

1A. Continuum of Care (CoC) Identification

Instructions:

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

CoC Name and Number (From CoC Registration): KY-501 - Louisville/Jefferson County CoC

CoC Lead Agency Name: Coalition for the Homeless

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: Continuum of Care Advisory Group

Indicate the frequency of group meetings: Monthly or more

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

Indicate the legal status of the group: Other (specify)

Specify "other" legal status:

While the Advisory Group itself is not a 501(c)3, The Coalition for the Homeless which sponsors and convenes the group is a 501(c)3.

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) 67%

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

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

Other:

Specify "other" process(es):

The Advisory Group is currently 12 members: 4 CoC elected members from provider community, 8 are appointed: 2 from the city 1 of which represents S+C. 1 member from a state agency, 1 represents the VA, 2 from the community at large & 2 from the lead agency serving as lead person. Community at large persons represent business & community advocates. We were unsuccessful this year in securing a homeless or formerly homeless person on the Advisory Group, however there are two homeless or formerly homeless persons who fully participate in the CoC membership meetings.

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

We value provider input therefore providers have elected representation on the Advisory Group. Other members provide diverse perspectives & objectivity. This group advises the CoC membership who hold final decision making power. Each CoC member, individual or agency, having attended 10 of 12 monthly meetings has one vote determining if a project is included in the application. If ranking of new projects is necessary, member agencies have one vote to determine where the project should be ranked. Any member with a vested interest in a project may not vote on that project.

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

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

Specify "other" process(es):

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

Yes. While the Advisory Group is not a separate 501(c)3, the Coalition for the Homeless which sponsors and convenes the Advisory Group is and could serve as the lead agency responsible for applying, overseeing and monitoring HUD funding.

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
Advisory Group	Monitors & coordinates the CoC process facilitating informed, reasonable decisions by the CoC community regarding all aspects of service provision to the homeless. Specific duties: coordinates & scores pre-application process, advises applicants of HUD regulations & expectations. Monitors housing & service availability, funding needs vs funds available & monitors the community's progress toward HUD's stated goals.	Monthly or more
APR Review Team	Implemented and administers a monitoring tool that evaluates the progress of projects toward applicable HUD and CoC community goals using the APR. The level of achievement for each project is shared with the Advisory Group and the CoC community in order to make informed decisions regarding recommendations for continued funding. The APR Review Team also provides trainings and local technical assistance to the CoC on the APR, thus working toward complete and accurate APR submissions.	quarterly (once each quarter)
Service Provider Network	Allows service provider directors to discuss current challenges and brainstorm potential collaborations. Guest speakers feature new resources and system-wide updates are shared.	Monthly or more
SOAR Technical Assistance	Part of a nationwide effort to link clients with SSI and SSDI through the SSI/SSDI Outreach, Access and Recovery Initiative in partnership with SAMSHA; SOAR trained trainers work with agency case managers to train them in completing applications, follow up and outreach.	Monthly or more
CoC Community	Decides the needs of the community, how the CoC process is administered, endorses the projects to be submitted for funding consideration and the community priority rankings. This group holds the ultimate responsibility for ensuring quality Louisville appropriate homeless services while meeting the specific goals of HUD.	Monthly or more

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

1D. Continuum of Care (CoC) Member Organizations

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

Organization Name	Membership Type	Organization Type	Organization Role	Subpopulations
Cabinet for Health and Family Services	Public Sector	State g...	Attend Consolidated Plan planning meetings during past 12...	NONE
Kentucky Housing Corporation	Public Sector	State g...	Attend Consolidated Plan planning meetings during past 12...	NONE
Louisville Metro Government	Public Sector	Local g...	Attend Consolidated Plan planning meetings during past 12...	NONE
Louisville Metro Housing and Family Services	Public Sector	Local g...	Attend Consolidated Plan planning meetings during past 12...	NONE
Louisville Metro Housing Authority	Public Sector	Public ...	Attend Consolidated Plan planning meetings during past 12...	NONE
Bellarmino University	Public Sector	School ...	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Spalding University	Public Sector	School ...	Committee/Sub-committee/Work Group	NONE
Jefferson County Public Schools	Public Sector	School ...	Committee/Sub-committee/Work Group	Youth
University of Louisville	Public Sector	School ...	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Kentucky Department of Corrections	Public Sector	Law enf...	Committee/Sub-committee/Work Group	NONE
Louisville Metro Corrections	Public Sector	Law enf...	Committee/Sub-committee/Work Group	NONE
Louisville Metro Police	Public Sector	Law enf...	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Kentuckiana Works	Public Sector	Local w...	Committee/Sub-committee/Work Group	NONE
Social Security Administration	Public Sector	Other	Committee/Sub-committee/Work Group	Seriously Me...
Veterans Administration	Public Sector	Other	Committee/Sub-committee/Work Group, Attend 10-year planni...	Veterans
U.S. Congressman John Yarmuth	Public Sector	Other	None	NONE

State Representative Jim Wayne	Public Sector	State g...	None	NONE
American Veterans Association	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Veterans
Association of Community Ministries	Private Sector	Faith-b...	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Brooklawn	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Youth
Center for Women and Families	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend 10-year planni...	Domestic Vio...
Dare to Care Food Bank	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Family and Children's Place	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend 10-year planni...	Seriously Me...
Family Health Center, Inc.	Private Sector	Hospita..	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Goodwill Industries of Kentucky	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
GuardiaCare	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend 10-year planni...	Seriously Me...
Habitat for Humanity	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
The Healing Place	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend 10-year planni...	Substance Abuse
Home of the Innocents	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend 10-year planni...	Youth
House of Ruth	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend 10-year planni...	HIV/AIDS
Interlink Counseling Services	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Veterans
Jefferson Alcohol and Drug Abuse Center	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Substance Abuse
Kentuckians for the Commonwealth	Private Sector	Non-pro..	None	NONE
Legal Aid Society	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE

New Beginnings for Women	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
Family Scholar House	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
St. John Center	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Schizophrenia Foundation of KY, Inc. dba Wellsp...	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend 10-year planni...	Seriously Me...
YMCA Safe Place Services	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend 10-year planni...	Youth
YMCA Chestnut St.	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
Society of St. Vincent de Paul	Private Sector	Faith-b...	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Bellewood Presbyterian Homes for Children	Private Sector	Faith-b...	Committee/Sub-committee/Work Group, Attend 10-year planni...	Youth
Catholic Charities, Inc.	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	NONE
Citizens of Louisville Orgaized & United Togeth...	Private Sector	Faith-b...	None	NONE
Choices, Inc.	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Elder Shelter Network	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	NONE
Father Maloney's Boys' Haven	Private Sector	Faith-b...	Committee/Sub-committee/Work Group, Attend 10-year planni...	Youth
Jefferson Street Baptist Center	Private Sector	Faith-b...	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Prodigal Ministries	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	NONE
Salvation Army	Private Sector	Faith-b...	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Ursuline Sisters	Private Sector	Faith-b...	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Volunteers of America of KY	Private Sector	Faith-b...	Attend Consolidated Plan planning meetings during past 12...	NONE
Wayside Christian Mission	Private Sector	Faith-b...	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Jobs with Justice	Private Sector	Funder...	None	NONE
Metro United Way	Private Sector	Funder...	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE

Metropolitan Housing Coalition	Private Sector	Funder ...	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
National Low-Income Housing Coalition	Private Sector	Funder ...	None	NONE
National Alliance to End Homelessness	Private Sector	Funder ...	None	NONE
Downtown Development Corporation	Private Sector	Businesses	None	NONE
East Downtown Business Association	Private Sector	Businesses	None	NONE
PNC Bank	Private Sector	Businesses	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Louisville Metro Health Department	Public Sector	Local g...	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Jewish Hospital/Frazier Rehab.	Private Sector	Hospita..	None	NONE
Seven Counties Services	Private Sector	Hospita..	Committee/Sub-committee/Work Group, Attend 10-year planni...	Seriously Me...
Charles Orten	Individual	Formerl..	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Raymond Peart	Individual	Homeless	Committee/Sub-committee/Work Group	NONE
The Coalition for the Homeless, Inc.	Private Sector	Funder ...	Primary Decision Making Group, Attend Consolidated Plan p...	NONE
Kentucky Interagency Council on Homelessness	Private Sector	Funder ...	Attend 10-year planning meetings during past 12 months, A...	NONE
New Directions Housing Corporation	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Louisville Metro Inspections, Permits & Licenses	Public Sector	Local g...	Committee/Sub-committee/Work Group, None	NONE
Louisville Metro Office on Homelessness	Public Sector	Local g...	Attend Consolidated Plan planning meetings during past 12...	NONE
Jefferson County Court System	Public Sector	Local g...	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Jefferson Street at Liberty	Private Sector	Faith-b...	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Archdiocese of Louisville	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	NONE

