

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): GA-500 - Atlanta/Roswell/DeKalb, Fulton Counties CoC

CoC Lead Agency Name: Fulton County Housing & Human Services Department

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: Public Sector Executive Work Group

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: Other (specify)

Specify "other" legal status:

Legally recognized governments (City of Atlanta, DeKalb County, Fulton County)

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) 0%

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

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

Other:

Specify "other" process(es):

Assigned job functions

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

The Tri-J CoC decision making body was established over 12 years ago with the three governments in the leadership role playing an integral part in making the CoC function. The individuals on the body are assigned based on job responsibilities in each jurisdictions. Input from other critical sectors including the private, nonprofit, business and others is obtained through a coordinated committee structure. The decision making body allows the three entities to have effective communication and collaboration on homelessness despite the occassional tension between the communities. That the group has remained intact for twelve years speaks to the commitment of the communities and the staff as well as the success of the model for this area.

*** 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 checked="" type="checkbox"/>

Specify "other" process(es):

Rotate among jurisdictions

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):

Under the current administrative structure, the three jurisdictions divide responsibilities for application, program monitoring and oversight as well as management of the CoC Committee structure. Additional funds would allow the jurisdictions to consolidate some of these functions in single staff, potentially providing for a more consistent oversight and technical assistance to CoC programs.

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
Tri-J Public Sector Executive Work Group	The decision making team, provides guidance to the Tri-J Advisory committee, manage the CoC. Serve as the focal point for the CoC on all homeless initiatives. Select review committee members . Make final decision on CoC priorities and projects.	Monthly or more
Tri-J Public Sector Work Group	The Work Group executes the NOFA application process, provide technical assistance, monitor grantees, review information, plan agendas , facilitate planning meetings, provide support to the advisory committee and the public sector Executive work group.Send out communications to CoC providers and the community, attend community meeting around homelessness.Engage input from collaborate membership.	Monthly or more
Tri-J Collaborative Advisory Committee	Approves the NOFA package and approve critical elements of the NOFA process, facilitates the review committee process, recommend improvements to the continuum, assess community needs and provide gaps analysis. Fscillates the Tri-J collaborative meetings and advocate and serve as representative of stakeholders.	Bi-monthly
Tri-J HMIS Unit	Attend and participate in the statewide HMIS planning meetings, facilitate HMIS user group meetings , monitor HMIS compliance, faciliate training around HMIS, assist agencies in HMIS utilization, validates HMIS information, prepare AHAR, Housing Inventory, statiscal reports, and assist with Homeless Census.	Monthly or more
United Way Regional Commission on Homelessness	A collaboration of jurisdictions providing funding, leadership, policy planning and a framework for implementation of the 10 year plan to end homelessness. Also facilitates the monthly supportive housing meetings, case management trainings. Provide outreach services to chronic homeless individuals in the Atlanta Metropolitan Area communities. As well as, assist in funding new permanent housing projects within the Tri-J CoC.	Monthly or more

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

1D. Continuum of Care (CoC) Member Organizations

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

Organization Name	Membership Type	Organization type	Organization Role	Subpopulations
Georgia Department of Community Affairs	Public Sector	State g...	Committee/Sub-committee/Work Group, Attend Consolidated P...	NONE
City of Atlanta Office of Grants Management	Public Sector	Local g...	Attend 10-year planning meetings during past 12 months, C...	NONE
City of Atlanta Office of Human Services	Public Sector	Local g...	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE
Dekalb County Community Development Department	Public Sector	Local g...	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE
Fulton County Housing & Human Services Departme...	Public Sector	Local g...	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE
Housing Authority of Atlanta	Public Sector	Public ...	Attend 10-year planning meetings during past 12 months	NONE
Atlanta Public Schools Homeless Program	Public Sector	School ...	Committee/Sub-committee/Work Group, None	Youth
Dekalb County Schools Prevention Program	Public Sector	School ...	Committee/Sub-committee/Work Group	Youth
Fulton County School System	Public Sector	School ...	Committee/Sub-committee/Work Group	Youth
City of Atlanta Department of Corrections	Public Sector	Law enf...	Committee/Sub-committee/Work Group	NONE
Dekalb County Diversion Treatment Court	Public Sector	Law enf...	Committee/Sub-committee/Work Group	Seriously Me...
Fulton County Drug Court	Public Sector	Law enf...	Committee/Sub-committee/Work Group	Substance Abuse
Atlanta Workforce Development Board	Public Sector	Local w...	Committee/Sub-committee/Work Group	NONE
Dekalb County Workforce Development Department	Public Sector	Local w...	Committee/Sub-committee/Work Group	NONE
Fulton County Office of Workforce Development	Public Sector	Local w...	Committee/Sub-committee/Work Group	NONE
Fulton County- Jefferson Place Emergency and TR...	Private Sector	Non-pro..	None	Veterans

Furniture Bank Of Metro Atlanta	Private Sector	Non-pro..	None	NONE
Genesis Shelter, Inc.	Private Sector	Non-pro..	None	Youth
Georgia Law Center for The Homeless, Inc.	Private Sector	Non-pro..	None	Seriously Me...
Chris Homes, Inc.	Private Sector	Non-pro..	None	Youth
City of Refuge	Private Sector	Non-pro..	None	NONE
Community Advanced Practice Nurses, Inc.	Private Sector	Non-pro..	None	Youth, Serio...
Covenant House of Georgia	Private Sector	Non-pro..	None	Youth
Crossroads Community Ministries	Private Sector	Non-pro..	None	Seriously Me...
Decatur Cooperative Ministies	Private Sector	Faith-b...	None	Substance Abuse
Families First	Private Sector	Non-pro..	None	Youth
Gateway Center	Private Sector	Non-pro..	None	Veterans, Su...
Initiative for Addfordable Housing, Inc.	Private Sector	Non-pro..	None	NONE
Jerusalem House	Private Sector	Non-pro..	None	HIV/AIDS
Mary Hall Freedom House, Inc.	Private Sector	Non-pro..	None	Substance Abuse
Our House, Inc.	Private Sector	Non-pro..	None	NONE
Pathways Community Network, Inc.	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
St. Joseph Mercy Care Services, Inc.	Private Sector	Hospita..	None	NONE
The Salvation Army, Inc.	Private Sector	Faith-b...	None	Veterans, Su...

Trinity Community Ministries	Private Sector	Faith -b...	None	Substance Abuse
Buckhead Christian Ministry, Inc.	Private Sector	Faith -b...	None	NONE
Central Presbyterian Church	Private Sector	Faith -b...	None	NONE
Atlanta Regional Commission on Homelessness	Private Sector	Funder ...	Committee/Sub-committee/Work Group	NONE
The Community Foundation	Private Sector	Funder ...	None	NONE
Georgia Coalition to End Homelessness	Private Sector	Funder ...	Committee/Sub-committee/Work Group	NONE
Kevin Cook	Individual	Formerl. ..	Primary Decision Making Group	NONE
St.Judes Recovery Center	Private Sector	Non-pro.. .	Committee/Sub-committee/Work Group	Substance Abuse
Capital City Bank	Private Sector	Businesses	Committee/Sub-committee/Work Group	NONE
United Way of Metropolitan Atlanta	Private Sector	Funder ...	Committee/Sub-committee/Work Group	NONE

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: Georgia Department of Community Affairs

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, Attend Consolidated Plan focus groups/public forums 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? No

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

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Name of organization or individual: City of Atlanta Office of Grants Management

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: Attend 10-year planning meetings during past 12 months, 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)

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Name of organization or individual: City of Atlanta Office of Human Services

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? 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
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- Services provided, if applicable

Name of organization or individual: Dekalb County Community Development Department

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? No

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

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- Services provided, if applicable

Name of organization or individual: Fulton County Housing & Human Services Department Office

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: Case Management, Mortgage Assistance, Rental Assistance, Employment
(select all that apply)

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- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Housing Authority of Atlanta

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: 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? 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: Atlanta Public Schools Homeless Program

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, None
(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)

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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: Dekalb County Schools Prevention Program

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? No

Services provided to homeless persons and families: Education
(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: Fulton County School System

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? No

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

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- Type of organization
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- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: City of Atlanta 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? No

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

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- Type of organization
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- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Dekalb County Diversion Treatment Court

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: Seriously Mentally Ill
(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
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- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Fulton County Drug Court

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: Substance Abuse
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Case Management, Law Enforcement, Mental health
(select all that apply)

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- Type of organization
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- Services provided, if applicable

Name of organization or individual: Atlanta Workforce Development Board

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: Education, Transportation, 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: Dekalb County Workforce Development Department

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: Education, Transportation, 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: Fulton County Office of Workforce Development

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: Education, Transportation, Employment
(select all that apply)

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- Type of organization
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- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Fulton County- Jefferson Place Emergency and TRA...

