

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

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

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

### Things to Remember

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

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

### Instructions:

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

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

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

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

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):**

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

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

The Executive Committee of the Chicago Planning Council on Homelessness consists of five members. All members other than the Chair are elected by the Planning Council at their first meeting of the year. The Chair position rotates annually among Executive Committee members representing areas of government, providers and consumers to ensure equal representation among leadership.

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

Yes. In early 2011, the Chicago Planning Council on Homelessness engaged in a process to select a Unified Funding Agency, and chose the Chicago Alliance to End Homelessness (CAEH) to be Chicago's UFA applicant. For the past decade, CAEH has managed the collaborative process resulting in the submission of the annual CoC application to HUD. Through this process, CAEH currently provides a system-wide level of project oversight through an extensive, annual local evaluation process, which assesses HUD grantees' fiscal responsibility and program outcomes. CAEH has begun to increase its organizational and fiscal capacity in order to complete the additional duties described in the question above, such as formally monitoring HUD grantees.

## 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 develops a calendar for the NOFA process, approves and recommends the project evaluation instrument to the Planning Council, and oversees the application process for new project applications each year.	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 co-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 user group, and evaluating and updating HMIS Standard Operating Procedures as necessary.	Monthly or more
Evaluation Tool Subcommittee	The Evaluation Tool Subcommittee of the Chicago Planning Council on Homelessness 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 process.	Bi-monthly

Plan Advisory Committee	<p>The Plan Advisory Committee is a committee of the Chicago Alliance to End Homelessness, and its role is to: 1) provide advice and consent on the activities of the Chicago Alliance to End Homelessness in pursuing the implementation of Chicago's Plan to End Homelessness and 2) represent the work of implementing Chicago's Plan to End Homelessness in other Chicago Alliance commissions and committees, to other homeless service providers, to the media, and with policymakers. On an annual basis, they review the progress made in implementing Chicago's Plan to End Homelessness and develop a work plan for Plan implementation. They also undertake work related to the Plan as delegated by the Chicago Planning Council on Homelessness.</p>	Monthly or more
Plan 2.0 Steering Committee	<p>The Steering Committee for Plan 2.0 is responsible for managing the planning process for redeveloping Chicago's Plan to End Homelessness, originally endorsed in 2003. The group will ensure the process is inclusive of all stakeholders, data driven, attentive to HEARTH Act measures, and mindful of current and foreseeable resources, risks, and external opportunities impacting Chicago's homeless system. The Committee's role is to work with a consultant to help define Chicago's top issues and strategies, create venues for stakeholder feedback, and approve the updated version of the Plan. The group will also analyze Chicago's CoC structure to ensure it will be able to carry out all future activities of the CoC and Plan to End Homelessness.</p>	Monthly or more

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

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

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

Organization Name	Membership Type	Org aniz atio n type	Organization Role	Subpop ulations
A Safe Haven Foundation	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Substan ce Abuse
AIDS Foundation of Chicago	Private Sector	Non-pro..	Primary Decision Making Group, Attend Consolidated Plan p...	Substan ce 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, Lead agency for 10-year pl...	NONE
Chicago Department of Family and Support Services	Public Sector	Loca l g...	Primary Decision Making Group, Attend Consolidated Plan p...	NONE
Chicago Housing Authority	Public Sector	Publi c ...	Primary Decision Making Group, Attend Consolidated Plan p...	NONE
Chicago Public Schools	Public Sector	Sch ool ...	Primary Decision Making Group	Youth
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	Hom eles s	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE
Deborah's Place	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Seriousl y Me...
Donna Calvin	Individual	Hom eles s	Committee/Sub-committee/Work Group	NONE
Dorothy Yancy	Individual	Hom eles s	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE

Emergency Fund	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
Fred Friedman	Individual	Homeles s	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..	Primary Decision Making Group, Committee/Sub-committee/Wo...	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
Interfaith Housing Development Corporation	Private Sector	Non-pro..	Attend Consolidated Plan planning meetings during past 12...	NONE
Irene Cabello	Individual	Homeles s	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	Homeles s	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	Hos pita..	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	Hos pita..	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
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...
U.S. Dept of Labor	Public Sector	Other	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE
U.S. Dept of Veterans Affairs	Public Sector	Other	Primary Decision Making Group, Committee/Sub-committee/Wo...	Veterans
United Way of Metropolitan Chicago	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
Chicago Office of Budget and Management	Public Sector	Local g...	Authoring agency for Consolidated Plan	NONE
Advocate Illinois Masonic Medical Center	Private Sector	Hos pita..	Committee/Sub-committee/Work Group	NONE
Caesar Hill	Individual	For merl..	Committee/Sub-committee/Work Group	NONE
Chicago Police Department	Public Sector	Law enf...	Committee/Sub-committee/Work Group	NONE
Cook County Jail	Public Sector	Law enf...	Committee/Sub-committee/Work Group	NONE
Facing Forward to End Homelessness	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
Heartland Health Outreach	Private Sector	Non-pro..	Attend 10-year planning meetings during past 12 months, C...	NONE

Heartland Human Care Services	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Domesti c Vio...
Homeless Prevention Call Center	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
Jesse Brown VA Medical Center	Private Sector	Hos pita..	Committee/Sub-committee/Work Group	Veteran s
The Renaissance Collaborative	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
McCormick Foundation	Private Sector	Fun der ...	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE
Chicago Coalition for the Homeless	Private Sector	Non-pro..	Attend 10-year planning meetings during past 12 months	NONE
Connections for Abused Women and their Children	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Domesti c Vio...
Door of Hope Rescue Mission	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
Family Rescue	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Domesti c Vio...
City of Chicago Mayor's Office	Public Sector	Loca l g...	Attend 10-year planning meetings during past 12 months	NONE
Richard Rowe	Individual	For merl. ..	Committee/Sub-committee/Work Group, Attend 10-year planni...	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 Foundation

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

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

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

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

**Does the organization provide direct services to homeless people?** Yes

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

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

**Name of organization or individual:** 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, Attend 10-year planning meetings during past 12 months  
(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 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:** 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, Attend 10-year planning meetings during past 12 months  
(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 membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

**Name of organization or individual:** Catholic 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 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 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, Lead agency for 10-year plan, Attend 10-year planning meetings during past 12 months, Committee/Sub-committee/Work Group  
(select all that apply)

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

**Does the organization provide direct services to homeless people?** No

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

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- 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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- 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 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:** Primary Decision Making Group, Attend  
(select all that apply) Consolidated Plan 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:** 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  
**(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:** 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:** Counseling/Advocacy, Education, Street Outreach, Case Management, Life Skills, Utilities Assistance, Healthcare, Alcohol/Drug Abuse, HIV/AIDS, Rental Assistance, Employment  
(select all that apply)

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

**Name of organization or individual:** 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.
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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:** 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:**

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- 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:**



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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:** 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 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 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

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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

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

**Name of organization or individual:** Housing 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:** Primary Decision Making Group, 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:**

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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:** 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

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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 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



**Instructions:**

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

**Name of organization or individual:** 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

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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:** 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 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)**

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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:** 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)**

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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:** 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)**

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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:** 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)**

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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:** 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)**

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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:** 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

**Instructions:**



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

**Name of organization or individual:** 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 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)**

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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:** 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)**

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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:** 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)

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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)**

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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:** 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

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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:** 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)**

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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:

- 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:** 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:**

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:** 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:

- 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:** 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:

- 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:** 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:**

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:** 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

**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:** 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:**

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:** 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

**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:** Advocate 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

**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:** 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

**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:** 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

**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:** 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

**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:** 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:**

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:** 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

**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:** 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:**

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:** 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



**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:** 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:

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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:** 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)**

## 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:** Chicago Coalition for the Homeless

**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?** 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:

- 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:** Connections for Abused Women and their 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:** Domestic Violence  
(No more than two subpopulations)

**Does the organization provide direct services to homeless people?** Yes

**Services provided to homeless persons and families:** Case Management, Child Care, Life Skills, Mental health, Legal Assistance, Employment  
(select all that apply)

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

**Instructions:**

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

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

**Name of organization or individual:** Door of Hope Rescue Mission

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

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

**Role(s) of the organization:** 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, 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:** Family Rescue

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

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

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

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

**Does the organization provide direct services to homeless people?** Yes

**Services provided to homeless persons and families:** Case Management, Child Care, Life Skills  
**(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:** City of Chicago Mayor's Office

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

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

**Role(s) of the organization:** 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)**

## 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:** Richard Rowe

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

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

**Does the organization provide direct services to homeless people?** No

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



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

### Instructions:

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

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

**Open Solicitation Methods:** f. Announcements at Other Meetings, e. Announcements at CoC Meetings, c. Responsive to Public Inquiries, b. Letters/Emails to CoC Membership  
(select all that apply)

**Rating and Performance Assessment Measure(s):** k. Assess Cost Effectiveness, c. Review HUD Monitoring Findings, r. Review HMIS participation status, d. Review Independent Audit, j. Assess Spending (fast or slow), p. Review Match, i. Evaluate Project Readiness, e. Review HUD APR for Performance Results, n. Evaluate Project Presentation, f. Review Unexecuted Grants, a. CoC Rating & Review Committee Exists, m. Assess Provider Organization Capacity, l. Assess Provider Organization Experience  
(select all that apply)

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

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

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

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

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

**Emergency Shelter:** Yes

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

The overall number of emergency shelter beds increased by 84 between 2010 and 2011, and is attributed to several new shelter beds being added to the system, including 40 beds funded by the VA, the addition of a city-funded youth shelter for 20 beds, and several other organizations adding a small number of beds to their existing programs. There was also a change in beds due to fluctuations in family size, agency closures and a more accurate categorization of programs between the ES and TH category, however these changes resulted in a very small overall net increase in ES beds.

