

**EXHIBIT LIST  
HOMELESS EMERGENCY AID PROGRAM (HEAP)**

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**EXHIBIT A  
HOMELESS EMERGENCY AID PROGRAM (HEAP)**

**TARGET POPULATION CATEGORIES, DESCRIPTIONS, AND ELIGIBLE ACTIVITIES**

Homeless as defined in Section 578.3 of Title 24 of the Code of Federal Regulations, as that section read on May 1, 2018 – HEAP Target Population Category, Description, and Eligible Activities for Services

<b>HEAP TARGET POPULATION</b>		
<b>Category</b>	<b>Description</b>	<b>Eligible Activities</b>
Literally Homeless	An individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning: 1. An individual or family with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground; 2. An individual or family living in a supervised publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by Federal, State, and local government programs for low-income individuals); or 3. An individual who is exiting an institution where he or she resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution.	<ul style="list-style-type: none"> <li>• Services               <ul style="list-style-type: none"> <li>○ Case Management</li> <li>○ Criminal Justice Diversion Programs</li> <li>○ Health and Safety Education</li> <li>○ Navigation Services</li> <li>○ Operating Support</li> <li>○ Street Outreach</li> <li>○ Other</li> </ul> </li> <li>• Rental Assistance or Subsidies               <ul style="list-style-type: none"> <li>○ Housing Vouchers</li> <li>○ Rapid Re-Housing Programs</li> <li>○ Other</li> </ul> </li> </ul>
At Imminent Risk of Homelessness	An individual or family who will imminently lose their primary nighttime residence, provided that: 1. The primary nighttime residence will be lost within 14 days of the date of application for homeless assistance; 2. No subsequent residence has been identified; and 3. The individual or family lacks the resources or support networks, e.g., family, friends, faith-based or other social networks, needed to obtain other permanent housing.	<ul style="list-style-type: none"> <li>• Services               <ul style="list-style-type: none"> <li>○ Case Management</li> <li>○ Criminal Justice Diversion Programs</li> <li>○ Health and Safety Education</li> <li>○ Navigation Services</li> <li>○ Operating Support</li> <li>○ Prevention Services</li> <li>○ Other</li> </ul> </li> <li>• Rental Assistance or Subsidies               <ul style="list-style-type: none"> <li>○ Eviction Prevention Strategies</li> <li>○ Housing Vouchers</li> <li>○ Rapid Re-Housing Programs</li> <li>○ Other</li> </ul> </li> </ul>
Unaccompanied Youth	Unaccompanied youth under 25 years of age; or families with children and youth, who do not otherwise qualify as homeless under this definition, but who: 1. Are defined as homeless under Section 387 of the Runaway and Homeless Youth Act (42 U.S.C. 5732a), Section 637 of the Head Start Act (42 U.S.C. 9832), Section 41403 of the Violence Against Women Act of 1994 (42 U.S.C. 14043e-2), Section 330(h) of the Public Health Service Act (42 U.S.C. 245b(h)), Section 3 of the Food and Nutrition Act of 2008 (7 U.S.C. 2012), Section 17(b) of the Child Nutrition Act of 1966 (42 U.S.C. 1786(b)), or Section 725 of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11434a);	<ul style="list-style-type: none"> <li>• Services               <ul style="list-style-type: none"> <li>○ Case Management</li> <li>○ Criminal Justice Diversion Programs</li> <li>○ Health and Safety Education</li> <li>○ Navigation Services</li> <li>○ Operating Support</li> <li>○ Prevention Services</li> <li>○ Street Outreach</li> <li>○ Other</li> </ul> </li> <li>• Rental Assistance or Subsidies</li> </ul>

**EXHIBIT A**  
**HOMELESS EMERGENCY AID PROGRAM (HEAP)**  
**TARGET POPULATION CATEGORIES, DESCRIPTIONS, AND ELIGIBLE ACTIVITIES**

<b>HEAP TARGET POPULATION</b>		
<b>Category</b>	<b>Description</b>	<b>Eligible Activities</b>
	<ol style="list-style-type: none"> <li>2. Have not had a lease, ownership interest, or occupancy agreement in permanent housing at any time during the 60 days immediately preceding the date of application for homeless assistance;</li> <li>3. Have experienced persistent instability as measured by two moves or more during the 60-day period immediately preceding the date of applying for homeless assistance; and</li> <li>4. Can be expected to continue in such status for an extended period of time because of chronic disabilities; chronic physical health or mental health conditions; substance addiction; histories of domestic violence or childhood abuse (including neglect); the presence of a child or youth with a disability; or two or more barriers to employment, which include the lack of a high school degree or General Education Development (GED), illiteracy, low English proficiency, a history of incarceration or detention for criminal activity, and a history of unstable employment.</li> </ol>	<ul style="list-style-type: none"> <li>○ Eviction Prevention Strategies</li> <li>○ Housing Vouchers</li> <li>○ Rapid Re-Housing Programs</li> <li>○ Other</li> <li>● Homeless Youth Set-Aside</li> </ul>
Fleeing or Attempting to Flee	<p>Any individual or family who:</p> <ol style="list-style-type: none"> <li>1. Is fleeing, or is attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against the individual or a family member, including a child, that has either taken place within the individual's or family's primary nighttime residence or has made the individual or family afraid to return to their primary nighttime residence;</li> <li>2. Has no other residence; and</li> <li>3. Lacks the resources or support networks, e.g., family, friends, and faith-based or other social networks, to obtain other permanent housing.</li> </ol>	<ul style="list-style-type: none"> <li>● Services <ul style="list-style-type: none"> <li>○ Case Management</li> <li>○ Criminal Justice Diversion Programs</li> <li>○ Health and Safety Education</li> <li>○ Navigation Services</li> <li>○ Operating Support</li> <li>○ Prevention Services</li> <li>○ Street Outreach</li> <li>○ Other</li> </ul> </li> <li>● Rental Assistance or Subsidies <ul style="list-style-type: none"> <li>○ Eviction Prevention Strategies</li> <li>○ Housing Vouchers</li> <li>○ Rapid Re-Housing Programs</li> <li>○ Other</li> </ul> </li> </ul>