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: None
(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: Case Management, 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: Furniture Bank Of Metro Atlanta

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: None
(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)

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- Services provided, if applicable

Name of organization or individual: Genesis Shelter, Inc.

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: None
(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: Case Management
(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: Georgia Law Center for The Homeless, Inc.

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: None
(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: Legal 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: Chris Homes, Inc.

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: None
(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, 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: City of Refuge

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: None
(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: Case Management, Child Care, Life Skills, Transportation
(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 Advanced Practice Nurses, Inc.

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: None
(select all that apply)

Subpopulation(s) represented by the organization: Youth, 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: 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: Covenant House of Georgia

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: None
(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: Street Outreach, Education, Case Management, Life Skills, 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: Crossroads Community Ministries

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: None
(select all that apply)

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

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Case Management
(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: Decatur Cooperative Ministies

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: None
(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, 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: Families First

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: None
(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: Case Management
(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 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: None
(select all that apply)

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

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Case Management, Life Skills, Alcohol/Drug Abuse, Employment
(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: Initiative for Addfordable Housing, Inc.

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: None
(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: Case Management, Life Skills, 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: Jerusalem 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: None
(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: Case Management, Child Care, HIV/AIDS
(select all that apply)

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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: Mary Hall Freedom House, Inc.

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: None
(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: Case Management, Life Skills, Mental health, Transportation, Alcohol/Drug Abuse
(select all that apply)

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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: Our House, Inc.

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: None
(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: Case Management, Child Care
(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: Pathways Community Network, Inc.

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)

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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. Joseph Mercy Care Services, Inc.

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: None
(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, Prescription Assistance
(select all that apply)

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- Type of organization
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- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: The Salvation Army, Inc.

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: None
(select all that apply)

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

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Case Management, Soup Kitchen/Food Pantry
(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: Trinity Community Ministries

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: None
(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
(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: Buckhead Christian Ministry, Inc.

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: None
(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
(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 Presbyterian 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: None
(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: Soup Kitchen/Food Pantry
(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: Atlanta Regional Commission on Homelessness

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: 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)

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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: The Community Foundation

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: None
(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: Georgia Coalition to End Homelessness

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: 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: Kevin Cook

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: Primary Decision Making 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: St.Judes Recovery 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: Substance Abuse
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

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

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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: Capital City Bank

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
(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: United Way of Metropolitan Atlanta

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: 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)

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) 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, d. Review Independent Audit, p. Review Match, i. Evaluate Project Readiness, e. Review HUD APR for Performance Results, o. Review CoC Membership Involvement, f. Review Unexecuted Grants, a. CoC Rating & Review Committee Exists, m. Assess Provider Organization Capacity

Voting/Decision-Making Method(s):
(select all that apply) a. Unbiased Panel/Review Committee, e. Consensus (general agreement)

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):

We have an increase of 357 beds for this year's HIC of beds that were not counted during the previous year. We previously submitted a manually, self-reported bed inventory count which under reported the number of beds reliably available for emergency shelter in the Tri-J CoC. As part of our efforts to improve the HMIS system and our inventory accuracy, the Tri-J HMIS unit began to closely monitor the number of beds and now utilizes an electronic system to count the beds available to our clients. This year's count more accurately reflects the available beds in our continuum.

HPRP Beds: Not Applicable

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

Safe Haven: Not Applicable

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

Tri-J CoC no longer has a Safe Haven program.

Transitional Housing: Yes

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

We have an increase of 287 beds for this year's HIC of beds that were not counted during the previous year. We previously submitted a manually, self-reported bed inventory count which under reported the number of beds reliably available for TH in the Tri-J CoC. As part of our efforts to improve the HMIS system and our inventory accuracy, the Tri-J HMIS unit began to closely monitor the number of beds and now utilizes an electronic system to count the beds available to our clients. This year's count more accurately reflects the available beds in our continuum.

Permanent Housing: Yes

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

We have an increase of 45 beds for this year's HIC of new beds. As part of our efforts to improve the HMIS system and our inventory accuracy the Tri-J HMIS unit began to closely monitor the number of beds and now utilizes an electronic system to count the beds available to our clients. This year's count more accurately reflects the available beds in our continuum.

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) 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, Training, HMIS

Must specify other:

Indicate the type of data or method(s) used to determine unmet need: (select all that apply): Unsheltered count, HMIS data, Local studies or non-HMIS data sources, 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):

The unsheltered count by population subgroup was compared to housing inventory results to determine if sufficient vacant beds were available to house unsheltered persons. Bed utilization rates were further explored through HMIS client data per housing program or site, and the 2011 homeless survey provided data on typical sleeping arrangements for respondents. In CoC meetings during the year, but particularly in the months preceding the census, stakeholder and provider discussions identified subgroups for whom the available housing supply was insufficient (too few beds) or inappropriate (not suited to the needs of the particular subpopulation); recent changes in demand were noted and the most significant gaps in supply were deliberated.

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: Statewide

Select the CoC(s) covered by the HMIS: (select all that apply) GA-501 - Georgia Balance of State CoC, GA-506 - Marietta/Cobb County CoC, GA-507 - Savannah/Chatham County CoC, GA-504 - Augusta CoC, GA-500 - Atlanta/Roswell/DeKalb, Fulton Counties CoC, GA-503 - Athens/Clarke 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: Pathways Compass

What is the name of the HMIS software company? PathwaysCommunity Network, Inc.

Does the CoC plan to change HMIS software within the next 18 months? Yes

Indicate the date on which HMIS data entry started (or will start): (format mm/dd/yyyy) 05/01/2003

Indicate the challenges and barriers impacting the HMIS implementation: (select all the apply): Inadequate bed coverage for AHAR participation, Poor data quality, Other, 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 Tri-J CoC has ensure all funded agencies are provided with an operating manual and assistance through the newly form HMIS unit. The HMIS unit provide assistance to agencies to ensure compliance with HMIS. The HMIS unit reach out to non funded agencies to get buy in and participation in HMIS. The Tri-J CoC planning group is continuing to implement a number of measures next year that will overcome challenges and barriers including increasing staff time on Data Quality, improving efficiency of monitoring procedures and improving ability of software to produce the data needed to complete Exhibit 1 of the application, AHAR,(housing inventory chart and shelterd count). Open Database Connectivity (ODBC) has been implemented to allow the CoC to have access to the data and new tools are now available for data visualization and data analysis.

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 Department of Community Affairs

Street Address 1 60 Executive Park South, NE

Street Address 2

City Atlanta

State Georgia

Zip Code 30329

Format: xxxxx or xxxxx-xxxx

Organization Type State or Local Government

If "Other" please specify

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

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	65-75%
* Safe Haven (SH) Beds	No beds in CoC
* Transitional Housing (TH) Beds	65-75%
* Permanent Housing (PH) Beds	86%+

How often does the CoC review or assess its HMIS bed coverage? At least Semi-annually

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%	3%
* Date of Birth	0%	0%
* Ethnicity	0%	0%
* Race	0%	0%
* Gender	0%	0%
* Veteran Status	0%	1%
* Disabling Condition	0%	1%
* Residence Prior to Program Entry	16%	7%
* Zip Code of Last Permanent Address	18%	14%
* Name	0%	0%

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

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

Staffs from funders and agencies can access utilization and data quality reports. On-line, in person and phone training/technical support is provided to work enhance data quality. Tools available are: System Utilization Reports from Pathways distributed to funders and to Continuum Representatives, Automated data quality reports for agencies within HMIS system, Training and technical assistance for Agencies on data quality: Web Tutorial for Client Search. The Tri-J HMIS monthly user group meetings share information about system updates, issues regarding utilization and the importance of good quality data. Also provided is a demonstration of Pathways navigation during the HMIS user group meetings to assist with system compliance.