**HPRP Beds:** Yes

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

The HPRP program began accepting clients on January 20, 2010, and there were no clients housed at the time the Housing Inventory Chart information was collected for 2010. Therefore, the number of HPRP beds and units went up from zero in 2010 to 388 beds and 247 units for 2011.

**Safe Haven:** No

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

**Transitional Housing:** Yes

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

The overall comparison between 2010 and 2011 shows a decrease in 177 TH beds. In reality, Chicago added a total of 75 new TH beds between 2010 and 2011, and 176 beds were switched from either the PH or ES category to TH in 2011 to more accurately represent facility configuration and operation. However, the largest contributor to the overall decrease was the closure of one program that operated a significant amount of TH beds, which were transitioned to another agency, and then reorganized, resulting in a loss of 267 beds. Other beds were lost due to changes in family size (-37 beds), agency closures (-54 beds), and temporary losses due to a fire and bed bugs (-70 beds).

**Permanent Housing:** Yes

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

Chicago added a net total of 433 permanent supportive housing beds between 2010 and 2011. Despite this achievement, the overall comparison to 2010 and 2011 shows a loss of 6 beds due to fluctuations in family size and bed availability (accounting for a loss of 295 beds) and due to beds being incorrectly categorized as PH in 2010 (accounting for a loss of 138 beds). Since managing such a large database of programs can be difficult, the responsibility for managing Chicago's housing inventory has been transitioned from the City to the Chicago Alliance, and it is expected that this transfer will allow for a more accurate count of beds going forward, eventually incorporating the use of Chicago's HMIS into the process to ensure accuracy.

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

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

### Instructions:

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

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

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

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

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

### Must specify other:

The Chicago Alliance also verified information submitted by agencies with local VA office and City of Chicago's Department of Family and Support Services, the agency that serves as the primary funder of emergency shelters and interim housing.

**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, Provider opinion through discussion or survey forms

### Specify "other" data types:

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

Chicago's unmet need calculations are based on a combination of methods including local assumptions, data, and research and the HUD unmet need formula. Annually, stakeholders from the City of Chicago, Chicago Alliance to End Homelessness, and the Corporation for Supportive Housing begin with HUD's unmet need formula and then review 1) local data (biennial Point-In-Time censuses and the annual Housing Inventory Chart); 2) homeless system usage patterns (vacancy and turnover rates); 3) assumptions of Chicago's homeless service system (originally made when Chicago's Plan was implemented); and, 4) local research (completed with service providers in 2010 for the number of SH units needed) to refine Chicago's calculations submitted in Exhibit 1.

## 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.

<b>Select the HMIS implementation coverage area:</b>	Single CoC
<b>Select the CoC(s) covered by the HMIS: (select all that apply)</b>	IL-510 - Chicago CoC
<b>Is the HMIS Lead Agency the same as the CoC Lead Agency?</b>	No
<b>Does the CoC Lead Agency have a written agreement with the HMIS Lead Agency?</b>	No
<b>Has the CoC selected an HMIS software product?</b>	Yes
<b>If "No" select reason:</b>	
<b>If "Yes" list the name of the product:</b>	ServicePoint
<b>What is the name of the HMIS software company?</b>	Bowman Systems
<b>Does the CoC plan to change HMIS software within the next 18 months?</b>	No
<b>Indicate the date on which HMIS data entry started (or will start): (format mm/dd/yyyy)</b>	10/06/2008
<b>Indicate the challenges and barriers impacting the HMIS implementation: (select all the apply):</b>	Inadequate ongoing user training and/or users groups, Inadequate staffing, Inadequate bed coverage for AHAR participation, Lack of MOU between CoC and HMIS administering agency, No or low participation by non-HUD funded providers
<b>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).</b>	N/A

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

The CoC and HMIS Lead Agencies are embarking on a new, coordinated effort to reduce the barriers to HMIS implementation. The two lead agencies have a meeting in November 2011 to begin developing a memorandum of understanding that will outline the responsibilities of both agencies in regards to HMIS, and establish lines of accountability for each other, and to the CoC Governing Body. Also, there are plans for the addition of at least 1 staff who will be established as a project manager. The project manager will be responsible for reducing these and other barriers to a successful HMIS implementation. Finally, beginning in 2012, a new training entity will begin providing improved trainings for end-users. The barrier of having low participation rates among emergency shelter providers is addressed in 2C.

## 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) 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	86%+

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

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

The HMIS Committee and HMIS Lead Agency work together to address low participation rates among emergency shelter programs in Chicago. One major difficulty they have encountered is that a very large shelter that does not receive any government funding is reluctant to participate in HMIS. The agency has 996 beds out of our total of 2,533, representing 39% of our shelter beds. The CoC Lead Agency has engaged in conversations with their staff and Board, and they continue to refuse to participate. The HMIS Committee, HMIS Lead Agency and CoC Lead Agency will continue to reach out to this shelter to encourage participation over the next year.

Additionally, the HMIS Committee and HMIS Lead agency hope that through the upgrade to a new version of our HMIS software, the software can be tailored for shelter providers to ensure data contribution is less cumbersome. Once that is complete, the HMIS Lead can approach shelters currently not participating and convince them to participate in a way that does not require a significant amount of staff time or organizational resources.

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

**Instructions:**

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

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

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

Universal Data Element	Records with no values (%)	Records where value is refused or unknown (%)
* Social Security Number	7%	18%
* Date of Birth	2%	2%
* Ethnicity	0%	4%
* Race	1%	3%
* Gender	14%	0%
* Veteran Status	7%	5%
* Disabling Condition	15%	12%
* Residence Prior to Program Entry	33%	9%
* Zip Code of Last Permanent Address	35%	20%
* Name	0%	0%

**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 have the ability to run data quality reports and are evaluated on the timeliness and completeness of data as part of the local evaluation process, and on a quarterly basis. 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.

Chicago has developed a data quality report that indicates the program's rate of successfully entering and exiting clients in HMIS. Each participating HMIS agency received this report several times throughout 2011 and agencies that were not entering or exiting clients properly were required to correct these records.

- |   |   |
|---|---|
| <b>Indicate which reports the CoC or subset of the CoC submitted usable data:<br/>(Select all that apply)</b>       | 2010 AHAR Supplemental Report on Homeless Veterans, 2010 AHAR |
| <b>Indicate which reports the CoC or subset of the CoC plans to submit usable data:<br/>(Select all that apply)</b> | 2011 AHAR, 2011 AHAR Supplemental Report on Homeless Veterans |

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

### Instructions:

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

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

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

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

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

<b>Integrating or warehousing data to generate unduplicated counts:</b>	At least bi-monthly
<b>Point-in-time count of sheltered persons:</b>	At least bi-monthly
<b>Point-in-time count of unsheltered persons:</b>	Never
<b>Measuring the performance of participating housing and service providers:</b>	At least Quarterly
<b>Using data for program management:</b>	At least Semi-annually
<b>Integration of HMIS data with data from mainstream resources:</b>	Never

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

**Instructions:**

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

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

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

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

* Unique user name and password	At least 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:** 04/01/2011

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

## **2G. Homeless Management Information System (HMIS) Training**

**Instructions:**

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

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

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

* Privacy/Ethics training	At least Monthly
* Data Security training	Never
* Data Quality training	At least Monthly
* Using Data Locally	Never
* Using HMIS data for assessing program performance	At least Annually
* Basic computer skills training	Never
* HMIS software training	At least Monthly

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

### Instructions:

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

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

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

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

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

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

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

**Enter the date in which the CoC plans to conduct its next point-in-time count: (mm/dd/yyyy)** 01/22/2013



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

**Emergency Shelter:** 90-99%  
**Transitional Housing:** 90-99%

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

Overall, the results of the 2011 Point-In-Time determined that the total homeless population increased from 2009 by 6%, or to 6,598. However, the sheltered homeless population decreased from its highest point in 2009 from 5,356 to 4,873. We believe that the implementation of the Homeless Prevention Rapid Re-Housing Program (HPRP) prevented many households in Chicago from entering the shelter system, resulting in a decrease in the sheltered population. The unsheltered population in 2011 increased significantly from 2009 to 1,725 from 884. This is due to the incorporation of results from Chicago's public transit system in the 2011 count, but not in the 2009 count. Comparing the 2011 unsheltered count to the 2007 unsheltered count of 1,576, the unsheltered homeless rose only by 9%. Based on this comparable data from 2007 to 2011, the unsheltered population on the night of the count could have shown an increase because the weather in 2011 was several degrees warmer. The increase in bed availability in the emergency shelters on the night of the count is also an indication that shelter demand was low due to the weather reprieve for January in Chicago.

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

### Instructions:

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

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

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

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

**If Other, specify:**

N/A

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

The city of Chicago has a total of 67 shelter and transitional housing providers. Of these providers, 63 participated in the 2011 Point-In-Time Count. Participating providers were required to attend training provided by the Chicago Department of Family and Support Services (DFSS), the lead agency for the count. At the training, providers were given instructions on completing the standardized forms used to record data for each household. Providers were also given written instructions from DFSS on completing the forms, the tally and survey. The tally included characteristics such as age ranges, gender, race and ethnicity. Providers were instructed to designate a staff person or volunteer to be responsible for counting all homeless people staying at the shelter on January 25, 2011 between the hours of 7 and 9 P.M. using the tally sheet. Each tally sheet was sequentially numbered in order to ensure that all forms were collected and incorporated into the final count. Providers were mandated to return all forms to DFSS, whether used or unused within 24 hours. The DFSS collection rate for the 2011 count was 100%.

