instrument was created that was based upon all the questions that are used by HMIS to collect data concerning the seven subpopulations that HUD requires. In other words, the survey instrument contained the exact same questions that HMIS uses to collect subpopulation data. The survey was administered to every homeless person staying in an ES or TH. The surveys were not self-administered by residents.

HMIS: The CoC used HMIS to gather subpopulation information on sheltered homeless persons after the night designated for the point-in-time count. This data was used to compare to the data results from the survey instrument noted above. No adjustments or reconciliation were made at this time. The CoC wanted to compare the results only in preparation for the data collection for January 2012. This coming year, adjustments and data reconciliation will be made with the intent that the COC will be prepared to collect all subpopulation data through HMIS for PIT for January 2013 and no longer need to use a separate survey instrument. HUD's guide to sheltered homeless counts and data collection for subpopulations notes that a CoC that has at least 75% of ES and TH programs participating in HMIS can extrapolate for any missing data (those ES and TH programs not on HMIS).

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

Instructions:

The data collected during point-in-time counts is vital for CoCs and HUD. Communities need accurate data to determine the size and scope of homelessness at the local level to plan services and programs that will appropriately address local needs and measure progress in addressing homelessness. HUD needs accurate data to understand the extent and nature of homelessness throughout the country and to provide Congress and OMB with information regarding services provided, gaps in service, performance, and funding decisions. It is vital that the quality of data reported accurate and of high quality. CoCs may undertake once or more actions to improve the quality of the sheltered population data.

For additional instructions, refer to the Exhibit 1 Detailed Instructions which can be accessed on the left-hand menu bar.

**Indicate the method(s) used to verify the data quality of sheltered homeless persons:
(select all that apply)**

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

If Other, specify:

The answers to the subpopulation questions from a survey instrument were entered into a data base. Once the data was cleaned, the number of persons for each subpopulation was easily tallied by adhering to the criteria that was previously set that determined if someone was to be included in each of the subpopulation categories.

If selected, describe the non-HMIS de-duplication techniques used by the CoC to ensure the data quality of the sheltered persons count (limit 1000 characters).

An identifier based on initials, gender, ethnicity, date of birth was created for each sheltered person counted. If the identifier appeared more than once the person was counted only once.

Describe the methods used by the CoC, based on the selections above, to collect data on the sheltered homeless subpopulations during the most recent point-in-time count. Response is to indicate how the method(s) selected above were used in order to produce accurate data on all of the sheltered subpopulations (limit 1500 characters):

Instructions: The CoC provided a guidebook with written instructions to each shelter provider who participated in the sheltered count. The instructions noted the day of the count and the time to conduct the count. The guidebook contained the count instrument and instructions about how to complete the instrument. The guidebook also contained a glossary of pertinent terms. The guidebook also provided the contact information for the count coordinator who was available to answer questions before, the day of, and after the count.

Training: The CoC provided one-on-one training with each shelter provider that included a trial run regarding the questions in the count instrument that captured a point-in-time count and the various questions needed to be answered in order to determine subpopulations. This helped ensure that providers were answering the questions correctly. Providers were also told that self-administered surveys were not allowed.

Remind/Follow-up: Three reminders were sent to providers during the three weeks prior to the PIT count. Also, another reminder was sent during the day before the count. All instruments were reviewed for accuracy when collected from the providers. The coordinator contacted the few providers that did not turn in accurate data right after the count and worked with them to correct their data.

HMIS: The CoC had its HMIS provider produce the number of persons who were entered into the system on the day of the PIT count and compared the numbers to those provided by providers on the count instrument. Some differences were noted and reconciled.

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

Instructions:

Accuracy of the data reported in point-in-time counts is vital. Data produced from these counts must be based on reliable methods and not on "guesstimates." CoCs may use one or more methods to count unsheltered homeless persons. This form asks CoCs to identify which method(s) they use to conduct their point-in-time counts.

For additional instructions, refer to the "Exhibit 1 Detailed Instructions" which can be accessed on the left-hand menu bar.

**Indicate the method(s) used during the most recent point-in-time count of unsheltered homeless persons:
(select all that apply)**

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

If Other, specify:

Describe the method(s) used by the CoC based on the selections above, to count unsheltered homeless populations during the most recent point-in-time count. Response should indicate how the method(s) selected above were used in order to obtain accurate data (limit 1500 characters).

The CoC conducted a PIT count with interviews. The interviews consisted of only those questions that pertained to the homeless count instrument. Counters asked the following questions: 1) Are you homeless today (which ensured only homeless persons were counted); 2) what are the first initials of your first and last name; 3) what year were you born; and what state were you born. Counters recorded the gender and ethnicity or asked if there was a doubt. This methodology was used to create an identifier that prevented a person from being included in the final tally of the count more than once. A fuller description of this process is described in section 2N.

Counters also asked ¿is your spouse or partner living homeless with you today¿ to ensure that such persons were also included in the count. The same information as noted above was collected. Counters also asked ¿how many children are living homeless with you today.¿ The same information noted above was not asked of children. However, collecting information about spouse/partner and children helped determine the number of homeless households with at least one adult and children.

Counters also interviewed people using non-residential service sites such as food programs and drop-in centers. Each person was asked if they were homeless today and only those persons who answered ¿yes¿ were included in the count. Persons were also counted at non-shelter sites that were not operational during the PIT count after the PIT count. Persons were asked where they were sleeping on the night of the PIT count.

2M. Continuum of Care (CoC) Unsheltered Homeless Population and Subpopulation: Level of Coverage

Instructions:

CoCs may utilize several methods when counting unsheltered homeless persons. CoCs need to determine what area(s) they will go to in order to count this population. For example, CoCs may canvas an entire area or only those locations where homeless persons are known to sleep. CoCs are to indicate the level of coverage incorporated when conducting the unsheltered count.

For additional instructions, refer to the "Exhibit 1 Detailed Instructions" which can be accessed on the left-hand menu bar.