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

Web Tutorial for Program Enrollment and Program Discharge; Program Roster Report available for Agency with time left/over from entry(based on average length of stay for program); Monitoring of Total Program Enrollment Numbers by Funders. Also a report indicating clients with a zero or negative program length of stay is available to agencies and continuum representatives. The Tri-J HMIS unit has begun to provide quarterly reports on agencies HMIS utilization and participation in the system and share the report with the CoC. CoC discussed the impact of the report with the agencies to ensure data is valid and place emphasis on agencies cleaning up wrong data.

Indicate which reports the CoC or subset of the CoC submitted usable data: 2010 AHAR
(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 Annually
Using data for program management:	At least Quarterly
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 Annually
* Locking screen savers	At least Annually
* Virus protection with auto update	At least Annually
* Individual or network firewalls	At least Annually
* Restrictions on access to HMIS via public forums	At least Monthly
* Compliance with HMIS Policy and Procedures manual	At least Annually
* Validation of off-site storage of HMIS data	At least Annually

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

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: 09/30/2011

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 Monthly
* Data Security training	At least Monthly
* Data Quality training	At least Quarterly
* Using Data Locally	At least Monthly
* Using HMIS data for assessing program performance	At least Quarterly
* Basic computer skills training	At least Semi-annually
* 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? biennially (every other 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) 01/24/2013

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: 90-99%

Transitional Housing: 90-99%

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).

One of the factors for the increase in the unsheltered population was that the Tri-J CoC added two more specialized enumeration teams. Special coverage enumeration teams from previous counts included participants and staff from the U.S. Department of Veterans Affairs (VA), Health Care for Homeless Veterans Program and from the Latin American Association. Two additional teams for this count included outreach workers and personnel from St. Joseph's Mercy Care Services & Community Homeless Outreach Program (CHOP).

The weather was another factor that probably resulted in an increase in the Hartsfield Jackson Airport unsheltered numbers. Two weeks prior to the count Atlanta was blanketed in an ice storm and the city shut down for nearly a full week. The night of the count snow was again predicted. The extremely high increase in the airport numbers is more than likely attributed to homeless people who might usually stay outdoors instead sleeping at the Airport in anticipation of another severe weather situation.

A third probable reason for the rise in the unsheltered population was the increased police support from previous count, especially in the City of Atlanta and South Fulton. Prior to the count, all of DeKalb County and City of Atlanta, and most of South and North Fulton County police departments provided information of known hot spots locations where homeless people tend to sleep.

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 sheltered count was conducted by Pathways, the Tri-J HMIS unit using the residential tally form first developed for the 2003 homeless count and refined during subsequent census. All known shelter and housing providers in the Tri-J CoC were given advance notice of the 2011 count during the fall via email, phone calls and at provider meetings. Reminder emails and phone calls were made several days prior to the count. The emails (or faxes) included the residential tally form with instructions on filling out the form and a request to return the form promptly after the count. Most providers had returned the form within the two weeks following the count. The capacity information given by the providers was compared to the 2010 HIC and 2009 count to check for any discrepancies. If any were found, PCNI staff contacted the provider to determine if there had been a bed/program increase or decrease since the previous HIC and count.

Non-reporting sites were contacted every few days until the end of February. Occupancy for the non-reporting sites was estimated using the statistical formula applied in past counts. The 2011 count had better reporting levels than the last count due to Pathways assigning a research assistant specifically to obtaining the sheltered numbers.

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

If Other, specify:

The Tri-J CoC conducts surveys of homeless clients in the months following the count. The survey is not conducted on count night because the instrument is extremely detailed, quite lengthy and involves interviewing hundreds of homeless persons, both sheltered and unsheltered. Instead the point-in-time census effort is devoted solely to obtaining a full and accurate count. The 2011 homeless survey was therefore conducted in March and April 2011. The Tri-J CoC homeless surveys are conducted by Pathways.

Prior to the point-in-time count, Pathways staff and members of the homeless census advisory council survey sub-committee updated the past questionnaire. The Tri-J CoC survey instrument was first used in the 2003 homeless survey project with refinements made each subsequent survey. The "standard" questions provide data on respondents' age, family status, military experience, length/duration of homelessness, place of geographic origin, cause of homelessness, sleeping arrangements, and problems or disabilities that interfere with daily living. Special emphasis questions for 2011 focused on permanent housing and employment.

The results of the count were used to determine target sample size, type from individuals vs. family heads and sheltered vs. unsheltered, and interview sites. Survey sites included outdoor locations, day programs, shelters, and transitional housing programs. Peer interviewers, homeless and recently homeless persons, were trained to conduct surveys with sheltered and unsheltered homeless individuals and family heads. In 2011, 542 surveys were successfully completed. The full report containing the analysis of survey will be posted at www.pcnj.org.

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):

The residential tally forms used for the sheltered count only provides basic demographics such as gender and household type and do not necessarily include information on subpopulations. Therefore, to determine subpopulations, the most current survey data regarding detailed population characteristics such as substance abuse, domestic violence, and mental illness are applied to the point-in-time count to develop estimates for special-needs populations.

A number of different survey questions - such as usual sleeping place, cause of homelessness, military service, problems that interfere with daily living - elicit responses that enable the Pathways research team to develop prevalence estimates for the special-needs breakouts and for the incidence of chronic homelessness. For example, if a respondent names a physical disability as a cause of his homelessness that response, in conjunction with his responses to length/episodes of homelessness, is used to determine whether he meets the definition of chronic homelessness. Separate prevalence estimates are calculated for single persons and persons in families, and for sheltered persons versus unsheltered persons. These prevalence estimates are then applied to the census to derive the sheltered subpopulation counts.

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 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 type="checkbox"/>

If Other, specify:

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).

For agencies reporting multiple sites, when duplicate reports were received from the central office and the program site, the two reports were compared to each other and to the existing housing inventory. If there were no discrepancies, one of the reports was marked as a duplicate and data then entered based on the "original" report. In those cases where discrepancies were found between the two reports, or between the reports and the existing inventory, census and jurisdictional staff members followed up to resolve the differences.

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):

The sheltered count was conducted by Pathways, the Tri-J HMIS Unit, using the residential tally form first developed for the 2003 homeless count and refined during subsequent census. All known shelter and housing providers in the Tri-J CoC were given advance notice of the 2011 count during the fall via email, phone calls and at provider meetings. Reminder emails and phone calls were made several days prior to the count. The emails (or faxes) included the residential tally form with instructions on filling out the form and a request to return the form promptly after the count. Most providers had returned the form within the two weeks following the count. The capacity information given by the providers was compared to the 2010 HIC and 2009 count to check for any discrepancies. If any were found, PCNI staff contacted the provider to determine if there had been a bed/program increase or decrease since the previous HIC and count.

Non-reporting sites were contacted every few days until the end of February. Occupancy for the non-reporting sites was estimated using the statistical formula applied in past counts. The 2011 count had better reporting levels than the last count due to Pathways assigning a research assistant specifically to obtaining the sheltered numbers.