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

### Instructions:

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

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

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

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

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

**If Other, specify:**

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

Shelter providers counted all persons on the night of the count on a tally, though only a random sample of 10% were surveyed or interviewed to collect detailed information. All providers received training on how to complete forms and select a random sample. Providers were given written guidelines to use the night of the count. DFSS, the count lead, also maintained a telephone hotline during the count. The survey included questions on substance abuse history, mental health history, employment status, sources of income, and participation in mainstream benefits. Both forms were sequentially numbered and logged when issued to the providers and so that the data entry staff would avoid duplication or omission. All materials, used and unused, were returned to DFSS within 24 hours and 100% of the forms were collected.

The survey data was extrapolated based on sample weights constructed relative to the shelter/program response rate. The 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 our goal was to interview 10%, based on tally sheet counts, the median sample size was 20% of the total. Thus, a set of shelter-level weights were constructed to ensure that the representation of persons staying in each shelter during the count, relative to all shelter residents, was as correct as possible.

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

### Instructions:

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

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

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

<b>Instructions:</b>	<input checked="" type="checkbox"/>
<b>Training:</b>	<input checked="" type="checkbox"/>
<b>Remind/Follow-up</b>	<input checked="" type="checkbox"/>
<b>HMIS:</b>	<input type="checkbox"/>
<b>Non-HMIS de-duplication techniques:</b>	<input checked="" type="checkbox"/>
<b>None:</b>	<input type="checkbox"/>
<b>Other:</b>	<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. Sequentially numbered surveys and tallies were used 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 25, 2011 between 7-9 pm using the tally sheet.

A small number of key staff from the Chicago Department of Family and Support Services (DFSS) was trained by the consultant to complete the data entry using a database and entry system created for the 2011 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.

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

The Chicago CoC and DFSS, the count lead, provided written instructions in addition to conducting mandatory training sessions on the count process. Apart from the mandated trainings, DFSS sent reminders to the agencies prior to the count and instructed that each agency return their used and unused forms within 24 hours. This eliminated omissions and lost forms. Each sequentially numbered form was accounted for in 2011.

Instructions also included halting intake at 7 pm on the night of the count. This enabled the providers to lock in the number of homeless in the shelter for counting. Agencies posted this notification days prior to the count, in order to ensure that homeless clients would seek shelter prior to 7 pm that night. Emergency placement was also halted that night so those homeless persons would be accounted for in the unsheltered count in places awaiting intake.

During the count, DFSS established a hotline phone number for providers to call for questions or if an agency needed more forms. The hotline prevented many errors.

Receiving the provider submissions within 24 hours enabled DFSS staff to review the submissions for obvious errors and for follow-up calls. The sequentially numbered forms also allowed data entry staff to eliminate de-duplication. The database would reject the entry of data that was already assigned to a form number. The forms for shelters were also printed on a different color cardstock to prevent intermingling with the unsheltered forms.

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

### Instructions:

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

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

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

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

If Other, specify:

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

The Chicago CoC and DFSS, the count lead, used complete coverage of the city to ensure that all unsheltered persons were counted. The city was divided into geographical subsections with co-leads. These served as regional headquarters for volunteers to gather, be assigned, and be dispatched with specific areas to canvass that night. Volunteer teams were identified with ID lanyards and no team was given overlapping areas to cover. They were dispatched no earlier than 9 pm and after the completion of the shelter count. Volunteers were trained and equipped with handbooks on how to approach, which public areas to cover, how to tally, and how to complete surveys if the homeless person agreed to be interviewed.

The forms were printed with sequential numbers and a set was assigned to each team. This eliminated lost or missing forms and the chance of duplication during data entry. Teams were also given hats and gloves to distribute to unsheltered homeless persons. The hats and gloves were all a certain color that demonstrated to a volunteer that the person had already been approached. The survey also included the question about being approached that night to prevent duplication.

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

**Instructions:**

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

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

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

**If Other, specify:**



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

### Instructions:

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

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

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

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

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

**If Other, specify:**

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

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 lanyards for other teams to easily identify them. Each homeless individual observed was documented, on sequentially numbered forms, with a time and location. Those interviewed were also documented with time and location. By confining a team to a specific area, they were able to recognize homeless persons they had already encountered so no other team could count the individual twice.

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.

While these volunteer teams canvassed their pre-assigned areas, other specialized volunteer teams were dispatched to "hot spots," which included known large encampments or frequent sightings. Other specialized teams covered public transportation lines and airports. The park district and public housing agency staff covered their respective sites. And the police department visited a known list of abandoned buildings.

**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 2011 point-in-time count identified 30 households with children, which was 8 families higher than 2007 and 2009. Studies on homeless youth in Chicago indicate that the point-in-time count may not have included a number of unsheltered homeless youth, and the Chicago Alliance and Chicago Department of Family and Support Services (DFSS) are evaluating this to improve upon the methods necessary to ensure unaccompanied youth are included in the next count.

That said, the relatively low number of unsheltered households with dependent children can be attributed to the coordinated and diverse homeless service system, as well as sufficient space in the family shelter system. The DFSS 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 emergency services and homeless outreach programs that track known locations of homeless persons and attempts to engage them into shelter or connect them with housing. Most of these efforts have concentrated on the airport and public transportation that has, over the past year, seen an increase in the number of homeless persons using these spaces as shelter. 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.

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

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

##### Instructions:

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

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

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

<b>How many permanent housing beds are currently in place for chronically homeless persons?</b>	1,700
<b>In 12 months, how many permanent housing beds designated for chronically homeless persons are planned and will be available for occupancy?</b>	1,730
<b>In 5 years, how many permanent housing beds designated for chronically homeless persons are planned and will be available for occupancy?</b>	1,750
<b>In 10 years, how many permanent housing beds designated for chronically homeless persons are planned and will be available for occupancy?</b>	1,800

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

This year, if funded, Chicago will have 30 new beds dedicated for CH from its selections of PH Bonus projects. However, in reality, all 297 beds applying for 2011 PH Bonus Project funding will target CH by pulling all referrals from a common, PSH referral list (CRL) that targets those with disabilities who are experiencing chronic homelessness. The CRL is an expansion of Chicago's participation in the 100,000 Homes Campaign, and uses criteria to rank households by vulnerability (chronic medical condition, age, and length of time homeless); those most vulnerable will have first access to these PH beds. The initial campaign outreach week placed 606 individuals on the list, and 43% were determined to be vulnerable and would meet HUD's definition of chronically homeless. The referral list will be up and running by the middle of 2012.

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

In keeping with its Plan to End Homelessness (Plan), Chicago works to create a pipeline of PSH that will open each year. Recently, the Chicago Dept of Family & Support Services (DFSS), the Chicago Housing Authority, and the Chicago Dept. of Housing and Economic Development laid out a plan to reinvigorate production of PSH. Going forward, these entities will ensure the allocation of coordinated resources to develop PSH units available for chronically homeless individuals.

In addition, the CoC governing body, along with the Chicago Alliance, DFSS, and the Chicago Mayor's Office is currently undertaking a planning process to create a second version of Chicago's Plan, and the Plan will include a priority for creating new permanent housing beds for highly vulnerable, chronically homeless households. This builds upon Chicago's work over the past year to expand upon its participation in the 100,000 Homes Campaign, and will guide our long-term planning to address the issue of CH in Chicago.

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

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

**Instructions:**

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

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

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

**What is the current percentage of participants remaining in CoC-funded permanent housing projects for at least six months?** 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?** 89

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

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

Chicago has performed extremely well in the permanent housing (PH) retention category; we have consistently exceeded HUD housing retention goals, including an 88% retention rate this past year. Chicago's Governing Body sets outcomes for programs in Chicago, and for clients in PH, the expectation is that 85% of clients will remain permanently housed for 12 months and 65% of clients for 24 months. Chicago's Governing Body will continue to use these outcome goals to emphasize PH retention through its local competition for funding. Additionally, Chicago providers have regular access to many resources that promote leading practices in housing retention. The local Corp. for Supportive Housing frequently hosts quality improvement trainings for PH providers that emphasize practices like harm reduction and eviction prevention to help keep people in housing. Chicago is also home to the Midwest Harm Reduction Institute which focuses on techniques, policies and procedures to keep people housed.

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

Chicago has already exceeded the HUD goal with an 88% retention rate for the past 2 years, and we expect to build upon the short-term plans to maintain our high retention rates. The previously mentioned process to develop a second version of the Plan will most likely continue to emphasize harm reduction principles. Therefore, CAEH hopes to elaborate on its current evaluation of harm reduction practices as part of the local funding competition, enforcing a deeper understanding and practice of keeping people housed among its PH providers. Also, the Plan will likely place more emphasis on targeting PH resources, allowing the CoC Governing Body to expand the common referral list pilot with new PH bonus projects to all PH projects. Chicago has understood for many years that retention begins with a good match between client and housing/service type, and the common referral list will emphasize that match as part of its process, leading to the maintenance of a high retention rate.

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

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

**Instructions:**

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

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

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

**What is the current percentage of participants in CoC-funded transitional housing projects will have moved to permanent housing?** 67

**In 12 months, what percentage of participants in CoC-funded transitional housing projects will have moved to permanent housing?** 67

**In 5 years, what percentage of participants in CoC-funded transitional housing projects will have moved to permanent housing?** 68

**In 10 years, what percentage of participants in CoC-funded transitional housing projects will have moved to permanent housing?** 69

**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's CoC currently exceeds the HUD standard in clients moving from transitional housing (TH) to permanent housing (PH), achieving a 67% rate this past year. Chicago's CoC Governing Body and Dept. of Family and Support Services have set forth outcomes for TH programs that expect 90% to move into PH by the time they leave the program. This priority is emphasized through their annual evaluation process.