Indicate where the CoC located the unsheltered homeless persons (level of coverage) that were counted in the last point-in-time count: A Combination of Locations

If Other, specify:

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

Instructions:

The data collected during point-in-time counts is vital for CoCs and HUD. Communities need accurate data to determine the size and scope of homelessness at the local level to plan services and programs that will appropriately address local needs and measure progress in addressing homelessness. HUD needs accurate data to understand the extent and nature of homelessness throughout the country and to provide Congress and OMB with information regarding services provided, gaps in service, performance, and funding decisions. It is vital that the quality of data reported is accurate and of high quality. CoCs may undertake one or more actions to improve the quality of the sheltered population data.

All CoCs should engage in activities to reduce the occurrence of counting unsheltered persons more than once during the point-in-time count. The strategies are known as de-duplication techniques. De-duplication techniques should always be implemented when the point-in-time count extends beyond one night or takes place during the day at service locations used by homeless persons that may or may not use shelters. CoCs are to describe de-duplication techniques used in the point-in-time count. CoCs are also asked to describe outreach efforts to identify and engage homeless individuals and families.

For additional instructions, refer to the [Exhibit 1 Detailed Instructions](#) which can be accessed on the left-hand menu bar.

Indicate the steps taken by the CoC to ensure the quality of the data collected for the unsheltered population count: (select all that apply)

Training:	<input checked="" type="checkbox"/>
HMIS:	<input type="checkbox"/>
De-duplication techniques:	<input checked="" type="checkbox"/>
"Blitz" Count:	<input type="checkbox"/>
Unique Identifier:	<input type="checkbox"/>
Survey Question:	<input type="checkbox"/>
Enumerator Observation:	<input checked="" type="checkbox"/>
Other:	<input type="checkbox"/>

If Other, specify:

Describe the techniques, as selected above, used by the CoC to reduce the occurrence of counting unsheltered homeless persons more than once during the most recent point-in-time count (limit 1500 characters):

Training was conducted with PIT enumerators to ensure accuracy of count. Training topics included how to dress, how to identify a homeless individual, sensitivity to the situation, and how to complete the survey form. Teams were assigned to known areas where the homeless congregate to ensure multiple teams were not duplicating individuals. Further methods used to avoid duplication included our CoC limiting the count to several hours, including an interview component with as many willing responders as possible, and coordinating our sheltered and unsheltered count during the same time frame.

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

The CoC continues to promote and implement a community-wide CoC system that is based upon: 1) outreach, intake, and assessment in order to identify and link to service and housing needs; 2) emergency shelter which provides services to help residents obtain and maintain permanent housing; 3) transitional housing which provides services to help residents obtain and maintain permanent housing; and 4) permanent housing and permanent supportive housing to provide individuals and families with an affordable place to live with on-site and/or off-site services.

The CoC has also recently adopted and promoted a community-wide Housing First approach. The CoC had received HPRP funding to help implement this approach. HPRP funding was used for homeless prevention which provided HPRP resources for at-risk-to-homeless households, including those with children, to prevent them from becoming homeless and keeping them in their current housing. HPRP funding was also used for rapid rehousing which provides HPRP resources to divert households, including those with children, who become homeless from the shelter system whenever possible and into an affordable place to live with on-site and/or off-site services.

The Community Action Agency has recently applied for funding from the State of California and the City of Merced to carry on the activities of homeless prevention and rapid re-housing.

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

A strong leader of the CoC, the City of Merced Code Enforcement Officer visits transients that take refuge on the streets, canal banks, and under bridges. The Officer speaks with the transients on a daily basis regarding their needs and provides referrals as necessary.

As a partner of the CoC, Merced County Human Services Agency has visited the encampments mentioned above with their laptop/software to determine, on an individual basis, if the encampment occupants would access services and/or if they qualified for mainstream services they were not yet accessing. This process brought the services directly to the homeless population, without them having to initiate a visit to the Human Services office.

Additionally, another strong leader of the CoC, Merced County Mental Health conducts weekly outreach to mentally ill homeless living on the streets, in encampments, and in vehicles to offer services.

The CoC Point in Time subcommittee continues to advocate and look for ways to identify and engage the homeless population in service utilization.

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

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

Instructions:

Ending chronic homelessness continues to be a HUD priority. CoCs can do this by creating new permanent housing beds that are specifically designated for this population. In the FY2010 NOFA, chronically homeless persons were defined as an unaccompanied homeless individual with a disabling condition, or a family where at least one adult member had a disabling condition, who has either been continuously homeless for at least a year OR has had at least four episodes of homelessness in the past three (3) years.

CoCs are to describe the short-term and long-term plans for creating new permanent housing beds for chronically homeless persons who meet the definition of chronically homeless. CoCs will also indicate the current number of permanent housing beds designated for chronically homeless persons. This number should match the number of beds reported in the FY2011 Housing Inventory Count (HIC) and enter into the Homeless Data Exchange (HDX). CoCs will then enter the number of permanent housing beds expected to be in place in 12 months, 5 years, and 10 years. These future estimates should be based on the definition of chronically homeless.

For additional instructions, refer to the 'Exhibit 1 Detailed Instructions' which can be accessed on the left-hand menu bar.

- How many permanent housing beds are currently in place for chronically homeless persons?** 10
- In 12 months, how many permanent housing beds designated for chronically homeless persons are planned and will be available for occupancy?** 6
- In 5 years, how many permanent housing beds designated for chronically homeless persons are planned and will be available for occupancy?** 40
- In 10 years, how many permanent housing beds designated for chronically homeless persons are planned and will be available for occupancy?** 60

Describe the CoC's short-term (12 month) plan to create new permanent housing beds for persons who meet HUD's definition of chronically homeless (limit 1000 characters):

Our CoC ranked a permanent housing project for the chronically homeless as the highest priority in the 2010 CoC Plan. The project is not yet operational and is scheduled to come online during the next six months. Merced County Department of Mental Health will operate the program. They have demonstrated success with the current CoC funded permanent housing project, Project Home Start.

Describe the CoC's long-term (10 year) plan to create new permanent housing beds for persons who meet HUD's definition of chronically homeless (limit 1000 characters):

Mental Health Services Act (MHSA) funding will be accessed to create 10 units of permanent housing within a new construction project known as Gateway Terrace. Gateway Terrace will have a total of 66 units with construction anticipated in 2011. The MHSA housing program will serve transitional age youth age 18 and above, adult/older women and men who are homeless or at risk of homelessness and have a psychiatric disability.