**EXHIBIT B**  
**HOMELESS EMERGENCY AID PROGRAM (HEAP) DEFINITIONS**

**Administrative Entity:** A unit of general purpose local government (city, county, or city that is a county) or a nonprofit organization that has (1) previously administered federal Department of Housing and Urban Development Continuum of Care (CoC) funds as the collaborative applicant pursuant to Section 578.3 of Title 24 of the Code of Federal Regulations, and (2) has been designated by the CoC to administer program funds. The County Community Development and Housing Agency – Office of Homeless Services (OHS) is the Administrative Entity authorized to act on behalf of the County to administer the Homeless Emergency Aid Program (HEAP) as designated by the San Bernardino County CoC (SBC CoC), the eligible recipient of the HEAP grant funding.

**Bridge Housing:** Temporary housing resources offered while working with clients with Permanent Housing as the final goal. Case managers, housing locators, and employment specialists work with each family to access their unique needs and create a customized plan for achieving long-term stability and independence. Once in permanent housing, families build upon their success with aftercare support from program staff and a network of community partners.

**Case Management:** The coordination of community-based services by a professional team to provide people the quality care that is customized accordingly to an individual's setbacks or persistent challenges and aid them to their recovery. In addition, it can be defined as a collaborative process that assesses, plans, implements, coordinates, monitors, and evaluates the options and services required to meet the client's needs.

**Continuum of Care (CoC):** A program designed to promote community wide commitment to the goal of ending homelessness; providing funding for efforts to nonprofit providers; and State and local governments to rehouse homeless individuals and families while minimizing the trauma and dislocation caused to homeless individuals, families, and communities by homelessness; promote access to and effect utilization of mainstream programs by homes, individuals, and families; and optimize self-sufficiency among individuals and families experiencing homelessness.

**Contractor:** An individual, company, firm, corporation, partnership, or other organization to whom a contract award is made by the County.

**Coordinated Entry System (CES):** The CES is used to identify, assess, and prioritize homeless individuals and families for housing and services based on vulnerability and severity of need. Designed to ensure peoples experiencing homelessness receive the right housing intervention and prioritize period who need supportive housing the most to be able to access is as quickly as possible.

**Emergency Aid:** Any urgent and immediate services, which include housing that, will be provided to homeless individuals. Broad categories of uses include, but are not limited to, shelters, shelter beds, public toilets and shower facilities, tiny shed homes, etc.

**Homeless:** The same meaning as defined in Section 578.3 of Title 24 of the Code of Federal Regulations, as that Section read on May 1, 2018.

**Homeless Emergency Aid Program (HEAP):** HEAP is a \$500 million block grant program (grants are authorized under Senate Bill 850) designed to provide direct assistance to localities to address the homelessness crisis throughout California.

**Homeless Management Information System:** A web-enabled system used by homeless service providers to capture information about the San Bernardino County persons they serve. The database tracks services provided to homeless individuals a families by collaborative agencies. Services tracked include: emergency, transitional, and permanent housing be usage; employment; veteran's status; as

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**HOMELESS EMERGENCY AID PROGRAM (HEAP) DEFINITIONS**

well as referrals to health and service providers, or other relevant supportive service agencies. As required by the U.S. Department of Housing and Urban Development, the Continuum of Care utilizes the captured information to make informed decisions in planning, homeless advocacy, and policy development that result in targeted services.

**Homeless Youth:** An unaccompanied homeless individual who is not older than 24. Homeless individuals not older than 24 who are parents are included in this definition.

**Housing First:** An evidenced-based model that uses housing as a tool, rather than a reward, for recovery and that centers on providing or connecting homeless people to permanent housing as quickly as possible. Housing First providers offer services as needed and requested on a voluntary basis and that do not make housing contingent on participation in services. HEAP projects must be in compliance or otherwise align with the Core Components of Housing First, pursuant to Welfare and Institutions Code Section 8255(b).

**Housing Search and Placement:** Services to assist clients to locate, secure, and navigate the rental market. Housing Placement activities may include, but are not limited to, unit identification, unit inspection, determining rent reasonableness, contracts, advocating for households, landlord/tenant mediation, and any other housing requirements.

