

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

HUD strongly encourages ALL applicants to review the following information BEFORE beginning the 2010 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. - The HUD HRE Virtual Help Desk is available for submitting technical and policy questions.

Things to Remember

- Review the 2010 Notice of Funding Availability for the Continuum of Care (CoC) Homeless Assistance Program in its entirety for specific application and program requirements.
- CoCs that applied in the 2009 competition and selected the bring forward option during CoC Registration must be careful to review each question in the Exhibit 1. Questions may have changed or been removed so the information brought forward may or may not be relevant. Not all questions will have information brought forward. For those questions, you must enter response manually. Be sure to review the application carefully. Verify and update as needed to ensure accuracy.
- New CoCs or CoCs that did not apply in 2009 will not have pre-populated information and must complete all Exhibit 1 forms.
- There are character limits for the narrative sections of the application and the amounts are listed accordingly. It is recommended that CoCs first write narrative responses in Microsoft Word and then cut and paste into e-snaps.

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): IL-510 - Chicago CoC
CoC Lead Agency Name: Chicago Alliance to End Homelessness

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: Chicago Planning Council on Homelessness

Indicate the frequency of group meetings: Bi-monthly

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

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

Specify "other" legal status:

Indicate the percentage of group members that represent the private sector: (e.g., non-profit providers, homeless or formerly homeless persons, advocates and consumer interests) 70%

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

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

Specify "other" process(es):

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

Representatives of the Chicago Planning Council on Homelessness are chosen in three ways: 1) seven government members are appointed by the Government Providers group consisting of local, state, and federal agencies; 2) 15 members are elected by the Chicago Alliance to End Homelessness, including consumers, service providers, Chicago Alliance Board members, and the CEO of the Chicago Alliance; and, 3) one at-large member from the philanthropic community is chosen by the Grantmakers Concerned with Ending Homelessness. The selection process was established to ensure that the Chicago Planning Council was fully representative of all the entities impacted by and serving people who are homeless.

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

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

Specify "other" process(es):

The Executive Committee of the Chicago Planning Council on Homelessness consists of five members. The Chair of the Chicago Planning Council on Homelessness rotates annually between members of the Planning Council that represent the public, private, and consumer sectors.

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

Yes. If the Chicago CoC were provided with additional funding, the Chicago Planning Council on Homelessness would designate an entity to be responsible for all HUD activities described above. The Planning Council has designated the Chicago Alliance to End Homelessness (Chicago Alliance) to organize the application for HUD funding and the Chicago Alliance would be strongly considered to provide project oversight and monitoring in the future. The Chicago Alliance has been the CoC Lead agency since the CoC's inception, and already provides a system-wide level of project oversight and monitoring through its extensive, annual local evaluation process, which assesses HUD-recipients' fiscal responsibility and program outcomes.

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
HUD McKinney Vento Committee	The HUD McKinney Vento Committee is a committee of the Chicago Planning Council on Homelessness. It is made up of service providers, consumers, and government representatives, as appointed by the Planning Council, and is staffed by the CoC Lead Agency. It is responsible for the annual HUD Continuum of Care Homeless Assistance Program NOFA process. Annually, the committee must develop a calendar for the NOFA process, approve and recommend the project evaluation instrument to the Chicago Planning Council on Homelessness, and oversee the application process for new project applications.	Monthly or more
HMIS Committee	The HMIS Committee is a committee of the Chicago Planning Council on Homelessness. It is made up of service providers, consumers and government representatives, as appointed by the Planning Council, and is staffed by the CoC Lead and HMIS Lead Agency. The HMIS Committee is responsible for monitoring the implementation of Chicago's HMIS system, coordinating a users group, and evaluating and updating HMIS Standard Operating Procedures as necessary.	Monthly or more
Evaluation Tool Subcommittee	The Evaluation Tool Subcommittee is a subcommittee of the Chicago Planning Council on Homelessness staffed by the CoC Lead Agency. The subcommittee is responsible for the development of an effective evaluation instrument to rate and rank programs as part of the annual HUD Continuum of Care Homeless Assistance Program NOFA application process. In order to make appropriate adjustments and set expectations for current and future evaluation instruments, each year the Tool Subcommittee reviews 1) Chicago's previous year HUD Annual Performance Report (APR) and Exhibit 1 data; 2) Chicago's program goals set forth in its Program Models Chart; and, 3) results from the previous year's evaluation instrument.	Bi-monthly

<p>Ranking Policies Task Group</p>	<p>The Ranking Policies Task Group is a task group of the Chicago Planning Council on Homelessness made up of Planning Council members from service provider, consumer, government, and private funder constituencies. The Task Group is responsible for recommending ranking policies for the annual HUD Continuum of Care Homeless Assistance Program NOFA application process to the Chicago Planning Council on Homelessness, and if necessary, deciding the process for re-allocating HUD resources to fill system gaps.</p>	<p>Bi-monthly</p>
<p>Discharge Planning Committee</p>	<p>The Discharge Planning Committee, staffed by the CoC Lead Agency, is a steering committee made up of service providers, government partners, and individuals who have experienced homelessness. The committee works to implement discharge planning best practices and protocols in the areas of health care, mental health, veterans, youth, jails, and prisons. The following government partners are regularly represented at committee meetings: Cook County Sheriff's Office, Cook County Public Defender's Office; IL Housing Development Authority; IL Division of Mental Health; IL Department of Corrections; Social Security Administration; and Veterans Administration. Mount Sinai Hospital and Advocate Illinois Masonic Hospital are also involved.</p>	<p>Bi-monthly</p>

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
A Safe Haven	Private Sector	Businesses	Committee/Sub-committee/Work Group	Substance Abuse
AIDS Foundation of Chicago	Private Sector	Non-pro..	Primary Decision Making Group, Attend Consolidated Plan p...	Substance Ab...
Beacon Therapeutic	Private Sector	Non-pro..	Primary Decision Making Group, Committee/Sub-committee/Wo...	Youth, Serio...
Catholic Charities of the Archdiocese of Chicago	Private Sector	Faith-b...	Attend Consolidated Plan planning meetings during past 12...	NONE
Chicago Alliance to End Homelessness	Private Sector	Non-pro..	Primary Decision Making Group, Attend Consolidated Plan p...	NONE
Chicago Department of Family and Support Services	Public Sector	Local g...	Primary Decision Making Group, Attend Consolidated Plan p...	NONE
Chicago Housing Authority	Public Sector	Public ...	Attend Consolidated Plan planning meetings during past 12...	NONE
Chicago Public Schools	Public Sector	School ...	Primary Decision Making Group, Committee/Sub-committee/Wo...	Youth
Christian Community Health Center	Private Sector	Non-pro..	Attend 10-year planning meetings during past 12 months	NONE
Cornerstone Community Outreach	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
Corporation for Supportive Housing	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
David Granberry	Individual	Homeless	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE
Deborah's Place	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Seriously Me...

Donna Calvin	Individual	Homeless	Committee/Sub-committee/Work Group	NONE
Dorothy Yancy	Individual	Homeless	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE
Emergency Fund	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
Featherfist	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Franciscan Outreach Association	Private Sector	Faith-b...	Attend 10-year planning meetings during past 12 months, None	NONE
Fred Friedman	Individual	Homeless	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE
Haymarket Center	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Seriously Me...
Heartland Alliance	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Seriously Me...
Housing Opportunities for Women	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Seriously Me...
Hull House Association	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
Illinois Dept of Children and Family Services	Public Sector	State g...	Primary Decision Making Group, Committee/Sub-committee/Wo...	Youth
Illinois Dept of Corrections	Public Sector	Law enf...	Committee/Sub-committee/Work Group	NONE
Illinois Dept of Human Services	Public Sector	State g...	Primary Decision Making Group, Committee/Sub-committee/Wo...	Seriously Me...
Illinois Housing Development Authority	Public Sector	Publi c ...	Committee/Sub-committee/Work Group	NONE
Inner Voice, The	Private Sector	Non-pro..	Primary Decision Making Group, Committee/Sub-committee/Wo...	Veteran s
Inspiration Corporation	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
Interfaith House	Private Sector	Non-pro..	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE
Interfaith Housing Development Corporation	Private Sector	Non-pro..	Attend Consolidated Plan planning meetings during past 12...	NONE
Irene Cabello	Individual	Homeless	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE

Latin United Community Housing Association	Private Sector	Non-pro..	Attend Consolidated Plan planning meetings during past 12...	NONE
Lincoln Park Community Shelter	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
Mark Czyzewski	Individual	Homeless	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE
Mercy Housing Lakefront	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
Mt. Sinai Hospital	Private Sector	Hospita..	Committee/Sub-committee/Work Group	NONE
New Moms	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Youth
North Side Housing and Supportive Services	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
Northwestern Memorial Hospital, Union House	Private Sector	Hospita..	Committee/Sub-committee/Work Group, None	Seriously Me...
Polk Bros. Foundation	Private Sector	Funder...	Primary Decision Making Group, Attend Consolidated Plan p...	NONE
Primo Center for Women and Children	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
Renaissance Social Services, Inc.	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
Residents for Effective Shelter Transitions	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Seriously Me...
Resurrection Project	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, None	NONE
San Jose Obrero Mission	Private Sector	Faith-b...	Committee/Sub-committee/Work Group, None	NONE
Social Security Administration	Public Sector	State g...	Committee/Sub-committee/Work Group	NONE
St. Leonard's Ministries	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	NONE
Thresholds, Inc.	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Seriously Me...
Trilogy, Inc.	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE

U.S. Dept of Labor	Public Sector	Other	Primary Decision Making Group, Committee/Sub-committee/Work Group	NONE
U.S. Dept of Veterans Affairs	Public Sector	Other	Primary Decision Making Group, Committee/Sub-committee/Work Group	Veterans
United Way of Metropolitan Chicago	Private Sector	Non-profit	Committee/Sub-committee/Work Group	NONE
Unity Parenting and Counseling Center	Private Sector	Non-profit	Committee/Sub-committee/Work Group	NONE
Volunteers of America of Illinois	Private Sector	Faith-based	Committee/Sub-committee/Work Group	Veterans, Homeless
Chicago Office of Budget and Management	Public Sector	Local government	Authoring agency for Consolidated Plan	NONE
Paula Nixon	Individual	Homeless	Committee/Sub-committee/Work Group	NONE
Advanced Illinois Masonic Medical Center	Private Sector	Hospital	Committee/Sub-committee/Work Group	NONE
Caesar Hill	Individual	Former	Committee/Sub-committee/Work Group	NONE
Chicago Police Department	Public Sector	Law enforcement	Committee/Sub-committee/Work Group	NONE
Cook County Jail	Public Sector	Law enforcement	Committee/Sub-committee/Work Group	NONE
Facing Forward to End Homelessness	Private Sector	Non-profit	Committee/Sub-committee/Work Group	NONE
Heartland Health Outreach	Private Sector	Non-profit	Attend 10-year planning meetings during past 12 months, C...	NONE
Heartland Human Care Services	Private Sector	Non-profit	Committee/Sub-committee/Work Group	Domestic Violence
Homeless Prevention Call Center	Private Sector	Non-profit	Committee/Sub-committee/Work Group	NONE
Jesse Brown VA Medical Center	Private Sector	Hospital	Committee/Sub-committee/Work Group	Veterans
The Renaissance Collaborative	Private Sector	Non-profit	Committee/Sub-committee/Work Group	NONE
Door of Hope	Private Sector	Faith-based	Committee/Sub-committee/Work Group	NONE
McCormick Foundation	Private Sector	Funder	Primary Decision Making Group, 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: A Safe Haven

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: Substance Abuse
(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, Child Care, Life Skills, Healthcare, Mental health, Alcohol/Drug Abuse, Employment
(select all that apply)

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- Services provided, if applicable

Name of organization or individual: AIDS Foundation of Chicago

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

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

Role(s) of the organization: Primary Decision Making Group, Attend Consolidated Plan planning meetings during past 12 months, Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: Substance Abuse, 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, Life Skills, Utilities Assistance, Mortgage Assistance, Mental health, HIV/AIDS, Rental Assistance
(select all that apply)

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

Name of organization or individual: Beacon Therapeutic

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

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

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

Subpopulation(s) represented by the organization: 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: Counseling/Advocacy, Education, Case Management, Child Care, Life Skills, Utilities Assistance, Healthcare, Mental health, Mobile Clinic, Transportation, Rental Assistance
(select all that apply)