Dismas Charities	Private Sector	Faith -b...	None	NONE
Highland Community Ministries	Private Sector	Faith -b...	Committee/Sub-committee/Work Group	NONE
Kentucky Harvest	Private Sector	Non- pro.. .	None	NONE
Kentucky Youth Advocates	Private Sector	Non- pro.. .	Committee/Sub-committee/Work Group	Youth
Rhonda's Another Chance	Private Sector	Non- pro.. .	Committee/Sub-committee/Work Group	NONE
Travelers Aid	Private Sector	Non- pro.. .	Committee/Sub-committee/Work Group	NONE
TARC (Transit Authority of the River City)	Public Sector	Loca l g...	Attend Consolidated Plan planning meetings during past 12...	NONE
Kentucky Refugee Ministries	Private Sector	Faith -b...	None	NONE
Louisville Urban League	Private Sector	Non- pro.. .	None	NONE
Ian Hooper	Individual	For merl.. .	Committee/Sub-committee/Work Group	NONE
Mark Snyder	Individual	Othe r	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE
River City Love Squad	Private Sector	Faith -b...	Committee/Sub-committee/Work Group	NONE
Mattie's House	Private Sector	Non- pro.. .	Committee/Sub-committee/Work Group	Substan ce Abuse
ElderServe	Private Sector	Non- pro.. .	Committee/Sub-committee/Work Group	NONE
House of Hope, KY	Private Sector	Non- pro.. .	Committee/Sub-committee/Work Group	NONE
Mary Bryan	Individual	Othe r	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE
Making Connections	Private Sector	Non- pro.. .	Committee/Sub-committee/Work Group	NONE

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

Instructions:

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

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

Name of organization or individual: Cabinet for Health 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: Attend Consolidated Plan planning meetings during past 12 months
(select all that apply)

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

Does the organization provide direct services to homeless people? No

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

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 - 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: Kentucky Housing Corporation

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: Attend Consolidated Plan planning meetings during past 12 months, 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: 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: Louisville Metro Government

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 Consolidated Plan planning meetings during past 12 months, 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, 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? Yes

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

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

Name of organization or individual: Louisville Metro Housing and Family 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: Attend Consolidated Plan planning meetings during past 12 months, 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: Case Management, Life Skills, Utilities Assistance, Transportation, Rental Assistance
(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: Louisville Metro Housing Authority

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

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

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

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

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Case Management, Life Skills, Utilities Assistance, 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: Bellarmine University

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

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

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

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

Does the organization provide direct services to homeless people? No

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

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

Name of organization or individual: Spalding University

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

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

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

Subpopulation(s) represented by the organization: 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: Jefferson County 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: Committee/Sub-committee/Work Group
(select all that apply)

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

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Education
(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: University of Louisville

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

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

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

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

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Healthcare, Prescription Assistance, Mental health
(select all that apply)

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

Name of organization or individual: Kentucky Department of Corrections

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

Type of Organization: Law enforcement/corrections
(Content depends on "Type of Membership" selection)

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

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

Does the organization provide direct services to homeless people? Yes

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

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

Name of organization or individual: Louisville Metro 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? Yes

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

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- Type of organization
- Organization role in the CoC planning process
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- Services provided, if applicable

Name of organization or individual: Louisville Metro Police

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

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

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Law Enforcement
(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: Kentuckiana Works

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

Type of Organization: Local workforce investment act boards
(Content depends on "Type of Membership" selection)

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

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

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: 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: Social Security Administration

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: 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: 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: Veterans Administration

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

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: Street Outreach, Case Management, Healthcare, Prescription Assistance, Mental health, 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: U.S. Congressman John Yarmuth

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: None
(select all that apply)

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

Does the organization provide direct services to homeless people? No

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

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

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- Type of 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: State Representative Jim Wayne

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: None
(select all that apply)

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

Does the organization provide direct services to homeless people? No

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

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

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- Type of 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: American Veterans 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: Veterans
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Street Outreach
(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: Association of Community Ministries

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

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

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

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

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: 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: Brooklawn

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, Education, Life Skills, Mental health
(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: Center for Women and Families

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, Attend Consolidated Plan focus groups/public forums during past 12 months

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: Counseling/Advocacy, Case Management, Life Skills, Utilities Assistance, Mental health, Legal 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: Dare to Care Food Bank

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, Attend Consolidated Plan focus groups/public forums 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: Soup Kitchen/Food Pantry
(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: Family and Children'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, Attend
(select all that apply) 10-year planning meetings during past 12 months, Attend Consolidated Plan focus groups/public forums during past 12 months

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

Does the organization provide direct services to homeless people? Yes

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

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

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

Name of organization or individual: Family Health Center, Inc.

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

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

Role(s) of the organization: Committee/Sub-committee/Work Group, Attend
(select all that apply) 10-year planning meetings during past 12 months, Attend Consolidated Plan focus groups/public forums 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: Street Outreach, Case Management, Healthcare
(select all that apply)

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

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

Name of organization or individual: Goodwill Industries of Kentucky

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

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

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

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

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Case Management, Transportation, Employment
(select all that apply)

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

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

Name of organization or individual: GuardiaCare

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: 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: Case Management
(select all that apply)

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

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

Name of organization or individual: Habitat for Humanity

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

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

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Case Management, Life Skills, Healthcare, Mental health, Transportation, Alcohol/Drug Abuse
(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: Home of the Innocents

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, Attend Consolidated Plan focus groups/public forums during past 12 months

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, Education, Case Management, Child Care, Life Skills, Utilities Assistance, Healthcare, Mental health, 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: House of Ruth

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: 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, Case Management, Life Skills, Utilities Assistance, Legal Assistance, Transportation, HIV/AIDS, Rental Assistance
(select all that apply)

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

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

Name of organization or individual: Interlink Counseling 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: Veterans
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

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

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

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

Name of organization or individual: Jefferson Alcohol and Drug Abuse Center

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

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

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

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

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Case Management, Life Skills, Mental health, Alcohol/Drug Abuse
(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: Kentuckians for the Commonwealth

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

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

Role(s) of the organization: None
(select all that apply)

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

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy
(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: Legal Aid Society

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

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

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

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

Does the organization provide direct services to homeless people? Yes

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

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

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

Name of organization or individual: New Beginnings for Women

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

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

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

Subpopulation(s) represented by the organization: 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
(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: Family Scholar House

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

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

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

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

Does the organization provide direct services to homeless people? Yes

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

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

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

Name of organization or individual: St. John 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, Attend
(select all that apply) 10-year planning meetings during past 12 months

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

Does the organization provide direct services to homeless people? Yes

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

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

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

Name of organization or individual: Schizophrenia Foundation of KY, Inc. dba Wellspring

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: 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, Case Management, Life Skills, Utilities Assistance, Mental health, Transportation, Rental Assistance
(select all that apply)

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

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

Name of organization or individual: YMCA Safe Place 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, Attend
(select all that apply) 10-year planning meetings during past 12 months

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, Street Outreach, Case Management, Life Skills
(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: YMCA Chestnut St.

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, 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: Society of St. Vincent de Paul

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

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

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Case Management, Life Skills, Utilities Assistance, Mental health, Transportation, Alcohol/Drug Abuse, Rental Assistance
(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: Bellewood Presbyterian Homes for Children

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

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, Life Skills, Utilities Assistance, Mental health, Transportation, Rental Assistance
(select all that apply)

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

Instructions:

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

Name of organization or individual: Catholic Charities, Inc.