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

Objective 2: Increase the percentage of participants remaining in CoC funded permanent housing projects for at least six months to 77 percent or more.

Instructions:

Increasing self-sufficiency and stability of permanent housing program participants is an important outcome measurement of HUD's homeless assistance programs. Each SHP-PH and S+C project is expected to report the percentage of participants remaining in permanent housing for more than six months on its Annual Performance Report (APR). CoCs then use this data from all of its permanent housing projects to report on the overall CoC performance on form 4C. Continuum of Care (CoC) Housing Performance.

In this section, CoCs are to describe short-term and long-term plans for increasing the percentage of participants remaining in all of its CoC-funded permanent housing projects (SHP-PH or S+C) to at least 77 percent. CoCs will indicate the current percentage of participants remaining in these projects, as indicated on form 4C, as well as the expected percentage in 12 months, 5 years, and 10 years. CoCs that do not have any CoC-funded permanent housing projects (SHP-PH or S+C) for which an APR was required should indicate this by entering "0" in the numeric fields and note in the narratives.

For additional instructions, refer to the "Exhibit 1 Detailed Instructions" which can be accessed on the left-hand menu bar.

What is the current percentage of participants remaining in CoC-funded permanent housing projects for at least six months? 100

In 12 months, what percentage of participants will have remained in CoC-funded permanent housing projects for at least six months? 90

In 5 years, what percentage of participants will have remained in CoC-funded permanent housing projects for at least six months? 90

In 10 years, what percentage of participants will have remained in CoC-funded permanent housing projects for at least six months? 90

Describe the CoCs short-term (12 month) plan to increase the percentage of participants remaining in CoC-funded permanent housing projects for at least six months to 77 percent or higher (limit 1000 characters):

Our CoC has exceeded the national average of 77% and will maintain a percentage of 90% by providing counseling, mental health care, and good tenant training for the four residents of Project Home Start facility at least 25 hours a week. Weekly meetings with project staff will be held to coordinate housing and supportive services on site at the residences'. In addition, monthly meetings will be held with agencies involved (Community Action Agency, Mental Health) and the residents of Project Home Start to problem solve, resolve differences, set guidelines and provide general information. Meetings will provide a consistent forum for discussions to ensure every attempt for success is explored.

Describe the CoCs long-term (10 year) plan to increase the percentage of participants remaining in CoC-funded permanent housing projects for at least six months to 77 percent or higher (limit 1000 characters):

We have found great success with our current practices of ongoing training/supportive services and weekly/monthly meetings with program staff and the residents of permanent housing. This practice will continue regardless of how many new permanent housing beds and service providers enter our CoC. Our goal is to significantly increase our permanent housing supply within the next five years. As our supply expands, we will continue to bring all parties to the table to coordinate and collaborate to ensure efforts are not being duplicated, and that all program staff and residents have access to available training opportunities, mainstream resources, and employment. Continuing an open line of communications will ensure the success of at least 90% of our clients remaining in housing for at least six months.

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

Objective 3: Increase the percentage of participants in CoC-funded transitional housing that move into permanent housing to 65 percent or more.

Instructions:

The transitional housing objective is to help homeless individuals and families obtain permanent housing and self-sufficiency. Each SHP-TH project is expected to report the percentage of participants moving to permanent housing on its Annual Performance Report (APR). CoCs then use this data from all of the CoC-funded transitional housing projects to report on the overall CoC performance on form 4C. Continuum of Care (CoC) Housing Performance.

In this section, CoCs are to describe short-term and long-term plans for increasing the percentage of transitional housing participants who move from SHP-TH projects into permanent housing to at least 65 percent or more. CoCs will indicate the current percentage of SHP-TH project participants moving into permanent housing as indicated on form 4C, as well as the expected percentage in 12 months, 5 years, and 10 years. CoCs that do not have any CoC funded transitional housing projects (SHP-TH) for which an APR was required should enter "0" in the numeric fields below and note in the narratives.

For additional instructions, refer to the "Exhibit 1 Detailed Instructions" which can be accessed on the left-hand menu bar.

What is the current percentage of participants in CoC-funded transitional housing projects will have moved to permanent housing? 0

In 12 months, what percentage of participants in CoC-funded transitional housing projects will have moved to permanent housing? 65

In 5 years, what percentage of participants in CoC-funded transitional housing projects will have moved to permanent housing? 75

In 10 years, what percentage of participants in CoC-funded transitional housing projects will have moved to permanent housing? 80

Describe the CoCs short-term (12 month) plan to increase the percentage of participants in CoC-funded transitional housing projects that move to permanent housing to 65 percent or more (limit 1000 characters).

Community Social Model Advocates was granted a transitional housing SHP award from HUD in 2009 to provide 16 beds for families that recently became operational in 2011. The CoC is working with the agency to ensure at least 65% of households move from transitional housing to permanent housing each year.

Describe the CoCs long-term (10 year) plan to increase the percentage of participants in CoC-funded transitional housing projects that move to permanent housing to 65 percent or more (limit 1000 characters):

The CoC will work with all agencies who are granted a transitional housing SHP award from HUD in order to ensure that at least 80% of households will move from transitional housing to permanent housing. Partnerships between transitional housing projects and successful permanent housing projects will be fostered.

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

Objective 4: Increase percentage of participants in all CoC-funded projects that are employed at program exit to 20 percent or more.

Instructions:

Employment is a critical step for homeless persons to achieve greater self-sufficiency, which represents an important outcome that is reflected both in participants' lives and the health of the community. Each CoC-funded project (excluding HMIS dedicated only projects) is expected to report the percentage of participants employed at exit on its Annual Performance Report (APR). CoCs then use this data from all of its non-HMIS projects to report on the overall CoC performance on form 4D. Continuum of Care (CoC) Enrollment in Mainstream Programs and Employment Information.