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

Name of organization or individual: Catholic Charities of the Archdiocese of Chicago

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: Attend Consolidated Plan 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? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Education, Case Management, Utilities Assistance, Legal Assistance, Transportation, Alcohol/Drug Abuse, HIV/AIDS, Rental Assistance, Street Outreach, Child Care, Life Skills, Mortgage Assistance, 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: Chicago Alliance to End Homelessness

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

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

Role(s) of the organization: Primary Decision Making Group, Attend Consolidated Plan planning meetings during past 12 months, Lead agency for 10-year plan, Committee/Sub-committee/Work Group, 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: Chicago Department of Family and Support 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, Attend Consolidated Plan planning meetings during past 12 months, Lead agency for 10-year plan, Committee/Sub-committee/Work Group, Attend 10-year planning meetings during past 12 months, 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? Yes

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

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- Services provided, if applicable

Name of organization or individual: Chicago Housing Authority

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 Consolidated Plan 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? Yes

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

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

Name of organization or individual: Chicago Public Schools

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

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

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

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

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Education, Case Management, 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: Christian Community Health 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: Attend 10-year planning meetings during past 12 months
(select all that apply)

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

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Case Management, Life Skills, Utilities Assistance, Healthcare, Mental health, Mobile Clinic, Legal Assistance, Transportation, Alcohol/Drug Abuse, HIV/AIDS, 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: Cornerstone Community Outreach

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

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

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

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

Does the organization provide direct services to homeless people? Yes

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

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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: Corporation for Supportive Housing

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

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

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

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

Does the organization provide direct services to homeless people? No

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

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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: David Granberry

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

Type of Organization: Homeless
(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
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Deborah's Place

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

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

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

Subpopulation(s) represented by the organization: Seriously Mentally Ill, 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, Education, Case Management, Life Skills, Utilities Assistance, Healthcare, Mental health, Legal Assistance, Transportation, Alcohol/Drug Abuse, Rental Assistance, Employment
(select all that apply)

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

Instructions:

- Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
- Organization name; Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
 - Type of membership; Public, private, or individual
 - Type of organization
 - Organization role in the CoC planning process
 - Subpopulations represented; No more than 2 may be selected
 - Services provided, if applicable

Name of organization or individual: Donna Calvin

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

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

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

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

Does the organization provide direct services to homeless people? No

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

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

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:

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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: Dorothy Yancy

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

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

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

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

Does the organization provide direct services to homeless people? No

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

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

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:

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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: Emergency Fund

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

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

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

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

Does the organization provide direct services to homeless people? Yes

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

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

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

Name of organization or individual: Featherfist

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, Attend
(select all that apply) 10-year planning meetings during past 12 months

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

Does the organization provide direct services to homeless people? Yes

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

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

Instructions:

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

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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: Franciscan Outreach Association

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: Attend 10-year planning meetings during past 12 months, 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: Street Outreach, Case Management
(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: Fred Friedman

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

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

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

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

Does the organization provide direct services to homeless people? No

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

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

Instructions:

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

Name of organization or individual: Haymarket 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: 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: Counseling/Advocacy, Education, Case Management, Utilities Assistance, Legal Assistance, Transportation, Alcohol/Drug Abuse, HIV/AIDS, Rental Assistance, Not Applicable, Street Outreach, Child Care, Life Skills, Mortgage Assistance, Healthcare, Mental health, Employment
(select all that apply)

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

Instructions:

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

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

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

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

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

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Education, Case Management, Utilities Assistance, Legal Assistance, Transportation, Alcohol/Drug Abuse, HIV/AIDS, Rental Assistance, Not Applicable, Street Outreach, Child Care, Life Skills, Mortgage Assistance, Healthcare, Mental health, Employment
(select all that apply)

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

Instructions:

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

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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: Housing Opportunities for Women

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

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

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

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

Does the organization provide direct services to homeless people? Yes

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

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

Instructions:

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

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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: Hull House Association

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

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

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

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

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Education, Case Management, Utilities Assistance, Law Enforcement, Legal Assistance, Transportation, Alcohol/Drug Abuse, HIV/AIDS, Rental Assistance, Not Applicable, Street Outreach, Life Skills, Child Care, Healthcare, Mental health, Employment
(select all that apply)

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

Instructions:

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

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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: Illinois Dept of Children and Family Services

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

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

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

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

Does the organization provide direct services to homeless people? Yes

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

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

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

Name of organization or individual: Illinois Dept 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)

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: Illinois Dept of Human Services

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

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

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

Subpopulation(s) represented by the organization: Seriously Mentally Ill, 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, Education, Case Management, Child Care, Life Skills, Utilities Assistance, Mortgage Assistance, Healthcare, Mental health, Alcohol/Drug Abuse, Rental Assistance, Employment
(select all that apply)

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

Instructions:

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

Name of organization or individual: Illinois Housing Development Authority

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

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

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

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

Does the organization provide direct services to homeless people? 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: Inner Voice, The

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

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

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

Subpopulation(s) represented by the organization: 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, Life Skills, Healthcare, Transportation
(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: Inspiration Corporation

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

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

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

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

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Education, Case Management, Life Skills, Utilities Assistance, Transportation, Alcohol/Drug Abuse, Rental Assistance, 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: Interfaith 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: Primary Decision Making Group, Committee/Sub-committee/Work Group
(select all that apply)

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

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Education, Case Management, Utilities Assistance, Legal Assistance, Transportation, Alcohol/Drug Abuse, HIV/AIDS, Rental Assistance, Life Skills, Healthcare, Mental health, 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: Interfaith Housing Development Corporation

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

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

Role(s) of the organization: Attend Consolidated Plan 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)

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

Instructions:

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

Name of organization or individual: Irene Cabello

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

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

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

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

Does the organization provide direct services to homeless people? No

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

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

Instructions:

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

Name of organization or individual: Latin United Community Housing Association

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

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

Role(s) of the organization: Attend Consolidated Plan planning meetings during past 12 months, 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, Mental health, Rental Assistance
(select all that apply)

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

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

Name of organization or individual: Lincoln Park Community Shelter

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

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

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

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

Does the organization provide direct services to homeless people? Yes

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

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

Instructions:

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

Name of organization or individual: Mark Czyzewski

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

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

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

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

Does the organization provide direct services to homeless people? No

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

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

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

Name of organization or individual: Mercy Housing Lakefront

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

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

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

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

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Education, Case Management, Life Skills, Transportation, 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: Mt. Sinai Hospital

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

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

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

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

Does the organization provide direct services to homeless people? Yes

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

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

Instructions:

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

Name of organization or individual: New Moms

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

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

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

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

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Case Management, Utilities Assistance, Law Enforcement, Legal Assistance, Transportation, Alcohol/Drug Abuse, HIV/AIDS, Rental Assistance, Not Applicable, Street Outreach, Child Care, Life Skills, Healthcare, Mental health, Employment
(select all that apply)

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

Instructions:

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

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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: North Side Housing and Supportive Services

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

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

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

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

Does the organization provide direct services to homeless people? Yes

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

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

Instructions:

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

Name of organization or individual: Northwestern Memorial Hospital, Union House

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

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

Role(s) of the organization: Committee/Sub-committee/Work Group, 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: Counseling/Advocacy, Education, Case Management, Life Skills, Mental health, Transportation, Alcohol/Drug Abuse
(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:

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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: Polk Bros. 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: Primary Decision Making Group, Attend Consolidated Plan 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)

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:

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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: Primo Center for Women and Children

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

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

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

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

Does the organization provide direct services to homeless people? Yes

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

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

Instructions:

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

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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: Renaissance Social Services, 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? Yes

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

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

Instructions:

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

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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: Residents for Effective Shelter Transitions

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

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

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

Subpopulation(s) represented by the organization: Seriously Mentally Ill, 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, Transportation, Rental Assistance
(select all that apply)

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

Instructions:

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

Name of organization or individual: Resurrection Project

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, 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: Education
(select all that apply)

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

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

Name of organization or individual: San Jose Obrero Mission

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

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

Role(s) of the organization: Committee/Sub-committee/Work Group, 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, Education, Case Management, Life Skills, Mental health, Employment
(select all that apply)

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

Instructions:

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

Name of organization or individual: Social Security Administration

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

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

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

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

Does the organization provide direct services to homeless people? No

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

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

Instructions:

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- Type of 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. Leonard's 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: Committee/Sub-committee/Work Group
(select all that apply)

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

Does the organization provide direct services to homeless people? Yes

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

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

Instructions:

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

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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: Thresholds, 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: 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: Counseling/Advocacy, Case Management, Life Skills, Healthcare, Mental health, Alcohol/Drug Abuse, Employment
(select all that apply)

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

Instructions:

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

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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: Trilogy, 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? Yes

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

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

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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:

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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: U.S. Dept of Labor

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

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

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

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

Does the organization provide direct services to homeless people? No

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

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

Instructions:

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

Name of organization or individual: U.S. Dept of Veterans Affairs

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

Type of Organization: Other
(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: Veterans
(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 Chicago

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

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

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

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

Does the organization provide direct services to homeless people? No

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

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

Instructions:

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

Name of organization or individual: Unity Parenting and Counseling Center

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

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

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

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

Does the organization provide direct services to homeless people? Yes

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

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

Instructions:

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

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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: Volunteers of America of Illinois

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

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

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

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

Does the organization provide direct services to homeless people? Yes

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

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

Instructions:

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

Name of organization or individual: Chicago Office of Budget and 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: Authoring agency for Consolidated Plan
(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: Paula Nixon

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

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

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

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

Does the organization provide direct services to homeless people? No

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

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

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

Name of organization or individual: Advanced Illinois Masonic Medical Center

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

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

Role(s) of the organization: Committee/Sub-committee/Work Group
(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
(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: Caesar Hill

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

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

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

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

Does the organization provide direct services to homeless people? No

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

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

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

Name of organization or individual: Chicago Police Department

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)

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: Cook County Jail

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)

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: Facing Forward to End Homelessness

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

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

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

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

Does the organization provide direct services to homeless people? Yes

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

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

Instructions:

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

Name of organization or individual: Heartland Health Outreach

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

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

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

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

Does the organization provide direct services to homeless people? Yes

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

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

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

Name of organization or individual: Heartland Human Care Services

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

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

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

Subpopulation(s) represented by the organization: Domestic Violence, 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, Education, Case Management, Utilities Assistance, Legal Assistance, Transportation, Alcohol/Drug Abuse, HIV/AIDS, Soup Kitchen/Food Pantry, Street Outreach, Child Care, Life Skills, Healthcare, Mental health, Mobile Clinic, Employment
(select all that apply)

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

Instructions:

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

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

Name of organization or individual: Homeless Prevention Call Center

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

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

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

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

Does the organization provide direct services to homeless people? Yes

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

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

Instructions:

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

Name of organization or individual: Jesse Brown VA Medical Center

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

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

Role(s) of the organization: Committee/Sub-committee/Work Group
(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: Education, Street Outreach, Case Management, Life Skills, Mortgage Assistance, Healthcare, Prescription Assistance, Mental health, Transportation, Alcohol/Drug Abuse, HIV/AIDS, 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: The Renaissance Collaborative

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

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

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

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

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Case Management, Life Skills, Mental health, Transportation, Rental Assistance, Employment
(select all that apply)

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

Instructions:

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

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

Name of organization or individual: Door of Hope

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

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

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

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

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Soup Kitchen/Food Pantry
(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: McCormick 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: 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)

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, 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, j. Assess Spending (fast or slow), p. Review Match, i. Evaluate Project Readiness, e. Review HUD APR for Performance Results, n. Evaluate Project Presentation, h. Survey Clients, o. Review CoC Membership Involvement, f. Review Unexecuted Grants, a. CoC Rating & Review Committee Exists, m. Assess Provider Organization Capacity, l. Assess Provider Organization Experience

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

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

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

1F. Continuum of Care (CoC) Housing Inventory 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 2010 Housing Inventory Count (HIC) as compared to the 2009 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):

Prior to 2010, Chicago reported beds defined locally as "interim housing" on the TH section of the HIC. Based on conversations with the local HUD office and HUD TA providers, in 2010, the CoC realigned its reporting of Emergency Beds for both singles and families, which moved a considerable portion of beds from the TH section to the ES section. This was largely in part to reflect the reality of the facility configuration, funding type, and short-term focus of a subset of the IH programs. Despite Chicago's movement away from traditional "emergency shelter" the reality is the facilities themselves have not changed nor has the target population, which includes many households who experience episodic and long-term homelessness.