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

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

Role(s) of the organization: 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, Utilities Assistance, Transportation, Rental Assistance, Soup Kitchen/Food Pantry
(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: Citizens of Louisville Orgaized & United Together (CLOUT)

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

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

Role(s) of the organization: None
(select all that apply)

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

Does the organization provide direct services to homeless people? No

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

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

Instructions:

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

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

Name of organization or individual: Choices, 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, Attend
(select all that apply) 10-year planning meetings during past 12 months

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

Does the organization provide direct services to homeless people? Yes

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

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

Instructions:

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

Name of organization or individual: Elder Shelter Network

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, Case Management, Mental health, Transportation
(select all that apply)

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

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

Name of organization or individual: Father Maloney's Boys' Haven

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

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, Life Skills, Utilities Assistance, Mental health, Transportation, Rental Assistance
(select all that apply)

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

Instructions:

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

Name of organization or individual: Jefferson Street Baptist Center

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

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

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Street Outreach, Case Management, Life Skills, Utilities Assistance, Mental health, Transportation, 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:

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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: Prodigal 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: Case Management, Life Skills, Transportation, Rental Assistance
(select all that apply)

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

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

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

Name of organization or individual: Salvation Army

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

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

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Case Management, Child Care, Utilities Assistance, 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: Ursuline Sisters

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, 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)

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

Instructions:

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

Name of organization or individual: Volunteers of America of KY

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, 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, Case Management, Child Care, Life Skills, Utilities Assistance, Mental health, Transportation, Rental Assistance
(select all that apply)

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

Instructions:

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

Name of organization or individual: Wayside Christian Mission

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

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

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

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

Does the organization provide direct services to homeless people? Yes

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

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

Instructions:

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

Name of organization or individual: Jobs with Justice

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

Type of Organization: Funder advocacy group
(Content depends on "Type of Membership" selection)

Role(s) of the organization: None
(select all that apply)

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

Does the organization provide direct services to homeless people? No

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

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

Instructions:

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

Name of organization or individual: Metro United Way

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

Type of Organization: Funder advocacy group
(Content depends on "Type of Membership" selection)

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

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: Metropolitan Housing Coalition

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

Type of Organization: Funder advocacy group
(Content depends on "Type of Membership" selection)

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

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: National Low-Income Housing Coalition

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

Type of Organization: Funder advocacy group
(Content depends on "Type of Membership" selection)

Role(s) of the organization: None
(select all that apply)

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

Does the organization provide direct services to homeless people? No

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

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

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

Name of organization or individual: National Alliance to End Homelessness

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

Type of Organization: Funder advocacy group
(Content depends on "Type of Membership" selection)

Role(s) of the organization: None
(select all that apply)

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

Does the organization provide direct services to homeless people? No

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

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

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

Name of organization or individual: Downtown Development Corporation

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

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

Role(s) of the organization: None
(select all that apply)

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

Does the organization provide direct services to homeless people? No

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

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

Instructions:

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

Name of organization or individual: East Downtown Business Association

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

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

Role(s) of the organization: None
(select all that apply)

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

Does the organization provide direct services to homeless people? No

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

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

Instructions:

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

Name of organization or individual: PNC Bank

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

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

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

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

Instructions:

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

Name of organization or individual: Louisville Metro Health Department

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

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

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

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

Does the organization provide direct services to homeless people? Yes

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

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

Instructions:

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

Name of organization or individual: Jewish Hospital/Frazier Rehab.

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

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

Role(s) of the organization: None
(select all that apply)

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

Does the organization provide direct services to homeless people? Yes

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

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

Instructions:

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

Name of organization or individual: Seven Counties Services

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, Attend
(select all that apply) 10-year planning meetings during past 12 months, Attend Consolidated Plan focus groups/public forums during past 12 months

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

Does the organization provide direct services to homeless people? Yes

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

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

Instructions:

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

Name of organization or individual: Charles Orten

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)

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: Raymond Peart

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

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

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

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

Does the organization provide direct services to homeless people? No

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

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

Instructions:

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

- 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 Coalition for the Homeless, Inc.

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, 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
(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: Kentucky Interagency Council on Homelessness

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

Type of Organization: Funder advocacy group
(Content depends on "Type of Membership" selection)

Role(s) of the organization: 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? No

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

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

Instructions:

- Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
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 - Type of organization
 - Organization role in the CoC planning process
 - Subpopulations represented; No more than 2 may be selected
 - Services provided, if applicable

Name of organization or individual: New Directions Housing Corporation

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

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

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

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

Does the organization provide direct services to homeless people? Yes

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

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

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

Name of organization or individual: Louisville Metro Inspections, Permits & Licenses

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: Committee/Sub-committee/Work Group, None
(select all that apply)

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

Does the organization provide direct services to homeless people? No

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

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

Instructions:

- Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
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 - Type of membership; Public, private, or individual
 - Type of organization
 - Organization role in the CoC planning process
 - Subpopulations represented; No more than 2 may be selected
 - Services provided, if applicable

Name of organization or individual: Louisville Metro Office on Homelessness

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 Consolidated Plan planning meetings during past 12 months, 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? 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: Jefferson County Court System

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

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

Does the organization provide direct services to homeless people? Yes

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

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

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

Name of organization or individual: Jefferson Street at Liberty

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

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

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Street Outreach
(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: Archdiocese of Louisville

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: Street Outreach
(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: Dismas Charities

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

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

Role(s) of the organization: None
(select all that apply)

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

Does the organization provide direct services to homeless people? 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: Highland Community Ministries

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

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

Role(s) of the organization: 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: Transportation, Rental Assistance
(select all that apply)

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

Instructions:

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

Name of organization or individual: Kentucky Harvest

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

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

Role(s) of the organization: None
(select all that apply)

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

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Soup Kitchen/Food Pantry
(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: Kentucky Youth Advocates

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
(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: Rhonda's Another Chance

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
(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: Travelers Aid

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: Transportation
(select all that apply)

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

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

Name of organization or individual: TARC (Transit Authority of the River City)

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 Consolidated Plan planning meetings during past 12 months, 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: Transportation
(select all that apply)

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

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

Name of organization or individual: Kentucky Refugee Ministries

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

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

Role(s) of the organization: None
(select all that apply)

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

Does the organization provide direct services to homeless people? Yes

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

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

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

Name of organization or individual: Louisville Urban League

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

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

Role(s) of the organization: None
(select all that apply)

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

Does the organization provide direct services to homeless people? Yes

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

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

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

Name of organization or individual: Ian Hooper

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

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

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

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

Does the organization provide direct services to homeless people? No

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

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

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

Name of organization or individual: Mark Snyder

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

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

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

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

Does the organization provide direct services to homeless people? No

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

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

Instructions:

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

Name of organization or individual: River City Love Squad

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: Street Outreach
(select all that apply)

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

Instructions:

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

Name of organization or individual: Mattie's House

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

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

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

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

Does the organization provide direct services to homeless people? Yes

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

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

Instructions:

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

Name of organization or individual: ElderServe

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
(select all that apply)

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

Instructions:

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

Name of organization or individual: House of Hope, KY

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
(select all that apply)

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

Instructions:

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

Name of organization or individual: Mary Bryan

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

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

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

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

Does the organization provide direct services to homeless people? No

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

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

Instructions:

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- 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: Making Connections

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: Counseling/Advocacy
(select all that apply)

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

Instructions:

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

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

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

Rating and Performance Assessment Measure(s): (select all that apply) b. Review CoC Monitoring Findings, g. Site Visit(s), k. Assess Cost Effectiveness, q. Review All Leveraging Letters (to ensure that they meet HUD requirements), c. Review HUD Monitoring Findings, r. Review HMIS participation status, d. Review Independent Audit, j. Assess Spending (fast or slow), p. Review Match, i. Evaluate Project Readiness, e. Review HUD APR for Performance Results, n. Evaluate Project Presentation, h. Survey Clients, o. Review CoC Membership Involvement, f. Review Unexecuted Grants, a. CoC Rating & Review Committee Exists, m. Assess Provider Organization Capacity, l. Assess Provider Organization Experience

Voting/Decision-Making Method(s): (select all that apply) c. All CoC Members Present Can Vote, e. Consensus (general agreement), d. One Vote per Organization, b. Consumer Representative Has a Vote, f. Voting Members Abstain if Conflict of Interest

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

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

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

For each housing type, indicate if there was a change (increase or reduction) in the total number of beds counted in the 2010 Housing Inventory Count (HIC) as compared to the 2009 HIC. If there was a change, please describe the reasons in the space provided for each housing type. If the housing type does not exist in your CoC, please select ¿Not Applicable¿ and indicate that in the text box for that housing type.