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 checked="" type="checkbox"/>
Public places count with interviews:	<input 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 tally forms used for the unsheltered count only provides basic demographics such as gender and household type and do not necessarily include information on subpopulations. Therefore, to determine subpopulations, the most current survey data regarding detailed population characteristics such as substance abuse, domestic violence, and mental illness are applied to the point-in-time count to develop estimates for special-needs populations. A number of different survey questions - such as usual sleeping place, cause of homelessness, military service, problems that interfere with daily living - elicit responses that enable the Pathways research team to develop prevalence estimates for the special-needs breakouts and for the incidence of chronic homelessness. For example, if a respondent names a physical disability as a cause of his homelessness that response, in conjunction with his responses to length/episodes of homelessness, is used to determine whether he meets the definition of chronic homelessness. Separate prevalence estimates are calculated for single persons and persons in families, and for sheltered persons versus unsheltered persons. These prevalence estimates are then applied to the census to derive the unsheltered subpopulation counts

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: Known Locations

If Other, specify:

Certain enumeration areas were stratified into three specific categories ; high, low and zero count areas ; based on the numbers from previous Tri-J CoC homeless census. The homeless census advisory council (AC) decided in 2002 that high count areas or hotspot locations such as downtown Atlanta or the Atlanta Airport would receive enumerators with expertise in working with or experience with the street homeless population. In 2007, the AC determined that enumeration areas where no homeless people had been found in the previous census would not be counted. This would allow efforts to be focused on areas where homeless people were thought to be located. For 2009, the AC concluded that low count enumeration areas, where ten or fewer homeless people had been found on previous counts, would not have homeless enumerator guides provide assistance due to the lack of need for their expertise. Guides were residents recruited from various transitional housing programs in the Tri-J CoC who assisted community volunteers with identifying homeless persons, in pointing out locations likely to have homeless persons present and in recognizing potentially dangerous situations to avoid. Finally, the other enumeration areas had enumeration teams comprised of community volunteers and homeless enumerator guides.

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 type="checkbox"/>
Other:	<input checked="" type="checkbox"/>

If Other, specify:

As with previous homeless counts, a deployment captains(DC) committee was formed to manage the deployment sites for the unsheltered count. In January, the DC received training: 1) by a Geographic Information System (GIS) staff member on how to read the planning and enumeration maps, and 2) by Pathways research manager on all the materials for the census night process such as training the volunteers and calling in the homeless count numbers. In addition, prior to the count, several of the special coverage enumeration teams were trained on how to read the maps and on how to count in their concentrated or hotspot location by GIS personnel and the Pathways research manager. On count night, the enumeration teams were trained by the DC immediately before the street count was conducted. The teams received training on enumerator roles, how to read the maps, how to identify people who are homeless, how to fill out the tally form and enumeration process and safety tips.

Pathways research staff and the deployment captains at each of the twelve deployment sites were available by phone throughout the night to answer questions from the teams. The teams were asked to call-in to their deployment site once they had completed the count of a block group and report their number. After an enumeration area was fully counted, then the DC reported the numbers to Pathways research staff via email or phone. The numbers were entered into an excel database.

After the count, the reported numbers from count night were compared to the actual census tally forms, which were submitted the next day, to verify the numbers matched. If there were any differences found, the DC from that area were contacted by Pathways to discuss and clarify the accurate number.

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):

Each enumeration team was supplied with large-scale maps of their assigned areas, which were further divided by census block groups. The teams were instructed in training to confine their counts to their clearly mapped areas. When a street was the boundary for a census block group, the affected teams were instructed as to which side of the street was assigned to their counts. When a census block group was split between two jurisdictions, the split areas were noted on the maps and team members were trained to report separate counts for the split areas, so that accurate jurisdictional-level final counts could be developed for each of the Tri-J's three major jurisdictions.

For known areas of concentration or hotspot locations, special enumerations teams comprised of staff work with clients on the street or have specialized knowledge of the street homeless population counted these areas. To avoid duplication, the regular enumeration teams were given street-by-street instructions on areas of concentration that had been assigned to the special enumeration teams and should therefore be avoided in the regular street count. All enumeration teams left their deployment sites to count at the same time in the early morning hours after the trains and buses had stopped running and the majority of businesses had closed to avoid duplicate counting. This procedure results in limited mobility and homeless people not being as likely to move from block group to block group.

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 Tri-J CoC, in conjunction with the United Way Regional Commission on Homelessness (RCOH), have been the catalyst in ensuring that more than 500 family beds have come on-line in the past 5 years. The Tri-J and United Way RCOH and Fulton County has been working to connect the different agencies that work with women and children to ensure that women are not just shuttled from one place to another during the day without getting effective case management. The City of Refuge was renovated to create a family assessment center serving 60 families consisting of women with children and 100 single women can live safely for up to 90 days while they are stabilized and prepared to move into permanent housing. Community Concerns agency continues to operate the Odyssey Villas a 32 unit facility for intact families. The Tri-J has 37 units of additional supportive housing that will be available for occupancy by December, 2011. The occupants will consist of referrals from the 24/7 Gateway Center.

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):

Our partner the United Way Regional Commission on Homelessness, has a Shelter to Home Project to end homelessness for people who are long-term residents of the shelter system and a Street to Home Project utilizing the Housing First Model for people who are chronically homeless and living on the street long-term. This program consist of street outreach PATH teams formed to give attention to persons sleeping on the streets, under bridges, viaducts and abandoned buildings. The PATH teams provide outreach and are comprised of case managers, mental health workers, substance abuse counselors, specially trained police officers and homeless service providers. There are four housing providers that assist in this project, The Atlanta Outreach, Hope House, QUEST 35, and the Veteran Empowerment organization. To date RCOH has successfully served over 1,636 individuals through this model and the success rate has been 75%. A new program has been added, the Peers Reaching Out Team (PRO Team). The importance of street outreach workers has become critical to ending homelessness. The team goes out regularly is able to build trust with the most fragile and vulnerable homeless individuals. The PRO Team consists of several formerly homeless people who all have endured street and shelter life, and have successfully come off the streets. By participating with the PRO Team, clients get an opportunity to give back and feel empowered while gaining work experience.

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?	1,629
In 12 months, how many permanent housing beds designated for chronically homeless persons are planned and will be available for occupancy?	1,711
In 5 years, how many permanent housing beds designated for chronically homeless persons are planned and will be available for occupancy?	2,039
In 10 years, how many permanent housing beds designated for chronically homeless persons are planned and will be available for occupancy?	2,039

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):

The Tri-J CoC will create 82 CH beds through 3 Tri-J funded SHP projects and 2 Shelter plus care projects extension within the 12 months. The agencies are Quest 35, Caring Works, and Crossroads Community Ministries. In addition the 2011 PH bonus projects Quilt & Caring Works will create 20 CH individuals.

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):

Over the next ten years, the Tri-J CoC in conjunction with United Way Regional Commission on Homelessness, City of Atlanta, DeKalb County, and Fulton County will continue to collaborate on projects and provide funding to ensure chronically homeless individuals and families are housed and provided any necessary supportive services. The collaborating agencies will seek to secure all funds that can move this agenda forward including future NOFA and/or HEARTH funds as well as local and state funding for additional permanent housing and supportive services funds. The agencies will also work together to identify opportunities for creative permanent supportive housing development such as set-asides in private housing development and the potential offered by the Section 811 legislation.

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 indicted 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? 84

In 12 months, what percentage of participants will have remained in CoC-funded permanent housing projects for at least six months? 84

In 5 years, what percentage of participants will have remained in CoC-funded permanent housing projects for at least six months? 87

In 10 years, what percentage of participants will have remained in CoC-funded permanent housing projects for at least six months? 88

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):

The Tri-J CoC exceeded the goal to increase the percentage of participants remaining in permanent housing by 84%. First, in order to ensure programs do not lose ground, the Tri-J will monitor programs on a quarterly basis through the HMIS unit. The Tri-J CoC Public Sector Work Group will convene annually a PH training to indentify best practices and discussed barrers.

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):

The CoC will pursue a number of evidence based practices to achieve this measure. First the CoC will continue to work with PH providers to ensure programs receive appropriate support and training on a consistency basis. Tri-J will monitor programs on a quarterly basis through the HMIS unit to make sure agencies are meeting goals and measurements. The Tri-J will also develop a PH Peer Group for agencies administering PH to meet at least annually to share effective practices and develop collaborative training and related efforts in ensuring consumers remain in permanent housing. The Tri-J will also develop a PH Peer Group for agencies administering PH to meet at least annually to share effective practices and develop collaborative training and related efforts in ensuring consumers remain in permanent housing.

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? 75

In 12 months, what percentage of participants in CoC-funded transitional housing projects will have moved to permanent housing? 75

In 5 years, what percentage of participants in CoC-funded transitional housing projects will have moved to permanent housing? 78

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).