**Instance of Service:** Each encounter with a member of the target population where services are provided for each of the eligible grant activities. For example, one individual checks into a warming center operated by Provider X on Tuesday. The same individual checks into the same warming center the next night. This counts as two instances of service for this activity.

**Permanent Supportive Housing (PSH):** Is low-barrier permanent housing with services. The type of services depends on the needs of the residents. Services may be short-term, sporadic, or ongoing indefinitely. PSH units are for individuals and families who are homeless or chronically homeless. PSH is housing combined with services, which may include mental health and health services, drug and alcohol treatment, and education and job training.

**Program:** The Homeless Emergency Aid Program (HEAP) established pursuant to Chapter 5 of Part 1 of Division 31 of the Health and Safety Code. Program and HEAP are used interchangeably throughout this document.

**Rapid Re-Housing (RRH):** Is an intervention designed to help individuals and families quickly exit homelessness and return to permanent housing. Using the Housing First model, move families and individuals into permanent affordable housing as quickly as possible with minimal barriers, assist with move-in costs such as security and utility deposits and short-medium term declining rental subsidies, and provide intensive social services while families or individuals are in their home. Supportive services are designed to enhance each family's or individual's stability and equip them with skills and resources they need to sustain and thrive in housing and avoid future homelessness.

**Shelter Crisis:** A situation in which a significant number of persons are without the ability to obtain shelter, resulting in a threat to their health and safety.

**Subcontractor:** An individual, company, firm, corporation, partnership, or other organization, not in the employment of or owned by Contractor who is performing services on behalf of Contractor under the Contract or under a separate contract with or on behalf of Contractor.

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**HOMELESS EMERGENCY AID PROGRAM (HEAP) DEFINITIONS**

**Target Population:** Any person who meets the Homeless definition as defined in Section 578.3 of Title 24 of the Cost of Federal Regulations, as that section read on May 1, 2018:

**United States Department of Housing and Urban Development (HUD):** A Federal agency established in 1965. HUD's mission is to increase homeownership, support community development, and increase access to affordable housing free from discrimination.

**EXHIBIT C**  
**HOMELESS EMERGENCY AID PROGRAM (HEAP) PROGRAM REQUIREMENTS**

The Homeless Emergency Aid Program (HEAP) is a block grant program designed to provide direct assistance to cities, counties, and Continuums of Care (CoC) to address the homelessness crisis with the general purpose to provide one-time block grant funding to address the immediate emergency needs of homeless individuals and individuals at imminent risk of homelessness.

The written standards for providing HEAP assistance are in accordance with California Health and Safety Code sections 50210 – 50215.

1. Target Population: Any individual who is “homeless” as defined in Section 578.3 of Title 24 of the Code of Federal Regulations, as that section read on May 1, 2018.
2. Eligibility for assistance: Any individual who is both a AND b
  - a. A member of the Target Population
  - b. Residing in San Bernardino CountyNote: No income requirements exist for HEAP; i.e., an individual’s income, or lack thereof, does not affect his/her eligibility to receive HEAP funded services.
3. Eligible use of funds: The parameters of HEAP are intentionally broad to allow local communities to be creative and craft programs that meet the specific needs they have identified. All activities must directly benefit the Target Population. Eligible uses of HEAP funds include, but are not limited to:
  - a. Services: Street outreach, health and safety education, criminal justice diversion programs, prevention services, navigation services, and operating support for short-term or comprehensive homeless services.
  - b. Rental assistance or subsidies: Homeless vouchers, rapid re-housing programs, and eviction strategies.
  - c. Capital improvements: Emergency shelter, transitional housing, drop-in centers, permanent supportive housing, small/tiny houses, and improvements to current structures that serve homeless individuals and families
4. Ineligible use of funds: Generally, if HEAP funds are used to pay for activities that serve homeless individuals, families, or those at imminent risk of homelessness, the uses are allowed with the following restrictions:
  - a. Jurisdictions that have not declared a shelter crisis may not be the direct recipient of HEAP funding.
  - b. CoCs, cities, counties and nonprofit organizations may not use HEAP funds for capital projects, such as building or expanding a shelter or navigations center, or for rental assistance, within a jurisdiction that has not declared a shelter crisis.
  - c. HEAP funds cannot be used to fund HMIS infrastructure or improvements.
  - d. HEAP funds cannot be used to create a strategic plan for addressing homelessness.
  - e. HEAP funds cannot be expended after June 30, 2021. Any long-term projects that would require payment after June 30, 2021 are not appropriate uses of HEAP funds.
  - f. Expenditures not intended for the purpose of providing aid for persons who are homeless or at imminent risk of homelessness (Target Population) are not appropriate uses of HEAP funds.
5. Housing First: All HEAP awardees/contractors and HEAP awarded projects must align and comply with the core components of Housing First as defined in California Welfare and Institutions Code Section 8255(b).
6. Coordinated Entry System (CES): All HEAP awardees/contractors must work in collaboration with the countywide CES and the San Bernardino County CoC (SBC CoC) to ensure the screening,

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assessment, and referral of HEAP participants are consistent with the written standards for providing HEAP assistance. Further, the awardee/contractor must agree to receive referrals from the countywide CES with the exception of individuals receiving emergency assistance. In such cases, immediate services can be provided, but individuals and/or families must be referred by HEAP awardee/contractor to the countywide CES for assessment and prioritization within 72 hours. Those individuals and/or families may not be referred to the HEAP awardee/contractor and may be referred to another service provider based on the countywide CES assessment.