Emergency Shelter: Yes

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

Overall we lost 61 emergency beds for singles but gained 48 emergency beds for families in 18 units. This is a reflection of an increased need for emergency shelter for families. Several of our emergency shelters for women also provide emergency shelter for families and flex the beds/units according to the need on a particular night. One of our larger non-HUD funded emergency shelters for women decreased their bed count for single women due to better identification of those who were HUD homeless on the night of the PIT.

Safe Haven: No

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

There was no change.

Transitional Housing: Yes

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

Overall we had an increase in transitional beds for singles (21) and a decrease in family units (25). This was mostly due to the flexing of family and single units depending on the need at the time. Also, we added a 31 bed non-HUD funded project serving singles. We also eliminated 3 non-HUD funded projects totaling 13 units from the transitional housing count. Two projects were deemed more appropriate as permanent housing and one deemed more appropriately a recovery project.

Permanent Housing: Yes

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

While it looks like we physically increased our family units, what actually happened is that we increased our capacity for serving the chronically homeless by 29 units thus allowing the chronically homeless to utilize those units and allowing families more access to units not specifically targeted to the chronically homeless. Other additional units (8) for families were added sporadically throughout the system in non-HUD funded projects and by increasing income for persons in leasing projects thus allowing leasing dollars to stretch to provide more units. We had an overall increase in beds for singles (3) and 96 beds in 37 units for families.

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: No

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

Instructions:

Complete the following items based on data collection methods and reporting for the Housing Inventory Count (HIC), including Unmet need determination. The information should be based on a survey conducted in a 24-hour period during the last ten days of January 2010. CoCs were expected to report HIC data on the Homelessness Data Exchange (HDX).

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

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

Must specify other:

Indicate the type of data or method(s) used to determine unmet need: (select all that apply): Unsheltered count, Housing inventory, Stakeholder discussion, Applied statistics

Specify "other" data types:

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

Using the unsheltered count & the housing inventory we look at what beds, if any, are empty the night of the count & if those who were unsheltered could have filled those beds. Some beds are designated for particular populations & would not be available for just anyone who is unsheltered. We also talk to the shelters to see if they are turning people away & why because we know we do not count everyone who is unsheltered the night of the count. At this time we are unable to cover the entire city. Finally we look at the surveys completed on that night & extrapolate the results to the whole. This gives us not only the numbers that are unserved but also the specific populations that are underserved.

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

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

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

- Select the HMIS implementation coverage area:** Statewide
- Select the CoC(s) covered by the HMIS: (select all that apply)** KY-502 - Lexington/Fayette County CoC, KY-500 - Kentucky Balance of State CoC, KY-501 - Louisville/Jefferson County CoC
- Is the HMIS Lead Agency the same as the CoC Lead Agency?** Yes
- Does the CoC Lead Agency have a written agreement with the HMIS Lead Agency?** Yes
- Has the CoC selected an HMIS software product?** Yes
- If "No" select reason:**
- If "Yes" list the name of the product:** ServicePoint 5
- What is the name of the HMIS software company?** Bowman Internet Systems
- Does the CoC plan to change HMIS software within the next 18 months?** No
- Indicate the date on which HMIS data entry started (or will start): (format mm/dd/yyyy)** 10/01/2004
- Indicate the challenges and barriers impacting the HMIS implementation: (select all the apply):** Poor data quality, Inability to integrate data from providers with legacy data systems, No or low participation by non-HUD funded providers
- If CoC indicated that there are no challenges or barriers impacting HMIS implementation, briefly describe either why CoC has no challenges or how all barriers have been overcome (limit 1000 characters).**
- If CoC identified one or more challenges or barriers impacting HMIS implementation, briefly describe how the CoC plans to overcome them (limit 1000 characters).**

Low participation = Coalition engages the non-HUD funded providers through the Continuum & through Metro United Way. Louisville Metro government asks for HMIS participation from any provider receiving CDBG or general funds for homeless projects. The Coalition also made HMIS participation a requirement in its Quality Assurance Standards. QAS is a local monitoring tool that holds all programs to the same standards for program operations, basic services & case management.

Inability to integrate data = the programming required for data integration with legacy systems is cost-prohibitive and beyond the reach of the HMIS budget. We will not have this capacity in the foreseeable future.

Poor data quality = data quality process has been improved. We offer data quality training and reports to all HMIS users. The data from the local emergency shelters has improved and is now collected daily. Louisville data is good enough for AHAR and PULSE reports.

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 Coalition for Homeless

Street Address 1 1300 South 4th Street

Street Address 2 suite 250

City Louisville

State Kentucky

Zip Code 40208

Format: xxxxx or xxxxx-xxxx

Organization Type Non-Profit

If "Other" please specify

Is this organization the HMIS Lead Agency in more than one CoC? No

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

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

Prefix: Mr.

First Name Roman

Middle Name/Initial

Last Name Vodacek

Suffix

Telephone Number: 502-636-9550
(Format: 123-456-7890)

Extension 18

Fax Number: 502-636-9950
(Format: 123-456-7890)

E-mail Address: rvodacek@louhomeless.org

Confirm E-mail Address: rvodacek@louhomeless.org

2D. Homeless Management Information System (HMIS) Bed Coverage

Instructions:

HMIS bed coverage measures the level of provider participation in a CoC's HMIS. Participation in HMIS is defined as the collection and reporting of client level data either through direct data entry into the HMIS or into an analytical database that includes HMIS data on an at least annual basis.

HMIS bed coverage is calculated by dividing the total number of year-round beds located in HMIS-participating programs by the total number of year-round beds in the Continuum of Care (CoC), after excluding beds in domestic violence (DV) programs. HMIS bed coverage rates must be calculated separately for emergency shelters, transitional housing, and permanent supportive housing.

The 2005 Violence Against Women Act (VAWA) Reauthorization bill restricts domestic violence provider participation in HMIS unless and until HUD completes a public notice and comment process. Until the notice and comment process is completed, HUD does not require nor expect domestic violence providers to participate in HMIS. HMIS bed coverage rates are calculated excluding domestic violence provider beds from the universe of potential beds.

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

Indicate the HMIS bed coverage rate (%) for each housing type within the CoC. If a particular housing type does not exist anywhere within the CoC, select "Housing type does not exist in CoC" from the drop-down menu.

* Emergency Shelter (ES) Beds	86%+
* Safe Haven (SH) Beds	86%+
* Transitional Housing (TH) Beds	76-85%
* Permanent Housing (PH) Beds	65-75%

How often does the CoC review or assess its HMIS bed coverage? At least Annually

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

Bed coverage for all housing segments is above 64%.

2E. Homeless Management Information System (HMIS) Data Quality

Instructions:

HMIS data quality refers to the extent that data recorded in an HMIS accurately reflects the extent of homelessness and homeless services in a local area. In order for the HMIS to present accurate and consistent information on homelessness, it is critical that an HMIS have the best possible representation of reality as it relates to homeless people and the programs that serve them. Specifically, it should be a CoCs goal to record the most accurate, consistent and timely information in order to draw reasonable conclusions about the extent of homelessness and the impact of homeless services in its local area. Answer the questions below related to the steps the CoC takes to ensure the quality of its data. In addition, CoCs will indicate their participation in the Annual Homelessness Assessment Report (AHAR) for 2009 and 2010 as well as whether or not they plan to contribute data to the Homelessness Pulse project in 2010.

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

Indicate the percentage of unduplicated client records with null or missing values on a day during the last ten days of January 2010.