In this section, CoCs are to describe short-term and long-term plans for increasing the percentage of all CoC-funded program participants that are employed at program exit to 20 percent or more. CoCs will indicate the current percentage of project participants that are employed at program exit, as reported on 4D, as well as the expected percentage in 12 months, 5 years, and 10 years. CoCs that do not have any CoC-funded non-HMIS dedicated projects (SHP-PH, SHP-TH, SHP-SH, SHP-SSO, or Sac TRA/SRA/PRA/SRO) for which an APR was required should enter "0" in the numeric fields below and note in the narratives.

For additional instructions, refer to the "Exhibit 1 Detailed Instructions" which can be accessed on the left-hand menu bar.

What is the current percentage of participants in all CoC-funded projects that are employed at program exit? 0

In 12 months, what percentage of participants in all CoC-funded projects will be employed at program exit? 20

In 5 years, what percentage of participants in all CoC-funded projects will be employed at program exit? 30

In 10 years, what percentage of participants in all CoC-funded projects will be employed at program exit? 40

Describe the CoCs short-term (12 month) plan to increase the percentage of participants in all CoC-funded projects that are employed at program exit to 20 percent or more (limit 1000 characters).

CoC will work with its PH and TH provider by 1) monitoring APR results quarterly; and 2) identifying barriers to employment and make projects aware of employment services such as Worknet, Employment Development Department, and the State Department of Rehabilitation in order to meet the goal of increasing employment to at least 20%. Through these programs participants can receive job placement assistance, resume writing skills, interview practice, etc. Please note that the State Department of Rehabilitation will provide employment services to homeless individuals that are consumers of mental health.

Describe the CoCs long-term (10 year) plan to increase the percentage of participants in all CoC-funded projects who are employed at program exit to 20 percent or more (limit to 1000 characters):

CoC will work to exceed the 20% goal by continuing to implement the activities noted above. In addition, CoC will meet with high-performing agencies in other local CoCs in order to identify reasons for higher employment rates. CoC will share high-performing agency findings with its own agencies in order to help them improve employment outcomes for clients.

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

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

Instructions:

Ending homelessness among households with children, particularly for those households living on the streets or other places not meant for human habitation, is an important HUD priority. CoCs can accomplish this goal by creating new beds and/or providing additional supportive services for this population.

In this section, CoCs are to describe short-term and long-term plans for decreasing the number of homeless households with children, particularly those households that are living on the streets or other places not meant for human habitation. CoCs will indicate the current total number of households with children that was reported on their most recent point-in-time count. CoCs will also enter the total number of homeless households with children they expect to report on in the next 12 months, 5 years, and 10 years.

For additional instructions, refer to the "Exhibit 1 Detailed Instructions" which can be accessed on the left-hand menu bar.

What is the current total number of homeless households with children as reported on the most recent point-in-time count? 10

In 12 months, what will be the total number of homeless households with children? 9

In 5 years, what will be the total number of homeless households with children? 5

In 10 years, what will be the total number of homeless households with children? 5

Describe the CoCs short-term (12 month) plan to decrease the number of homeless households with children (limit 1000 characters):

As a CoC partner, the Merced County Community Action Agency provides rental and/or utility assistance to homeless households with children and will continue to do so for the next 12 months. Other providers, such as Love INC and Catholic Charities also provide rental and/or utility assistance, provided by private contributions, when available. Merced County Human Services Agency also provides one-time homeless assistance to families. All of these programs continue our local efforts to decrease the number of homeless households with children.

Describe the CoCs long-term (10 year) plan to decrease the number of homeless households with children (limit 1000 characters):

Local efforts are underway to create affordable housing that decreases the number of homeless households with children. The two largest cities in Merced County, Merced and Los Banos, have both identified the need for more affordable housing and specifically, the need to provide safety net housing for homeless families. As a result, both cities are working on affordable housing programs that set aside units and target vulnerable families for occupancy. In addition, the local public housing authority is a partner of the CoC and is actively conducting outreach for its housing programs through homeless services venues such as Merced Homeless Connect.

3B. Continuum of Care (CoC) Discharge Planning

Instructions:

The McKinney-Vento Act requires that State and local governments have policies and protocols in place to ensure that persons being discharged from publicly-funded institutions or systems of care are not discharged immediately into homelessness. To the maximum extent practicable, Continuums of Care should demonstrate how they are coordinating with and/or assisting in State or local discharge planning efforts to ensure that discharged persons are not released directly to the streets, emergency homeless shelters, or other McKinney-Vento homeless assistance programs (SHP, S+C, SRO). For each system of care, CoCs are to address the following:

What: Describe the efforts that the CoC has taken to ensure that persons are not routinely discharged into homelessness. In the case of Foster Care, CoCs should specifically address the discharge of youth ageing out from the foster care system. If there is a State mandate that requires publicly funded institutions to ensure appropriate housing placement, that does not include homelessness, indicate this in the narrative.

Where: Indicate where persons routinely go upon discharge. Response should identify alternative housing options that are available for discharged persons other than the streets, emergency homeless shelters, and/or McKinney-Vento homeless assistance programs.

Who: Identify stakeholders and/or collaborating agencies that are responsible for ensuring that persons being discharged from system of care are not routinely discharged into homelessness.

For additional instructions, refer to the "Exhibit 1 Detailed Instructions" which can be accessed on the left-hand menu bar.

For each system of care identified below describe the CoC's efforts in coordinating with and/or assisting in the development of local discharge planning policies that ensure persons are not routinely discharged into homelessness, including the streets, emergency homeless shelters, or other McKinney-Vento homeless assistance housing programs. Review ALL instructions to ensure that each narrative is fully responsive (limit 1500 characters).

Foster Care (Youth Aging Out):

California Welfare & Institutions Code § 303 provides the reasons for discharge from the Foster Care/Child Welfare System which ensures that youth are not discharged into homelessness. At the time of a youth's emancipation, a social worker assists in completing a transitional plan which includes securing housing. Also, California recently passed AB 12, which extends foster care from age 18 to 21. This new law allows California to establish relative guardianship programs with federal funding, which should decrease the likelihood of homelessness.

Prior to emancipation, Merced County foster youth are required to work with staff at the Merced County Human Services Agency to create a Transitional Independent Living Plan (TILP). The purpose of the TILP is to describe the youth's current level of functioning, identify emancipation goals, services, activities, and individuals that will be assisting the youth in the process of obtaining self-sufficiency. If the emancipated youth cannot find housing once released from foster care, Merced County Human Services Agency refers the youth to transitional/emergency shelters, where beds have been reserved specifically for foster youth. These beds, funded by a variety of sources, are not funded with McKinney-Vento monies.