Additionally, all City-funded TH programs use a web-based screening tool, managed by the Corp. for Supportive Housing, that facilitates PH program identification for clients in TH, which ensures an appropriate match to housing options based on their service needs, characteristics, and PH program criteria. Finally, CAEH is about to release results of the formal evaluation of Chicago's Plan, which will inform the CoC Governing Body and Dept. of Family and Support services about the effectiveness of various TH interventions.

**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):**

Chicago TH providers already have mechanisms in place to move people from TH to PH, as evidenced by our 67% rate this past year. One initiative that increasing the number of people being able to move from TH to PH is that Chicago's Housing Authority is developing a housing graduates program, to move current residents of PH into market or other assisted housing in the community and thus free up a portion of PH units.

Additionally, as part of the process to create a second version of the Plan, the Corp. for Supportive Housing is providing consulting services to analyze data in the Plan Evaluation and from the HPRP program, to inform the CoC Governing Body, CHA and DFSS in how to develop future programs that successfully move people from TH into PH options. These may include the development of more rapid re-housing programs, and implementing graduate programs more broadly throughout the CoC.

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

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

**Instructions:**

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

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

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

**What is the current percentage of participants in all CoC-funded projects that are employed at program exit?** 20

**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?** 22

**In 10 years, what percentage of participants in all CoC-funded projects will be employed at program exit?** 23

**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 meets HUD's 20% employment goal for all exits from CoC funded projects. This achievement is significant, given the lack of employment opportunities locally and nationally. Our efforts to ensure a high level of employment over the next year involve the continuation of a significant level of coordination throughout the CoC. The Chicago Dept. of Family and Support Services coordinates the City's WorkNet workforce development system, including targeted job training, placement and retention services for homeless individuals, to include those residing in CoC funded projects. These employment services, supported with Workforce Investment Act, Community Development Block Grant and local funding, served 311 individuals in 2010. Included among this workforce system are a number of innovative job training and social enterprise programs that provide homeless and other at-risk individuals with marketable skills in food service, maintenance, horticulture and other areas.

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

One long-term approach in exceeding HUD's employment goal will require the Chicago CoC to improve employability screening at the time of engagement in either prevention or shelter services, and recruit training and employment opportunities based on the population. This will involve tighter coordination and integration between the CoC and the workforce development system. A second strategy the Chicago CoC will employ is to collaborate with the City of Chicago and County of Cook as these governments seek to merge their workforce development activities funded by the Workforce Investment Act, in order to assist in planning for expanded service delivery to homeless and at-risk individuals. The Steering Committee responsible for helping develop the second version of Chicago's Plan has already identified employment interventions as one of the main focuses, and intends to incorporate the above-mentioned strategies into the Plan's implementation schedule upon its completion.

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

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

##### Instructions:

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

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

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

**What is the current total number of homeless households with children as reported on the most recent point-in-time count?** 802

**In 12 months, what will be the total number of homeless households with children?** 802

**In 5 years, what will be the total number of homeless households with children?** 500

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

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

Chicago does a point-in-time (PIT) count every other year, therefore the number reported in Exhibit 1 for 2012 will not decrease. That said, Chicago's CoC has a proven homelessness prevention infrastructure and promotes quick movement from homelessness to permanent housing. This should reduce the number of homeless families, even if our PIT number does not reflect it next year. Our FACT Systems Integration project, part of a national demonstration targeting hard-to-serve families, has been in operation since 2008, and has been successful in raising awareness about family homelessness and providing technical assistance on integrating the systems that serve families. The project will continue through this year by creating best practices that the CoC Governing Body intends to incorporate into its new Plan. Additionally, DFSS will continue training providers on best practices in housing placement, 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 continually strives to build upon its efforts to end family homelessness, and is currently undergoing many areas of research on the issue that will inform the process to develop Chicago's second version of the Plan to End Homelessness. This research will identify the leading practices in ending family homelessness so Chicago can continue to decrease the number of families that experience homelessness.

Initial results from the Evaluation of the Plan demonstrated that families were often able to move from interim housing to market-rate housing, and researchers are currently identifying which factors led to successes in this area. Similarly, Chicago's HPRP program is about to undergo a separate evaluation process to help identify interventions that helped families achieve stable housing.

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

#### Instructions:

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

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

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

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

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

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

**Foster Care (Youth Aging Out):**

The Illinois Department of Children and Family Services (DCFS) provides housing and cash assistance to youth aging out of foster care between the ages of 17.5 and 21. No McKinney-Vento resources are used during the DCFS discharge process. DCFS' discharge program targets youth who are at-risk of becoming homeless as they approach emancipation or if they find themselves homeless post-emancipation from foster care. Eligible youth receive housing advocacy and housing location services, start-up housing grants, a partial housing subsidy, and cash assistance. DCFS contracts with community non-profits to provide the housing location services. Most youth live in unsubsidized housing from private landlords that DCFS or the contracted agency have an established relationship with. Additional follow-up services are provided for at least three months after the youth secures housing.

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 to identify and secure other housing resources to benefit youth aging out of foster care. For example, the CoC lead agency helped DCFS successfully apply for and receive 100 additional Family Unification Program vouchers this year, which can be used for youth aging out of the system and at risk of homelessness.

**Health Care:**

Members of the Chicago CoC are working with three area hospitals 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 (AFC), which provides coordinated case management to ensure housing placements upon discharge from hospitals. CHHP's findings (published in the Journal of the American Medical Association) prove that hospitals and service providers can work effectively together to prevent homelessness and reduce costly recidivism. Currently, AFC is leading a citywide collaboration between 15 healthcare, housing, and social service agencies to secure subsidized housing for homeless individuals who are discharged from area hospitals. Mount Sinai Hospital and Advocate Illinois Masonic Hospital - two of the biggest hospitals in Chicago serving people experiencing homelessness - are also contributing members of the CoC's Discharge Planning Committee. The CoC is also working with state agency officials and the U.S. Interagency Council on Homelessness to identify how implementation of the Affordable Care Act and expansion of Medicaid coverage can supplement services within subsidized housing. Recently, Chicago was proud to be chosen as one of six communities to be a national demonstration project for leveraging Medicaid within permanent housing with the goal of preventing future hospitalizations.

**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.

CoC members understand that the state is prohibited from discharging patients directly into homeless programs. Therefore, the state works with contracted housing providers to maintain a list of non-McKinney-Vento-funded residential programs, such as Thresholds, and private landlords that will accept patients being discharged. DMH also works to connect discharged patients with on-going mental health care, with the goal of keeping them healthy and stably housed in the community.

As an active member of Chicago's CoC, DMH stays in close contact with the needs and experiences of people experiencing homelessness who also have mental health needs. DMH staff sit on the Chicago Planning Council on Homelessness, chair the Homeless Action Constituency Group, and participate in the CoC's Discharge Planning Committee.

**Corrections:**

The Chicago CoC works with both the Illinois Department of Corrections (IDOC) and Cook County Jail to ensure successful re-entry into the community and to 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, or disability are assigned to staff that monitor their progress while incarcerated and help locate specialized services and housing in the community upon release. IDOC also works with municipal, state, and federal agencies to connect offenders to Social Security, mental health case management, and veterans's benefits prior to release. This past year, IDOC and DMH linked their data systems so they could identify individuals who have been served in both the corrections and mental health systems, improve their discharge planning efforts, and reduce recidivism.

Cook County Jail, via the Sheriff's Re-Entry Council and the CoC's Discharge Planning Committee, have worked to better integrate community agencies into the jail via regular resource fairs as well as use their data systems to connect detainees to subsidized housing and services upon release. This year, the Jail started using [www.reentryillinois.net](http://www.reentryillinois.net) as a referral source for detainees to locate affordable housing, public benefits, and employment.



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

**Instructions:**

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

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

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

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

The Plan's implementation is led by the Dept. of Family and Support Services (DFSS) in partnership with the Chicago Alliance to End Homelessness (CAEH), and CAEH's CEO has filled the seat dedicated for Chicago's CoC on the Consolidated Plan planning committee. This helps ensure that the goals and strategies of Chicago's Plan to End Homelessness are fully incorporated into the Consolidated Plan, including: 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 Consolidated Plan specifically mentions CAEH as the entity overseeing the priorities of the Plan to End Homelessness, and incorporates the work of CAEH into it, citing the Alliance's vision statement, history, formation, key roles and goals. The Consolidated Plan also cites the work of the Chicago Planning Council on Homelessness as a key component of Chicago's response to homelessness.

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

The City of Chicago's Dept. of Family and Support Services received \$34,356,259 as the grantee for the HPRP initiative in 2009. Members of the CoC participated in a series of focus groups and planning meetings to help design the local HPRP initiative, and the City included the Chicago Alliance to End Homelessness, Corporation for Supportive Housing, and private foundations in the selection process for the HPRP agency recipients. Chicago's HPRP is a comprehensive effort 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, DFSS began convening a HPRP Steering Committee made up of HPRP agency Directors, DFSS Staff, and the Chicago Alliance to discuss the policies related to the HPRP program coming to an end, and to analyze HPRP and homeless system data to assess the effectiveness of HPRP. The HPRP Evaluation will help determine the possibilities for future use of prevention and rapid re-housing dollars.