Safe Haven: Yes

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

In 2010 the number of Safe Haven beds reduced by 29, or basically one Safe Haven Program. This program was moved to the PSH section after the program indicated it had readjusted its status with HUD to be PSH instead of SH.

Transitional Housing: Yes

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

Family Transitional Housing beds showed a decrease, which is a nearly one to one match with the number of beds moved to the ES section of the Inventory. For single Transitional Housing beds there was a net increase of 85 beds despite the realignment of some beds to the ES section. Three new TH programs were added to the system in the past year; two of these programs serve youth and one was a new VA Grant and Per Diem program.

Permanent Housing: Yes

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

The number of PSH beds for families increased slightly by 46 with the addition of new beds within existing programs, due to fluctuations in family size, as well as the opening of a new program. For singles, there appears to be a decrease of 72 beds even though new programs were added. Several HOPWA programs were removed from the Inventory in 2010 because, while some clients occupying the beds were formerly homeless, homelessness is not an eligibility requirement for the beds.

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 2010. CoCs were expected to report HIC data on the Homelessness Data Exchange (HDX).

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

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

Must specify other:

Used agency web-sites to confirm program description and bed capacity, as needed.

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

Specify "other" data types:

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

Annually, stakeholders from the City of Chicago, Chicago Alliance to End Homelessness and the Corporation for Supportive Housing review usage patterns and assumptions of Chicago's homeless service system. During these discussions, stakeholders review local data including the biennial Point-in-Time censuses and the Housing Inventory Chart which is updated quarterly. These assumptions and local data are used to complete the HUD unmet need formula. In 2010 HUD asked for an unmet need for Safe Haven. Local research was done to create a percentage estimate of street and emergency shelter homeless who need SH.

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

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

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

Select the HMIS implementation coverage area:	Single CoC
Select the CoC(s) covered by the HMIS: (select all that apply)	IL-510 - Chicago 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?	No
Has the CoC selected an HMIS software product?	Yes
If "No" select reason:	
If "Yes" list the name of the product:	ServicePoint
What is the name of the HMIS software company?	Bowman Systems
Does the CoC plan to change HMIS software within the next 18 months?	No
Indicate the date on which HMIS data entry started (or will start): (format mm/dd/yyyy)	10/06/2008
Indicate the challenges and barriers impacting the HMIS implementation: (select all the apply):	Inadequate ongoing user training and/or users groups, Inadequate staffing, Poor data quality, No or low participation by non-HUD funded providers, No CoC formal data quality plan
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).	

Chicago's HMIS has grown significantly since 2005 and includes 530 programs/1,000 users. The system requires more staff to address systemic data quality issues and provide TA for users. Local budgetary issues affect the HMIS Lead's ability to hire additional staff, therefore the CoC is looking to share HMIS project responsibilities with partnering agencies.

Several agencies in Chicago do not receive HUD or City funding, and therefore are not required to participate in HMIS. The HMIS Committee is creating a plan to encourage participation.

Chicago's HMIS experiences several data quality issues, and the lead agency is working with HUD TA providers to implement an official data quality plan in 2011.

HMIS training is provided via a third party that has experienced significant turnover. The HMIS Committee and Lead agency are looking to shift training responsibilities in the next year to a party that is more experienced with the homeless system, and has more stable staffing.

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 Chicago Department of Family and Support Services

Street Address 1 1615 W. Chicago Avenue

Street Address 2

City Chicago

State Illinois

Zip Code 60622

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? No

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

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

Prefix: Mr.
First Name Jonathan
Middle Name/Initial
Last Name Lam
Suffix
Telephone Number: 312-746-8220
(Format: 123-456-7890)
Extension
Fax Number: 312-743-7608
(Format: 123-456-7890)
E-mail Address: jlam@cityofchicago.org
Confirm E-mail Address: jlam@cityofchicago.org

2D. 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	0-50%
* Safe Haven (SH) Beds	86%+
* Transitional Housing (TH) Beds	76-85%
* Permanent Housing (PH) Beds	65-75%

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:

Chicago has been able to increase its participation of HUD and local-funded programs in HMIS, and most of those programs are participating on a regular basis. The HMIS Committee and HMIS Lead Agency have now begun working to address low participation rates among non-HUD Programs. The emergency shelter category continues to have the lowest bed coverage rates because one non-government funded program, that represents a significant number of Chicago's single emergency beds, does not participate in the HMIS. The HMIS Lead Agency has approached this agency previously, and program staff were willing to participate; however, the agency's Board of Directors declined to move forward with the plan. The HMIS Lead Agency plans to approach the agency again this year.

Chicago's HMIS Committee recently convened a meeting with shelter providers to discuss the unique HMIS needs of programs that have large capacities and turn-over rates. Through this meeting, the HMIS Committee learned that the workflow design for entering clients into HMIS is too onerous for large-capacity shelters to utilize on a daily basis. Therefore, the HMIS Lead will attempt to redesign the way emergency shelters use HMIS, and look for other ways to streamline the process for shelters. For example, the HMIS Lead can provide technical assistance for shelters looking to use a scan system for entering and exiting clients, which will cut down on data entry.

2E. 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 the HMIS to present accurate and consistent information on homelessness, it is critical that an 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 CoCs 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 2009 and 2010 as well as whether or not they plan to contribute data to the Homelessness Pulse project in 2010.

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 2010.

Universal Data Element	Records with no values (%)	Records where value is refused or unknown (%)
* Social Security Number	2%	15%
* Date of Birth	0%	0%
* Ethnicity	0%	1%
* Race	0%	1%
* Gender	1%	0%
* Veteran Status	2%	4%
* Disabling Condition	30%	13%
* Residence Prior to Program Entry	2%	7%
* Zip Code of Last Permanent Address	4%	38%
* Name	0%	0%

How frequently does the CoC review the quality of client level data? At least Semi-annually

How frequently does the CoC review the quality of program level data? At least Semi-annually

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

Data quality is emphasized in trainings for new users on a monthly basis. Additionally, the HMIS Lead agency uses software capabilities to improve data quality, such as requiring universal data elements (UDEs) to be entered before moving on to the next screen. HUD-funded programs receive data quality reports on at least an annual basis from the CoC Lead, and are evaluated on the timeliness and completeness of data as part of the local evaluation process. Non-HUD funded agencies receive data quality reports on a regular basis from the HMIS Lead agency. Finally, all agencies have access to Advanced Reporting Tool reports that check data quality, either by running the reports on their own, or by contacting the HMIS Lead agency.

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

Chicago's HMIS Standard Operating Procedures state that clients must be entered into HMIS within 7 days of program enrollment and their records must be updated within 24-hours of client contact, including program exit. HMIS training emphasizes the importance of entering and exiting clients in a timely manner, and the new HMIS allows entry and exit dates to be modified as needed to reflect the accurate dates of enrollment if clean up is needed.

Chicago has developed a data quality report that indicates the program's entry and exit of clients in HMIS. Each participating HMIS agency received this report several times throughout 2010 and agencies that were not entering or exiting clients properly were required to correct these records.

- Indicate which reports the CoC or subset of the CoC submitted usable data: (Select all that apply)** 2009 AHAR, 2009 AHAR Supplemental Report on Homeless Veterans
- Indicate which reports the CoC or subset of the CoC plans to submit usable data: (Select all that apply)** 2010 AHAR Supplemental Report on Homeless Veterans, 2010 AHAR
- Does your CoC plan to contribute data to the Homelessness Pulse project in 2010?** No

2F. 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 bi-monthly
Point-in-time count of sheltered persons:	At least bi-monthly
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 Semi-annually
Integration of HMIS data with data from mainstream resources:	Never

2G. 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 bi-monthly
* Secure location for equipment	Never
* Locking screen savers	Never
* Virus protection with auto update	Never
* Individual or network firewalls	Never
* Restrictions on access to HMIS via public forums	Never
* 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 Annually

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

If 'Yes' indicate date of last review or update by CoC: 10/27/2010

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

2H. 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	Never
* Data Quality training	At least Monthly
* Using Data Locally	Never
* Using HMIS data for assessing program performance	Never
* Basic computer skills training	Never
* HMIS software training	At least Monthly

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

Instructions:

Although CoCs are only required to conduct a one-day point-in-time count every two years, HUD strongly encourages CoCs to conduct a point-in-time count annually, if resources allow. The purpose of the point-in-time count is to further understand the number and characteristics of people sleeping in shelters, on the streets, or in other locations not meant for human habitation.

Below, CoCs will indicate how frequently they will conduct a point-in-time count and what percentage of their homeless service providers participate. CoCs are also asked to describe whether or not there were differences between the most recent point-in-time count and the one prior. CoCs should indicate in the narrative which years they are comparing.

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

Enter the date in which the CoC plans to conduct its next point-in-time count: (mm/dd/yyyy) 01/25/2011

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).

The total sheltered population increased from 4,346 persons counted in the 2007 PIT to 5,356 persons counted in the 2009 PIT. The increase in persons is exclusively due to the addition of transitional housing (TH) programs that were not required to participate in the 2007 count. These TH programs new to 2009 provide two-year rental assistance in scattered-site apartments; in Chicago, they are called Permanent Housing with Short Term Supports programs. If we were to compare only the facility-based emergency and transitional programs that participated in both 2007 and 2009 counts, we would find a 1% decrease in the number of homeless persons. The slowing in progress in reducing sheltered homelessness between 2007 and 2009 can only be attributed to the effects of the economy. This conclusion is drawn because the Chicago CoC had continued its prevention and re-housing efforts as well as made significant gains to reduce long-term homeless individuals and families between 2007 and 2009.

2J. 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 *guessimates*. CoCs may use one or more methods to count sheltered homeless persons. This form asks CoCs to identify and describe which method(s) they use to conduct their 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 type="checkbox"/>
Extrapolation:	<input type="checkbox"/>
Other:	<input type="checkbox"/>

If Other, specify:

Describe the methods used by the CoC, as indicated above, 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).

Provider sites conducted a direct count of all clients present on the night of the 2009 point-in-time count. Participating providers were given standardized forms on which to record single individuals, families with children (and family relationship either head of household or other family member), and characteristics such as age, gender, race and ethnicity. All shelters were provided tally sheets and a set of surveys, each with a unique number. A designated staff person or volunteer was responsible for counting all homeless people staying at the shelter on January 27, 2009 between 7-9 pm using the tally sheet.

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

Instructions:

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

In the 2010 CoC NOFA, the definition of Chronically Homeless Person has been expanded to include families with at least one adult member who has a disabling condition. The family must meet all the other standards for chronic homelessness in Section 4.d. of the 2010 NOFA, Definitions and Concepts. Because the definition of chronically homeless at the time of either the 2009 or 2010 point-in-time count was still limited to individuals, CoCs are only reporting on that data on this section of the Exhibit 1.

CoCs may use a variety of methods to collect subpopulation information on sheltered homeless persons and may employ more than one in order to produce the most accurate data. This form asks CoCs to identify and describe which method(s) they use 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 type="checkbox"/>
	HMIS plus extrapolation:	<input type="checkbox"/>
Sample of PIT interviews plus extrapolation:		<input checked="" type="checkbox"/>
	Sample strategy:	Random Sample
	Provider expertise:	<input type="checkbox"/>
	Interviews:	<input type="checkbox"/>
	Non-HMIS client level information:	<input type="checkbox"/>
	None:	<input type="checkbox"/>
	Other:	<input type="checkbox"/>

If Other, specify:

Describe the methods used by the CoC, as indicated 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).

Shelter providers that participated in the 2009 point-in-time count surveyed a ten percent random sample of heads of households in each shelter. All providers received training on how to conduct the survey and select a random sample and were instructed to return the surveys within 24 hours of the count. The survey contained questions regarding substance abuse history, mental health history, etc. and other demographic data, such as employment status, sources of income, and participation in mainstream benefits.