7. Homeless Management Information System (HMIS): All HEAP awardees/contractors must ensure data on all persons served with HEAP funds are entered into the countywide Homeless Management Information System (HMIS).
8. HEAP Eligible Activities: There are four eligible categories of activities for HEAP: a) Services; b) Rental Assistance and Subsidies; c) Capital Improvement; and d) Homeless Youth Set-Aside. All HEAP awardees/contractors must ensure HEAP funds are used for contracted activities (i.e., only those activities included in their HEAP Contract).
9. Job Training and Employment: All contractors/awardees shall refer HEAP participants who are eligible for job training and employment services to the County of San Bernardino Workforce Development Department. Contractors/awards shall report the number of participants who have been referred on a monthly basis.
10. HEAP Monthly Reports: Within 30 days after the close of the month in which HEAP services are rendered, all HEAP awardees/contractors must provide the following reports to the Office of Homeless Services detailing the previous month's HEAP expenditures and performance:
  - a. HEAP Monthly Expenditure Report: The HEAP Monthly Expenditure Report provides summary and detailed information and documentation of the HEAP-related services and expenses for the report month including cumulative interest accrued, if any, of disbursed HEAP funds. Documentation of all expenditures and accrued interest must accompany this report.
  - b. HEAP Monthly Performance Report: The HEAP Monthly Performance Report provides summary and detail information of the HEAP-related services and activities provided to the target population during the report month including, but not limited to:
    - i. Unduplicated number of the target population served by activity/service type
    - ii. Number of instances of service by activity/service type
    - iii. Number of participants who have been referred to the County of San Bernardino Workforce Development Department program.
  - c. HEAP HMIS Report: The HEAP HMIS Report provides a detail of the number of individuals provided HEAP-related services during the report month.
11. HEAP Annual Reports: The following reports are due to the Office of Homeless Services by December 1, 2019 and December 1, 2020 with a final report due within 45 days after the expiration of the contract:
  - a. Detailed reports containing, at minimum, the following information:
    - i. Amount awarded to Contractor with activity(ies) identified;
    - ii. Contract expenditures;
    - iii. Unduplicated number of homeless persons and households served by HEAP funds;
    - iv. Unduplicated number of persons and households at imminent risk of homelessness served by HEAP funds;
    - v. Number of instances of service;
    - vi. Increases in capacity for new and existing programs;



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**HOMELESS EMERGENCY AID PROGRAM (HEAP) PROGRAM REQUIREMENTS**

- vii. Number of unsheltered homeless persons and homeless households becoming sheltered; and
  - viii. Number of homeless persons and homeless households entering permanent housing.
  - ix. Number of homeless persons and households successfully exited from HEAP (i.e., in permanent housing) that remain in permanent housing 12 months post-exit from HEAP.
  - x. Number of persons and households at imminent risk of homelessness successfully exited from HEAP (i.e., in permanent housing) that remain in permanent housing 12 months post-exit from HEAP.
- b. Breakdowns for each activity (i.e., Services, Rental Assistance or Subsidies, Capital Improvements, and Youth Set Aside) and program type (e.g., Case Management, Street Outreach, Rapid Re-Housing, etc.) for the supplemental reporting requirements listed above, when applicable. The same information will also be requested specifically for the following subpopulations, based on priorities defined by the U.S. Department of Housing and Urban Development:
- i. Chronically homeless
  - ii. Homeless veterans
  - iii. Unaccompanied homeless youth
  - iv. Homeless families with children
  - v. Unaccompanied women
- c. Counts by subpopulation will not be required in cases where that information is unavailable, but is expected in cases where client information is entered in HMIS.

**EXHIBIT D**  
**HOMELESS EMERGENCY AID PROGRAM (HEAP) ELIGIBLE ACTIVITY DESCRIPTIONS**

There are four eligible categories of activities for HEAP: a) Services; b) Rental Assistance and Subsidies; c) Capital Improvement; and d) Homeless Youth Set-Aside. Below are descriptions of each eligible activity.

