

## River Valleys CoC Coordinated Entry System

### Program Eligibility Addendum

#### *Instructions for completion*

The Program Eligibility Addendum was developed in order for the River Valleys Coordinated Entry System (CES) to collect accurate information on eligibility criteria for families, singles, and youth housing programs in the River Valleys Continuum of Care (CoC) Region. In order for a CES participant to successfully move into a housing opening, we must make sure they meet the eligibility criteria specific to the individual program.

The Program Eligibility Addendum will also assist the River Valleys CoC with the annual Housing Inventory Count (HIC).

Please fill out one Program Eligibility Addendum for each individual housing program. ***It is strongly recommended to read through these instructions and the Program Eligibility Addendum before filling it out.***

#### Instructions

##### **1. Contact Information:**

Fill out your agencies contact information starting with agency name and the name of the program. Enter the address of the agency, *not the address of the housing project*. Continue filling out agency and contact information and HMIS information for the program.

##### **2. Program Type:**

From the list of program types, check off all categories that apply to your program. Then select which definition(s) of homeless your program uses.

##### **3. Program Criteria:**

Under program criteria, list who the program predominately serves.

##### **4. Funder Criteria:**

Under funder criteria, list any criteria the funder has placed on the program.

##### **5. Additional Agency Criteria:**

If your agency has developed any additional criteria for the program, list that in this section.

##### **6. Describe how you measure “capacity or ability to serve” within your program:**

Check off and fill in the appropriate space on how you are able to serve people.

##### **7. Average length of time in program/Maximum time in program:**

Put in either months or years what the average length of time that participants stay in your program and the maximum time that participants can stay in your program.

##### **8. List current program funding sources:**

List all sources of funding for this program.

##### **9. What services are offered with your program?**

List what services you offer with the program, for example; first month’s rent, deposit, or client support dollars. Check yes or no whether or not case management services are offered with this program and what agency provides them?

##### **10. List other programs or services provided by your agency within River Valleys CoC MN-502:**

If your agency provides any other services, for example; transportation, energy assistance, home improvement loans, etc., list that in this area.

##### **Questions 11-20- Eligibility Criteria:**

Fill out each section as needed for eligibility criteria that your program may have. If a section does not apply to your program, please specify so. **Be as specific as possible!**

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**1. Contact Information**

<b>Agency Name</b>	
<b>Program Name</b>	
<b>Agency Address</b>	
<b>Phone</b>	
<b>Website</b>	
<b>Contact Name</b>	
<b>Email Address</b>	
<b>Geographic Region that Program Serves</b>	
<b>HMIS Provider Name(s) and Number(s) for Program</b>	

**2. Program Type**

<p><b>Program Type:</b> (check all that apply for this program)</p> <p><input type="checkbox"/> Chronic</p> <p><input type="checkbox"/> Emergency Shelter</p> <p><input type="checkbox"/> Information and Referral Only</p> <p><input type="checkbox"/> Long-Term Homeless</p> <p><input type="checkbox"/> Market Rate Housing</p> <p><input type="checkbox"/> Outreach</p> <p><input type="checkbox"/> Permanent Supportive</p> <p><input type="checkbox"/> Permanent Supportive Housing (scattered site)</p> <p><input type="checkbox"/> Permanent Supportive Housing (site based)</p> <p><input type="checkbox"/> Prevention</p> <p><input type="checkbox"/> Rapid Re-Housing</p> <p><input type="checkbox"/> Safe Home</p> <p><input type="checkbox"/> Subsidized Housing (type: _____)</p> <p><input type="checkbox"/> Transitional Housing (scattered site)</p> <p><input type="checkbox"/> Transitional Housing (site based)</p>	<p><b>What definition of homeless does this program use?</b> (check all that apply for this program)</p> <p><input type="checkbox"/> Federal</p> <p><input type="checkbox"/> HUD</p> <p><input type="checkbox"/> HUD Chronic Homeless</p> <p><input type="checkbox"/> State of Minnesota Long-Term Homeless</p> <p><input type="checkbox"/> State of Minnesota</p>
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**Complete Information below for Program Named above**

<p><b>3. Program Criteria:</b> <i>Example: This program serves veteran/homeless/disabled.</i></p>
<p><b>4. Funder Criteria:</b> <i>Example: Participant household income must be below 200% Federal Poverty Guidelines.</i></p>
<p><b>5. Additional Agency Criteria:</b> <i>Example: Participant household income must be below 150% Federal Poverty Guidelines.</i></p>

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**6. Describe how you measure “capacity or ability to serve” within your program:**

<input type="checkbox"/> Beds Available #Singles _____ #Families _____	<input type="checkbox"/> LTH Spots Available #Singles _____ #Families _____
<input type="checkbox"/> Apartments Available Studio _____ 1 Bdrm _____ 2 Bdrm _____ 3 Bdrm _____ 4 Bdrm _____	<input type="checkbox"/> Chronic Bed Spaces #Singles _____ #Families _____
<input type="checkbox"/> A Certain # of Families Identified via Grants	<input type="checkbox"/> Dollars Awarded to Program
	<input type="checkbox"/> Other:

**7. Average length of time in program:**

**Maximum time in program:**

**8. List current program funding sources:**

**9. What services are offered with this program?**

**Case management services offered?**

Yes  No

**If yes, who provides:**

**10. List other programs or services provided by your agency within River Valleys CoC MN- 502**

Name	Description

**11. Does your program have any eligibility criteria regarding documentation? Yes or No. If yes, explain.**

*Example: Participant must have a copy of their birth certificate or social security card...*

**12. Does your program have any eligibility criteria regarding geographic location?**

*Example: Participant must reside in Mankato, or participant must have lived in Blue Earth County for at least five years...*

**13. Does your program have any eligibility criteria regarding homeless status?**

*Example: Participant must be HUD homeless...*

**14. Does your program have any eligibility criteria regarding veteran status?**

*Example: Participant must have served in the US Armed Forces and has been honorably discharged...*

**15. Does your program have any eligibility criteria regarding criminal history?**

*Example: Participant cannot have committed a felony in the last ten years or have any history of violent crimes...*

**16. Does your program have any eligibility criteria regarding unlawful detainers, evictions, notice to vacate, or others related to rental or housing history?**

*Example: Participant cannot have any evictions on their record for the last two years or have been previously terminated by the program.*

**17. Does your program have any eligibility criteria regarding education levels or enrollment status?**

*Example: Must be enrolled in an accredited college program or must have graduated high school or have a GED equivalent?*

**18. Does your program have any eligibility criteria regarding disability or chemical dependency status?**

*Example: Participant must have a mental health disability...*

**19. Does your program have any eligibility criteria regarding income or employment status?**

*Example: Participant's total monthly income can be no more than 50% of the Area Median Income (AMI) or participant must maintain employment.*

**20. Any additional eligibility criteria that we need to know about:**