At 75%, the Tri-J CoC TH programs far exceed the current HUD threshold for movement between TH and PH. The Tri-J CoC will ensure this level of success is maintained by assessing the movement on at least a quarterly basis. Should any decline be identified, the CoC is prepared to make a number of interventions including but not limited to technical assistance to specific programs experiencing difficulty moving participants to permanent housing. In addition housing search training either on a program or CoC wide basis will be offer and other interventions as needed.

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 Tri-J CoC TH programs currently exceed the 65% threshold but continues to work on an on going basis to continue to excel. First, in order to ensure programs do not lose ground , the Tri-J will monitor programs on a quarterly basis through HMIS. The Tri-J will also develop a TH Peer Group for agencies adminstering TH to collaborate training and related efforts.CoC will continue to offer technical assistance and training to transitional housing programs regarding resources and program strategies to bridge participants to permanent housing options.

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? 38

In 12 months, what percentage of participants in all CoC-funded projects will be employed at program exit? 38

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? 30

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).

With an employment rate of 38 at program exit, the Tri-J far exceeds the HUD target goal of 20%. This rate of employment at exit reflects the successful collaborative efforts of a number of employment programs including the City of Atlanta Work Force Development, DeKalb County Work Force Development, Atlanta Self-Sufficiency Center, and Fulton County Office of Workforce Development. These agencies collaborate to provide training and job opportunities to homeless individuals and adults living in families. The Tri-J is optimistic that there is no ceiling or limit to the number or percentage of homeless individuals and families who can take advantage of and benefit from employment opportunities. The Tri-J CoC will continue to strive for even greater success in this challenge economy.

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):

Tri-J CoC will continue to encourage service providers to ensure consumers are employed at exit or receive some form of mainstream benefits or income. The CoC will continue to work with the various workforce departments within the jurisdictions to provide training, and job opportunities to homeless individuals and families. Through funding from the various governmental entities, the CoC will continue to encourage workforce initiative opportunities within the Tri-J CoC. The Tri-J CoC will share on a yearly basis through the quarterly collaborative meetings information on the various workforce initiatives and its impact on the CoC.

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? 349

In 12 months, what will be the total number of homeless households with children? 313

In 5 years, what will be the total number of homeless households with children? 285

In 10 years, what will be the total number of homeless households with children? 200

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

The Tri-J CoC short term plans to decrease the number of homeless households through providing case management/supportive services to the Women and children residing at the City of Refuge emergency shelter by placing them in some form of PH. Also utilizing the Housing First model funded by United Way RCOH and Fulton County to locate housing for homeless families. Fulton County Human Services grant program which provides a million dollars of funding to homeless housing providers to serve homeless families. The CoC 2011 reallocation process will create an additional 37 units of permanent supportive housing for families. In the next 12 months through the Fulton County prevention programs funding will be available to provide financial assistance to eligible families with children to prevent homelessness and provide stability

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

Through the leadership efforts of the City of Atlanta, DeKalb County, and Fulton County and the United Way Regional Commission on Homelessness will continue to collaborate to ensure that homeless families are provided with opportunities to secure affordable housing and provide necessary resources to move out of homelessness and remain housed. The CoC leadership will secure resources targeted to these households through public housing, NSP funding, tax credits, section 8 set-asides, unsubsidized and home ownership to increase more permanent housing for families. The CoC leadership will continue to convene planning meetings to address the issue of decreasing the number of homeless households with children.

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):

When a youth in care reaches 18 and is unable to transition to independent living or be reunited with their family, they have the option of signing the Consent to Remain in Foster Care form. This allows the youth to stay in the foster care system until such time that they are able to live independently or until they are 24 years of age. There are approximately 250 youth per year in the Metro -Atlanta area that age out of the foster care system. Currently the Covenant House, Chris Kids, and Young Adult Guidance Center are three housing and service providers that specifically target this population. The Tri-J CoC partners in collaboration with the Georgia Department of Children and Family Services, United Way, Georgia Department of Juvenile Justice, New Hope Foundation, and others provide funding, training, and HMIS technical assistance. These partnerships seek to identify and create new resources for this greatly underserved population. In addition each youth is assigned a case manager who develops a written transitional living plan. Resources include housing, support services, counseling services, education, and employment services. Over thirty youth service providers have come together over the past six months to discuss the possibilities of creating a Homeless Youth Triage Center in the Metro-Atlanta area. The Covenant House opened in March 2011 to provide 18 permanent housing beds for youth aging out of Foster Care.

Health Care:

Grady hospital is the only public hospital in the jurisdiction. Located in downtown Atlanta, Grady treats the majority of the homeless patients in the Tri-J CoC and has a discharge policy currently in place. The United Way Regional Commission on Homelessness(RCOH) has initiated the Hospital to Home project to reduce and minimize the overuse of hospital visits and emergency room use by the homeless population. RCOH along with its collaborating partners Grady Health System and Atlanta Outreach Project, Inc. have placed many frequent users of the emergency room into transitional housing programs and other housing options to reduce the frequency of patients having no housing. This project targets those suffering from chronic health conditions, living on the streets, and with no primary health care. RCOH continues to strengthen collaborative partnerships and increase housing referrals to save Grady Hospital's resources while simultaneously ending a person's homelessness and improving healthcare for the most fragile consumers. Grady Hospital ER Social workers are active users on our HMIS system. Additional resources include a satellite Medical Clinic for the chronically homeless to seek medical services and psychiatric services at Crossroads Ministries operated by St. Joseph Mercy Care. The medical clinic serves over 3200 homeless individual annually in order to reduce the frequency of emergency visits to Grady Hospital.

Mental Health:

The Continuity of Care Transition Planning Guidance is provided to all state mental health hospitals. The hospitals are asked to develop a Transition Plan for all individuals being discharged which addresses the following areas: housing, residential supports, outpatient treatment, case management service, access to prescribed medications, socialization and recreation, family support and education, rehabilitation and transitional employment, follow-up medical care, and transportation. In addition, the hospitals provide Case Expeditors who work with consumers who have support needs that warrant additional resources. Hospital staff also conducts assessments with consumers in order to identify those individuals that are at risk of readmission, including whether or not they have been or will be homeless. The hospital staff, in partnership with community based service providers, identifies services that will address these needs and determine how services will be made available. In addition to the Continuity of Care Transition Planning Guidance, the State is finalizing the Transition Planning Protocol for those individuals that are on the Mental Health Olmstead List. Any individual that has been hospitalized more than 60 days and is considered appropriate for discharge is placed on the Mental Health Planning List.

Corrections:

There are three correctional departments within the Tri-J CoC City of Atlanta, DeKalb County and Fulton County. Through the Georgia Department of Pardons and Parole there is a process in place that once an individual is discharged from their facility and to our CoC, there are over 60 agencies they can be placed which includes personal care homes, boarding homes, non-HUD funded transitional housing and permanent housing programs. A letter of support is requested from the jurisdiction representative in order to be considered for funding. This process informs the CoC of agencies who serve this population and that individuals are not released to the streets. Another initiative through the United Way RCOH called Ending the Cycle targets chronically homeless individuals cycling in and out of the jails, prison, and department of corrections by placing them in housing with case management. The projects include Fulton County Re-Entry project, City of Atlanta, and collaboration with Georgia Department of Corrections and in Fulton County jails. Once in housing, the clients work with the experienced case managers where they have access to medical, mental health and or substance abuse services. This project aims to help clients obtain self-sufficiency and permanent housing while becoming productive and law abiding citizens. In addition, DeKalb County provides rental assistance to individuals who have been mandated through the Drug Court Treatment Diversion Program.

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. To provide intensive services to Chronic Homeless Individuals.
 2. Support projects that create or enhance treatment facilities including permanent supportive housing.
 3. Support Outreach Services with intensive case management.