The survey data were extrapolated based on sample weights constructed relative to the shelter/program response rate. To do this, sample size for each site was divided by total number of homeless counted (from tally sheet) for each site. These response rates were then used to develop specific relative weights to apply to each observation in the survey. Although each shelter was instructed to interview 10 percent of all clients on the night of the PIT count, practical considerations in many instances resulted in a greater or smaller fraction of all residents actually being interviewed. Based on tally sheet counts, the median sample size was 20 percent of the total with the smallest sample size being 5 percent and the largest being 100 percent. Consequently, a set of shelter-level weights were constructed in order to insure that the representation of persons staying in each shelter during the 2009 count, relative to all shelter residents, was as correct as possible.

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

Instructions:

The data collected during point-in-time counts is vital for both CoCs and HUD. Communities need accurate data to determine the size and scope of homelessness at the local level, plan services and programs to 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, provide Congress and OMB with information on services provided, gaps in service, and performance, and to inform funding decisions. Therefore, it is vital that the quality of data reported is high. CoCs may undertake one or more actions to improve the quality of the sheltered population data. This form asks CoCs to identify the steps they take to ensure data quality.

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 sheltered population count: (select all that apply)

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

The Chicago CoC used several de-duplication techniques to ensure data quality of the shelter count. The Chicago CoC used sequentially numbered surveys and tallies to create an inventory of data collection documents. The survey and tally numbers issued to a participating shelter during the count were logged and checked against their submission. Further, the unique survey and tally number ensured that no data was entered or used twice. A designated staff person or volunteer was responsible for counting all homeless people staying at the shelter on January 27, 2009 between 7-9 pm using the tally sheet.

Staff from the Department of Family and Support Services (DFSS) were trained by the consultant to complete the data entry using a database and entry system created for the 2009 Point-In-Time count. Data entry was completed within a few weeks of the count.

The research consultant received the original data base from DFSS and reviewed contents to correct any mistakes in data entry.

2M. 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 to count unsheltered homeless persons:
(select all that apply)**

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

If Other, specify:

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

Instructions:

CoCs may employ numerous approaches when counting unsheltered homeless people. CoCs first need to determine where they will look to count this population. They may canvass an entire area or only those locations where homeless persons are known to sleep for example. This form asks CoCs to indicate the level of coverage they incorporate when conducting their unsheltered count.

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

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

If Other, specify:

20. Continuum of Care (CoC) Unsheltered Homeless Population and Subpopulation - Data Quality

Instructions:

The data collected during point-in-time counts is vital for both CoCs and HUD. Communities need accurate data to determine the size and scope of homelessness at the local level, plan services and programs to 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, provide Congress and OMB with information on services provided, gaps in service, and performance, and to inform funding decisions. Therefore, it is vital that the quality of data reported is high. CoCs may undertake one or more actions to improve the quality of the unsheltered population data. This form asks CoCs to identify the steps they take to ensure data quality.

All CoCs should be engaging in activities to reduce the occurrence of counting unsheltered persons more than once during a point-in-time count. These 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 people that may or may not use shelters. On this form, CoCs are asked to describe their de-duplication techniques. Finally, CoCs are asked to describe their 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"/>
Other:	<input type="checkbox"/>

If Other, specify:

Describe the techniques 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):

The Chicago CoC used several de-duplication techniques to ensure the data quality of the unsheltered persons count. The city was divided geographically by census tracts to ensure complete coverage and to eliminate teams crossing other teams' borders. During the count, counters wore identifiers for other teams to easily identify them. Each homeless individual observed and not interviewed was documented, on uniquely numbered forms, with a time and location. Those unsheltered persons who were interviewed were also documented with time and location. Counters also distributed hats and gloves to the unsheltered individuals who were counted. The hats and gloves were all similar in type and color. During training, the counters were shown a sample of the clothing and were advised that unsheltered individuals who were wearing the hats and gloves the night of the count were given these items by other counters and thus already included in the count. Further, counters were required to ask those interviewed if they had been approached earlier in the evening.

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 results of the 2009 Point in Time Count indicated a very small number of unsheltered households (22) with children, which is the same number found in 2007. Unsheltered households with dependent children are rare in Chicago because of the coordinated and diverse homeless service system, as well sufficient space in the family shelter system. The City of Chicago Department of Family and Support Services and community-based agencies, as described in the next section, provide continuous city-wide street outreach that seeks to get households off the street immediately, either into shelter or permanent housing. DFSS has brokered a partnership with the Chicago Public Schools so homeless liaisons in the schools can contact DFSS for immediate assistance if they learn of families living on the street or in their car, etc. Students and families often present their needs first within the schools and so coordination between homeless services and education systems is a logical outreach strategy to prevent unsheltered homelessness among families.

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):

The Chicago CoC has multiple organizations that conduct regular, round-the-clock engagement of unsheltered homeless persons. DFSS operates a 24-hour emergency services and homeless outreach program that tracks known locations of homeless persons and attempts to bring them into shelter or connect them with housing. City staff also respond to public calls or well-being checks made on behalf of the homeless. Agencies that are supported by the Illinois Department of Human Services Division of Mental Health, and other homeless services funding, deliver clinical services to the homeless and follow individuals over extended periods of time to engage them into permanent housing and treatment programs.

Coordination among outreach and engagement providers has increased significantly in 2010, catalyzed by Chicago's participation in the 100,000 Homes Campaign, which involved a three-day registry of unsheltered homeless persons in August 2010 and garnering of permanent supportive housing commitments for the vulnerable people found on the streets. Outreach providers now meet weekly and discuss outreach efforts and specific case assignments. This process has also brought together Veterans Administration staff, nonprofit housing and service programs, and City-funded services for the homeless and seniors. Lastly, hours of nonprofit outreach teams have also been adjusted to better engage people when they are at their regular sleeping location, beginning at early hours of the morning.

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 2010 NOFA, a chronically homeless person 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 past three (3) years.

On this section, CoCs are to describe their short-term and long-term plans for creating new permanent housing beds for chronically homeless persons that meet the definition in the 2010 CoC NOFA. In addition, CoCs will indicate the current number of permanent housing beds designated for chronically homeless persons. This number should match the number of beds reported in the 2010 Housing Inventory Count (HIC) and entered onto the Homeless Data Exchange (HDX). CoCs will then enter number of permanent housing beds they expect to have in place in 12-months, 5-years, and 10-years. These future estimates should be based on the definition of chronically homeless in the 2010 CoC NOFA.

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

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

The Chicago CoC is taking many steps to create new PH beds for the chronically homeless (CH) in the short-term, including:

- 1) Applying for PH Bonus Project funding in the 2010 application; if funded, Chicago will have four new projects targeted to CH households, including one for CH families;
- 2) Implementing its 100,000 Homes Campaign that has already identified 292 vulnerable households and 85% of the adults meet the qualification of CH. We are working to house at least 125 of those vulnerable, chronic households by the end of '10 and will continue into '11. Concurrently, the Chicago Planning Council is considering implementing policies to continue and expand the use of the Registry Database to support a common assessment tool and referral source for existing and new PH units in Chicago;
- 3) Using a web-based housing screening tool, managed by the Corporation for Supportive Housing, to assist shelter and outreach providers in helping CH households to more quickly apply for PSH.

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

In keeping with its Plan to End Homelessness, Chicago works to create a pipeline of permanent supportive housing (PSH) that will open each year. This will involve increased coordination between CoC and other sources of housing units, such as Section 8. The Chicago Housing Authority currently meets with key city departments monthly to coordinate projects and opportunities that will help the CoC meet its housing goals. In these planning efforts, it is intended that more resources will be created to target key populations of the homeless system, mainly CH individuals and families.

Members of the CoC are also represented on state-wide task forces that help create permanent housing for the homeless. This includes prioritizing homeless and CH within other systems' housing plans, such as corrections and mental health. Currently, the Illinois Housing Development Authority prioritizes the creation of PSH, which will assist Chicago in its goals of serving the chronically homeless.

- How many permanent housing beds do you currently have in place for chronically homeless persons?** 2,171
- In 12-months, how many permanent housing beds designated for the chronically homeless do you plan to have in place and available for occupancy?** 2,246
- In 5-years, how many permanent housing beds designated for the chronically homeless do you plan to have in place and available for occupancy?** 2,621
- In 10-years, how many permanent housing beds designated for the chronically homeless do you plan to have in place and available for occupancy?** 2,996

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 the 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 Progress 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.

On 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. In addition, CoCs will indicate the current percentage of participants remaining in these projects, as indicated on form 4C, as well as the expected percentage in 12-months, 5-years, and 10-years. CoCs that do not have any CoC funded permanent housing projects (SHP-PH or S+C) for which an APR was required, should indicate this in both of the narratives below and enter 0 in the first numeric field below.

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

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 Chicago CoC has performed extremely well in the permanent housing (PH) retention category in that we have consistently exceeded HUD housing retention goals. Chicago's Program Models Chart, which outlines the approved program models as part of Chicago's Plan to End Homelessness, expects 85% of clients will remain permanently housed for 12 months and 65% of clients will remain permanently housed for 24 months; both of these measures exceed HUD's PH retention goal.

With CAEH as the lead agency, the CoC will continue to maintain or exceed the performance threshold by training housing providers on housing retention services, eviction prevention strategies, and continue to incentivize retention performance. Finally, we will continue to use our local program evaluations to emphasize housing retention in competition for funding; this incentive will help ensure that we meet or exceed the HUD standard.

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

Chicago has already exceeded the HUD goal of 77%, with an 88% retention rate. The key to housing retention is ensuring a good match between the household and the program type. Chicago has launched a web-based screening tool, managed by the Corporation for Supportive Housing and widely used by case managers, to assist with this match; and, we are developing other tools to ensure appropriate housing matches. A second key is ensuring sufficient supportive services are provided in permanent supportive housing. Chicago advocates on an on-going basis with other stakeholders to secure funding sources for housing placement and retention strategies, including with the city and state, and from private foundations. In addition to these key strategies, the CoC will continue to exceed HUD's PH retention goal by monitoring program performance and offering technical assistance to providers when needed (CAEH will be responsible for identifying this need).

- What is the current percentage of participants remaining in CoC funded permanent housing projects for at least six months?** 88
- In 12-months, what percentage of participants will have remained in CoC funded permanent housing projects for at least six months?** 88
- In 5-years, what percentage of participants will have remained in CoC funded permanent housing projects for at least six months?** 90
- In 10-years, what percentage of participants will have remained in CoC funded permanent housing projects for at least six months?** 90

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 ultimate objective of transitional housing is to help homeless families and individuals 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 Progress Report (APR). CoCs then use this data from all of its CoC funded transitional housing projects to report on the overall CoC performance on form 4C. Continuum of Care (CoC) Housing Performance.

On this section, CoCs are to describe short-term and long-term plans for increasing the percentage of transitional housing participants moving from its SHP-TH projects into permanent housing to at least 65 percent. In addition, 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 indicate this in both of the narratives below and enter 0 in the first numeric field below.

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

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).

Chicago has historically exceeded the HUD standard in moving clients from transitional housing (TH) to permanent housing (PH). We believe our high PH retention and the poor economy have temporarily impacted the community's ability to achieve HUD's 65% goal.

In reviewing our 2010 data for TH program exits, we analyzed that from '09 to '10, TH program exits to PH - Rental House or Apt and PH - Moved in w/ Family, reduced each by 3%; and, the TH program exits to TH - Moved in with F.F. increased by nearly 5%. Likewise, more than 12% of those who exited TH programs exited to an Unknown location in '10.

In partnership with DFSS, CAEH will work with Chicago's TH providers to 1) ensure that clients exit to a PH option rather than to TH and 2) reduce the percentage of Unknown exits, as it affects our reporting accuracy for client exits. Finally, CAEH will be responsible for identifying HUD TH service providers who need technical assistance to improve their exits to PH.

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).

Despite this year's reduced performance, Chicago has mechanisms in place to move people from TH to PH. The key to increasing this is to increase the supply of PH. To develop more PH, Chicago is developing and implementing a housing graduates program, to move current residents of PH into market or other assisted housing in the community and thus free up some PH units.

DFSS and CSH are also in conversations with the Chicago Housing Authority to access/coordinate senior housing developments and Section 8/Housing Choice Vouchers in the long-term. Finally, system planners have also set housing production goals that recognize the needs of each subpopulation in our system and are now advocating for state and federal funds and with our state and local rental assistance programs to develop these units.