Universal Data Element	Records with no values (%)	Records where value is refused or unknown (%)
* Social Security Number	4%	6%
* Date of Birth	2%	2%
* Ethnicity	2%	3%
* Race	2%	3%
* Gender	2%	0%
* Veteran Status	6%	4%
* Disabling Condition	15%	10%
* Residence Prior to Program Entry	8%	4%
* Zip Code of Last Permanent Address	11%	18%
* Name	0%	0%

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

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

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

Process = we use 4 quarterly data quality reports, required from each project in CoC. One 40118 APR report is also required for SHP/S+C projects annually; the numbers in HMIS must match the numbers in APR report. Results of the data quality reports are shared with the Continuum members.

Assistance = dedicated data quality training, onsite visits, online meetings to answer questions, reports that identify data quality issues at program level.

Tools = training materials including videos, data quality training, onsite audit of information workflow for agencies with identified data quality problems.

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

Policy = KYHMIS policy is that each client needs to be entered to HMIS within 10 days of program entry. All KYHMIS users agree in writing to follow KYHMIS policies. Not following the policy triggers a review which can result in loss of HMIS license funding from the Coalition.

Procedure = Data entry training that stresses the need for accurate entry/exit dates. Data quality process that checks data accuracy 4 times a year (using the 4 point in time dates from AHAR). 40118 APR reports sent to HUD are required to match the HMIS data. Agencies with inaccurate entry/exit data get lower scoring when they apply for funding renewal.

Indicate which reports the CoC or subset of the CoC submitted usable data: (Select all that apply) 2009 AHAR, 2009 AHAR Supplemental Report on Homeless Veterans

Indicate which reports the CoC or subset of the CoC plans to submit usable data: (Select all that apply) 2010 AHAR Supplemental Report on Homeless Veterans, 2010 AHAR

Does your CoC plan to contribute data to the Homelessness Pulse project in 2010? Yes

2F. Homeless Management Information System (HMIS) Data Usage

Instructions:

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

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

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

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

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

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

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

Instructions:

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

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

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

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

* Unique user name and password	At least Monthly
* Secure location for equipment	At least Annually
* Locking screen savers	At least Annually
* Virus protection with auto update	At least Annually
* Individual or network firewalls	At least Annually
* Restrictions on access to HMIS via public forums	Never
* Compliance with HMIS Policy and Procedures manual	At least Annually
* Validation of off-site storage of HMIS data	At least Monthly

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

How often does the CoC Lead Agency aggregate data to a central location (HMIS database or analytical database)? At least Monthly

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

If 'Yes' indicate date of last review or update by CoC: 06/19/2010

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

2H. Homeless Management Information System (HMIS) Training

Instructions:

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

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

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

* Privacy/Ethics training	At least Monthly
* Data Security training	At least Monthly
* Data Quality training	At least Monthly
* Using Data Locally	At least Quarterly
* Using HMIS data for assessing program performance	At least Quarterly
* Basic computer skills training	At least Quarterly
* HMIS software training	At least Monthly

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

Instructions:

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

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

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

Enter the date in which the CoC plans to conduct its next point-in-time count: (mm/dd/yyyy) 01/26/2011

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

Emergency Shelter: 100%
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 we counted 111 more people as homeless during the 2010 PIT than during the '09 PIT. The largest increase showed in single persons (82) although we counted 44 less persons identified as chronically homeless. We counted 18 more singles on the streets. This is attributed to the fact that it was a bit warmer this year than in years past so we believe that more people were simply staying out on the night of the PIT. It is also true that we continue to increase our efforts and effectiveness in counting the unsheltered. We believe that the biggest reason for an increase in homelessness is the economy. During FY 2009-2010 the Louisville Metro CoC HUD funded projects that completed an APR housed 466 households and yet the number of homeless persons increased from 2009. Another 874 households were served with HPRP prevention dollars.

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

Instructions:

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

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

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

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

If Other, specify:

We looked at the HMIS numbers for the night of the count but while the numbers were close to the manual count numbers we decided to use the manual count as the actual count. We identified some inconsistencies and have been working to correct them.

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

Before the night of the count, surveys & simple count forms were distributed to shelter staff. Instructions were given both verbally & in writing on how to complete the forms. The night of the count (1.28.10) shelters were instructed to count every person in the shelter between 6:00 & 8:00 pm. This count was recorded on the "simple count" forms indicating number of single females, single males, families & children present. Everyone was asked but not required to complete a survey asking more specific information. Simultaneously (6:00-8:00pm) we were counting persons at our central counting location. After determining where the person planned on sleeping that night we gave them a sticker indicating where they were staying. The shelters knew that if a person was in their shelter with a certain sticker that person should NOT be counted. Likewise if our outreach teams came upon a person on the street with a sticker, that person should not be counted. This year we also examined the number of persons entered into HMIS for the night of the count. We compared this number to the actual count number to determine if we could rely on the HMIS count in the future. We determined that we were indeed close but plan on continuing the manual count in the shelters along with the HMIS count in 2011.

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

Instructions:

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

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

CoCs may use a variety of methods to collect subpopulation information on sheltered homeless persons and may employ more than one in order to produce the most accurate data. This form asks CoCs to identify and describe which method(s) they use to gather subpopulation information for sheltered populations during the most recent point-in-time count. The description should demonstrate how the method(s) was used to produce an accurate count.

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

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

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

If Other, specify:

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

We conduct our PIT on the same night as the street count. First we work with the shelters to train those who will be conducting the count. There are two parts to the count. The first part is for the shelter staff to count the number of persons in the shelter during the time designated for the street count, from 6-8pm. The shelter staff is asked to complete a "simple count" sheet that asks how many men, women, unaccompanied youth & the number of families (including the number of persons represented in those families) that are physically in the shelter at this time. Anyone with a sticker or who indicates that they have been counted "on the street" is not included in that number. The second part of the count involves giving everyone in the shelter the opportunity to complete a survey. We get about a 75% return rate on the survey. Most folks are very willing to participate. This survey asks questions that help us determine the characteristics of the population in the shelter. We use this information to determine subpopulations within the sheltered population. We extrapolate the information gained from the surveys to the whole population.

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

Instructions:

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

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

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

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

If Other, specify:

If selected, describe the non-HMIS de-duplication techniques used by the CoC to ensure the data quality of the sheltered persons count (limit 1000 characters).

The shelter PIT count is conducted at the same time & on the same night as the street count. Once someone is inside a shelter they are unlikely to leave as this would jeopardize their place/bed in the shelter for that night. Therefore persons were unlikely to be counted at more than one shelter. However, it was a night when the shelters were open all night to receive people wishing to get out of the cold. (Beds were not guaranteed) Therefore, when a person was counted on the street they were given a sticker to indicate that they were counted. If that person then went to a shelter, the staff would know not to count them again. Also, everyone who entered the shelter was asked if they had been counted on the street. If they said yes & did not have a sticker, they were given one. Because we advertise the night & time of the count weeks in advance & because our homeless population is very cooperative in working with us, wearing a sticker was not an issue for most of those counted.

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

Instructions:

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

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

Indicate the method(s) used to count unsheltered homeless persons: (select all that apply)

Public places count:	<input 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:

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

Instructions:

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

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

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

If Other, specify:

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

Instructions:

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

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

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

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

Training:	<input checked="" type="checkbox"/>
HMIS:	<input type="checkbox"/>
De-duplication techniques:	<input checked="" type="checkbox"/>
Other:	<input type="checkbox"/>

If Other, specify:

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

The shelter Point in Time count was conducted at the same time and on the same night as the street count. When a person was counted on the street they were given a sticker to indicate that they had been counted. If that person then went to a shelter, the shelter staff would know not to count them again. Also, everyone who entered the shelter that night was asked if they had been counted on the street. If they said yes and did not have a sticker, they were given one. These stickers also helped to identify people who may have been counted in another part of the city. Because we advertise the night and time of the count weeks in advance and because our homeless population is very cooperative in working with us, wearing the sticker was not an issue for most of those who were counted.