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):

Through coordinated efforts of local HPRP programs the Tri-J Collaborative is providing assistance to families and individuals that are homeless or at risk of becoming homeless to become quickly re-housed and stabilized. All of the HPRP funded agencies are a part of the local Continuum of Care. The HPRP agencies meet on a weekly basis to review difficult cases and share information. Some of the participating agencies include Decatur Cooperative Ministry, Hosea Feed the Hungry and Homeless, Nicholas House, St. Jude's Recovery Center and Traveler's Aid / Hope Atlanta. Services are provided through a network of more than 27 community based programs and agencies with in the Tri-J CoC, to the benefit of customers served by multiple jurisdictions. Since the beginning of this initiative the CoC has assisted over 1200 from becoming homeless or at-risk.

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)?

Through a coordinated effort with the Veterans Administration and our local CoC a VASH Housing Fair for Homeless Veterans was held in May, 2011. During this fair the City of Atlanta, DeKalb County and Fulton County HPRP representatives were on site to provide information and referrals for potential HPRP recipients. 400 veterans received access to HPRP information. In our Continuum, collaborative meetings are held regularly to ensure that the stakeholders are involved and receive input in the implementation of the new housing programs. The VASH Program Coordinators at the Veteran Administration and the DeKalb County Housing Authority are active participants of the local planning process for homeless programs and are involved in the CoC.

For the Neighborhood Stabilization Program (NSP) 25% of the funds were set aside to develop housing for people who are 50% or less of the AMI. In DeKalb County and Fulton County funds were used to create affordable multi-family housing units. In DeKalb approximately 26% of NSP funds (\$4.9 million) were used in conjunction with a private developer's funds of \$5 million to rehabilitate a 186 unit multi-family apartment complex in Clarkston, GA. The project is now complete and 54 units are currently occupied by households at or below the 50% AMI. All of the local CoC agencies are provided information about the availability of the newly created affordable housing units and opportunity to referral consumers to the various programs through the Tri-J informational sessions.

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. For all children who are living in homelessness or exiting homelessness the following steps are taken.
1. The agency staff principal or designee must immediately enroll the child in school, even in the absence of the appropriate documentation required.
2. The child may be permitted to either remain in the prior school enrolled or enrolled in the school district now living in.
3. Agency staff must develop a transportation plan to and from school, whether by bus or public transportation.
4. Staff assist with applying for free meals.
5. Staff assist with Title I services.
6. Staff work with the parents and agencies in acquiring any other needed documentation to remain in school within the next thirty days.

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 Tri-J CoC has an established relationship with the Homeless Liaisons from each school district located within the jurisdiction (City of Atlanta, Fulton County and DeKalb County). This relationship is vital in ensuring CoC providers as well as School personnel are maintaining clear communication regarding the education of any homeless school aged children who may be receiving services for an agency in the CoC. Tri-J CoC collaborate with the school liaisons through quarterly collaboration meetings through the Fulton County Collaborative on Homelessness sub- committee regular meetings and liaisons staff are available to the CoC via phone on a regular basis

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)

Specifically, the CoC inquired about the process of registration and enrollment of homeless school aged children into school. Each homeless liaison reported that 95% of the time homeless children are immediately enrolled school regardless of lack of documentation or referred to the school social worker and are provided items such as free meals, book bags, supplies, etc. In addition, the homeless liaisons reported that any barriers that are experienced are on the part of the school, in that some school staff are not versed on the McKinney Vento Act education services, which poses as a barrier to the immediate registration and enrollment in school. Currently there are plans in place by each homeless liaison to conduct training at their respective districts on the Act, so that this does not continue to pose as a barrier. The Tri-J CoC has surveyed homeless providers serving families on following protocol and we are in 100% compliance of ensuring homeless children are assessing educational services. Agencies are required to have a copy of the Homeless McKinney-Vento Act and develop polices approved by their respective Board of Directors.

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)

The Tri-J CoC collaborates with the Department of Veterans Affairs Supportive Housing Program of which 740 additional VASH vouchers will be distributed throughout the Tri-J CoC. The Tri-J also collaborates with various non-profit agencies that include Quest 35, Veterans Empowerment Organization of Georgia, Inc.(VEO), United Way and 24/7-Gateway, LLC, all of which are located in the City of Atlanta. The United Way's Vets Connect Demonstration Project is a program that will take veterans identified via street outreach and put them in a two step process including transitional housing and connection to VA services. Using Tri-J and United Way funding VEO is presently providing transitional housing services for 60 chronically homeless veterans in the City of Atlanta. In addition, VEO is providing 20 permanent supportive housing beds to chronically homeless veterans. Quest 35's future housing plan for homeless veterans includes building a 69-100 unit affordable permanent supportive housing stucture modeled after Choice Hotels International's Main Stay Suites Brand.

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):

Currently there are several partner agencies addressing the needs of these transitional youths. CHRIS Kids, Inc., Covenant House of Georgia Atlanta, Young Adult Guidance Ct., Salvation Army and United Way. Covenant House houses a Crisis Shelter with 15 beds and 10 overflow mats to address the immediate emergency needs. In addition, Covenant House provides educational, vocational and life readiness training; and a 42 bed Independent Living Program. In 2010 after the implementation of the DeKalb County Homelessness Prevention Rapid Re-Housing Program (HPRP) several agencies came together to implement the DeKalb KidsHome Collaborative. Using HPRP funds the KidsHome partners cross the boundaries between educational and homeless/housing programs to improve student and family outcomes while leveraging resources and eliminating redundant efforts. The 30+ organizations represented on the Homeless Youth Multidisciplinary Team have identified as a priority the need to develop a walk-in/access center offering emergency shelter and triage services to unaccompanied homeless youth. The plan developed over the last 18 months, is to build a state-of-the-art facility offering safe and inviting surroundings to homeless and runaway youth and provide an environment that is secured from the undesirable street elements to which they have previously been exposed offer them a safe and secure place to stay until their family is reunified or some other plan for their future is developed.

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)? Yes

Is the CoCs Final Pro Rata Need (FPRN) based on either its Hold Harmless Need (HHN) amount or the Hold Harmless Merger process? Yes

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

3E. Hold Harmless Need (HHN) Reallocation - Grant(s) Eliminated

Eligible CoCs who's FPRN is based on HHN or the Hold Harmless Merger process that choose to reallocate funds into new permanent housing or dedicated HMIS project may do so by eliminating one or more of its expiring SHP grants. CoCs that are eliminating projects entirely must identify those projects here. Click on the to enter information on grant(s) that will be eliminated.

Amount Available for New Project: (Sum of All Eliminated Projects)			
\$1,448,825			
Eliminated Project Name	Grant_Number_Eliminated	Component Type	Annual Renewal Amount
Higher Ground -Ph...	GA0016B4B001003	PH	\$557,830
St.Jude's Renaiss...	GA0034B4B001003	PH	\$737,988
Trinity House-Big...	GA0009B4B001003	TH	\$108,917
Progressive Hope ...	GA0017B4B001003	TH	\$44,090

3E. Hold Harmless Need (HHN) Reallocation; Details of Grant(s) Eliminated

Complete each of the fields below for each SHP grant that is being eliminated during the 2011 HHN Reallocation process. CoCs should refer to the final approved 2011 SHP Grant Inventory Worksheet to ensure all information entered here is accurate.

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

Eliminated Project Name: Higher Ground -Phase II

Grant Number of Eliminated Project: GA0016B4B001003

Eliminated Project Component Type: PH

Eliminated Project Annual Renewal Amount: \$557,830

3E. Hold Harmless Need (HHN) Reallocation; Details of Grant(s) Eliminated

Complete each of the fields below for each SHP grant that is being eliminated during the 2011 HHN Reallocation process. CoCs should refer to the final approved 2011 SHP Grant Inventory Worksheet to ensure all information entered here is accurate.

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

Eliminated Project Name: St.Jude's Renaissance PH Program

Grant Number of Eliminated Project: GA0034B4B001003

Eliminated Project Component Type: PH

Eliminated Project Annual Renewal Amount: \$737,988

3E. Hold Harmless Need (HHN) Reallocation; Details of Grant(s) Eliminated

Complete each of the fields below for each SHP grant that is being eliminated during the 2011 HHN Reallocation process. CoCs should refer to the final approved 2011 SHP Grant Inventory Worksheet to ensure all information entered here is accurate.