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

The Chicago Neighborhood Stabilization (NSP) program is operated by the Department of Housing and Economic Development (HED). NSP funds are being used to acquire and rehabilitate two buildings that will be owned and managed by CoC members. Inspiration Corporation will own and manage 5840 S. King, which will provide four units of permanent supportive housing. The Primo Center will own and manage 4231 W. Division, which will provide 14 units of permanent supportive housing. As additional NSP properties are acquired, HED will explore all opportunities to incorporate permanent supportive housing. Chicago's CoC has continued to increase coordination with HUD VASH resources. The Jesse Brown Medical Center (JBMC) staff is working with homeless veteran households to receive VA benefits and engage in the VASH process. JBMC staff is able to utilize Homeless Prevention and Rapid Re-housing Program (HPRP) funds for security deposits and additional HPRP services as needed.

While not a HUD-run program, the Chicago CoC will benefit from the coordination between homeless programs and the new ARRA-funded Head Start and Early Head Start slots. The Chicago Department of Family and Support Services received ARRA funding for an additional 290 Head Start and 300 Early Head Start slots, some of which were dedicated to a newly developed homeless, home-based program. The home-based programs worked with emergency and transitional shelters, the Chicago Public Schools, and the HPRP Program to identify children in need of Head Start. Children receive Head Start through a Home-based model that allowed Home Visitors to follow children and families as they transitioned from shelter to permanent housing. The priority for homeless children in the new ARRA funding was the direct result of the documented need and data from the DFSS 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.**

The Department of Family and Support Services (DFSS) and the Chicago Alliance to End Homelessness require all of its programs to ensure homeless children are enrolled in school and access all McKinney-funded educational services. DFSS requires this in its scopes of services with emergency shelter providers and interim housing providers, and requires that school-aged children are enrolled in school and also that all children aged 0 to 5 receive developmental screenings on a regular basis. DFSS enforces this policy through regular program audits. The CoC local Evaluation Process for HUD-funded agencies, administered by the Chicago Alliance to End Homelessness, required programs for the first time in 2011 to identify whether they had established internal policies and procedures regarding educational assurances for homeless families. We expect this part of the evaluation to broaden in future cycles, as it ensures providers know it is a CoC requirement.

**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)**

To facilitate the implementation of the above-mentioned policies at the agency-level, DFSS partners with Chicago Public Schools' (CPS) "Students in Temporary Living Situations (STLS)" Program to administer joint trainings for homeless shelters and housing programs, at which providers receive training on McKinney-Vento educational services and procedures for accessing CPS enrollment, school uniforms, supplies, and transportation assistance for Children residing in shelters. Additional trainings or refresher trainings are offered on an as needed basis.

At trainings, Shelter staff are informed of schools' responsibilities related to homeless students, including enrolling homeless children immediately, regardless of documentation and fees, and providing families with a choice of schools and transportation assistance. Trainings also inform providers of their responsibility for identifying homeless students, ensuring that they are enrolled in school, and coordinating transportation assistance.

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

The Chicago Public Schools Policy Manual, Section 702.5 Education of Homeless Children and Youth specifies Coordination with Other Agencies including "other community organizations serving the needs of homeless students, to assist homeless students in receiving educational services provided by CPS." As part of this policy the Chicago Public Schools (CPS) remains an active participant in Chicago's CoC Governing Body, the Chicago Planning Council on Homelessness. The Department of Family and Support Services (DFSS) manages the majority of homeless shelter and interim housing programs, and also maintains a seat on the Planning Council. Together, DFSS and CPS form a strong collaboration where they seek to develop new and more effective ways to ensure homeless children's needs are met. For example, DFSS 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.

Additionally, during the upcoming development of Chicago's updated Plan to End Homelessness, the Chicago Alliance will ensure that youth and children in families' educational needs remain a priority, and the Plan Steering Committee has already identified HEARTH and Children as one of its main priority areas for the new Plan.

**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 implementing its 5-year plan to end homelessness among veterans by recently launching several programs to assist in this effort. Among them is the Community Resources and Referral Center which will improve how information and referral services are provided to homeless veterans and their families. The VA also launched an outreach program for vulnerable homeless veterans living on the streets, which provides direct supportive services and connections to housing placements.

The Chicago Alliance has begun to implement its "No Wrong Door" program, which works with veterans and their families who are at-risk of homelessness, coordinating resources to ensure housing stability. The Alliance is also working with the VA to align the VA and the CoC with the goal of ensuring that both are collaborating as effectively as possible in delivering services to homeless veterans.

Additionally, Chicago has a range of entities continually addressing veteran's homelessness. Volunteers of America delivers employment services for homeless vets and is slated to open a new 80 unit housing program in early to mid-December dedicated to homeless veteran individuals and families; Catholic Charities, Inner Voice, Featherfist, Interfaith Housing and A Safe Haven Foundation all have strong veteran's housing and service programs through the VA and Department of Labor.

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

The Chicago CoC is making a concerted effort to address the troubling trend of youth homelessness. According to the latest estimates, there are over 11,000 unaccompanied youth who experience homelessness each year in Chicago. Six members of the Chicago CoC take the lead in providing services to homeless youth: Heartland Alliance, La Casa Norte, New Moms, Teen Living Programs, The Night Ministry, and Unity Parenting and Counseling. The developmentally-appropriate services provided to homeless youth mirror the CoC's strategic plan goals: intensive street outreach and drop-in centers sensitive to sexual orientation and identity to prevent homelessness; a range of housing options and family reunification strategies to ensure housing first in a safe, stable, permanent home; and educational, employment, and health services that wrap around youth in need and prepare them for self-sufficiency. Last year, at the request of a homeless youth advocacy group, Chicago's mayor launched a task force on homeless youth. A network of city and state agency officials, youth providers and advocates, and homeless youth were charged with developing recommendations to steer the Chicago CoC's efforts to end youth homelessness. The recommendations spanned five areas: housing, education, employment, transportation, and drop-in services. This first-of-its-kind collaboration produced tremendous enthusiasm and synergy to tackle the problem and a roadmap for CoC policy development and resource allocation.

### 3D. Hold Harmless Need (HHN) Reallocation

**Instructions:**

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

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

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

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

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

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

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

## 4A. Continuum of Care (CoC) 2010 Achievements

### Instructions:

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

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

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

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

Objective	FY2010 Proposed Numeric Achievement:		Actual Numeric Achievement	
Create new permanent housing beds for the chronically homeless.	2,246	Beds	1,700	B e d s
Increase the percentage of homeless persons staying in permanent housing over 6 months to at least 77%.	88	%	88	%
Increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 65%.	65	%	67	%
Increase the percentage of homeless persons employed at exit to at least 20%	21	%	20	%
Decrease the number of homeless households with children.	783	Households	802	H o u s e h o l d s

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

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

#1: The CoC did not achieve its proposed CH beds goal due to a change in how the CoC calculates its achievement for this objective. Prior to '11, Chicago counted the number of beds available for CH households for this objective; however, the '11 HIC only included beds that were specifically dedicated for CH households. This change was made based on clarification the CoC received from HUD's technical assistance providers.

#4: While Chicago did not reach its goal of persons employed at exit, it did achieve HUD's goal of 20%. We feel this is nonetheless an achievement for the CoC, based on the nation's economic situation and the state of Illinois' unemployment rate currently hovering close to 10%. Helping clients obtain employment income remains a CoC priority and in 2010, the CoC incorporated an employment-related performance measure into its local evaluation process to encourage service providers to prioritize employment achievement in program objectives.

#5: From the '09 to '11 Point-in-Time (PIT) counts, Chicago decreased the number of homeless households with children by 68; however, the CoC missed meeting its goal of reducing the number of homeless households with children by a total of 19 households. We feel this was largely due to changes the CoC made to its PIT methodology and execution between '09 and '11. The '11 PIT numbers better reflect the CoC's achievements and will serve as more accurate baselines going forward.



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

**Instructions:**

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

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

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

Year	Number of CH Persons	Number of PH beds for the CH
2009	689	1,902
2010	689	2,171
2011	1,155	1,700

**Indicate the number of new permanent housing beds in place and made available for occupancy for the chronically homeless between February 1, 2010 and January 31, 2011.** 152

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

Cost Type	HUD McKinney-Vento	Other Federal	State	Local	Private
Development		\$2,990,292	\$49,390	\$950,000	\$260,944
Operations	\$1,127,337	\$0	\$0	\$0	\$10,000
<b>Total</b>	\$1,127,337	\$2,990,292	\$49,390	\$950,000	\$270,944

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

The number of chronically homeless persons (CH) increased due to changes in PIT count methodology: (1) the inclusion of Safe Havens for the first time in the '11 PIT, resulting in an increase of 39 sheltered CH; (2) the inclusion of Chicago's public transit system during the '11 PIT (which was not part of the '09 PIT), resulting in a large increase of unsheltered CH. The number of beds dedicated for CH decreased after the CoC received clarification from HUD. Previously, the entity managing the Housing Inventory Chart (HIC) included all beds available for CH individuals. The '11 HIC only counted beds that were specifically dedicated for those that met HUD's definition of CH.