Upon discharge youth routinely go into transitional age youth housing, private housing, college or vocational school dormitories, or privately funded structured residential settings.

Health Care:

Since 2006, California law has required hospitals to have discharge plans for homeless patients. California hospital discharge planning requirements are established by Health and Safety Code Sections 1262.5 & 1262.6.

When patients known to be homeless are discharged from Mercy Medical Center, they meet with caseworkers to discuss housing, food, transportation and other services. Each patient is given a list of resources, complete with an explanation of services, contact information, and eligibility requirements. The list is maintained by the hospital's Case Management office to ensure that all services are current.

Homeless persons with HIV and contractible tuberculosis are not discharged from local hospitals until housing has been arranged. Caseworkers collaborate with a Public Health Nurse from the County Health Department to arrange housing. Plans are underway to begin housing chronically homeless AIDS patients in permanent supportive housing (supported by HOPWA) funds.

In the event that a homeless patient is assessed to be incompetent, Social Services consults with the doctor, case managers, Adult Protection Services and family (if applicable) to assist in care planning. Hospital caseworkers perform follow-up work on all homeless patients.

No discharge patients are housed in McKinney-Vento funded shelter. Upon discharge persons routinely go to board and care homes, skilled nursing facilities, and are reunited with friends and family.

Mental Health:

California Health And Safety Code Section 1262 prohibits a mental health patient to be discharged from facilities including psychiatric, skilled nursing, and hospitals from being discharged without a written aftercare plan that includes 1) the nature of the illness and follow-up required; 2) medications including side effects and dosage schedules; 3) referrals to providers of medical and mental health services; 4) financial needs; 5) educational needs; 6) social needs; and 7) housing needs. It is the policy of Merced County Mental Health Inpatient Unit that discharge planning begin at the time of admission to enable the patient to achieve an optimum level of functioning. A case manager interviews the patient, relevant family, and others as needed to determine the patient's needs. The manager will monitor the patient's hospital course and arrange appropriate planning to coincide with patient's discharge including 1) arrangement of out of home placement 2) medication supervision 3) obtaining social, vocational and educational services. Each step of discharge planning is recorded in the patient's file. If arrangements fail to result in stable housing, social workers contact transitional shelters and residential dual-diagnosis treatment centers. Transportation and other services are provided to facilitate arrangements. Upon discharge, workers arrange housing placement in board and care, skilled nursing, and privately funded structured residential settings such as group homes.

Corrections:

The Public Safety and Offender Rehabilitation Services Act of 2007 became law in California through Assembly Bill 900 which requires Department of Corrections and Rehabilitation to conduct assessments of all individuals entering state prisons, which shall be used to match individuals to appropriate reentry programs. DCR must also develop a collaborative partnership with local governments, local law enforcement, and social service providers in the communities where reentry program facilities are operated.

As homeless inmates are released from Merced County Jail or the Adult Correctional Facility in El Nido, officers direct them to Catholic Charities and a variety of other shelter or service providers to implement discharge plan. No persons are discharged into McKinney-Vento funded housing. When homeless inmates with AIDS are discharged from either facility, they are referred to the County Health Departments Public Health Nurse.

An address is required for inmates to be released from the United States Penitentiary in Atwater. If the inmate has no address, arrangements will be made for release into a half-way house in Oakland, San Francisco, Fresno or Los Angeles. There, inmates receive employment assistance and services to help integrate them back into society. If an inmate is found to be mentally ill upon release from jail, the Sheriff's Department will refer him to the Mental Health Department, who, after an assessment, will refer him to appropriate resources.

3C. Continuum of Care (CoC) Coordination

Instructions:

A CoC should regularly assess its local homeless assistance system and identify gaps and unmet needs. CoCs can improve their communities through long-term strategic planning. CoCs are encouraged to establish specific goals and implement short-term action steps. Because of the complexity of existing homeless systems and the need to coordinate multiple funding sources and priorities, there are often multiple long-term strategic planning groups. It is imperative for CoCs to coordinate, as appropriate, with each of these existing strategic planning groups to meet local needs.

For additional instructions, refer to the ¿Exhibit 1 Detailed Instructions¿ which can be accessed on the left-hand menu bar.

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

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

- 1) Ensure that the City of Merced provides it's fair-share of affordable housing.
- 2) Continue working with other organizations in the community for support and acquisition of permanent homeless shelter facilities funding for populations in need
- 3) Educate the public regarding fair housing issues and programs.

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

The City of Merced received a direct HPRP allocation in the amount of \$515,000. The City called a meeting with the CoC to discuss funding criteria and invite proposals. Five agencies, all partners of the CoC, submitted proposals. Of the five proposals, four were awarded funding as sub-grantees. The CoC has worked directly with the awardees, as they are already CoC partners, to implement HMIS participation, provide ongoing HMIS support, offer collaborative discussions with experienced and inexperienced providers to ensure successful program implementation, and ensure services are not being duplicated.

Programs implemented include financial assistance to individuals or families that are: 1) Currently in housing but at risk of becoming homeless 2) Experiencing homelessness and need assistance to obtain housing 3) Medically stable, but needy individuals who would be discharged from a hospital into homelessness but for the intervention of HPRP funds.

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

The City of Merced received its first Neighborhood Stabilization Program (NSP) allocation and anticipates another allocation from NSP3. Discussion will continue regarding the use of NSP funds to assist with the reduction and prevention of homelessness.

Indicate if the CoC has established policies that require homeless assistance providers to ensure all children are enrolled in school and connected to appropriate services within the community? Yes

If yes, please describe the established policies that are in currently in place. Current policies in place at the Merced County Office of Education govern all school districts in Merced County. These policies reflect McKinney Vento legislation. These include the right of homeless children to remain in their school of origin, to have transportation provided, to be enrolled in school immediately, and to have access to meal programs. Notice of educational rights of homeless children are disseminated at schools, meal programs, shelters, transitional housing programs and other locations which may reach the homeless population. There is also a dispute resolution process for parents who wish to dispute Merced County Office of Education decisions.