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

Eliminated Project Name: Trinity House-Big Bethel

Grant Number of Eliminated Project: GA0009B4B001003

Eliminated Project Component Type: TH

Eliminated Project Annual Renewal Amount: \$108,917

3E. Hold Harmless Need (HHN) Reallocation; Details of Grant(s) Eliminated

Complete each of the fields below for each SHP grant that is being eliminated during the 2011 HHN Reallocation process. CoCs should refer to the final approved 2011 SHP Grant Inventory Worksheet to ensure all information entered here is accurate.

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

Eliminated Project Name: Progressive Hope House

Grant Number of Eliminated Project: GA0017B4B001003

Eliminated Project Component Type: TH

Eliminated Project Annual Renewal Amount: \$44,090

3F. Hold Harmless Need (HHN) Reallocation - Grant(s) Reduced

Eligible CoCs who's FPRN is based on HHN or the Hold Harmless Merger process that choose to reallocate funds into new permanent housing or dedicated HMIS project may do so by reducing the grant amount for one or more of its expiring SHP grants. CoCs that are eliminating projects entirely must identify those projects here. Click on the to enter information on grant(s) that will be reduced.

Amount Available for New Project (Sum of All Reduced Projects)					
\$0					
Reduced Project Name	Reduced Grant Number	Project Name	Annual Renewal Amount	Amount Retained	Amount available for new project
This list contains no items					

3G.Hold Harmless Need (HHN) Reallocation - Proposed New Project(s)

Eligible CoCs whose FPRN is based on HHN or the Hold Harmless Merger process that choose to reallocate funds into new permanent housing or dedicated HMIS project may do so by reducing the grant amount for one or more of its expiring SHP grants. CoCs must identify if the new projects that it plans to create and provide requested information for each. Click on the to enter information for each of the proposed new reallocated projects.

Sum of All New Reallocated Project Requests
(Must be less than or equal to total amount(s) eliminated and/or reduced)

\$1,448,825

Current Priority #	New Project Name	Program Type	Component Type	Transferred Amount
4	P...	SHP	PH	\$423,837
5	V...	SHP	PH	\$424,000
6	T...	SHP	PH	\$195,988
3	H...	SHP	HMIS	\$405,000

3G.Hold Harmless Need (HHN) Reallocation - Details of Proposed New Project(s)

Complete each of the fields below for each new reallocated project the CoC is requesting in the FY2011 CoC Competition. CoCs may only reallocate funds to new permanent housing (SHP-PH, S+C, or SRO) projects or dedicated HMIS projects.

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

2011 Rank (from Project Listing): 4

Proposed New Project Name: Project Open Arms

Program Type: SHP

Component Type: PH

Amount Requested for New Project: \$423,837

3G.Hold Harmless Need (HHN) Reallocation - Details of Proposed New Project(s)

Complete each of the fields below for each new reallocated project the CoC is requesting in the FY2011 CoC Competition. CoCs may only reallocate funds to new permanent housing (SHP-PH, S+C, or SRO) projects or dedicated HMIS projects.

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

2011 Rank (from Project Listing): 5

Proposed New Project Name: Village of Hope

Program Type: SHP

Component Type: PH

Amount Requested for New Project: \$424,000

3G.Hold Harmless Need (HHN) Reallocation - Details of Proposed New Project(s)

Complete each of the fields below for each new reallocated project the CoC is requesting in the FY2011 CoC Competition. CoCs may only reallocate funds to new permanent housing (SHP-PH, S+C, or SRO) projects or dedicated HMIS projects.

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

2011 Rank (from Project Listing): 6

Proposed New Project Name: Trinity Living

Program Type: SHP

Component Type: PH

Amount Requested for New Project: \$195,988

3G.Hold Harmless Need (HHN) Reallocation - Details of Proposed New Project(s)

Complete each of the fields below for each new reallocated project the CoC is requesting in the FY2011 CoC Competition. CoCs may only reallocate funds to new permanent housing (SHP-PH, S+C, or SRO) projects or dedicated HMIS projects.

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

2011 Rank (from Project Listing): 3

Proposed New Project Name: HMIS Expansion

Program Type: SHP

Component Type: HMIS

Amount Requested for New Project: \$405,000

3H. Hold Harmless Need (HHN) Reallocation - Reallocation Balance Summary

Below is a summary of the information entered on forms 3D-3G. The last field, *Remaining Reallocation Balance* should indicate \$0. If there is a balance remaining, this means that more funds are being eliminated or reduced than the new project(s) request. CoCs cannot create a new reallocated project for an amount that is greater than the total amount of *Reallocated funds available for new project(s)*.

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

Reallocated funds available for new project(s)	\$1,448,825
Amount requested for new project(s)	\$1,448,825
Remaining Reallocation Balance	\$0

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.	26	Beds	45	B e d s
Increase the percentage of homeless persons staying in permanent housing over 6 months to at least 77%.	77	%	84	%
Increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 65%.	83	%	75	%
Increase the percentage of homeless persons employed at exit to at least 20%	38	%	38	%
Decrease the number of homeless households with children.	36	Households	75	H o u s e h o l d s

**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)

The Tri-J CoC will continue to strive for even greater success in this challenging economy. Tri-J CoC has exceeded all of the above objectives in regards to HUD baseline expectations. However our self-determined Tri-J prior year goals for employment and transition to permanent housing have remained the same or declined somewhat due to challenges of the economy in Georgia. Due to having a high level of unemployment in the area it was challenging to continue to find viable employment for participants who were exiting our HUD programs. The Tri-J CoC will also work with transitional programs to increase their success in transitioning participants to viable long-term permanent housing options. This will be done through education and the continuation of adding additional permanent housing resources to the Tri-J jurisdiction.

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	1,232	237
2010	1,329	370
2011	2,372	1,629

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. 45

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				\$4,600,000	\$400,000
Operations	\$1,250,000			\$120,000	\$400,000
Total	\$1,250,000	\$0	\$0	\$4,720,000	\$800,000

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):

We have an increase of 45 CH beds. As part of our efforts to improve the HMIS system and our inventory accuracy the Tri-J HMIS unit began to closely monitor the number of beds and now utilize an electronic system to count the beds available to our clients. This year's count more accurately reflects the available beds in our continuum. Through our improved methodology which reflects an increase in beds through the improvements in our counting methods, the Tri-J identified 1214 beds dedicated to chronically homeless persons. (1629 minus 370 minus 45 new beds) and actual number of 170 decreased chronic homeless persons. Increasing by 1,043 people.

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)	98
b. Number of participants who did not leave the project(s)	355
c. Number of participants who exited after staying 6 months or longer	78
d. Number of participants who did not exit after staying 6 months or longer	304
e. Number of participants who did not exit and were enrolled for less than 6 months	51
TOTAL PH (%)	84

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? Yes

Participants in Transitional Housing (TH)	
a. Number of participants who exited TH project(s), including unknown destination	346
b. Number of SHP transitional housing participants that moved to permanent housing upon exit	259
TOTAL TH (%)	75

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: 932

Mainstream Program	Number of Exiting Adults	Exit Percentage (Auto-calculated)	
SSI	73	8	%
SSDI	41	4	%
Social Security	9	1	%
General Public Assistance	12	1	%
TANF	12	1	%
SCHIP	0	0	%
Veterans Benefits	6	1	%
Employment Income	355	38	%
Unemployment Benefits	16	2	%
Veterans Health Care	9	1	%
Medicaid	107	11	%
Food Stamps	235	25	%
Other (Please specify below)	59	6	%
child support, pension,			
No Financial Resources	212	23	%

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? No

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.

Each year agencies are required to submit current APR's to the lead jurisdiction to assess and determine agencies compliance with accessing mainstream programs. . Information and discussion around accessing mainstream benefits are discussed at the Tri-J CoC quarterly collaborative meetings and HMIS user group meetings. The Tri-J HMIS unit has begun to assist in reviewing APR's on an ongoing basis to validate consumers assessing mainstream programs and agencies utilization.

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.