- What is the current percentage of participants in CoC funded transitional housing projects will have moved to permanent housing?** 61
- In 12-months, what percentage of participants in CoC funded transitional housing projects will have moved to permanent housing?** 65
- In 5-years, what percentage of participants in CoC funded transitional housing projects will have moved to permanent housing?** 67
- In 10-years, what percentage of participants in CoC funded transitional housing projects will have moved to permanent housing?** 68

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 projects only) is expected to report the percentage of participants employed at exit on its Annual Progress 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.

On 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 exit to at least 20 percent. In addition, CoCs will indicate the current percentage of project participants that are employed at 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 projects (SHP-PH, SHP-TH, SHP-SH, SHP-SSO, or S+C TRA/SRA/PRA/SRO) which an APR was required, should indicate this in both of the narratives below and enter 0 in the first numeric field below.

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

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).

The Chicago CoC currently exceeds the HUD threshold for the percentage of participants employed at exit. The CoC has employment programs dedicated to providing employment training and job opportunities for homeless clients; and, the Chicago Alliance to End Homelessness (CAEH) is currently exploring how to provide more cross-trainings in the next 12 months to all homeless service provider agencies by partnering with the Chicago Jobs Council and the Fry Foundation. Lastly, Chicago's CSBG and CDBG funds will continue to support Workforce Investment Act (WIA) programs.

Describe the CoCs long-term (10-year) 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).

One long-term approach in exceeding a 20% employment rate among households will require the Chicago CoC to improve employability screening at the time of engagement in shelter services, and recruit training and employment opportunities based on the population (as discussed above). This will involve tighter coordination and integration between the CoC and the workforce development system.

A second strategy is to ensure that homelessness is included in planning around workforce development. The city of Chicago is making a huge investment in workforce development, including launching a new workforce initiative chaired by Mayor Daley and promoting the creation of "green" jobs. DFSS will be involved to ensure that the needs of homeless clients are addressed.

- What is the current percentage of participants in all CoC funded projects that are employed at program exit?** 21
- In 12-months, what percentage of participants in all CoC funded projects will be employed at program exit?** 21
- In 5-years, what percentage of participants in all CoC funded projects will be employed at program exit?** 24
- In 10-years, what percentage of participants in all CoC funded projects will be employed at program exit?** 24

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.

On 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. In addition, 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 that they expect to be able to report in 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.

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

The Chicago CoC has a proven homelessness prevention infrastructure as a means of reducing family homelessness and promoting quick movement from homelessness to permanent housing.

- 1) As the city's HPRP recipient, DFSS coordinates the city's rapid re-housing program, and will continue to build on the program's foundation over the coming year, by providing rapid re-housing to approximately 350 family households in shelters. This involves coordination of homeless providers and outreach to the private market housing community by housing locators, who develop relationships with private landlords and negotiate lower rents for families.
- 2) DFSS has also launched a program with Chicago Public Schools to offer services to families who are living "doubled up", in order to prevent them from becoming homeless.
- 3) DFSS will continue training the provider community on best practices in housing placement and assessment and shelter diversion to ensure the number of homeless families decreases.

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

Chicago's Families Assertive Community Treatment (FACT) demonstration project, funded by the Hilton Foundation and led by Heartland Alliance, aims to improve the housing, health, and development of young at-risk homeless families by better integrating the systems that serve them. The collaborative project is currently developing best practices for these hard-to-serve families, and the CoC plans to implement the findings continuum-wide when the research component is completed.

In addition, the CoC plans to continue to prioritize households with children experiencing frequent or long-term homelessness for PSH, intensify prevention activities, and add additional services that will focus on follow-up housing services to prevent shelter recidivism. Lastly, Chicago recognizes that homeless families require affordable housing, so the Chicago Alliance is participating in a regional pilot project with housing authorities to promote access to rental supports for homeless families.

What is the current total number of homeless households with children, as reported on the most recent point-in-time count? 870

In 12-months, what will be the total number of homeless households with children? 783

In 5-years, what will be the total number of homeless households with children? 468

In 10-years, what will be the total number of homeless households with children? 300

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 a publicly- funded institution or system 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 onto the streets, homeless shelters, or into other McKinney-Vento homeless assistance programs (SHP, S+C, or 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. For foster care, CoCs should be specifically addressing the discharge of youth aging out of foster care. If there is a State mandate that requires publicly funded institutions to ensure appropriate housing placement, which does not include homelessness, please indicate this in the applicable 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, 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 a 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, shelters, or other McKinney-Vento homeless assistance housing programs. Please review all instructions to ensure that each narrative is fully responsive. (limit 1500 characters)

Foster Care (Youth Aging Out):

The Illinois Department of Children and Family Services (DCFS) provides housing advocacy and cash assistance to youth aging out of foster care between the ages of 17.5 and 21. The program targets youth who are at-risk of becoming homeless as they approach emancipation or even if they have already emancipated from foster care.

Youth being discharged from the foster care system routinely live in unsubsidized housing in the community. DCFS contracts with community agencies to provide housing location services that work with private-market landlords. Eligible youth receive: housing advocacy and location services, start-up grants, a partial housing subsidy, and cash assistance. Additional follow-up services are provided for at least three months after the youth secures housing. No McKinney-Vento resources are used during the DCFS discharge planning process.

DCFS is also an active participant in the Chicago CoC, including holding a seat on the Chicago Planning Council on Homelessness, and participating in the CoC's Discharge Planning Committee. The Chicago CoC supports DCFS' discharge planning policies and also assists DCFS identify and secure other housing resources to benefit youth aging out of foster care.

Health Care:

Members of the Chicago CoC are working with two hospitals in Cook County to implement discharge planning procedures for at-risk patients in order to prevent homelessness. This work builds off the successful example of Chicago's Housing for Health Partnership (CHHP), run by the AIDS Foundation of Chicago, which provides coordinated case management to ensure housing placements upon discharge from hospitals. CHHP's findings (which were published in the Journal of the American Medical Association last year) prove that hospitals and homeless service providers can work effectively together to prevent homelessness and reduce costly recidivism.

Mount Sinai Hospital and Advocate Illinois Masonic Hospital - two of the biggest hospitals in Chicago serving people experiencing homelessness - are also active members of the CoC's Discharge Planning Committee.

The CoC is also exploring how expanded Medicaid coverage under the health reform law can improve access to regular health care for homeless or at-risk individuals, reduce their reliance on hospital visits, and keep them stably housed.

Mental Health:

In 2005, the Illinois Department of Human Services' Division of Mental Health (DMH) established a Continuity of Care Agreement that outlines the protocol for placement into and discharge from a state mental health facility. The agreement states that mental health hospitals may not discharge a patient into homelessness, unless the consumer insists on being discharged and is not certifiable under the mental health code or, if after diligent search, no housing resources can be identified. Furthermore, discharge must be delayed if there is a reasonable expectation that housing will be secured in the near future.

DMH has also begun a new initiative to better connect consumers to mental health care and keep them stably housed in the community. Upon admittance to a state facility, patients who are likely to be Medicaid eligible are paired with staff who help them initiate a Medicaid application. After discharge, consumers will then have a single point of access to the health care system through Medicaid, regardless of where they live. This helps persons with mental illness easily access on-going services and avoid homelessness.

CoC members understand that the state is prohibited from discharging patients directly into homeless programs. Therefore, the state works with contracted providers to maintain a list of non-McKinney-Vento-funded residential programs, such as Thresholds, and private landlords that will accept patients being discharged.

Corrections:

The Chicago CoC works with both the IL Department of Corrections (IDOC) and Cook County Jail to ensure successful re-entry and prevent homelessness.

At IDOC, the TRAC (Trained, Reformed, And Capable) program begins at prison intake and works to identify the offender's housing needs in order to be ready with appropriate housing, often in group homes or halfway houses, upon release. Offenders with special needs such as substance abuse, mental health, and disabilities are assigned dedicated staff that monitor their progress while incarcerated and help locate specialized services in the community, including special-needs housing. IDOC also works with municipal, state, and federal agencies to connect offenders to social security, mental health case management, and veterans' benefits prior to release.

Cook County Jail has worked to improve its technology and data systems in order to identify detainees that have an active case with a local mental health provider and to help connect them to further services upon release. The Jail has also established the Sheriff's Re-Entry Council which works to better integrate community agencies into the Jail via regular resource fairs and it also received major state and federal grants to better inform detainees about available resources within the jail and upon release. Finally, the Jail has implemented successful specialized court programs, including ones for Mental Health, Veterans, and Drug Addiction Treatment.

3C. Continuum of Care (CoC) Coordination

Instructions:

A CoC should regularly assess its local homeless assistance system and identify shortcomings and unmet needs. One way in which a CoC can improve itself is through long-term strategic planning. CoCs are encouraged to establish specific goals and then 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:

The three core tenets of the Plan to End Homelessness are to: 1) prevent homelessness whenever possible; 2) rapidly re-house people when homelessness cannot be prevented; and 3) provide wraparound services that promote housing stability. The Plan calls for a transition of the homeless service system from a shelter-based system, focused on temporary fixes, to a housing-based system emphasizing long-term solutions. To that end, the inventory of homeless resources will experience an increase in interim and permanent housing, with a corresponding decrease in the number of temporary shelter beds. The Plan's implementation is led by the Department Family and Support Services (DFSS) in partnership with the Chicago Alliance to End Homelessness. DFSS works closely with the Department of Community Development and other city departments and agencies to meet the housing and service goals of the Plan.

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 2009 Action Plan (1500 character limit):

As stated in the Substantial Amendment, members of the CoC participated in a series of focus groups and planning meetings to help design the local HPRP initiative. The City included the Chicago Alliance, Corporation for Supportive Housing, and private foundations in the selection process for the HPRP agency recipients. Chicago's HPRP is a very comprehensive effort that is implemented through coordination within the CoC's provider community and is built on previous continuum-wide planning and initiatives for prevention. Chicago's HPRP promotes city-wide access to assistance to recruit households. Eligible households are identified at multiple access points, including the Homelessness Prevention Call Center, eviction court, city-operated Community Service Centers, and homeless shelters. From there, the assistance-seeker is connected to provider agencies in their geographic area.

In 2011 the City of Chicago will regularly report to the Chicago Planning Council on Homelessness, the CoC governing body, about data and progress on HPRP implementation. Additionally, DFSS is convening monthly with the Chicago Alliance to End Homelessness, Emergency Fund, and Corporation for Supportive Housing to analyze HPRP and homeless system data to assess the effectiveness of HPRP and propose modifications as needed to effectively reduce use of Chicago's homeless system.

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)?

In Chicago, the Neighborhood Stabilization program is operated by the Department of Community Development (DCD). CoC member's access to foreclosed properties identified by the local NSP is open, but not intentionally coordinated to create supportive housing for the homeless. At the time of this application the City of Chicago is exploring how to best match NSP properties that will be used as rental properties with CoC agencies that have rental subsidies and clients.

Chicago's CoC has increased coordination with HUD VASH resources since the 2009 funding application. Chicago is participating in the 100,000 Homes Campaign to identify and house medically vulnerable homeless persons. The Jesse Brown VA Medical Center's HUD VASH and Healthcare for the Homeless staff participated in the planning and implementation of the campaign when we identified over 80 homeless veterans and over 45 vulnerable vets. The VA has determined that 31 homeless single vets and two veteran families we jointly identified are eligible for VA services. The JBMC staff are working to engage these households in the VASH process. Additionally, we are working to improve access to HPRP funds for security deposits for the VASH recipients.

While not a HUD-run program, the Chicago CoC will benefit from the coordination between homeless programs and new ARRA-funded Head Start slots. The Chicago Department of Family and Support Services expects to receive funding for 300 additional slots, which will be specified for homeless and at-risk children identified through either emergency and transitional shelters or through the Homelessness Prevention and Rapid Rehousing Program. The new slots will be primarily delivered through the Home Visitor model of Head Start, which may be more conducive to the needs of families in transition. The priority for homeless children in new ARRA funding was the direct result of coordinating the need and data from the Head Start and homeless systems.

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.

Please see detailed response below. The Chicago Department of Family and Support Services and the Chicago Public Schools coordinate joint trainings between CPS staff and DFSS-funded homeless shelters and interim housing programs at which shelters receive training on McKinney-Vento educational services and procedures for accessing CPS enrollment, school uniforms and supplies, and transportation assistance for children residing in shelters.