Describe the CoC's efforts to collaborate with local education agencies to assist in the identification of homeless families and inform them of their eligibility for McKinney-Vento education services. (limit 1500 characters)

The CoC's efforts to collaborate with local education agencies (LEAs) has happened through the Merced County Office of Education (MCOE) which has homeless liaisons assigned to each district which meet to share resources and to problem solve. CoC members and MCOE will explore ways to assist in the identification of homeless families which will include keeping an updated list of low-cost hotels and motels and trailer parks so that school registrars can recognize addresses that may indicate homelessness; examining transportation logs to find doubled-up families; helping teachers listen for statements that may indicate that a child is living in a homeless situation and look for changes in behavior associated with homelessness. Coc will explore ways to inform homeless families of their eligibility for McKinney-Vento education services which will include making sure that all families are aware of educational rights through regular school mailings and handouts.

Describe how the CoC has, and will continue, to consider the educational needs of children when families are placed in emergency or transitional shelter. (limit 1500 characters)

The CoC will continue to consider the educational needs of children when families are placed in emergency or transitional shelter by closely working with liaisons from local educational agencies (LEAs) to ensure that children have a full and equal opportunity to succeed in school. To help ensure success, LEAs with the support of the CoC will disseminate a public notice of the educational rights of homeless children within the provisions of the McKinney-Vento Act to all CoC shelter operators.

LEAs and shelter staff will also work together to inform the parents or guardians of homeless children of the educational rights, opportunities, and services available to their children. Parents or guardians will also be informed of the resources available to overcome barriers to education such as lack of transportation, delays in obtaining previous school records, lack of access to health services to meet immunization requirements, and lack of funds for school dress codes and school supplies.

LEAs and shelter staff will also work together to encourage the parents or guardians to work with them to help overcome any barriers to education. Such cooperation may include helping children complete their homework assignments, receive tutoring when necessary, obtaining referrals and keeping appointments for medical, optical, and other health care services.

Describe the CoC's current efforts to combat homelessness among veterans. Narrative should identify organizations that are currently serving this population, how this effort is consistent with CoC strategic plan goals, and how the CoC plans to address this issue in the future.(limit 1500 characters)

Leading organizations serving veterans include the Merced County Veteran's Services Office (VSO), Merced County Human Services Agency and the California Employment Development Department. In addition, there are several CoC service members who serve veterans among other subpopulations.

The CoCs current efforts toward combating homelessness among veterans are consistent with its strategic plan goals that include PSH and TH. CoC PSH providers serve vets among other residents. CoC TH providers also serve vets among other residents. CoC members are committed to increasing the percentage of veterans that are employed at program exit. Members are committed to helping both employable and unemployable vets receive mainstream resources. The Merced County Veteran's Services Office assists veterans with obtaining benefits from federal, state, and local agencies administering programs for veterans. The VSO provides assistance with disability/death claims and follow-up, as well as medical treatment and prescription fulfillment. Information and referrals for employment, public assistance, social security, alcohol and drug dependency treatment, and home loans are also available. The VSO serves more than 2,400 Merced County veterans annually.

CoC plans to address veteran housing and services issues in the future by applying through the state for VASH certificates and providing HPRP homeless prevention and rapid-rehousing assistance to veterans and family members.

Describe the CoC's current efforts to address the youth homeless population. Narrative should identify organizations that are currently serving this population, how this effort is consistent with the CoC strategic plan goals, and the plans to continue to address this issue in the future (limit 1500 characters):

In an ongoing effort to address the youth homeless population, the Merced County Office of Education and the Merced Union High School District (MUHSD) are partners of the CoC. The MUHSD liaison identifies homeless students and coordinates with Merced County Human Services Agency, Merced County Mental Health and other members of the CoC to ensure services are available to the youth homeless population. While few homeless youth were identified during the 2011 Street Count, the at-risk population, including wards and dependents of the courts, continues to be a priority of the CoC as part of their prevention efforts. Currently, transitional beds are available for a number of homeless youth through AspiraNet and permanent beds are available through Turning Point Community Programs. The CoC will continue to work on improving services and prevention efforts for local homeless youth through its partnership with County agencies, school districts and other dedicated providers, to ensure that resources are available and accessible.

3D. Hold Harmless Need (HHN) Reallocation

Instructions:

Continuum of Care (CoC) Hold Harmless Need (HHN) Reallocation is a process whereby an eligible CoC may reallocate funds in whole or in part from SHP renewal projects to create one or more new permanent housing projects and/or a new dedicated HMIS project. A CoC is eligible to use HHN Reallocation if its Final Pro Rata Need (FPRN) is based on its HHN amount or if it is a newly approved merged CoC that used the Hold Harmless Merger process during the FY2011 CoC Registration process.

The HHN Reallocation process allows eligible CoCs to fund new permanent housing or dedicated HMIS projects by transferring all or part of funds from existing SHP grants that are eligible for renewal in Fy2011 into a new project. New reallocated permanent housing projects may apply under SHP (one, two, or three years), S+C (five or ten years), and Section 8 Moderate Rehabilitation (ten years). New reallocated HMIS projects may be for one, two, or three years.

A CoC whose FPRN is based on its Preliminary Pro Rata Need (PPRN) is not eligible to reallocate existing projects through this process and should therefore always select "No" to the questions below.

For additional instructions, refer to the "Exhibit 1 Detailed Instructions" which can be accessed on the left-hand menu bar.

Does the CoC want to reallocate funds from one or more expiring SHP grant(s) into one or more new permanent housing or dedicated HMIS project(s)? No

Is the CoCs Final Pro Rata Need (FPRN) based on either its Hold Harmless Need (HHN) amount or the Hold Harmless Merger process? No

CoCs who are in PPRN status are not eligible to reallocate projects through the HHN reallocation process.

4A. Continuum of Care (CoC) 2010 Achievements

Instructions:

In the FY2010 CoC application, CoCs were asked to propose numeric achievements for each of HUD's five national objectives related to ending chronic homelessness and moving individuals and families to permanent housing and self-sufficiency through employment. CoCs will report on their actual accomplishments since FY2010 versus the proposed accomplishments.