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 Homeless Families Response Team (HFRT) assesses a family's current situation, verifies homelessness & works to place the family in the most appropriate housing while continuing work on connecting to mainstream services & increasing employment options & income. Families not housed quickly are often "lost" due to lack of available emergency & transitional housing. Many families fear losing their children because of their homelessness & do not remain in contact with the HFRT. This situation creates several barriers to our CoC accurately counting these families. This under count leads to an inability to show need & consequently there is a lack of resources to meet the needs of unsheltered families. We are beginning to work with the school system to collaborate on identifying homeless families, remain in contact with them & continue to provide services while the families wait for shelter & permanent housing. HPRP funds help to provide rapid rehousing & the CoC is focused on applying for additional permanent supported housing that includes units for families. Including families as an eligible population for the CoC bonus money will help provide much needed permanent supported housing. Louisville hopes to participate in a study of homeless families that would bring 50 additional housing vouchers specifically to this population. We are also applying for 75 family unification vouchers.

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):

Five outreach teams work to engage those sleeping on the streets. The 7 Cos. Mental Health Outreach Team identifies & engages persons experiencing both homelessness & mental illness. Daily outreach is provided in outdoor areas of Lou. Metro, in day centers, & in overnight shelters. The provision of case management includes: linking individuals to mental health services, assistance with application for mainstream services, & help in acquiring permanent housing. During the PIT count this team takes the lead in identifying & visiting the homeless camps throughout the city. The Shelter Support Outreach Team focuses on engaging persons both on the street & in the shelters to link them with mainstream services & in linking them to appropriate housing. The YMCA Outreach Team focuses on young people up to age 24. This team engages this special population encouraging them to enter the youth shelter & seeking to engage them in accessing needed services, appropriate housing & mitigating the length of time a young person remains homeless. We also have a VA outreach team that focuses on homeless veterans & a cold weather team that seeks to identify those on the streets during inclement weather. These 5 outreach teams have a success rate of placing over 35% of those they engage in permanent housing.

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

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

Instructions:

Ending chronic homelessness continues to be a HUD priority. CoCs can do this by creating new permanent housing beds that are specifically designated for this population. In the 2010 NOFA, a chronically homeless person is defined as an unaccompanied homeless individual with a disabling condition or a family with at least one adult member who has a disabling condition who has either been continuously homeless for at least a year OR has had at least four episodes of homelessness in the past three (3) years.

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

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

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

In the next 12 months we are scheduled to have 100 more permanent housing beds in 54 units available in the community. These beds/units are designated for both the chronically homeless and those who do not meet the definition for chronic homelessness. It is anticipated that the chronically homeless will fill at least one fourth of these units (14) as this has been the norm in the community for several years. It is also possible that the entire 54 units will be filled with those who meet the definition for chronic homelessness. We have other projects that have vouchers that are not specifically for the chronically homeless but are always available to that population just as they are available to other populations. Traditionally 25% of our permanent housing beds that are NOT specifically for the chronically homeless are in fact housing the chronically homeless.

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

It is anticipated that each year we will create 16 - 25 permanent housing units using the amount of bonus dollars for which we are eligible. All of these permanent housing units will be open to occupancy for the chronically homeless, however we want to keep these units flexible for occupancy by whatever population is in most need. We have found that by designating projects solely for the chronically homeless we have created a situation in the community where other populations are excluded from being housed and the chronically homeless project struggles to meet occupancy expectations. Therefore we are creating permanent supported housing that targets the chronically homeless, veterans and families but are not strictly designated for those populations. It is anticipated that approximately 1/4 or 7 units created will be for the chronically homeless.

How many permanent housing beds do you currently have in place for chronically homeless persons? 134

In 12-months, how many permanent housing beds designated for the chronically homeless do you plan to have in place and available for occupancy? 148

In 5-years, how many permanent housing beds designated for the chronically homeless do you plan to have in place and available for occupancy? 169

In 10-years, how many permanent housing beds designated for the chronically homeless do you plan to have in place and available for occupancy? 204

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

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

Instructions:

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

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

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

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

Currently the percentage of persons remaining in our permanent supported housing projects longer than 6 months is 84%. This is an increase from 76% in the 2009 application. We are utilizing a number of strategies to continually encourage our projects to work toward higher and higher percentages of persons remaining in permanent housing over 6 months. Our community voting process includes providing the entire voting community each project's level of success in meeting the HUD and community goals that are appropriate for that type of project. This creates peer review and encouragement within the service provider community. This also begins to show the community which project design and philosophy works and which ones are less successful.

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

As stated above we are making public each project's success in meeting the HUD & community goals. We have exceeded HUD's goal of 77% of those in permanent housing staying 6 months or longer. We are working to maintain this success by continuing to show the community which projects meet the goals & which ones are less successful. Our plan is to continually educate the community about best practices & show them the projects within the community that employ these practices. This data shows the community the reality of what works & what does not. While it appears that we are setting our goal to go down in the 12 mo. period, actually we are trying to be realistic in what we can achieve on a consistent basis. This year we were able to keep 84% of those in our permanent housing projects in housing for over 6 mos. We feel we can maintain a goal of 80% & 81% long term across programs.

What is the current percentage of participants remaining in CoC funded permanent housing projects for at least six months? 84

In 12-months, what percentage of participants will have remained in CoC funded permanent housing projects for at least six months? 80

In 5-years, what percentage of participants will have remained in CoC funded permanent housing projects for at least six months? 81

In 10-years, what percentage of participants will have remained in CoC funded permanent housing projects for at least six months? 81

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

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

Instructions:

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

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

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

Describe the CoCs short-term (12-month) plan to increase the percentage of participants in CoC funded transitional housing projects that move to permanent housing to 65 percent or more (limit 1000 characters).

Currently the % of persons moving from transitional to permanent housing is 65% but it fluxuates from year to year. Evaluating this goal in a linear fashion is difficult as the clientele continually changes. Staying in the same % ballpark indicates consistency. We use HMIS data to show the CoC voting community the historical & long term success/challenges transitional projects have by showing the trends toward reaching the goals - not simply comparing from year to year. Providing the voting CoC community ea. project's level of success in meeting the HUD & community goals has created peer review & encouragement within the provider community. This shows the community which project design & philosophy works & which are less successful. We also find that our success in reaching this goal is greatly dependent on the availability of permanent housing in the community. Currently we are bringing together a variety of housing providers interested in creating new permanent housing.

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).

As stated above we are using the data from HMIS to show the community which projects are being successful in working toward the goal and which ones are more challenged. Because it is difficult to measure progress toward this goal in a linear fashion we are looking at the trends accomplished by the projects. The voting community has the final say in who continues to be funded and who might be recommended for "Hold Harmless Reallocation" to permanent housing. We are also working for an increase in permanent housing for the homeless through construction and vouchers.

What is the current percentage of participants in CoC funded transitional housing projects will have moved to permanent housing? 65

In 12-months, what percentage of participants in CoC funded transitional housing projects will have moved to permanent housing? 66

In 5-years, what percentage of participants in CoC funded transitional housing projects will have moved to permanent housing? 69

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

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

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

Instructions:

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

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

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

Describe the CoCs short-term (12-month) plan to increase the percentage of participants in all CoC funded projects that are employed at program exit to 20 percent or more (limit 1000 characters).

While we are over the threshold of 20% improvement is possible. A major barrier to employment & housing is the lack of an official ID. The Lou. Metro CoC has worked with the County Attorney to allow homeless persons to obtain one replacement ID per year at a much reduced rate once a month. During our annual Homeless Connect/Stand Down event in September we were able to obtain over 87 replacement IDs in one day. Several of our transitional housing projects include employment services as part of the services available to their clients. We also include employment services during our Standdown/Project Homeless Connect event. 111 of 644 persons were assisted with employment information and referrals on that one day. We plan to offer both of these services annually.

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

The Lou Metro CoC is consistently over the 20% threshold for persons leaving our programs with employment. While we are working to break down the barriers of lack of ID and trying to link persons to employment assistance we anticipate that increasing this percentage a great deal over the next 5 - 10 years is probably not reasonable. We are however making sure that those who have employment are not put in impossible situations for keeping that job due to shelter rules and procedures. We are also focusing on making sure that those who are eligible for mainstream services are linked to those services and that if a person has not yet received those benefits, a case manager is focused on making sure those benefits are indeed received. A great emphasis is being placed on increasing income of any kind for those going through our shelter system.