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)

Chicago Public Schools (CPS) is an active participant in Chicago's CoC as a member of the primary decision-making body. The Department of Family and Support Services (DFSS), which manages the majority of homeless shelter and interim housing programs, has a strong collaboration with CPS. DFSS requires all of its contracted programs to ensure homeless children are enrolled in school and access all McKinney-funded educational services. DFSS-funded homeless programs also host CPS tutors and help access uniforms and materials. DFSS also funded a one-year program to improve access to HPRP and deliver employment and counseling services for homeless families who are living with other family members. This was a partnership in a sample of schools with direct coordination with CPS homeless liaisons.

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)

As described above, Chicago Public Schools (CPS) and DFSS provide cross training and coordination between shelter staff and CPS staff who operate a "Students in Temporary Living Situations (STLS)" Program. Shelter staff are informed of principals' and schools' responsibilities related to homeless students, including the responsibility to enroll homeless children immediately and regardless of documentation and fees, and to provide families with a choice of schools as well as transportation assistance. Shelters, in turn, are responsible for identifying homeless students, ensuring that they are enrolled in school, and coordinating transportation assistance. DFSS includes, in its scopes of services with emergency shelter providers and interim housing providers, the requirement to ensure that school-aged children are enrolled in school and also that all children aged 0 to 5 receive developmental screenings on a regular basis.

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 Jesse Brown VA Medical Center is actively pursuing community partnerships to prevent veteran homelessness and is shaping the VA's Reentry Program and Veterans Justice Outreach Program to assist those being discharged from prison and jail.

Chicago has a range of entities addressing veteran's homelessness. DFSS has a Veteran's Resource Center that is available for advocacy and resource connection for homeless and low-income veterans; Volunteers of America delivers employment services for homeless vets and is developing a new housing development for homeless veteran individuals and families; Catholic Charities, Inner Voice, Featherfist, and Interfaith Housing all have strong veterans housing and service programs through the VA and Dept. of Labor.

The Chicago Police Dept. also has an outreach program for homeless veterans who are not eligible for federal VA services, and this program is funded through the Illinois Veteran's Affairs office. The Dept. is coordinating with the CoC through the 100,000 Homes Campaign to receive referrals of homeless veterans. In addition, the City of Chicago's Human Relations Commission has a 15-member Advisory Council on Veterans that works to coordinate and advocate for services. Lastly, the Chicago Alliance is implementing its No Wrong Door program, which works with veterans and their families who are at-risk of homelessness, coordinating resources to ensure housing stability while also developing models for future veterans housing.

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 the HHN Reallocation process if it's Final Pro Rata Need (FPRN) is based on it's HHN amount or if it is a newly approved merged CoC that used the Hold Harmless Merger process during the 2010 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 2010 into a new project. New reallocated permanent housing projects may be for SHP (one, two, or three years), S+C (five or ten years), and Section 8 Moderate Rehabilitation (ten years). New reallocated HMIS projects may be for one, two or three years.

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

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

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

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

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

4A. Continuum of Care (CoC) 2009 Achievements

Instructions:

In 2009, CoCs were asked to propose numeric achievements for each of HUD's five national objectives related to ending chronic homelessness and moving families and individuals to permanent housing. In 2010, CoCs will report on their actual accomplishments versus what was proposed in the previous application.

In the column labeled '2009 Proposed Numeric Achievement', enter the number of beds, percentage, or number of households that was entered in the 2009 application for the applicable objective. In the column labeled 'Actual Numeric Achievement', enter the actual number of beds/percentage/number of households that the CoC has reached to date for each objective.

CoCs will also indicate whether or not they submitted an Exhibit 1 in 2009. If a CoC did not submit an Exhibit 1 in 2009, they should enter 'No' to the question below. Finally, CoCs that did not fully meet the proposed numeric achievement for any of the objectives should indicate the reason in the space provided below.

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

Objective	2009 Proposed Numeric Achievement:		Actual Numeric Achievement	
Create new permanent housing beds for the chronically homeless.	2,002	Beds	2,171	Beds
Increase the percentage of homeless persons staying in permanent housing over 6 months to at least 77%.	85	%	88	%
Increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 65%.	68	%	61	%
Increase percentage of homeless persons employed at exit to at least 20%	22	%	21	%
Decrease the number of homeless households with children.	783	Households	870	Households

Did CoC submit an Exhibit 1 application in 2009? Yes

If the CoC was unable to reach its 2009 proposed numeric achievement for any of the national objectives, provide a detailed explanation.

1) The percentage of people moving from TH to PH decreased in '10, and for the first time in many years Chicago's achievement was lower than HUD's goal. We believe after last year's flat performance, and this year's decline, this is directly related to the economy, as households a) are unable to find affordable housing upon exit (rental housing foreclosures) and b) are obtaining less reliable income for housing costs. This is demonstrated by aggregate TH program exit data from '09 and '10, which showed a decrease of 3% each, for clients exiting to their own rental housing and for clients moving in with family as a PH option. Likewise, clients exiting to move in with family as a TH option increased by nearly 5%, as less economic stability translated to temporary housing solutions.

2) We also attribute Chicago's flat performance (21% for the past two years) on achieving employment for households upon program exit to the economic recession. Illinois' unemployment rate has exceeded the nation's and continues to be one of the highest in the country, hovering around 10%. According to Heartland Alliance's 2010 Report on Illinois Poverty, the Chicago region has been disproportionately affected, representing 88% of the state's net job loss.

3) For the number of households with children, the '09 baseline was 870 with a goal to reduce by nearly 100. Chicago will not report an official point-in-time change in number of homeless families until the 2011 Homeless Count is conducted.

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

Instructions:

HUD must track each CoCs progress toward ending chronic homelessness. In the 2010 NOFA, a chronically homeless person 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 past three (3) years.

This section asks each CoC to track changes year to year in the number of chronically homeless persons as well the number of beds available for this population. CoCs will complete this section using data reported for the 2008, 2009, and 2010 (if applicable) Point-In-Time counts as well as data collected and reported on for the Housing Inventory Counts (HIC) for those same years. For each year, indicate the total unduplicated point-in-time count of the chronically homeless as reported in that year. For 2008 and 2009, this number should match the number indicated on form 2J of the respective year’s Exhibit 1. For 2010, this number should match the number entered on the Homeless Data Exchange (HDX).

Next, enter the total number permanent housing beds that were designated for the chronically homeless in 2008 and 2009, as well as the number of beds that are currently in place. For 2010, this number of beds should match the number of beds reported in the 2010 HIC and entered onto the Homeless Data Exchange (HDX). CoCs should include beds designated for this population from all funding sources.

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

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 2008, 2009, and 2010.

Year	Number of CH Persons	Number of PH beds for the CH
2008	1,018	2,073
2009	689	1,902
2010	689	2,171

Indicate the number of new permanent housing beds in place and made available for occupancy for the chronically homeless between February 1, 2009 and January 31, 2010. 269

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, 2009 and January 31, 2010.

Cost Type	HUD McKinney- Vento	Other Federal	State	Local	Private
Development	\$0	\$0	\$0	\$0	\$0
Operations	\$2,728,586	\$284,392	\$566,837	\$13,324	\$167,435
Total	\$2,728,586	\$284,392	\$566,837	\$13,324	\$167,435

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):

4C. Continuum of Care (CoC) Housing Performance

Instructions:

All CoC funded non-HMIS projects are required to submit an Annual Progress Report (APR) 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 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 data entered for Question 12(a) and 12(b) for the most recently submitted APR for all permanent housing projects (SHP-PH or S+C TRA/SRA/SRO/PRA) within the CoC that should have submitted one. Enter totals in field's a-e. The 'Total PH %' will be auto-calculated after selecting 'Save.' Please note, 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 any SHP-PH or S+C 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 permanent housing 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.

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)	920
b. Number of participants who did not leave the project(s)	3804
c. Number of participants who exited after staying 6 months or longer	796
d. Number of participants who did not exit after staying 6 months or longer	3343
e. Number of participants who did not exit and were enrolled for less than 6 months	461
TOTAL PH (%)	88

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 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 14 on the most recently submitted APR for all transitional housing projects (SHP-TH) within the CoC that should have submitted one. Once amounts have been entered into a & b, select *Save*. The *Total TH %* will be auto-calculated. Please note, the percentage is calculated as b. divided by a., multiplied by 100. CoCs that do not have any 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.

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

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	1331
b. Number of SHP transitional housing participants that moved to permanent housing upon exit	816
TOTAL TH (%)	61

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-TH, SHP-SH, SHP-SSO, S+C TRA/SRA/PRA/SRO) that should have submitted an APR 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 recently submitted APR 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 that exited CoC non-HMIS project with each source of income. Once amounts have been entered, select "Save" and the percentages will be auto-calculated. 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: 4,960

Mainstream Program	Number of Exiting Adults	Exit Percentage (Auto-calculated)	
SSI	888	18	%
SSDI	296	6	%
Social Security	98	2	%
General Public Assistance	79	2	%
TANF	328	7	%
SCHIP	22	0	%
Veterans Benefits	97	2	%
Employment Income	1,022	21	%
Unemployment Benefits	95	2	%
Veterans Health Care	73	1	%
Medicaid	793	16	%
Food Stamps	2,120	43	%
Other (Please specify below)	194	4	%
No Financial Resources	1,562	31	%

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

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

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

Instructions:

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

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

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

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

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

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

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

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

The Chicago Alliance to End Homelessness analyzes the APRs for all projects annually, during the Chicago evaluation process for the HUD Continuum of Care Homeless Assistance Program NOFA application. Results are then conveyed to CoC working committees to inform policies and implement best practices in the field, regarding mainstream benefits.

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

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

The Illinois SOAR Initiative is a committee that meets to improve CoC-wide participation in mainstream programs. They met on the following dates in 2010: 1/11/10, 2/1/10, 3/29/10, 4/26/10, 5/24/10, 6/28/10, 7/28/10, 8/11/10, 10/14/10. Illinois also submitted a successful application to HHS-SAMHSA and is now a SOAR state. Two trainings on mainstream resources for SSI, TANF, Food Stamps, and Medicaid were held on December 4 and 17, 2009 and trained over 100 homeless service agency staff.

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? No

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

Has the CoC participated in SOAR training? Yes

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

March 30-31; April 13-14; May 18-19; June 29-30; Nov 9-10 and (scheduled) December 7-8.

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

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

Activity	Percentage
1. Case managers systematically assist clients in completing applications for mainstream benefits. 1a. Describe how service is generally provided:	100%
Case managers assess clients eligibility for mainstream benefits during intake and assist clients with gathering required documentation and completing applications through general case management meetings.	
2. Homeless assistance providers supply transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs.	96%
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:	32%
SSI, SSDI, TANF, Medicaid, Food Stamps, SCHIP, WIA, Veterans Health Care, Other	
4. Homeless assistance providers have staff systematically follow-up to ensure mainstream benefits are received.	97%
4a. Describe the follow-up process:	
Case managers contact mainstream benefit offices with client involvement to ensure mainstream benefits are received.	

Continuum of Care (CoC) Project Listing

Instructions:

IMPORTANT: Prior to starting on 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.