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

**Instructions:**

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

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

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

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

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

Participants in Permanent Housing (PH)	
a. Number of participants who exited permanent housing project(s)	760
b. Number of participants who did not leave the project(s)	4060
c. Number of participants who exited after staying 6 months or longer	677
d. Number of participants who did not exit after staying 6 months or longer	3588
e. Number of participants who did not exit and were enrolled for less than 6 months	83
<b>TOTAL PH (%)</b>	<b>88</b>

**Instructions:**

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

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

**Does CoC have any transitional housing projects (SHP-TH) for which an APR was required to be submitted?** Yes

<b>Participants in Transitional Housing (TH)</b>	
<b>a. Number of participants who exited TH project(s), including unknown destination</b>	1344
<b>b. Number of SHP transitional housing participants that moved to permanent housing upon exit</b>	905
<b>TOTAL TH (%)</b>	67

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

**Instructions:**

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

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

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

**Total Number of Exiting Adults: 5,041**

Mainstream Program	Number of Exiting Adults	Exit Percentage (Auto-calculated)	
SSI	832	17	%
SSDI	293	6	%
Social Security	121	2	%
General Public Assistance	104	2	%
TANF	276	5	%
SCHIP	13	0	%
Veterans Benefits	93	2	%
Employment Income	990	20	%
Unemployment Benefits	174	3	%
Veterans Health Care	48	1	%
Medicaid	917	18	%
Food Stamps	2,319	46	%
Other (Please specify below)	210	4	%
Child Support, Pension, Worker's Compensation, Earnfare, Earnfare, WIC, Regular Day Labor			
No Financial Resources	1,586	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 the Energy Star Initiative go to: <http://www.energystar.gov>

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

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

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

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

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

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

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

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 2011: 1/10/11, 2/14/11, 3/14/11, 5/2/11, 6/6/11, 7/18/11, 8/19/11, 10/3/11.

Illinois also submitted a successful application to HHS-SAMHSA and is 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?** Not Applicable

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

**If yes, identify these staff members** Provider Staff

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



**If "Yes", specify the frequency of the training.** 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, 2010; April 13-14, 2010; May 18-19, 2010; June 29-30, 2010;  
Nov. 9-10, 2010; Dec 7-8, 2010; Feb 9-10, 2011

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

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

Activity	Percentage
<b>1. Case managers systematically assist clients in completing applications for mainstream benefits.</b> <b>1a. Describe how service is generally provided:</b>	100%
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.	
<b>2. Homeless assistance providers supply transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs.</b>	99%
<b>3. Homeless assistance providers use a single application form for four or more mainstream programs:</b> <b>3.a Indicate for which mainstream programs the form applies:</b>	48%
SSI, SSDI, TANF, Medicaid, Food Stamps, SCHIP, WIA, Veterans Health Care, Other	
<b>4. Homeless assistance providers have staff systematically follow-up to ensure mainstream benefits are received.</b>	97%
<b>4a. Describe the follow-up process:</b>	
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 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](http://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
Homeless Managem e...	2011-10-21 17:25:...	1 Year	Chicago Departmen ...	318,498	Renewal Project	SHP	HMIS	F
Carlton, Miriam, ...	2011-10-13 12:45:...	1 Year	Mercy Housing Lak...	259,631	Renewal Project	SHP	PH	F
Breakthrou gh Supp...	2011-10-18 15:58:...	1 Year	Breakthrou gh Urba...	139,650	Renewal Project	SHP	PH	F
Washingto n Park SRO	2011-10-14 15:31:...	1 Year	Affordable Housin...	77,553	Renewal Project	SHP	PH	F
Low-Income Housin...	2011-10-18 10:21:...	1 Year	Inspiration Corpo...	85,667	Renewal Project	SHP	PH	F
Communit y Integra...	2011-10-17 15:12:...	1 Year	Communit y Mental ...	97,391	Renewal Project	SHP	PH	F
Sanctuary Place	2011-10-21 12:59:...	1 Year	Facing Forward to...	286,841	Renewal Project	SHP	PH	F
Permanent Living ...	2011-10-17 15:20:...	1 Year	Communit y Mental ...	66,007	Renewal Project	SHP	PH	F
Social Services G...	2011-10-05 15:22:...	1 Year	Latin United Comm...	32,130	Renewal Project	SHP	PH	F
600 South	2011-10-14 14:54:...	1 Year	A Safe Haven Foun...	52,447	Renewal Project	SHP	PH	F
Union House	2011-10-05 09:38:...	1 Year	Northwest ern Memo...	153,844	Renewal Project	SHP	PH	F
Low-Income Housin...	2011-10-05 16:32:...	1 Year	North Side Housin...	76,381	Renewal Project	SHP	PH	F

St. Leo Residence	2011-10-14 10:12:...	1 Year	Catholic Charities	107,100	Renewal Project	SHP	PH	F
Life Development ...	2011-10-05 16:06:...	1 Year	Young Men's Chris...	59,645	Renewal Project	SHP	PH	F
Rowan Trees Apart...	2011-10-13 11:10:...	1 Year	Thresholds Inc	351,158	Renewal Project	SHP	PH	F
Derrick David Sti...	2011-10-19 11:28:...	1 Year	Matthew House Inc	204,750	Renewal Project	SHP	PH	F
SHOT 2.0	2011-10-24 11:27:...	1 Year	Renaissan ce Socia...	372,982	New Project	SHP	PH	P8
Independe nce House	2011-10-07 12:40:...	1 Year	The Interfaith Ho...	77,301	Renewal Project	SHP	PH	F
LOW-INCOME HOUSIN...	2011-10-18 02:00:...	1 Year	FEATHER FIST	221,315	Renewal Project	SHP	PH	F
Pathways Home Per...	2011-10-13 12:09:...	1 Year	Heartland Health ...	484,722	Renewal Project	SHP	PH	F
Trust Fund Chroni...	2011-10-13 11:05:...	1 Year	Thresholds Inc	152,825	Renewal Project	SHP	PH	F
Project Wrap Around	2011-10-17 15:04:...	1 Year	Communit y Mental ...	128,453	Renewal Project	SHP	PH	F
Breakthrou gh Chro...	2011-10-18 15:53:...	1 Year	Breakthrou gh Urba...	151,775	Renewal Project	SHP	PH	F
Near West Side SHP	2011-10-14 17:55:...	1 Year	Near West Side Co...	97,781	Renewal Project	SHP	PH	F
LOW-INCOME HOUSIN...	2011-10-18 01:57:...	1 Year	FEATHER FIST	114,300	Renewal Project	SHP	PH	F
Life Development ...	2011-10-05 15:49:...	1 Year	Young Men's Chris...	231,259	Renewal Project	SHP	PH	F
First Step Progra...	2011-10-07 11:23:...	1 Year	Chicago House and...	40,639	Renewal Project	SHP	PH	F
AFC Supportive Ho...	2011-10-12 14:31:...	1 Year	AIDS Foundatio n o...	2,140,276	Renewal Project	SHP	PH	F
Supportive Perman...	2011-10-17 15:23:...	1 Year	Heartland Health ...	270,101	Renewal Project	SHP	PH	F

Low-Income Housin...	2011-10-18 15:39:...	1 Year	Polish American A...	50,904	Renewal Project	SHP	PH	F
LPCS Supportive H...	2011-10-20 11:41:...	1 Year	Lincoln Park Comm...	212,111	New Project	SHP	PH	P6
Low-Income Housin...	2011-10-15 12:59:...	1 Year	Cornerstone Commu...	44,037	Renewal Project	SHP	PH	F
South Loop and We...	2011-10-07 16:10:...	1 Year	Mercy Housing Lak...	368,430	Renewal Project	SHP	PH	F
Pathways Home Saf...	2011-10-13 12:16:...	1 Year	Heartland Health ...	948,721	Renewal Project	SHP	PH	F
FEATHER FIST APART...	2011-10-18 01:38:...	1 Year	FEATHER FIST	141,395	Renewal Project	SHP	PH	F
Low-Income Housin...	2011-10-19 14:29:...	1 Year	Unity Parenting &...	175,025	Renewal Project	SHP	PH	F
Low-Income Housin...	2011-10-05 15:46:...	1 Year	North Side Housin...	105,900	Renewal Project	SHP	PH	F
Trilogy's Housing...	2011-10-14 13:44:...	1 Year	Trilogy Inc.	237,109	New Project	SHP	PH	P9
Emerald House	2011-10-13 22:35:...	1 Year	Community Support...	201,120	Renewal Project	SHP	PH	F
Recovery Belray H...	2011-10-13 12:57:...	1 Year	Mercy Housing Lak...	187,833	Renewal Project	SHP	PH	F
Near North	2011-10-13 12:52:...	1 Year	Mercy Housing Lak...	61,950	Renewal Project	SHP	PH	F
Safe Start I	2011-10-12 14:39:...	1 Year	AIDS Foundatio n o...	994,996	Renewal Project	SHP	PH	F
The Studios	2011-10-14 15:02:...	1 Year	A Safe Haven Foun...	329,711	Renewal Project	SHP	PH	F
Leland House	2011-10-15 12:55:...	1 Year	Cornerstone Commu...	132,224	Renewal Project	SHP	PH	F
Low-Income Housin...	2011-10-17 13:54:...	1 Year	Sarah's Circle	103,563	Renewal Project	SHP	PH	F
Ambassadors For C...	2011-10-11 22:56:...	1 Year	Ambassadors For C...	38,616	Renewal Project	SHP	PH	F