- a. **Services:** The Services category encompasses a number of different activities or services provided to the HEAP target population, including, but not limited to: Case Management, Criminal Justice Diversion Programs, Health and Safety Education, Navigation Services, Operating Support for Short-Term or Comprehensive Homeless Services, Prevention Services, Street Outreach, and Other.
  - i. Case Management includes a collaborative process that assesses, plans, implements, coordinates, monitors, and evaluates the options and services required to meet an individual/family's needs. If related to case management, may also include:
    - A. Transportation
    - B. Emergency shelter (e.g., motel vouchers)
    - C. Survival aid (e.g., hygiene packs, clothing, etc.)
    - D. Food and/or meal vouchers
  - ii. Criminal Justice Diversion Programs include services that divert an individual from the criminal justice program
  - iii. Health and Safety Education include services that provide health and safety education including, but not limited to, healthy eating and meal preparation, self-defense, etc.
  - iv. Navigation Services include housing search and placement services to assist households locate, secure, and navigate the rental market. May include, but is not limited to, unit identification, unit inspection, determining rent reasonableness, advocating for households, landlord tenant mediation, and any other housing requirement.
  - v. Operating Support for Short-Term or Comprehensive Homeless Services include those costs necessary to operate the program that are not directly related to carrying out program activities, such as, but not limited to, administrative salaries, rent, utilities, insurance, technology maintenance and support, etc.
  - vi. Prevention Services include activities or programs designed to prevent the incidence of homelessness, including, but not limited to:
    - A. Short-term subsidies to defray rent and utility arrearages for a household that has received an eviction and/or utility termination notice(s)
    - B. Security deposits or first month's rent to permit a homeless household to relocate to a new home
    - C. Mediation programs for landlord-tenant disputes
    - D. Family mediation and/or reunification services to prevent homelessness and/or house a homeless household
    - E. Legal services programs that enable representation of indigent tenants in eviction proceedings
    - F. Payments to prevent foreclosure on a home
    - G. Diversion: A strategy that prevents homelessness for people seeking shelter by helping them to identify immediate alternate housing arrangements and, if necessary, connecting them with services and financial assistance to help them return to permanent housing. Diversion programs can reduce the number of families becoming homeless, the demand for shelter beds, and the size of program wait lists.
    - H. Other innovative programs and activities designed to prevent a housed household from becoming homeless

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- vii. Street Outreach includes reaching out to unsheltered homeless individuals and families; connecting them with emergency shelter, housing, or critical services; and providing them with urgent, non-facility-based care. Street Outreach services include, but are not limited to:
  - A. Street-based education and outreach
  - B. Outreach specialist/staff (e.g., salary, transportation, cell phone, supplies, etc.)
  - C. Access to emergency shelter (e.g., motel/hotel vouchers)
  - D. Survival aid (e.g., Hygiene packs, blankets, clothing, food, water, etc.)
  - E. Treatment and counseling
  - F. Crisis intervention
  - G. Follow-up support
  - H. Transportation services (e.g., rides in contract/awardee's vehicle, bus passes, etc.)
  - I. Animal services (e.g., food, veterinary services, etc. for companion animal)
- viii. Other includes services or activities not directly related to one of the activities above, and is not limited to:
  - A. Transportation
  - B. Emergency shelter (e.g., motel vouchers)
  - C. Survival aid (e.g., hygiene packs, blankets, clothing, food, water, etc.)
  - D. Food and/or meal vouchers
  - E. Diversion
  - F. Animal services (e.g., food, veterinary services, etc. for companion animal)
- b. **Rental Assistance or Subsidies**: The Rental Assistance or Subsidies category encompasses a number of different housing activities provided to the HEAP target population, including, but not limited to: Eviction Prevention Strategies, Housing Vouchers, Rapid Re-Housing Programs, and Other.
  - i. Eviction Prevention Strategies include:
    - A. Short-term subsidies to defray rent and utility arrearages for a household that has received an eviction and/or utility termination notice(s)
    - B. Payments to prevent foreclosure on a home
    - C. Mediation programs for landlord-tenant disputes
    - D. Legal services programs that enable representation of indigent tenants in eviction proceedings
  - ii. Housing Vouchers include vouchers provided to meet a short-term housing need, such as motel or hotel vouchers
  - iii. Rapid Re-Housing Programs includes activities that rapidly connect households experiencing homelessness to permanent housing through a tailored package of assistance that may include the use of time-limited financial assistance and targeted supportive services. Time-limited financial assistance can include:
    - A. Security deposits or first month's rent to permit a homeless household to move into their own home
    - B. Application and credit report fees
    - C. Utility deposits or payments to permit household to obtain utility service(s)
  - iv. Other includes:
    - A. Bridge Housing: temporary housing resources provided while working with households with permanent housing as the final goal. Example: Permanent housing will be available in 10 days. Providing motel/hotel vouchers to house/shelter the household for those 10 days is a form of Bridge Housing.
    - B. Shared Housing

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- C. Furniture or other housing supplies (kitchen ware, linens, cleaning supplies, hygiene items, etc.)
- D. Landlord mitigation
- c. **Capital Improvements**: Capital Improvements include activities surrounding the acquisition, construction, rehabilitation, renovation, and/or remodeling of facilities for the target population, including, but not limited to: Drop-in Centers, Emergency Shelter, Permanent Supportive Housing, Transitional Housing, Other.
- d. **Homeless Youth Set-Aside**: The Homeless Youth Set-Aside is for services meeting the needs of homeless youth or youth at risk of homelessness. These may be any service provided in any of the previous three categories of HEAP funding (Services, Rental Assistance or Subsidies, and Capital Improvement), but are provided to an individual meeting the definition of a homeless youth. A homeless youth is an unaccompanied homeless individual who is not older than 24; this includes those homeless who are parents.