Project Name	Date Submitted	Grant Term	Applicant Name	Budget Amount	Proj Type	Prog Type	Comp Type	Rank
Carlton, Miriam, ...	2010-11-02 16:59:...	1 Year	Mercy Housing Lak...	259,631	Renewal Project	SHP	PH	F
Shelter Outreach ...	2010-10-27 17:21:...	1 Year	Beacon Therapeuti ...	983,922	Renewal Project	SHP	SSO	F
Low-Income Housin...	2010-11-04 11:55:...	1 Year	Sarah's Circle	103,563	Renewal Project	SHP	PH	F
Heartland Health ...	2010-10-27 17:23:...	1 Year	Chicago Departmen ...	213,480	Renewal Project	S+C	TRA	U
North Side Housin...	2010-10-27 13:00:...	1 Year	Chicago Departmen ...	142,200	Renewal Project	S+C	SRA	U
Austin Safe Haven	2010-10-21 10:54:...	1 Year	Thresholds Inc	243,889	Renewal Project	SHP	SH	F
First Step Progra...	2010-10-27 11:57:...	1 Year	Chicago House and...	40,639	Renewal Project	SHP	PH	F
Thresholds - Shel...	2010-10-22 12:41:...	1 Year	Chicago Departmen ...	331,800	Renewal Project	S+C	TRA	U
Chicago Departmen ...	2010-11-12 17:08:...	1 Year	Chicago Departmen ...	473,280	Renewal Project	S+C	TRA	U
Project Wrap Around	2010-10-29 13:06:...	1 Year	Communit y Mental ...	128,453	Renewal Project	SHP	PH	F
Veterans Housing ...	2010-11-12 12:31:...	2 Years	North Side Housin...	398,160	New Project	SHP	PH	P4
Low Income Hsg Tr...	2010-11-12 16:02:...	1 Year	Chicago Low-Incom...	178,145	Renewal Project	SHP	PH	F

Psychologi cal Ser...	2010-11-02 16:24:...	1 Year	St Leonards	42,525	Renewal Project	SHP	SSO	F
Low-Income Housin...	2010-10-29 12:21:...	1 Year	Housing Opportuni..	64,920	Renewal Project	SHP	PH	F
Housing Opportuni..	2010-10-22 16:36:...	1 Year	Chicago Departmen ...	347,700	Renewal Project	S+C	SRA	U
Rebecca Johnson A...	2010-11-02 14:47:...	1 Year	Deborah's Place	188,064	Renewal Project	SHP	PH	F
Facing Forward to...	2010-10-27 16:35:...	1 Year	Chicago Departmen ...	418,524	Renewal Project	S+C	SRA	U
Chicago Departmen ...	2010-11-12 17:14:...	1 Year	Chicago Departmen ...	626,820	Renewal Project	S+C	TRA	U
Lawson Safe Haven	2010-11-01 12:02:...	1 Year	Thresholds Inc	162,687	Renewal Project	SHP	SH	F
The Studios	2010-10-29 17:03:...	1 Year	Chicago Christian...	329,711	Renewal Project	SHP	PH	F
Greenhous e Shelter	2010-11-01 12:44:...	1 Year	Connecrtio ns for ...	23,695	Renewal Project	SHP	SSO	F
Human Resources D...	2010-11-16 10:05:...	1 Year	Chicago Departmen ...	379,260	Renewal Project	S+C	TRA	U
Dolores' Safe Haven	2010-11-02 13:33:...	1 Year	Deborah's Place	330,293	Renewal Project	SHP	SH	F
Medicaid Supporti...	2010-11-10 18:10:...	2 Years	AIDS Foundatio n o...	1,269,792	New Project	SHP	PH	P1
Thresholds - Shel...	2010-10-22 12:24:...	1 Year	Chicago Departmen ...	284,400	Renewal Project	S+C	TRA	U
Carter House	2010-11-04 12:48:...	1 Year	Northwest ern Memo...	217,518	Renewal Project	SHP	PH	F
Cooperativ e Livin...	2010-10-29 17:51:...	1 Year	New Moms Inc	245,039	Renewal Project	SHP	TH	F
FOUNDAT IONS	2010-10-31 22:20:...	1 Year	FEATHER FIST	259,219	Renewal Project	SHP	TH	F
Low-Income Housin...	2010-10-29 12:48:...	1 Year	Supportive Servic...	124,000	Renewal Project	SHP	PH	F

Low-Income Housin...	2010-11-08 18:05:...	1 Year	Christian Communi..	191,489	Renewal Project	SHP	PH	F
NPAC SHP Permanen. ...	2010-11-01 13:44:...	1 Year	Heartland Human C...	316,829	Renewal Project	SHP	PH	F
Chicago Departmen ...	2010-11-15 16:29:...	1 Year	Chicago Departmen ...	503,004	Renewal Project	S+C	TRA	U
St. Leonard's Min...	2010-10-27 16:01:...	1 Year	Chicago Departmen ...	284,400	Renewal Project	S+C	PRA	U
Low-Income Housin...	2010-10-26 14:28:...	1 Year	AIDS Foundatio n o...	336,539	Renewal Project	SHP	PH	F
AFC Supportive Ho...	2010-10-26 14:36:...	1 Year	AIDS Foundatio n o...	2,140,276	Renewal Project	SHP	PH	F
Westside Housing ...	2010-10-29 17:08:...	1 Year	Chicago Christian...	212,378	Renewal Project	SHP	TH	F
Union House	2010-11-04 12:45:...	1 Year	Northwest ern Memo...	153,844	Renewal Project	SHP	PH	F
Low-Income Housin...	2010-11-03 17:50:...	1 Year	Cornerston e Commu...	44,037	Renewal Project	SHP	PH	F
Family Wellness C...	2010-10-29 16:59:...	1 Year	Chicago Christian...	344,365	Renewal Project	SHP	TH	F
Interfaith Housin...	2010-11-03 14:47:...	1 Year	Chicago Departmen ...	362,064	Renewal Project	S+C	PRA	U
Low-Income Housin...	2010-10-20 18:40:...	1 Year	North Side Housin...	76,381	Renewal Project	SHP	PH	F
CCO Transitiona l ...	2010-11-03 17:03:...	1 Year	Cornerston e Commu...	79,017	Renewal Project	SHP	TH	F
600 South	2010-11-09 20:41:...	1 Year	Chicago Christian...	52,447	Renewal Project	SHP	PH	F
Low Income Housin...	2010-10-25 15:00:...	1 Year	Ambassad ors For C...	38,616	Renewal Project	SHP	PH	F
Intensive Case Ma...	2010-10-29 17:22:...	1 Year	North Side Housin...	61,271	Renewal Project	SHP	SSO	F
NPAC SHP w/Short ...	2010-11-01 13:20:...	1 Year	Heartland Human C...	507,826	Renewal Project	SHP	TH	F

REST SHP2	2010-10-22 15:11:...	1 Year	(REST) Residents ...	286,520	Renewal Project	SHP	PH	F
Interfaith Housin...	2010-11-03 13:44:...	1 Year	Chicago Departmen ...	686,520	Renewal Project	S+C	PRA	U
Independence House	2010-11-01 13:34:...	1 Year	The Interfaith Ho...	77,301	Renewal Project	SHP	PH	F
Low-Income Housin...	2010-11-01 16:13:...	1 Year	The Inner Voice, ...	298,237	Renewal Project	SHP	PH	F
Low-Income Housin...	2010-11-09 11:14:...	1 Year	Polish American A...	50,904	Renewal Project	SHP	PH	F
HUD Supportive Ho...	2010-10-26 12:22:...	1 Year	Human Resources D...	427,768	Renewal Project	SHP	TH	F
Low-Income Housin...	2010-11-01 12:10:...	1 Year	Thresholds Inc	152,825	Renewal Project	SHP	PH	F
Low-Income Housin...	2010-10-29 13:14:...	1 Year	Housing Opportuni..	190,181	Renewal Project	SHP	PH	F
Douglas Villa Sca...	2010-10-29 16:55:...	1 Year	Chicago Christian...	87,284	Renewal Project	SHP	SSO	F
Transitiona l Livi...	2010-11-05 19:40:...	1 Year	The Night Ministry	144,391	Renewal Project	SHP	TH	F
FEATHER FIST APART...	2010-11-08 01:37:...	1 Year	FEATHER FIST	141,395	Renewal Project	SHP	PH	F
Rosenthal Family ...	2010-11-01 17:02:...	1 Year	Family Rescue	58,165	Renewal Project	SHP	SSO	F
Interfaith Housin...	2010-11-03 14:07:...	1 Year	Chicago Departmen ...	770,136	Renewal Project	S+C	SRA	U
La Posada Scatter...	2010-10-29 13:37:...	1 Year	Casa Central	383,904	Renewal Project	SHP	TH	F
EXPEDIENT, PRIORI...	2010-10-31 21:29:...	1 Year	FEATHER FIST	129,817	Renewal Project	SHP	SSO	F
Low-Income Housin...	2010-11-03 16:27:...	1 Year	Inspiration Corpo...	40,258	Renewal Project	SHP	PH	F
Violence Recovery..	2010-11-01 13:20:...	1 Year	Heartland Human C...	41,668	Renewal Project	SHP	SSO	F

Supportive Housin...	2010-10-21 11:12:...	1 Year	Single Room Housi...	421,988	Renewal Project	SHP	PH	F
Antonia Safe Haven	2010-10-27 11:16:...	1 Year	Heartland Health ...	357,170	Renewal Project	SHP	SH	F
Mercy Housing Lak...	2010-10-27 16:50:...	1 Year	Chicago Departmen ...	249,432	Renewal Project	S+C	PRA	U
Scattered Site Yo...	2010-11-12 14:31:...	2 Years	La Casa Norte	307,140	New Project	SHP	PH	P3
Low-Income Housin...	2010-11-03 16:11:...	1 Year	Inspiration Corpo...	85,667	Renewal Project	SHP	PH	F
Washington Park SRO	2010-10-26 11:07:...	1 Year	Affordable Housin...	77,553	Renewal Project	SHP	PH	F
Housing Opportuni..	2010-10-22 16:12:...	1 Year	Chicago Departmen ...	260,448	Renewal Project	S+C	SRA	U
Interim Program a...	2010-11-10 11:52:...	1 Year	The Night Ministry	74,260	Renewal Project	SHP	TH	F
Englewood COMMUNI ...	2010-10-29 16:54:...	1 Year	Communit y Mental ...	123,736	Renewal Project	SHP	PH	F
Social Services G...	2010-11-03 17:33:...	1 Year	Latin United Comm...	32,130	Renewal Project	SHP	PH	F
EnHarmony Bonus P...	2010-11-08 18:15:...	1 Year	Christian Communi..	2,127,900	Renewal Project	SHP	PH	F
Case Managem ent a...	2010-11-04 11:47:...	1 Year	Sarah's Circle	66,463	Renewal Project	SHP	SSO	F
Low-Income Housin...	2010-11-05 16:52:...	1 Year	Breakthrou gh Urba...	139,650	Renewal Project	SHP	PH	F
Thresholds - Shel...	2010-10-22 13:01:...	1 Year	Chicago Departmen ...	426,960	Renewal Project	S+C	SRA	U
Supportive Servic...	2010-11-08 13:05:...	1 Year	Cathedral Shelter...	35,332	Renewal Project	SHP	PH	F
Next Step	2010-11-03 13:08:...	1 Year	Heartland Human C...	441,059	Renewal Project	SHP	TH	F
Pioneer House	2010-11-01 16:16:...	1 Year	The Inner Voice, ...	76,484	Renewal Project	SHP	TH	F

Sanctuary Place	2010-11-03 12:15:...	1 Year	Facing Forward to...	286,841	Renewal Project	SHP	PH	F
Families Building...	2010-11-01 10:35:...	1 Year	Heartland Human C...	1,162,457	Renewal Project	SHP	TH	F
Housing Opportuni..	2010-10-22 16:25:...	1 Year	Chicago Departmen ...	304,608	Renewal Project	S+C	SRA	U
Low-Income Housin...	2010-11-04 13:30:...	1 Year	Unity Parenting &...	121,688	Renewal Project	SHP	PH	F
Transitiona l Hous...	2010-11-02 16:43:...	1 Year	Healthcare Altern...	197,711	Renewal Project	SHP	TH	F
Near North	2010-11-02 17:13:...	1 Year	Mercy Housing Lak...	61,950	Renewal Project	SHP	PH	F
Marah's Permanent ...	2010-11-02 14:03:...	1 Year	Deborah's Place	417,076	Renewal Project	SHP	PH	F
Singles Two	2010-10-29 13:25:...	1 Year	Housing Opportuni..	464,308	Renewal Project	SHP	TH	F
Chicago Christian...	2010-10-22 13:26:...	1 Year	Chicago Departmen ...	474,000	Renewal Project	S+C	PRA	U
Learning Center (...)	2010-10-21 15:45:...	1 Year	The Inner Voice, ...	331,601	Renewal Project	SHP	SSO	F
Emerge Program	2010-11-15 14:33:...	1 Year	Hull House Associ...	378,229	Renewal Project	SHP	TH	F
Cathedral Shelter...	2010-11-10 15:16:...	1 Year	Chicago Departmen ...	270,852	Renewal Project	S+C	PRAR	U
Low-Income Housin...	2010-11-04 14:01:...	1 Year	Unity Parenting &...	175,025	Renewal Project	SHP	PH	F
respite/ass essment	2010-10-29 11:44:...	1 Year	Interfaith House	364,719	Renewal Project	SHP	TH	F
Harmony Village	2010-10-22 16:35:...	1 Year	Unity Parenting &...	497,620	Renewal Project	SHP	TH	F
Christian Communi..	2010-11-12 17:46:...	1 Year	Chicago Departmen ...	112,392	Renewal Project	S+C	SRA	U
Focus Hope II	2010-10-22 17:31:...	1 Year	Unity Parenting &...	420,453	Renewal Project	SHP	PH	F