In the column labeled FY2010 Proposed Numeric Achievement enter the number of beds, percentage, or number of households that were entered in the FY2010 application for the applicable objective. In the column labeled Actual Numeric Achievement enter the actual number of beds, percentage, or number of households that the CoC reached to date for each objective.

CoCs will also indicate if they submitted an Exhibit 1 in FY2010. If a CoC did not submit an Exhibit 1 in FY2010, enter "No" to the question. CoCs that did not fully meet the proposed numeric achievement for any of the objectives should indicate the reason in the narrative section.

For additional instructions, refer to the 'Exhibit 1 Detailed Instructions' which can be accessed on the left-hand menu bar.

Objective	FY2010 Proposed Numeric Achievement:		Actual Numeric Achievement	
Create new permanent housing beds for the chronically homeless.	8	Beds	0	Beds
Increase the percentage of homeless persons staying in permanent housing over 6 months to at least 77%.	85	%	100	%
Increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 65%.	30	%	0	%
Increase the percentage of homeless persons employed at exit to at least 20%	20	%	0	%
Decrease the number of homeless households with children.	10	Households	9	Households

**Did the CoC submit an Exhibit 1 application in Yes
FY2010?**

If the CoC was unable to reach its FY2010 proposed numeric achievement for any of the national objectives, provide a detailed explanation (limit 1500 characters)

Last year, the CoC thought that 8 beds for the chronically homeless would have been operational at this time. The 8 units, and an additional four units, for a total of 12 units will be operational within the next three months.

The CoC did not meet its goal of 30% concerning moving persons from TH to PH. This projected goal was based on anticipated performance of a 2009 CoC grantee. The program did not become operational until earlier this year. Therefore, tracking APR data related to this goal will not be possible until next year.

The CoC did not meet its goal of 20% of homeless persons employed at exit because of the total number of persons who exited which was two persons, both were not employable and had a permanent disability. They did receive SSDI as a source of income and other mainstream resources.

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

Instructions:

HUD tracks each CoCs progress toward ending chronic homelessness. In the FY2011 CoC NOFA, chronically homeless is defined as an unaccompanied homeless individual with a disabling condition, or a family with at least one adult member who has a disabling condition, who has either been continuously homeless for at least a year OR has had at least four episodes of homelessness in the last three (3) years.

CoCs are to track changes from one year to the next in the number of chronically homeless persons as well as the number of beds available for this population. CoCs will complete this section using data reported for the FY2009, FY2010, and FY2011 (if applicable) point-in-time counts as well as the data collected and reported on the Housing Inventory Counts (HIC) for those same years. For each year, indicate the total unduplicated point-in-time count of chronically homeless as reported in that year. For FY2009 and FY2010, this number should match the number indicated on form 2J of the respective years Exhibit 1. For FY2011, this number should match the number entered on the Homeless Data Exchange (HDX).

Indicate the total number of chronically homeless persons and total number of permanent housing beds designated for the chronically homeless persons in the CoC for FY2009, FY2010, and FY2011.

Year	Number of CH Persons	Number of PH beds for the CH
2009	51	4
2010	51	4
2011	261	22

Indicate the number of new permanent housing beds in place and made available for occupancy for the chronically homeless between February 1, 2010 and January 31, 2011. 0

Identify the amount of funds from each funding source for the development and operations costs of the new permanent housing beds designated for the chronically homeless, that were created between February 1, 2010 and January 31, 2011.

Cost Type	HUD McKinney-Vento	Other Federal	State	Local	Private
Development					
Operations					
Total	\$0	\$0	\$0	\$0	\$0

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

There was an increase in the number of chronically homeless persons. The 2009 number of 51 was not based on data collection but based on anecdotal information. Since the CoC conducts a homeless count every other year, the number of 51 was carried over into 2010. In 2011, however, the CoC adopted a methodology that collects subpopulation data from the unsheltered population through a survey. The survey includes the questions that pertain to chronic homelessness from the HMIS intake form. The CoC is now counting an annual count and subpopulation survey and the same methodology adopted in 2011 will be used in future counts and surveys.

4C. Continuum of Care (CoC) Housing Performance

Instructions:

All CoC funded non-HMIS projects are required to submit an Annual Performance Report (APR), or Transition APR (TAPR) within 90 days of a given operating year. To demonstrate performance on participants remaining in permanent housing for more than six months, CoCs must use data on all permanent housing projects that should have submitted an APR, or TAPR, for the most recent operating year. Projects that did not submit an APR, or TAPR, on time must also be included in this calculation.

Complete the table using data entered for Question 12(a) and 12(b) for the most recent submitted APR, Q27 from the TAPR, for all permanent housing projects (SHP-PH, or Sac TRA/SRA/SRO/PRA) within the CoC that should have submitted one. Enter totals in fields a-e. The Total PH percent will auto-calculate by selecting "Save." The percentage is calculated as: c+d, divided by a+b, multiplied by 100. the last field, e., is excluded from the calculation.

CoCs that do not have SHP-PH or S+C projects for which and APR, or TAPR, was required should select "No" if the CoC did not have ANY CoC-funded permanent housing projects operating within their CoC that should have submitted an APR, or TAPR.

For additional instructions, refer to the "Exhibit 1 Detailed Instructions" which can be accessed on the left-hand menu bar.

Does the CoC have any permanent housing projects (SHP-PH or S+C) for which an APR was required to be submitted? Yes

Participants in Permanent Housing (PH)	
a. Number of participants who exited permanent housing project(s)	0
b. Number of participants who did not leave the project(s)	4
c. Number of participants who exited after staying 6 months or longer	0
d. Number of participants who did not exit after staying 6 months or longer	4
e. Number of participants who did not exit and were enrolled for less than 6 months	0
TOTAL PH (%)	100

Instructions:

HUD will also assess CoC performance in moving participants in SHP transitional housing programs into permanent housing. To demonstrate performance, CoCs must use data on all transitional housing projects that should have submitted an APR, or TAPR, for the most recent operating year. Projects that did not submit an APR, or TAPR, on time must also be included in this calculation.