Family Leadership ...	2011-10-20 19:15:...	1 Year	Urban Family & Co...	255,302	New Project	SHP	PH	P10
EnHarmony Bonus P...	2011-10-17 12:23:...	1 Year	Christian Communi..	2,127,900	Renewal Project	SHP	PH	F
Chicago House Bon...	2011-10-19 10:23:...	1 Year	Chicago House and...	243,653	New Project	SHP	PH	P2
Holland Families	2011-10-07 15:12:...	1 Year	Mercy Housing Lak...	125,546	Renewal Project	SHP	PH	F
Permanent Living ...	2011-10-17 15:30:...	1 Year	Communit y Mental ...	73,013	Renewal Project	SHP	PH	F
Permanent Support...	2011-10-05 18:19:...	1 Year	North Side Housin...	112,120	Renewal Project	SHP	PH	F
Shelter Graduates II	2011-10-26 16:08:...	1 Year	Facing Forward to...	240,091	New Project	SHP	PH	P3
IL-510 - REN - Su...	2011-10-05 15:36:...	1 Year	Single Room Housi...	421,988	Renewal Project	SHP	PH	F
IL-510 - REN - SH...	2011-10-05 19:35:...	1 Year	Single Room Housi...	365,000	Renewal Project	SHP	PH	F
Low-Income Housin...	2011-10-13 18:04:...	1 Year	Housing Opportuni..	64,920	Renewal Project	SHP	PH	F
Marzette Johnson ...	2011-10-19 16:11:...	1 Year	Matthew House Inc	316,768	New Project	SHP	PH	P7
Low-Income Housin...	2011-10-18 10:34:...	1 Year	Inspiration Corpo...	40,258	Renewal Project	SHP	PH	F
IL-510-REN-REST S...	2011-10-26 14:25:...	1 Year	Housing Opportuni..	286,520	Renewal Project	SHP	PH	F
Focus Hope II	2011-10-19 14:25:...	1 Year	Unity Parenting &...	420,453	Renewal Project	SHP	PH	F
Chicago 100K Home...	2011-10-18 11:37:...	1 Year	Center for Housin...	1,962,434	New Project	SHP	PH	P1
Low Income Housin...	2011-10-14 11:56:...	1 Year	Christian Communi..	191,489	Renewal Project	SHP	PH	F
Low-Income Housin...	2011-10-12 14:34:...	1 Year	AIDS Foundatio n o...	336,539	Renewal Project	SHP	PH	F

IL-510-REN REST SHP2	2011-10-26 14:32:...	1 Year	Housing Opportuni..	167,813	Renewal Project	SHP	PH	F
NPAC SHP Permanen..	2011-10-14 11:43:...	1 Year	Heartland Human C...	316,829	Renewal Project	SHP	PH	F
IL-510 - REN - Su...	2011-10-05 15:14:...	1 Year	Single Room Housi...	488,047	Renewal Project	SHP	PH	F
Permanent Housing...	2011-10-20 17:40:...	1 Year	La Casa Norte	295,292	New Project	SHP	PH	P5
Low Income Hsg Tr...	2011-10-13 11:21:...	1 Year	Chicago Low-Incom...	178,145	Renewal Project	SHP	PH	F
Patty Crowley Apa...	2011-10-17 11:45:...	1 Year	Deborah's Place	150,144	Renewal Project	SHP	PH	F
Low-Income Housin...	2011-10-19 11:42:...	1 Year	Matthew House Inc	223,993	Renewal Project	SHP	PH	F
Marah's Permanent ...	2011-10-17 11:39:...	1 Year	Deborah's Place	417,076	Renewal Project	SHP	PH	F
Low-Income Housin...	2011-10-18 13:38:...	1 Year	Supportive Servic...	124,000	Renewal Project	SHP	PH	F
Chronic Homeless ...	2011-10-07 15:37:...	1 Year	The Inner Voice, ...	298,237	Renewal Project	SHP	PH	F
Breakthrou gh Supp...	2011-10-18 16:02:...	1 Year	Breakthrou gh Urba...	45,360	Renewal Project	SHP	PH	F
Supportive Servic...	2011-10-13 12:46:...	1 Year	Cathedral Shelter...	35,332	Renewal Project	SHP	PH	F
Englewood Communi..	2011-10-17 15:38:...	1 Year	Communit y Mental ...	123,736	Renewal Project	SHP	PH	F
The Phoenix	2011-10-07 06:59:...	1 Year	EdgeAllian ce	366,108	Renewal Project	SHP	PH	F
Housing Stability...	2011-10-21 15:44:...	1 Year	Renaissan ce Socia...	133,970	Renewal Project	SHP	PH	F
LOW-INCOME HOUSIN...	2011-10-10 02:36:...	1 Year	FEATHER FIST	298,232	Renewal Project	SHP	PH	F
Low-Income Housin...	2011-10-17 09:30:...	1 Year	Housing Opportuni..	190,181	Renewal Project	SHP	PH	F

Low-Income Housin...	2011-10-04 13:55:...	1 Year	Unity Parenting &...	121,688	Renewal Project	SHP	PH	F
Rebecca Johnson A...	2011-10-17 11:58:...	1 Year	Deborah's Place	188,064	Renewal Project	SHP	PH	F
TRC Permanent Sup...	2011-10-14 12:06:...	1 Year	The Renaissance C...	166,006	Renewal Project	SHP	PH	F
Branch of Hope Ap...	2011-10-07 15:40:...	1 Year	The Interfaith Ho...	189,000	Renewal Project	SHP	PH	F
Assisted Permanen. ..	2011-10-13 11:35:...	1 Year	Heartland Health ...	126,332	Renewal Project	SHP	PH	F
Wayne Street Grai...	2011-10-13 11:33:...	1 Year	Thresholds Inc	403,605	Renewal Project	SHP	PH	F
Carter House	2011-10-05 10:01:...	1 Year	Northwest ern Memo...	217,518	Renewal Project	SHP	PH	F
Low Income Housin...	2011-10-13 11:53:...	1 Year	Heartland Health ...	100,629	Renewal Project	SHP	PH	F
Brand New Beginni...	2011-10-21 17:16:...	1 Year	Chicago Departmen ...	202,824	Renewal Project	S+C	PRA	U
A Safe Haven - Sh...	2011-10-21 11:35:...	1 Year	Chicago Departmen ...	474,000	Renewal Project	S+C	PRA	U
Interfaith Housin...	2011-10-21 13:41:...	1 Year	Chicago Departmen ...	686,664	Renewal Project	S+C	PRA	U
Mercy Housing Lak...	2011-10-21 14:49:...	1 Year	Chicago Departmen ...	249,636	Renewal Project	S+C	PRA	U
Interfaith Housin...	2011-10-21 13:43:...	1 Year	Chicago Departmen ...	281,856	Renewal Project	S+C	PRA	U
Interfaith Housin...	2011-10-21 13:35:...	1 Year	Chicago Departmen ...	362,496	Renewal Project	S+C	PRA	U
St. Leonard's Min...	2011-10-21 16:48:...	1 Year	Chicago Departmen ...	284,400	Renewal Project	S+C	PRA	U
Mercy Housing Lak...	2011-10-21 14:12:...	1 Year	Chicago Departmen ...	455,040	Renewal Project	S+C	PRA	U
Cathedral Shelter...	2011-10-21 11:52:...	1 Year	Chicago Departmen ...	270,960	Renewal Project	S+C	PRAR	U



Dolores' Safe Haven	2011-10-17 11:34:...	1 Year	Deborah's Place	330,293	Renewal Project	SHP	SH	F
Antonia Safe Haven	2011-10-13 11:25:...	1 Year	Heartland Health ...	357,170	Renewal Project	SHP	SH	F
Lawson Safe Haven	2011-10-13 10:47:...	1 Year	Thresholds Inc	162,687	Renewal Project	SHP	SH	F
Austin Safe Haven	2011-10-13 10:58:...	1 Year	Thresholds Inc	243,889	Renewal Project	SHP	SH	F
Housing Opportuni..	2011-10-21 13:26:...	1 Year	Chicago Departmen ...	348,192	Renewal Project	S+C	SRA	U
The Inner Voice, ...	2011-10-21 16:50:...	1 Year	Chicago Departmen ...	534,816	Renewal Project	S+C	SRA	U
Facing Forward to...	2011-10-21 17:28:...	1 Year	Chicago Departmen ...	419,016	Renewal Project	S+C	SRA	U
Housing Opportuni..	2011-10-21 13:21:...	1 Year	Chicago Departmen ...	275,064	Renewal Project	S+C	SRA	U
The Safer Foundat...	2011-10-21 16:52:...	1 Year	Chicago Departmen ...	108,480	Renewal Project	S+C	SRA	U
Housing Opportuni..	2011-10-21 13:24:...	1 Year	Chicago Departmen ...	304,944	Renewal Project	S+C	SRA	U
Christian Communi..	2011-10-21 12:15:...	1 Year	Chicago Departmen ...	112,512	Renewal Project	S+C	SRA	U
Thresholds - Shel...	2011-10-21 17:07:...	1 Year	Chicago Departmen ...	426,960	Renewal Project	S+C	SRA	U
Interfaith Housin...	2011-10-21 13:33:...	1 Year	Chicago Departmen ...	771,144	Renewal Project	S+C	SRA	U
Heartland Human C...	2011-10-21 12:50:...	1 Year	Chicago Departmen ...	692,040	Renewal Project	S+C	SRA	U
Housing Opportuni..	2011-10-21 12:54:...	1 Year	Chicago Departmen ...	174,792	Renewal Project	S+C	SRA	U
North Side Housin...	2011-10-21 16:38:...	1 Year	Chicago Departmen ...	142,200	Renewal Project	S+C	SRA	U
Olive Branch Miss...	2011-10-21 16:45:...	1 Year	Chicago Departmen ...	44,712	Renewal Project	S+C	SRA	U