CaSSa (Clustered ...	2010-11-01 12:56:...	1 Year	Teen Living Programs	189,334	Renewal Project	SHP	TH	F
Low-Income Housin...	2010-11-01 11:31:...	1 Year	Matthew House Inc	223,993	Renewal Project	SHP	PH	F
Pathways Home Per...	2010-10-19 17:42:...	1 Year	Heartland Health ...	484,722	Renewal Project	SHP	PH	F
Assisted Permanen. ..	2010-10-18 10:51:...	1 Year	Heartland Health ...	126,332	Renewal Project	SHP	PH	F
Thresholds - Shel...	2010-10-22 11:57:...	1 Year	Chicago Departmen ...	284,400	Renewal Project	S+C	TRA	U
Diaconea Homeless. ..	2010-11-01 10:20:...	1 Year	Matthew House Inc	123,866	Renewal Project	SHP	SSO	F
Supportive Housin...	2010-11-09 11:45:...	1 Year	Cathedral Shelter...	53,122	Renewal Project	SHP	SSO	F
Recovery, Belray,...	2010-11-02 17:21:...	1 Year	Mercy Housing Lak...	187,833	Renewal Project	SHP	PH	F
New Home Project	2010-11-04 12:51:...	1 Year	Northwest ern Memo...	301,910	Renewal Project	SHP	SSO	F
Low Income Housin...	2010-10-27 10:49:...	1 Year	Heartland Health ...	100,629	Renewal Project	SHP	PH	F
Eddie Beard Homel...	2010-11-10 16:50:...	1 Year	The Inner Voice, ...	196,062	Renewal Project	SHP	TH	F
LOW-INCOME HOUSIN...	2010-11-08 01:46:...	1 Year	FEATHER FIST	298,232	Renewal Project	SHP	PH	F
Bridges to Home	2010-11-01 10:15:...	1 Year	Vital Bridges	169,845	Renewal Project	SHP	TH	F
Life Developm ent ...	2010-11-10 12:51:...	1 Year	YMCA Metropolita n...	231,259	Renewal Project	SHP	PH	F
TRC Permanent Sup...	2010-11-08 10:28:...	1 Year	The Renaissan ce C...	166,006	Renewal Project	SHP	PH	F
Low-Income Housin...	2010-11-05 16:56:...	1 Year	Breakthrou gh Urba...	45,360	Renewal Project	SHP	PH	F
FEATHER FIST OUTRE...	2010-11-08 01:40:...	1 Year	FEATHER FIST	300,843	Renewal Project	SHP	TH	F

La Posada Interim...	2010-11-01 12:45:...	1 Year	Casa Central	434,437	Renewal Project	SHP	TH	F
Stable Futures	2010-11-01 10:55:...	1 Year	Heartland Human C...	1,093,663	Renewal Project	SHP	TH	F
Pathways Home Out...	2010-10-18 13:31:...	1 Year	Heartland Health ...	320,269	Renewal Project	SHP	SSO	F
UMISA (Undomicil e...	2010-11-01 15:12:...	1 Year	McDermott Center	58,026	Renewal Project	SHP	SSO	F
Mercy Housing Lak...	2010-10-27 17:04:...	1 Year	Chicago Departmen ...	455,040	Renewal Project	S+C	PRA	U
Heartland Human C...	2010-10-28 15:28:...	1 Year	Chicago Departmen ...	692,040	Renewal Project	S+C	SRA	U
The Inner Voice, ...	2010-10-28 14:47:...	1 Year	Chicago Departmen ...	534,144	Renewal Project	S+C	SRA	U
Patty Crowley Apa...	2010-11-02 14:18:...	1 Year	Deborah's Place	150,144	Renewal Project	SHP	PH	F
TLP Project	2010-11-02 14:26:...	1 Year	Teen Living Programs	128,373	Renewal Project	SHP	TH	F
SHP-PH Expansion ...	2010-11-01 11:05:...	1 Year	Single Room Housi...	365,000	Renewal Project	SHP	PH	F
Communit y Integra...	2010-10-29 12:48:...	1 Year	Communit y Mental ...	97,391	Renewal Project	SHP	PH	F
Chicago Departmen ...	2010-11-12 17:25:...	1 Year	Chicago Departmen ...	414,612	Renewal Project	S+C	TRA	U
Emerald House	2010-11-03 19:28:...	1 Year	Communit y Support...	201,120	Renewal Project	SHP	PH	F
Residents for Eff...	2010-10-28 12:46:...	1 Year	Chicago Departmen ...	622,908	Renewal Project	S+C	SRA	U
Families First	2010-11-11 11:37:...	2 Years	Housing Opportuni..	863,032	New Project	SHP	PH	P2
Sarah's Circle - ...	2010-11-15 16:17:...	5 Years	Chicago Departmen ...	474,000	New Project	S+C	PRA	P6
Safe Start I	2010-10-26 14:54:...	1 Year	AIDS Foundatio n o...	994,996	Renewal Project	SHP	PH	F

HOUSING, UTILIZAT..	2010-10-31 22:47:...	1 Year	FEATHER FIST	112,483	Renewal Project	SHP	SSO	F
Pathways Home Saf...	2010-10-19 16:05:...	1 Year	Heartland Health ...	948,721	Renewal Project	SHP	PH	F
IC Short Term Sup...	2010-11-03 16:23:...	1 Year	Inspiration Corpo...	199,224	Renewal Project	SHP	TH	F
Permanent Living ...	2010-10-29 14:31:...	1 Year	Communit y Mental ...	73,013	Renewal Project	SHP	PH	F
Interfaith Housin...	2010-11-03 13:20:...	1 Year	Chicago Departmen ...	281,604	Renewal Project	S+C	PRA	U
Near West Side SHP	2010-11-02 12:27:...	1 Year	Near West Side Co...	97,781	Renewal Project	SHP	PH	F
St. Leo Residence	2010-10-27 14:36:...	1 Year	Catholic Charities	107,100	Renewal Project	SHP	PH	F
Housing Opportuni..	2010-10-22 16:17:...	1 Year	Chicago Departmen ...	274,740	Renewal Project	S+C	SRA	U
LOW-INCOME HOUSIN...	2010-11-08 01:48:...	1 Year	FEATHER FIST	221,315	Renewal Project	SHP	PH	F
Supportive Perman...	2010-10-18 15:53:...	1 Year	Heartland Health ...	270,101	Renewal Project	SHP	PH	F
Rowan Trees	2010-11-01 13:54:...	1 Year	Thresholds Inc	351,158	Renewal Project	SHP	PH	F
Heartland Health ...	2010-10-28 11:46:...	1 Year	Chicago Departmen ...	284,400	Renewal Project	S+C	TRA	U
Permanent Living ...	2010-10-29 16:07:...	1 Year	Communit y Mental ...	66,007	Renewal Project	SHP	PH	F
Supportive Housin...	2010-11-15 16:37:...	2 Years	Renaissan ce Socia...	982,800	New Project	SHP	PH	P5
North Side Housin...	2010-10-27 15:21:...	1 Year	Chicago Departmen ...	47,400	Renewal Project	S+C	SRA	U
Life Developm ent ...	2010-11-10 12:36:...	1 Year	YMCA Metropolita n...	59,645	Renewal Project	SHP	PH	F
Ridgeland Apartme...	2010-11-04 10:50:...	1 Year	Family Rescue	571,732	Renewal Project	SHP	TH	F

Housing Stability...	2010-11-04 15:47:...	1 Year	Renaissance Socia...	133,970	Renewal Project	SHP	PH	F
LOW-INCOME HOUSIN...	2010-11-08 01:44:...	1 Year	FEATHER FIST	114,300	Renewal Project	SHP	PH	F
Holland Families	2010-11-02 17:06:...	1 Year	Mercy Housing Lak...	125,546	Renewal Project	SHP	PH	F
NHA - Chicago	2010-10-27 14:26:...	1 Year	Catholic Charities	1,693,872	Renewal Project	SHP	TH	F
Solid Ground Supp...	2010-11-03 14:55:...	1 Year	La Casa Norte	90,982	Renewal Project	SHP	TH	F
South Loop Apartm...	2010-11-03 13:09:...	1 Year	Mercy Housing Lak...	238,645	Renewal Project	SHP	PH	F
Wayne Street Grai...	2010-11-01 14:00:...	1 Year	Thresholds Inc	403,605	Renewal Project	SHP	PH	F
Housing Opportuni..	2010-10-22 16:44:...	1 Year	Chicago Departmen ...	174,624	Renewal Project	S+C	SRA	U
Family Regenerati ...	2010-11-01 16:03:...	1 Year	The Inner Voice, ...	362,611	Renewal Project	SHP	SSO	F
Permanent Support...	2010-10-20 17:55:...	1 Year	North Side Housin...	112,120	Renewal Project	SHP	PH	F
HOPE VILLAGE	2010-11-08 01:42:...	1 Year	FEATHER FIST	517,459	Renewal Project	SHP	TH	F
SSO - Supportive ...	2010-11-05 16:45:...	1 Year	Inspiration Corpo...	83,462	Renewal Project	SHP	SSO	F
Leland House	2010-11-03 17:30:...	1 Year	Cornerstone Commu...	132,224	Renewal Project	SHP	PH	F
REST SHP1	2010-10-22 15:24:...	1 Year	(REST) Residents ...	167,813	Renewal Project	SHP	PH	F
Low-Income Housin...	2010-11-05 17:03:...	1 Year	Breakthrou gh Urba...	151,775	Renewal Project	SHP	PH	F
Mobile Assessme nt...	2010-11-01 13:41:...	1 Year	Thresholds Inc	199,489	Renewal Project	SHP	SSO	F
Low-Income Housin...	2010-10-20 15:34:...	1 Year	North Side Housin...	105,900	Renewal Project	SHP	PH	F

Chicago House & S...	2010-10-22 10:44:...	1 Year	Chicago Departmen ...	44,640	Renewal Project	S+C	TRA	U
Wentworth Commons	2010-11-02 17:36:...	1 Year	Mercy Housing Lak...	129,785	Renewal Project	SHP	PH	F
The Phoenix	2010-11-02 14:48:...	1 Year	EdgeAllian ce	366,108	Renewal Project	SHP	PH	F
Cafe Too	2010-11-05 16:11:...	1 Year	Inspiration Corpo...	323,235	Renewal Project	SHP	SSO	F
OUTREAC H AND COMP...	2010-11-08 01:50:...	1 Year	FEATHER FIST	264,173	Renewal Project	SHP	SSO	F
Supportive Housin...	2010-10-28 13:06:...	1 Year	Single Room Housi...	488,047	Renewal Project	SHP	PH	F
The Safer Foundat...	2010-10-28 12:04:...	1 Year	Chicago Departmen ...	108,360	Renewal Project	S+C	SRA	U
Supportive Housin...	2010-10-26 10:52:...	1 Year	Apna Ghar, Inc.	123,087	Renewal Project	SHP	TH	F
Homeless Managem e...	2010-11-15 12:03:...	1 Year	Chicago Departmen ...	318,498	Renewal Project	SHP	HMIS	F
Neon Street Dorm	2010-10-29 16:24:...	1 Year	Heartland Human C...	254,948	Renewal Project	SHP	TH	F
The Employme nt Pr...	2010-10-22 15:56:...	1 Year	Inspiration Corpo...	111,182	Renewal Project	SHP	SSO	F
Olive Branch Miss...	2010-10-27 15:45:...	1 Year	Chicago Departmen ...	44,640	Renewal Project	S+C	SRA	U

Budget Summary

FPRN	\$37,064,799
Permanent Housing Bonus	\$4,294,924
SPC Renewal	\$12,185,832
Rejected	\$0

Attachments

Document Type	Required?	Document Description	Date Attached
Certification of Consistency with the Consolidated Plan	Yes	2010 Chicago CoC ...	11/15/2010

Attachment Details

Document Description: 2010 Chicago CoC HUD 2991 Documents