Complete the table below using cumulative data entered for Question 14 on the most recent submitted APR, Q29 on the TAPR, for all transitional housing projects (SHP-TH) within the CoC that should have submitted one. Once amounts have been entered into a. and b. selection "Save." The Total TH will auto-calculate. The percentage is auto-calculated as: b. divided by a, multiplied by 100. CoCs that do not have SHP-TH projects for which an APR was required should select "No" to the question below. This only applies to CoCs that do not have any CoC-funded transitional housing projects currently operating within their CoC that should have submitted an APR.

Does CoC have any transitional housing projects (SHP-TH) for which an APR was required to be submitted? No

Participants in Transitional Housing (TH)	
a. Number of participants who exited TH project(s), including unknown destination	0
b. Number of SHP transitional housing participants that moved to permanent housing upon exit	0
TOTAL TH (%)	0

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

Instructions:

HUD will assess CoC performance in assisting program participants with accessing mainstream services to increase income and improve outcomes such as health, education, safety, and/or economic outcomes of homeless persons. To demonstrate performance, CoCs must use data on all non-HMIS projects (SHP-PH, SHP-SH, SHP-SSO, S+C TRA/SRA/PRA/SRO) that should have submitted an APR (either the HUD-40118 or the HUD APR in e-snaps) for the most recent operating year. Projects that did not submit an APR on time must also be included in this calculation.

Complete the table below using cumulative data entered for question 11 on the most recent submitted HUD-40118 APR or Q26 for the HUD APR in e-snaps for all non-HMIS projects within the CoC that should have submitted one. Each CoC shall first indicate the total number of exiting adults. Next, enter the total number of adults who exited CoC non-HMIS projects with each source of income. Once amounts have been entered, select "Save" and the percentages will auto-calculate. CoCs that do not have any non-HMIS projects for which an APR was required should select "No" to the question below. This only applies to CoCs that do not have any CoC-funded non-HMIS projects currently operating within their CoC that should have submitted an APR.

For additional instructions, refer to the [Exhibit 1 Detailed Instructions](#) which can be accessed on the left-hand menu bar.

Total Number of Exiting Adults: 2

Mainstream Program	Number of Exiting Adults	Exit Percentage (Auto-calculated)	
SSI	0	0	%
SSDI	2	100	%
Social Security	0	0	%
General Public Assistance	0	0	%
TANF	0	0	%
SCHIP	0	0	%
Veterans Benefits	0	0	%
Employment Income	0	0	%
Unemployment Benefits	0	0	%
Veterans Health Care	0	0	%
Medicaid	0	0	%
Food Stamps	0	0	%
Other (Please specify below)	0	0	%
No Financial Resources	0	0	%

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

Does the CoC have any non-HMIS projects for which an APR was required to be submitted? Yes

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

Instructions:

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

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

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

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

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

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

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

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

Annually the Continuum of Care Coordinator will request APR's from project sponsors for review at the Executive Council. After review by the CoC Coordinator and the Council a summary of the report will be provided to the General Collaborative group for discussion on collaborations that may need to occur to improve the process or to address policy issues that may need to be addressed.

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

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

The meeting dates were 12/8/10, 2/9/11, 3/9/11, 5/11/11, 6/8/11, 7/13/11, 8/3/11, 9/14/11.

Does the CoC coordinate with the State Interagency Council on Homelessness to reduce or remove barriers to accessing mainstream services? Not Applicable

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

If yes, identify these staff members Provider Staff

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

If "Yes", specify the frequency of the training. quarterly (once each quarter)

Does the CoC use HMIS as a way to screen for mainstream benefit eligibility? No

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

Has the CoC participated in SOAR training? No

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

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

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

Activity	Percentage
1. Case managers systematically assist clients in completing applications for mainstream benefits. 1a. Describe how service is generally provided:	100%
Case managers assist clients in organizing and/or obtaining all necessary documentation and information to apply for benefits. If an online process is available, the case manager assists the participant to apply online. If needed (and permission is provided), case manager will participate in the interview process with the applicant and benefit agency.	
2. Homeless assistance providers supply transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs.	67%
3. Homeless assistance providers use a single application form for four or more mainstream programs: 3.a Indicate for which mainstream programs the form applies:	0%
4. Homeless assistance providers have staff systematically follow-up to ensure mainstream benefits are received.	67%
4a. Describe the follow-up process:	
Staff requests proof of applicaiton for mainstream benefits that participants applied for without assistance from the case manager to ensure an application was accepted by the benefits agency. Follow-up is conducted by the case manager to the benefiting agency if the required review time frame has passed.	

Continuum of Care (CoC) Project Listing

Instructions:

IMPORTANT: Prior to starting the CoC Project Listing, CoCs should carefully review the "CoC Project Listing Instructions" and the "CoC Project Listing" training module, both of which are available at www.hudhre.info/esnaps.

To upload all Exhibit 2 applications that have been submitted to this CoC, click on the "Update List" button. This process will take longer based upon the number of projects that need to be located. The CoC can either work on other parts of Exhibit 1 or it can log out of e-snaps and come back later to view the updated list. To review a project, click on the next to each project to view project details.

EX1_Project_List_Status_field List Updated Successfully

Project Name	Date Submitted	Grant Term	Applicant Name	Budget Amount	Proj Type	Prog Type	Comp Type	Rank
Project Home Star...	2011-10-26 17:38:...	1 Year	Merced County Men...	128,063	Renewal Project	SHP	PH	F
SSG Supportive Ho...	2011-10-27 13:59:...	1 Year	Sierra Saving Gra...	76,953	New Project	SHP	PH	P2
HMIS RENEWAL	2011-10-26 17:58:...	1 Year	Merced County Com...	81,163	Renewal Project	SHP	HMIS	F
2011 Shelter Plus...	2011-10-26 12:30:...	5 Years	Housing Authority...	283,680	New Project	S+C	TRA	F1

Budget Summary

FPRN	\$492,906
Permanent Housing Bonus	\$76,953
SPC Renewal	\$0
Rejected	\$0

Attachments

Document Type	Required?	Document Description	Date Attached
Certification of Consistency with the Consolidated Plan	Yes	Certifications	10/19/2011

Attachment Details

Document Description: Certifications