## EXHIBIT E FORMS INSTRUCTIONS

### INSTRUCTIONS: HEAP HOMELESS STATUS CERTIFICATION FORMS

Use the following instructions for completing Exhibit E – HEAP Homeless Status Certification Forms. Those forms are as follows:

- HEAP Homeless Status Certification
- HEAP Third Party Verification / Written Observation of Homeless Status
- HEAP Recordkeeping Requirements
- HEAP Self-Certification of Homeless Status

Complete one Exhibit E for each individual adult applicant/participant applying for or receiving Homeless Emergency Aid Program (HEAP) services. If there is more than one adult in the household, a separate Exhibit E must be completed for each adult applicant/participant and the documents must be in the applicant/participant’s file.

The order of preference for Homeless Status documentation is:

1. Third party documentation
2. Written observation by Contractor staff
3. Self-certification by applicant/participant

Use the table below to determine which Exhibit E forms to complete.

If third party documentation is ...	And ...	Then complete ...
Available,	Has been provided,	<ul style="list-style-type: none"> <li>• HEAP Homeless Status Certification</li> <li>• HEAP Third Party Verification / Written Observation of Homeless Status</li> <li>• HEAP Recordkeeping Requirements</li> </ul>
Not available,	Contractor staff have observed homeless status,	<ul style="list-style-type: none"> <li>• HEAP Homeless Status Certification</li> <li>• HEAP Third Party Verification / Written Observation of Homeless Status</li> <li>• HEAP Recordkeeping Requirements</li> </ul>
Not available,	Contractor staff have not observed <b>AND</b> cannot otherwise verify homeless status,	<ul style="list-style-type: none"> <li>• HEAP Homeless Status Certification</li> <li>• HEAP Third Party Verification / Written Observation of Homeless Status</li> <li>• HEAP Recordkeeping Requirements</li> <li>• HEAP Self-Certification of Homeless Status</li> </ul>

Instructions for each separate form follow.

## EXHIBIT E FORMS INSTRUCTIONS

### HEAP HOMELESS STATUS CERTIFICATION FORM

The HEAP Homeless Status Certification Form identifies and verifies the homeless status and HEAP eligibility for applicants requesting assistance via HEAP funding. Contractors are responsible for identifying, verifying, and collecting all supporting documentation that establish the status identified. This Form is completed by both HEAP Contractor staff and the HEAP Applicant. Completion Instructions are as follows:

#### Completion Instructions:

1. Enter Case Manager's name
2. Enter Applicant/participant's:
  - a. Name,
  - b. Intake Date
  - c. Date of Entry into HMIS
  - d. HMIS Client Identification Number
3. Check one: Check the applicable box and enter the number of adults, and it appropriate, the number of children.
4. Identify the applicant/participant's Homeless Status by checking **ALL** the applicable boxes. The applicant/participant must fall under **only one** of the following categories:
  - a. Literally Homeless
  - b. At Risk of Imminent Homelessness
  - c. Unaccompanied Youth
  - d. Fleeing or Attempting to Flee

*The category of homeless classification determines the type of HEAP activities/services the prospective participant is eligible to receive so it is critical the status is correctly identified.*

5. Complete the signature sections, both Applicant/Participant and HEAP Staff.
6. Ensure all sections of the form are complete, including the required signatures and dates. Failure to complete the form will result in the form being considered "INCOMPLETE", and the expenditures related to the applicant/participant will be denied. If information is requested on the form and is not readily available, do not leave blank; instead indicate the information is either not available, not applicable and explain why. Ensure all dates are entered, as dates help determine eligibility. If dates are not accurately entered on the form, the applicant/participant and related services will be deemed ineligible.

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### HEAP THIRD PARTY VERIFICATION / WRITTEN OBSERVATION OF HOMELESS STATUS

This is a dual purpose form. It is used to document party verification, and, if necessary, to also document HEAP staff's written observation of the applicant/participant's homeless status. As a reminder, third party verification is the preferred method to verify homeless status; written observation is acceptable only when third party documentation is not available AND the attempts to obtain that verification are clearly documented.

A HEAP Third Party Verification / Written Observation of Homeless Status must be completed for each adult member of the household. This form must be completed by HEAP Contractor staff.

#### Completion Instructions:

1. Enter the HEAP Applicant/Participant Name and HMIS Number
2. Check one of the boxes
3. If the HEAP Contractor staff is also using this form to document homeless status, then complete the narrative section explaining the HEAP Contractor staff's attempted actions providing details regarding how staff attempted to verify the information (e.g., calls made, dates, etc.) AND also

## EXHIBIT E FORMS INSTRUCTIONS

include the HEAP Contractor staff's written observation, which must include the following details:

- a. Date
  - b. Place/location of observation
  - c. Details leading the Contractor staff/case manager to determine homeless status.
4. If HEAP Contractor staff using this form solely to document attempts to obtain third party verification, then complete the narrative section explaining the HEAP Contractor staff's attempted actions providing details regarding how staff attempted to verify the information (e.g., calls made, dates, etc.).
  5. Complete the signature section.

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### HEAP RECORDKEEPING REQUIREMENTS

The HEAP Recordkeeping Requirements form demonstrates what type of information was collected to support the applicant/participant's Homeless Status.