North Side Housin...	2011-10-21 13:49:...	1 Year	Chicago Departmen ...	47,400	Renewal Project	S+C	SRA	U
Housing Opportuni..	2011-10-21 12:59:...	1 Year	Chicago Departmen ...	260,724	Renewal Project	S+C	SRA	U
SSO - Supportive ...	2011-10-20 11:10:...	1 Year	Inspiration Corpo...	83,462	Renewal Project	SHP	SSO	F
HOUSING, UTILIZAT..	2011-10-18 01:50:...	1 Year	FEATHER FIST	112,483	Renewal Project	SHP	SSO	F
Mobile Assessme nt...	2011-10-13 12:41:...	1 Year	Thresholds Inc	199,489	Renewal Project	SHP	SSO	F
Psychologi cal Ser...	2011-10-10 10:45:...	1 Year	St Leonards	42,525	Renewal Project	SHP	SSO	F
Violence Recovery..	2011-10-11 17:14:...	1 Year	Heartland Human C...	41,668	Renewal Project	SHP	SSO	F
Intensive Case Ma...	2011-10-04 13:09:...	1 Year	North Side Housin...	61,271	Renewal Project	SHP	SSO	F
Douglas Villa Sca...	2011-10-14 14:57:...	1 Year	A Safe Haven Foun...	87,284	Renewal Project	SHP	SSO	F
OUTREAC H AND COMP...	2011-10-18 02:01:...	1 Year	FEATHER FIST	264,173	Renewal Project	SHP	SSO	F
The Employme nt Pr...	2011-10-19 10:37:...	1 Year	Inspiration Corpo...	111,182	Renewal Project	SHP	SSO	F
Shelter Outreach ...	2011-10-11 17:03:...	1 Year	Beacon Therapeuti ...	983,922	Renewal Project	SHP	SSO	F
Undomicile d Menta...	2011-10-19 10:23:...	1 Year	McDermott Center	58,026	Renewal Project	SHP	SSO	F
Case Managem ent a...	2011-10-17 13:16:...	1 Year	Sarah's Circle	66,463	Renewal Project	SHP	SSO	F
New Home Project	2011-10-05 10:21:...	1 Year	Northwest ern Memo...	301,910	Renewal Project	SHP	SSO	F
Greenhous e Shelter	2011-10-18 11:37:...	1 Year	Connecrtio ns for ...	23,695	Renewal Project	SHP	SSO	F
Family Regenerati ...	2011-10-07 16:56:...	1 Year	The Inner Voice, ...	362,611	Renewal Project	SHP	SSO	F

Supportive Housin...	2011-10-13 12:43:...	1 Year	Cathedral Shelter...	53,122	Renewal Project	SHP	SSO	F
Diaconea Homeless..	2011-10-19 11:36:...	1 Year	Matthew House Inc	123,866	Renewal Project	SHP	SSO	F
Pathways Home Out...	2011-10-13 12:02:...	1 Year	Heartland Health ...	320,269	Renewal Project	SHP	SSO	F
Cafe Too	2011-10-20 18:17:...	1 Year	Inspiration Corpo...	323,235	Renewal Project	SHP	SSO	F
Learning Center (...)	2011-10-07 17:03:...	1 Year	The Inner Voice, ...	331,601	Renewal Project	SHP	SSO	F
Rosenthal Family ...	2011-10-12 15:19:...	1 Year	Family Rescue	58,165	Renewal Project	SHP	SSO	F
EXPEDIENT, PRIORI...	2011-10-18 01:32:...	1 Year	FEATHER FIST	129,817	Renewal Project	SHP	SSO	F
Pioneer House Tra...	2011-10-07 16:53:...	1 Year	The Inner Voice, ...	76,484	Renewal Project	SHP	TH	F
FEATHER FIST OUTRE...	2011-10-18 01:41:...	1 Year	FEATHER FIST	300,843	Renewal Project	SHP	TH	F
Transitiona l Livi...	2011-10-19 15:57:...	1 Year	The Night Ministry	144,391	Renewal Project	SHP	TH	F
FOUNDAT IONS	2011-10-18 01:46:...	1 Year	FEATHER FIST	259,219	Renewal Project	SHP	TH	F
HOPE VILLAGE	2011-10-18 01:48:...	1 Year	FEATHER FIST	517,459	Renewal Project	SHP	TH	F
Ridgeland Apartme...	2011-10-12 15:13:...	1 Year	Family Rescue	571,732	Renewal Project	SHP	TH	F
New Hope Apartment s	2011-10-12 11:12:...	1 Year	Catholic Charities	1,693,872	Renewal Project	SHP	TH	F
CaSSA Clustered a...	2011-10-10 12:36:...	1 Year	Teen Living Programs	189,334	Renewal Project	SHP	TH	F
Neon Street Dorm	2011-10-13 00:48:...	1 Year	Heartland Human C...	254,948	Renewal Project	SHP	TH	F
Solid Ground Supp...	2011-10-19 17:44:...	1 Year	La Casa Norte	90,982	Renewal Project	SHP	TH	F

Families Building...	2011-10-14 11:53:...	1 Year	Heartland Human C...	1,162,457	Renewal Project	SHP	TH	F
CCO Transitional ...	2011-10-15 12:53:...	1 Year	Cornerstone Commu...	79,017	Renewal Project	SHP	TH	F
Westside Housing ...	2011-10-14 15:05:...	1 Year	A Safe Haven Foun...	212,378	Renewal Project	SHP	TH	F
Supportive Housin...	2011-10-17 11:07:...	1 Year	Apna Ghar, Inc.	123,087	Renewal Project	SHP	TH	F
Singles Two	2011-10-17 09:34:...	1 Year	Housing Opportuni..	464,308	Renewal Project	SHP	TH	F
Stable Futures	2011-10-13 15:24:...	1 Year	Heartland Human C...	1,534,722	Renewal Project	SHP	TH	F
Bridges to Home	2011-10-13 11:44:...	1 Year	Heartland Health ...	169,845	Renewal Project	SHP	TH	F
Emerge Program	2011-10-19 13:35:...	1 Year	Hull House Associ...	378,229	Renewal Project	SHP	TH	F
IC Short Term Sup...	2011-10-19 09:49:...	1 Year	Inspiration Corpo...	199,224	Renewal Project	SHP	TH	F
Interim Program a...	2011-10-19 16:28:...	1 Year	The Night Ministry	74,260	Renewal Project	SHP	TH	F
Transitional Hous...	2011-10-18 15:27:...	1 Year	Healthcare Altern...	197,711	Renewal Project	SHP	TH	F
Family Wellness C...	2011-10-14 15:00:...	1 Year	A Safe Haven Foun...	344,365	Renewal Project	SHP	TH	F
HUD Supportive Ho...	2011-10-18 12:00:...	1 Year	Human Resources D...	427,768	Renewal Project	SHP	TH	F
NPAC SHP w/Short ...	2011-10-13 15:29:...	1 Year	Heartland Human C...	507,826	Renewal Project	SHP	TH	F
TLP Project-Belf...	2011-10-10 12:39:...	1 Year	Teen Living Programs	128,373	Renewal Project	SHP	TH	F
Casa Central La P...	2011-10-10 09:43:...	1 Year	Casa Central	383,904	Renewal Project	SHP	TH	F
respite/ass essment	2011-10-13 14:21:...	1 Year	Interfaith House	364,719	Renewal Project	SHP	TH	F

Casa Central La P...	2011-10-10 09:39:...	1 Year	Casa Central	434,437	Renewal Project	SHP	TH	F
Eddie Beard Homel...	2011-10-07 16:43:...	1 Year	The Inner Voice, ...	196,062	Renewal Project	SHP	TH	F
Cooperativ e Livin...	2011-10-18 14:53:...	1 Year	New Moms Inc	245,039	Renewal Project	SHP	TH	F
Harmony Village	2011-10-19 14:27:...	1 Year	Unity Parenting &...	497,620	Renewal Project	SHP	TH	F
Chicago House & S...	2011-10-21 12:11:...	1 Year	Chicago Departmen ...	44,712	Renewal Project	S+C	TRA	U
Heartland Health ...	2011-10-21 12:47:...	1 Year	Chicago Departmen ...	284,400	Renewal Project	S+C	TRA	U
Chicago Departmen ...	2011-10-21 11:58:...	1 Year	Chicago Departmen ...	503,196	Renewal Project	S+C	TRA	U
Inspiration Corpo...	2011-10-24 17:35:...	5 Years	Chicago Departmen ...	277,800	New Project	S+C	TRA	P4
Chicago Departmen ...	2011-10-21 17:22:...	1 Year	Chicago Departmen ...	623,028	Renewal Project	S+C	TRA	U
Chicago Departmen ...	2011-10-21 12:07:...	1 Year	Chicago Departmen ...	415,188	Renewal Project	S+C	TRA	U
Thresholds - Shel...	2011-10-21 17:00:...	1 Year	Chicago Departmen ...	284,400	Renewal Project	S+C	TRA	U
Chicago Departmen ...	2011-10-21 12:04:...	1 Year	Chicago Departmen ...	627,480	Renewal Project	S+C	TRA	U
Heartland Health ...	2011-10-21 12:42:...	1 Year	Chicago Departmen ...	213,480	Renewal Project	S+C	TRA	U
Chicago Departmen ...	2011-10-21 12:01:...	1 Year	Chicago Departmen ...	473,832	Renewal Project	S+C	TRA	U
Human Resources D...	2011-10-21 13:30:...	1 Year	Chicago Departmen ...	379,680	Renewal Project	S+C	TRA	U
Thresholds - Shel...	2011-10-21 16:58:...	1 Year	Chicago Departmen ...	284,400	Renewal Project	S+C	TRA	U
Thresholds - Shel...	2011-10-21 17:04:...	1 Year	Chicago Departmen ...	331,800	Renewal Project	S+C	TRA	U

## Budget Summary

<b>FPRN</b>	\$37,458,549
<b>Permanent Housing Bonus</b>	\$4,413,542
<b>SPC Renewal</b>	\$12,396,468
<b>Rejected</b>	\$0

## Attachments

Document Type	Required?	Document Description	Date Attached
Certification of Consistency with the Consolidated Plan	Yes	IL510 Certification	10/18/2011

## Attachment Details

**Document Description:** IL510 Certification