What is the current percentage of participants in all CoC funded projects that are employed at program exit? 26

In 12-months, what percentage of participants in all CoC funded projects will be employed at program exit? 26

In 5-years, what percentage of participants in all CoC funded projects will be employed at program exit? 27

In 10-years, what percentage of participants in all CoC funded projects will be employed at program exit? 28

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

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

Instructions:

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

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

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

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

The Lou CoC is being considered for the ABT Research study which will focus on homeless families entering emergency shelters. If we are successful in being chosen for the study, this will dedicate 50 housing authority units to families who are participating in the study. In addition, we are working toward applying for 75 Section 8 Family Unification Vouchers. These two projects will help to move families out of the emergency shelters and into permanent housing. We are also working with the local school system to collaborate in identifying homeless families that we have not been able to identify in the past. This collaboration will increase our ability to identify and serve these families sooner. It is anticipated that because of this partnership our family numbers may actually go up because of better identification. This is the reason for the slight decrease in the numbers below even though we anticipate adding 125 housing units in the next year.

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

The Lou CoC is focused on creating new housing vouchers for a variety of populations - namely the chronically homeless, veterans and families. We are purposefully NOT designating the limited amount of new vouchers to any one of these populations because we want to be able to serve any of these populations as the need presents itself. We are able to apply for between 16 and 25 new units each year through the bonus money. We are looking for all opportunities to bring new vouchers and create new units through other sources as well. Participating in the ABT research with Martha Burt will dedicate 50 housing authority units to families while the Family Unification Program will bring 75 new Section 8 vouchers. We will continue to look for these kinds of opportunities along with opportunities for other populations so that existing vouchers can be shifted to needy families as they come available.

What is the current total number of homeless households with children, as reported on the most recent point-in-time count? 137

In 12-months, what will be the total number of homeless households with children? 132

In 5-years, what will be the total number of homeless households with children? 100

In 10-years, what will be the total number of homeless households with children? 100

3B. Continuum of Care (CoC) Discharge Planning

Instructions:

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

What: Describe the efforts that the CoC has taken to ensure that persons are not routinely discharged into homelessness. For foster care, CoCs should be specifically addressing the discharge of youth aging out of foster care. If there is a State mandate that requires publicly funded institutions to ensure appropriate housing placement, which does not include homelessness, please indicate this in the applicable narrative.

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

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

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

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

Foster Care (Youth Aging Out):

What: The KY Cabinet for Health & Family Services, Independent Living Unit is responsible for youth aging out of foster care. "Fostering Connections" begins on the youth's 17th birthday. Ind. Living Coord, with client direction, create a plan for self-sufficiency that includes health, education & housing. Independent living classes address budgeting, healthy relationships, housing search, financial planning & transportation. Youth 18-21 can receive a CHAFEE 6 mo. housing subsidy & assistance with start up costs. The Ind. Living Coord. help youth apply for a variety of mainstream services. Those who choose higher education, receive financial assistance through the term of their studies.

The KY Legislature created a pilot program (HB376) for those exiting institutions in 2 KY regions, incl. Jefferson Co. This program links youth aging out & at risk of homelessness to a case manager who works with them as long as needed to reach self-sufficiency.

Where: The majority of aging out youth are referred to local rental housing or student housing. The HB376 case manager also works with those choosing to move in with family/friends & those entering supportive living programs as needed to avoid homelessness.

Who: The KY Cabinet for Health & Family Services is the lead agency. Collaborating agencies incl. Div. of Behavioral Health, Coalition for the Homeless, KY Housing Corp., L'ville Metro CoC, HB376 case managers & KY Interagency Council on Homelessness.

Health Care:

What: The System Strategy Team, made up of hospital administrators, local medical clinics, the Health Care for the Homeless Program, disability groups & advocates, works to improve coordination & discharges from hospitals & health programs in L'ville. A protocol has been developed which includes an evaluation of health & housing options for the client. When no other housing options are available, health care facility calls Phoenix Health Care, L'ville's Health Care for the Homeless project, for assessment & referral. The Phoenix Health Center Outreach Team meets with the client, makes referrals to mainstream services as needed (incl. SOAR assessment for Social Security/Medicaid) & obtains the most appropriate housing option.

Where: The majority of persons exiting hospitals return home or stay with family/friends. However, those that end up in a shelter are referred to one of the 6 "healing beds" available through a federal SAMHSA grant. Those with chemical dependency issues are referred to the Healing Place for treatment & case management to avoid homelessness.

Who: The lead agency in this partnership is the System Strategy Team that meets 6 times each year to coordinate hospital & health program discharges & the Phoenix Health Center Outreach Team. Collaborating agencies incl. the Division of Behavioral Health, Coalition for the Homeless, L'ville Metro CoC, local health advocacy groups, the Healing Place & local SAMHSA health beds.

Mental Health:

What: The KY Div. of Behavioral Health is responsible for persons exiting mental health institutions in KY. A social worker works with the client at institutional entry to create an independent living plan providing lifeskills training & referrals for a variety of mainstream services incl. housing. Persons with no housing options, income or who entered the hosp. as a homeless person are linked to a team that provides SOAR assessments & helps clients apply for appropriate housing before hosp. exit.

The KY Div. of Behavioral Health requires ea. institution to have a written procedure for discharge, outpatient services & case management insuring clients do not become homeless upon exit. Clients remaining in an institution over 90 days are assigned a transition team of hosp. staff, housing, guardianship, protection & advocacy providers. In addition HB376, allows hosp. staff to refer any client at risk of homeless to a case manager who works with them as long as needed to avoid homelessness.

Where: All persons exiting to a supportive living program of any kind are eligible to be served by an HB376 case manager to avoid homelessness.

Who: KY Div. of Behavioral Health is the lead agency & collaborates with Central State Hosp., 7 Cos., Coalition for the Homeless, Louisville CofC, HB376 case managers, & the KY Interagency Council on Homelessness.

Corrections:

What: The KY Justice Cabinet is responsible for discharge planning of prisoners in KY. The process begins with 6 Re-Entry Coordinators who work with clients 6-12 mo. prior to release to obtain the offenders' potential housing options upon exit. All exiting offenders must have a home placement address. However, placements can fall apart after exit. Therefore, KY has created a 1-800 hotline for exiting prisoners. This number is provided all exiting prisoners. HB428 requires that the Re-Entry Coordinator work with ea. client 90 days prior to release to obtain a KY ID card. Clients are also provided 30 days of medication, an appointment for on-going medical services, a resource packet, a list of 100 companies that hire offenders, etc. HB376 also applies to exiting prisoners. Any client at risk of homelessness after release are referred to an HB376 case manager who can work with them as long as needed to avoid homelessness.

Where: HB376 case management is provided wherever the client is in the community.

Who: The lead agency is the KY Justice Cabinet collaborating with halfway houses, local re-entry agencies, Coalition for the Homeless, L'ville CofC, HB357 case managers & KY Interagency Council on Homelessness.

3C. Continuum of Care (CoC) Coordination

Instructions:

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

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

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

- If yes, list the goals in the CoC strategic plan that are included in the Consolidated Plan:**
1. To develop more supportive services for the homeless population.
 2. Create an Affordable Housing Trust Fund to better serve the homeless population.
 3. Increase awareness of homelessness in our local community.

Describe how the CoC is participating in or coordinating with the local Homeless Prevention and Rapid re-housing Program (HPRP) initiative, as indicated in the substantial amendment to the Consolidated Plan 2009 Action Plan (1500 character limit):

Louisville Metro & the Coalition for the Homeless has an established grants allocation process used to distribute ESG, HOPWA & CDBG funds to homeless service providers. Louisville Metro used this process to distribute part of the HPRP funds. While the direct assistance dollars were distributed by Neighborhood Place sites (Louisville's one stop shop for assistance), the HMIS requirement is managed by existing CoC HMIS staff. Case management is provided through existing CoC case management agencies. The Coalition's grants committee made recommendations to the city as to who would be granted the case management dollars. This allowed for direct input into who was most able to provide these services. Though partners met monthly, the amount of money designated for direct assistance ran out quickly leaving case managers without resources to assist clients. The HPRP program was temporarily discontinued while budgets were revamped & a revised plan for moving forward was developed. The CoC participated in all meetings regarding the HPRP program, both as it was up & running & as procedures were being revamped. The CoC warned local government partners that initial plans for distributing HPRP direct assistance dollars would in fact result in uneven spending & allocation of funds. After several months the city began to see the trend & temporarily halted further assistance. We are hopeful that revised plans & procedures will result in better service to clients.