Completion Instructions:

1. Enter the HEAP Applicant/Participant Name and HMIS Number
2. Check the appropriate box(es) to indicate the type of documentation collected to identify the applicant/participant's homeless status. Collect all supporting documentation and maintain it in the applicant/participant's file.

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### HEAP SELF-CERTIFICATION OF HOMELESS STATUS

The applicant/participant's self-certification is only acceptable when it is absolutely not practical or feasible to obtain third-party verification or written observation from the case worker, intake worker, outreach worker, etc. The self-certification may be used when it is the only way the agency is able to verify information related to HEAP eligibility. A self-certification must be completed by each adult member in the household.

The certification must include details including the approximate date applicant/participant became homeless (e.g., I became homeless on or around February 2, 2018), where the applicant/participant is currently sleeping (e.g., I am sleeping in Patriot Park or under the Golden Street bridge, I stay at Hodge Lodge hotel, but no longer can pay, etc.), events leading up to homelessness (e.g., I was evicted on December 28, 2018 and had to vacate the premises). Please note: attempts must be made to certify the information. Vague certification such as I am homeless will not be permitted.

**The form MUST be completed by the applicant/participant.** If the applicant/participant requires assistance (e.g., unable to write, does not speak/write English, etc.), Contract staff must ensure the certification is in the words of the applicant/participant and is written in first-person (e.g., I am homeless). Certifications written in third-person (e.g., He is homeless) will not be accepted.

Completion Instructions:

1. Enter adult's name (last, first)
2. Enter date
3. Enter telephone number and email address (if none, enter "N/A" or "none")
4. Check the appropriate "I am" box
5. Check one Self-Certification box
6. Describe situation
7. Sign and date form

**EXHIBIT E  
HEAP HOMELESS STATUS CERTIFICATION FORM**

***This form must be completed for each adult applicant (or participant) requesting or receiving HEAP assistance.***

Case Manager (last name, first name): \_\_\_\_\_

HEAP Applicant (last name, first name): \_\_\_\_\_

Intake Date (date of entry): \_\_\_\_\_

Date of entry into HMIS: \_\_\_\_\_

HMIS Client Identification \_\_\_\_\_

Check one:

- I am a household of \_\_\_\_\_ adults with no children under age 18
- I am a household of \_\_\_\_\_ adults with \_\_\_\_\_ children under age 18

**This is to certify the above named individual or household is currently homeless or at imminent risk of homelessness based on the following and other indicated information and the signed declaration by the applicant.**

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**CATEGORY – Literally Homeless**

**Check only one: I am an individuals or family who lacks a fixed, regular, and adequate nighttime residence as follows:**

- My primary nighttime residence is a public or private place not meant for human habitation.
  - I [and my children] are living in a publically or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels/motels paid for by charitable organizations or by federal, state, and local government programs).
  - I am exiting an institution where I have resided for 90 days or less and resided in an emergency shelter or place not meant for human habitation immediately before entering that institution.
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**CATEGORY – At imminent Risk of Homelessness**

**I am an individual or family at imminent risk of losing my primary nighttime residence and have ALL of the following circumstances:**

- My residence will be lost within 14 days of the date of this notice; **AND**
  - No subsequent residence has been identified; **AND**
  - I [and my children] lack the resources or support networks needed to obtain permanent housing.
-



**EXHIBIT E  
HEAP HOMELESS STATUS CERTIFICATION FORM**

**CATEGORY – Unaccompanied Youth**

**I am an unaccompanied youth under 25 years of age, or a family with children and youth, who not otherwise qualify as homeless, but I meet ALL of the following circumstances:**

- I am defined as homeless under another federal statute; **AND**
- I have not had a lease, ownership interest, or occupancy agreement in permanent housing during the 60 days prior to this application for assistance; **AND**
- I have experienced persistent instability as measured by two moves or more during the preceding 60 days, **AND**
- I expect to continue in such status for an extended period of time due to special needs or barriers defined as follows:

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**CATEGORY – Fleeing or Attempting to Flee**

**I am an individual or family that is and have ALL the following circumstances:**

- Fleeing, or attempting to flee, domestic violence; **AND**
- Have no other residence; **AND**
- Lack the resources or support networks to obtain other permanent housing.

**Applicant/Participant must certify the following is true and correct:**

- I hereby certify, under penalty of perjury, that no subsequent residence has been identified for me at this time. (*Categories: Literally Homeless, At Imminent Risk of Homelessness, and Fleeing or Attempting to Flee*)
- I hereby certify, under penalty of perjury, the information and other information I have provide in applying for HEAP assistance is true and complete. (*All Categories*)

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HEAP Applicant Signature

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Date

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HEAP Staff Signature

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Date

**EXHIBIT E**  
**HEAP THIRD PARTY VERIFICATION / WRITTEN OBSERVATION OF HOMELESS STATUS**

\_\_\_\_\_  
 HEAP Applicant/Participant Name (last, first)

\_\_\_\_\_  
 HMIS Number

Instructions: This form must be completed by the servicing agency regarding third party verification, attempts to obtain third party verification, and, if attained, staff written observation of homeless status.