1/20/2011, 2/25/2011, 3/17/2011,3/22/2011, 5/19/2011

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

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

If yes, identify these staff members Provider Staff

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

If "Yes", specify the frequency of the training. annually (every year)

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

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

TANF, SSI, Veteran Benefits

Has the CoC participated in SOAR training? Yes

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

A SOAR MOU(Memorandum of Understanding)is established with all Tri-J funded agencies to assist in assessing SSI benefits. Training dates for this year were as followed:

January 20 & 21, 2011 - Atlanta, GA

June 9 & 10, 2011 - Atlanta, GA

August 2011 - Atlanta, GA -

3 trainings in the Tri-J area

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:	95%
Case managers assess each consumer need and eligibilty for benefits. Those identified as needing and potentially eligible are assisted in completing applications or referrals and are made to the benefit agency. Case managers works with applicants to monitor eligibilty and receipt of funds.	
2. Homeless assistance providers supply transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs.	95%
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:	90%
Medicaid, TANF, SSI, and Family Services	
4. Homeless assistance providers have staff systematically follow-up to ensure mainstream benefits are received.	95%
4a. Describe the follow-up process:	
Case managers monitor eligibilty determination and receipts of benefits. Case managers assist consumers with follow-up including transportation and appeals as needed.	

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 Open Arms	2011-10-25 19:08:...	1 Year	St. Jude's Recove...	423,857	New Project	SHP	PH	F4
Jerusalem House -...	2011-10-18 12:35:...	1 Year	Jerusalem House, ...	193,704	Renewal Project	SHP	PH	F
Permanent Housing...	2011-10-07 08:13:...	1 Year	DeKalb CSB	193,732	Renewal Project	SHP	PH	F
PI Rosalyn Apartm...	2011-10-11 15:36:...	1 Year	Georgia Housing &...	245,616	Renewal Project	S+C	PRA	U
Families First S+CR	2011-10-11 15:06:...	1 Year	Georgia Housing &...	276,984	Renewal Project	S+C	SRA	U
Phoenix House S+CR	2011-10-11 15:29:...	1 Year	Georgia Housing &...	274,884	Renewal Project	S+C	PRA	U
ATLANTA TRANSITI O...	2011-10-06 09:46:...	1 Year	Action Ministries..	70,000	Renewal Project	SHP	TH	F
Jefferson Place T...	2011-10-17 16:43:...	1 Year	Fulton County Boa...	373,951	Renewal Project	SHP	TH	F
MOVE SHP	2011-10-20 15:06:...	1 Year	CaringWor ks Inc.	400,210	New Project	SHP	PH	P1
GA-500-REN-Our House	2011-10-07 10:53:...	1 Year	Our House, Inc.	47,235	Renewal Project	SHP	SSO	F
Supportive Housin...	2011-10-06 07:50:...	1 Year	Initiative for Af...	321,418	Renewal Project	SHP	TH	F
Long-Term Residen...	2011-10-06 10:06:...	1 Year	St. Jude's Recove...	278,342	Renewal Project	SHP	TH	F

Project Connect @...	2011-10-05 09:55:...	1 Year	Gateway Center	157,728	Renewal Project	SHP	SSO	F
Transitional Housing	2011-10-04 14:06:...	1 Year	Buckhead Christia...	82,800	Renewal Project	SHP	TH	F
DeKalb SHP 2011	2011-10-06 12:10:...	1 Year	Travelers Aid of ...	367,317	Renewal Project	SHP	PH	F
Tri-J HMIS Expansion	2011-10-25 17:21:...	1 Year	Fulton County Boa...	405,000	New Project	SHP	HMIS	F3
Permanent Housing...	2011-10-17 17:06:...	1 Year	Fulton County Boa...	300,000	Renewal Project	SHP	PH	F
PI Presley Woods ...	2011-10-11 15:33:...	1 Year	Georgia Housing &...	175,440	Renewal Project	S+C	PRA	U
Reaching New Heights	2011-10-10 16:39:...	1 Year	Mary Hall Freedom...	292,265	Renewal Project	SHP	TH	F
Expanded Supporti...	2011-10-05 19:09:...	1 Year	Communit y Advance...	39,039	Renewal Project	SHP	SSO	F
Delowe Village S+CR	2011-10-11 13:58:...	1 Year	Georgia Housing &...	234,360	Renewal Project	S+C	SRA	U
Village of Hope	2011-10-24 14:49:...	1 Year	Mary Hall Freedom...	424,000	New Project	SHP	PH	F5
Jerusalem House S+CR	2011-10-11 15:26:...	1 Year	Georgia Housing &...	330,540	Renewal Project	S+C	SRA	U
Furniture Bank of...	2011-10-06 09:51:...	1 Year	Furniture Bank of...	70,009	Renewal Project	SHP	SSO	F
Supportive Housin...	2011-10-11 13:48:...	1 Year	Zion Hill Communi...	233,210	Renewal Project	SHP	PH	F
Atlanta SHP 2011	2011-10-06 11:17:...	1 Year	Travelers Aid of ...	156,541	Renewal Project	SHP	TH	F
Higher Ground - P...	2011-10-10 16:09:...	1 Year	Mary Hall Freedom...	287,254	Renewal Project	SHP	PH	F
Project Community...	2011-10-04 09:40:...	1 Year	Progressiv e Redev...	563,245	Renewal Project	SHP	TH	F
Georgia Law Cente...	2011-10-06 15:46:...	1 Year	Georgia Law Cent...	295,200	Renewal Project	SHP	SSO	F

Genesis Supportiv...	2011-10-06 12:45:...	1 Year	Genesis Shelter, ...	136,500	Renewal Project	SHP	SSO	F
Georgia Rehabilit...	2011-10-11 15:15:...	1 Year	Georgia Housing &...	211,440	Renewal Project	S+C	SRA	U
URDC S+CR	2011-10-11 15:45:...	1 Year	Georgia Housing &...	118,368	Renewal Project	S+C	SRA	U
Trinity Living	2011-10-20 10:28:...	1 Year	trinity community ...	195,968	New Project	SHP	PH	F6
Health Care Acces...	2011-10-06 15:40:...	1 Year	Communit y Advance...	18,517	Renewal Project	SHP	SSO	F
Transitiona l Housing	2011-10-10 15:23:...	1 Year	Housing Initiativ...	23,632	Renewal Project	SHP	TH	F
Welcome House S+CR	2011-10-11 15:55:...	1 Year	Georgia Housing &...	328,800	Renewal Project	S+C	PRA	U
Jefferson Place S...	2011-10-17 17:02:...	1 Year	Fulton County Boa...	686,487	Renewal Project	SHP	SSO	F
Weaver Gardens Tr...	2011-10-10 14:31:...	1 Year	Families First, Inc.	172,492	Renewal Project	SHP	TH	F
AEC/Gate way 24/7 ...	2011-10-07 13:12:...	1 Year	Atlanta Center fo...	60,344	Renewal Project	SHP	TH	F
Renaissan ce Project	2011-10-06 16:07:...	1 Year	St. Jude's Recove...	737,988	Renewal Project	SHP	PH	X
Quilt S.O.L.E Per...	2011-10-19 18:38:...	1 Year	The Quilt Youth T...	441,245	New Project	SHP	PH	P2
Mental Health Pro...	2011-10-06 16:09:...	1 Year	Saint Joseph's Me...	36,823	Renewal Project	SHP	SSO	F
Dekalb CSB S+CR	2011-10-11 14:51:...	1 Year	Georgia Housing &...	454,596	Renewal Project	S+C	SRA	U
Tri-J HMIS	2011-10-12 17:26:...	1 Year	Fulton County Boa...	211,368	Renewal Project	SHP	HMIS	F
Supportive Mental...	2011-10-05 19:17:...	1 Year	Communit y Advance...	46,423	Renewal Project	SHP	SSO	F

Budget Summary

FPRN	\$7,164,401
Permanent Housing Bonus	\$841,455
SPC Renewal	\$2,651,028
Rejected	\$737,988

Attachments

Document Type	Required?	Document Description	Date Attached
Certification of Consistency with the Consolidated Plan	Yes	Tri-J CoC 2011 Ce...	10/25/2011

Attachment Details

Document Description: Tri-J CoC 2011 Certificate of Consistency