Check **one** of the boxes below:

- Third party verification is attached and is on file
- Third party verification was not obtained, and the agency was able to confirm homeless status through observation. The description below includes the attempted actions to obtain third party verification and **my** written observation of homeless status.
- Third party verification was not obtained, and the agency was not able to confirm homeless status through observation. The description below includes the attempted actions to obtain third party verification.

*I understand third party verification should be provided and is the preferred method for certifying homeless status. I understand self-declaration of homeless status is only permitted when I have attempted, but have been unsuccessful in obtaining third party verification, and I was unable to confirm homeless status through observation. I hereby certify I attempted to document and/or obtain the third party verification reflected on the HEAP Homeless Status Certification form. The attempted actions were (include details regarding attempts, i.e., calls made, dates, etc.), and if attained, by written observation of the applicant/participant's homeless status is (included category of homelessness):*

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\_\_\_\_\_  
 HEAP Staff Signature

\_\_\_\_\_  
 Date

**WARNING: Section 1001 of Title 18 of the U.S. Code makes is a criminal offense to make willful false statements or misrepresentations to any department or agency of the United States as to any matter within its jurisdiction.**

**EXHIBIT E  
HEAP RECORDKEEPING REQUIREMENTS**

HEAP Applicant/Participant Name (last, first)

HMIS Number

Indicate the type of documentation that was collected in order to identify client's homeless status.

<b>RECORDKEEPING REQUIREMENTS</b>	Literally Homeless	<input type="checkbox"/> Written observation by the outreach worker; <u>or</u> <input type="checkbox"/> Written referral by another homeless or service provider; <u>or</u> <input type="checkbox"/> Certification by individual or head of household seeking assistance stating (s)he was living on the streets or in shelter <input type="checkbox"/> For individuals exiting an institution, one of the forms of evidence above; <b>and</b> : <input type="checkbox"/> Discharge paperwork <u>or</u> written/oral referral, <u>or</u> <input type="checkbox"/> Written record of intake worker's due diligence to obtain above evidence <u>and</u> certification by individual they exited institution
	At Imminent Risk of Homelessness	<input type="checkbox"/> A Three-day Pay or Quit Notice with proper proof of service <input type="checkbox"/> A court order resulting from an eviction action notifying the individual or family that they must leave; <u>or</u> <input type="checkbox"/> For individual and families leaving a motel evidence they lack the financial resources to stay; <u>or</u> <input type="checkbox"/> A documented and verified oral statement; <b>and</b> <input type="checkbox"/> Certification no subsequent residence has been identified; <u>and</u> <input type="checkbox"/> Self-certification or other written documentation verifying the individual lacks the resources and support necessary to obtain permanent housing
	Unaccompanied Youth	<input type="checkbox"/> Certification by the nonprofit or state or local government the individual or head of household seeking assistance met the criteria of homelessness under another federal statute; <u>and</u> <input type="checkbox"/> Certification of no Permanent Housing in last 60 days; <u>and</u> <input type="checkbox"/> Certification by the individual or head of household, and any available supporting documentation, that (s)he has moved two or more times in the past 60 days; <u>and</u> <input type="checkbox"/> Documentation of special needs <u>or</u> 2 or more barriers
	Fleeing or Attempting to Flee	<p><b>For victim service providers:</b></p> <input type="checkbox"/> An oral statement by the individual or head of household seeking assistance which states: they are fleeing; they have not subsequent residence; and they lack resources. Statement must be documented by a self-certification or certification by the intake worker. <p><b>For non-victim service providers:</b></p> <input type="checkbox"/> Oral statement by the individual or head of household seeking assistance that they are fleeing. This statement is documented by a self-certification or by the caseworker. Where the safety of the individual or family is not jeopardized, the oral statement must be verified; <u>and</u> <input type="checkbox"/> Certification by the individual or head of household that no subsequent residence has been identified; <u>and</u> <input type="checkbox"/> Self-certification, or other written documentation the individual or family lacks the resources and support networks to obtain other permanent housing.

**EXHIBIT E  
HEAP SELF-CERTIFICATION OF HOMELESS STATUS**

**Instructions: This form MUST be completed by the applicant/participant.** A self-certification must be provided for each adult member in the household. If the applicant/participant requires assistance (e.g., unable to write, does not speak/write English, etc.), HEAP Contract staff must ensure the certification is in the words of the applicant/participant and is written in first person (e.g., I am homeless). Certifications written in third person (e.g., He is homeless) will not be accepted.

Include approximate date the applicant/participant became homeless, where the applicant/participant is currently sleeping, and the events leading up to homelessness. Vague certification such as “I am homeless” will not be permitted.

\_\_\_\_\_  
Head of Household/Other Adult (last, first) \_\_\_\_\_  
Date

\_\_\_\_\_  
Telephone Number \_\_\_\_\_  
Email Address

- I am:**
- Head of Household**
  - Other Adult Household Member**

**Self-Certification (select ONE of the following and describe below):**

- Lack of sufficient resources and/or support networks and no subsequent residence has been identified
- Fleeing domestic violence
- Living on street or in shelter
- Exiting for institution
- Other (please describe)

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HEAP Applicant/Participant Signature \_\_\_\_\_  
Date