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 CoC is represented by the Coalition for the Homeless who currently serves as the lead agency for the CoC. While many individual agencies are represented in these efforts, it is the Coalition that brings the overall picture to the table. Louisville Metro's mayor set up 9 task forces to brainstorm, oversee and monitor the progress of how the ARRA funds were to be spent and targeted. The Coalition for the Homeless serves on 5 of the 9 task forces. They are: Social Services & Homelessness, Public & Affordable Housing, Workforce Training, Education, & Public Protection. The role of the Coalition is to bring the perspective of the CoC, the CoC's goals & objectives, & an understanding of the gaps in services & housing. Many CoC member agencies have direct connections with the Veteran's Administration & those providing access to HUD VASH housing vouchers, however because the VA has chosen to run the VASH program completely outside of the CoC it is difficult for the CoC to require any policies for coordination with CoC efforts. We do know that the HCHV program has used over 70 VASH vouchers & is still taking referrals. The CoC has representation on the task force charged with providing stakeholder input to the NSP initiative. Specific neighborhoods to be targeted & the scope vs depth of assistance to neighborhoods were specifically addressed. The CoC supports the creation of new or rehabbed housing that is primarily rental in nature in order to increase the availability of housing units for our population. The CoC supports the creation of these units but also realizes that without subsidies for these units the homeless population is unlikely to be able to access them. The CoC is committed to being at the table of these initiatives in order to highlight the specific obstacles faced by the homeless population.

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.

1. All shelters are required to post the U.S. Dept. of Education McKinney-Vento education poster in both English and Spanish.
2. Each homeless service agency serving families identifies to the LMCoC a designated person responsible for ensuring that all families are informed of their rights, that all children are enrolled in school and all children are connected to appropriate community services including early childhood education and day care.

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)

Louisville has a very strong homeless education program that is based in the Jefferson County Public School System. Two staff in the school system are assigned solely to work with homeless children. They are participants in the CoC and have an office based in the homeless day care program. All Louisville emergency shelters and transitional housing facilities post the U.S. Department of Education McKinney-Vento education poster in both English and Spanish and each homeless service agency has identified to the LMCoC a designated person responsible for ensuring that all families are informed of their rights, that all children are enrolled in school and all children are connected to appropriate community services including early childhood education and day care.

The LMCoC works with the school system each year to conduct a thorough count and identification of homeless children in the public school system. This year, 10,555 kids in Louisville were identified as having been homeless some time during the year using the Department of Education definition. These children are eligible for additional school-based services including backpacks, school supplies, free meals and tutoring programs.

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 homeless education coordinators from the Jefferson County Public Schools system have an office in the homeless day care to insure that all new families entering the emergency shelter system are educated about their rights and entered in to the appropriate school. They also provide transportation at all of the local shelters to ensure that children can reach the designated school as well as providing uniforms, backpacks and schools supplies. Shelters also monitor school attendance to ensure that children stay in school and can address any new barriers to attendance.

In order to improve services to homeless children in Louisville, the CoC, public school system, courts and community-based services held a day-long conference in September 2010 titled, "Homeless, Not Helpless." This conference was targeted to front line staff at shelters, schools, courts and welfare offices. Programming included national and local education experts outlining the education law, providers and homeless children sharing best practices that led to success of past children and brainstorming sessions to develop new ways to improve services to homeless children and insure the systems are working together. This has led to new partnerships between teachers, shelters and other agencies working with children including trainings on homelessness in local schools.

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 Lou. VA coordinates a Veteran's Outreach Team with the LMCoC. These staff work with other homeless outreach teams to help homeless veterans access services & housing. Two staff are located at St. John Day Center where 29% of the population are persons with military service. Emergency shelters are visited weekly & the shelters provide the VA office space free of charge. The outreach staff assist clients with VA or homeless clinic health services, transportation, benefits incl. VA benefits & housing.

Four local shelters, Interlink, Salvation Army, St. Vincent de Paul & Wayside have VA per diem programs providing emergency housing & services to veterans. These veterans are also referred to VA health care & VA recovery services. Interlink & VOA's Veteran's Reintegration Program provide employment-based services incl. job skills training, tools, tuition assistance & job placement. Permanent housing is available through the VASH voucher program administered by the VA as well as other permanent housing projects not specifically targeted to veterans. The Veteran's Outreach Team & per diem programs make referrals directly to the VASH program for eligible veterans. In addition, CoC agencies post & share the homeless Veteran's hotline & provide referrals for VA services, benefits & housing.

The VA has a seat on the CoC's Advisory Group insuring the VA & the CoC remain informed of how veterans are being served & what can be done to improve.

3D. Hold Harmless Need (HHN) Reallocation

Instructions:

Continuum of Care (CoC) Hold Harmless Need (HHN) Reallocation is a process whereby an eligible CoC may reallocate funds in whole or in part from SHP renewal projects to create one or more new permanent housing projects and/or a new dedicated HMIS project. A CoC is eligible to use the HHN Reallocation process if it's Final Pro Rata Need (FPRN) is based on it's HHN amount or if it is a newly approved merged CoC that used the Hold Harmless Merger process during the 2010 CoC Registration process.

The HHN Reallocation process allows eligible CoCs to fund new permanent housing or dedicated HMIS projects by transferring all or part of funds from existing SHP grants that are eligible for renewal in 2010 into a new project. New reallocated permanent housing projects may be for SHP (one, two, or three years), S+C (five or ten years), and Section 8 Moderate Rehabilitation (ten years). New reallocated HMIS projects may be for one, two or three years.

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

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

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

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

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

4A. Continuum of Care (CoC) 2009 Achievements

Instructions:

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

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

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

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

Objective	2009 Proposed Numeric Achievement:		Actual Numeric Achievement	
Create new permanent housing beds for the chronically homeless.	25	Beds	25	Beds
Increase the percentage of homeless persons staying in permanent housing over 6 months to at least 77%.	80	%	84	%
Increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 65%.	68	%	65	%
Increase percentage of homeless persons employed at exit to at least 20%	35	%	26	%
Decrease the number of homeless households with children.	114	Households	137	Households

Did CoC submit an Exhibit 1 application in 2009? Yes

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

While the Lou CoC met all the HUD goals & two of the CoC goals, we did not meet our goals of moving persons from transitional housing to permanent, persons employed at exit or decreasing the number of homeless families. We believe we were optimistic & will adjust our goals accordingly. Two of our transitional projects not reaching our goal served young adults a particularly difficult population to keep in housing due to immature behavior. Drugs, violence & property destruction caused several program terminations. Some simply left without notice.

The economy & recent HUD focus on the chronically homeless, a population more apt to be eligible for disability benefits, made it difficult to meet our employment goal. We are more focused on getting benefits for these clients than employment. We continue to work toward employment for those who are able but will decrease the CoC goal for the future.

We find it difficult to count homeless families & know there are more than currently counted. We think the HEARTH Act changes will increase the number. Therefore in an effort to get a more accurate count we are working with the school system & requiring family shelters to count the families turned away each month. At this time we really do not know if the number of homeless families in our CoC is decreasing. We are including families as a population served by all new CoC permanent housing projects to assist in decreasing the number.

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

Instructions:

HUD must track each CoCs progress toward ending chronic homelessness. In the 2010 NOFA, a chronically homeless person is defined as an unaccompanied homeless individual with a disabling condition or a family with at least one adult member who has a disabling condition who has either been continuously homeless for at least a year OR has had at least four episodes of homelessness in the past three (3) years.

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

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

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

Indicate the total number of chronically homeless persons and total number of permanent housing beds designated for the chronically homeless persons in the CoC for 2008, 2009, and 2010.

Year	Number of CH Persons	Number of PH beds for the CH
2008	259	62
2009	247	109
2010	203	134

Indicate the number of new permanent housing beds in place and made available for occupancy for the chronically homeless between February 1, 2009 and January 31, 2010. 25

Identify the amount of funds from each funding source for the development and operations costs of the new permanent housing beds designated for the chronically homeless, that were created between February 1, 2009 and January 31, 2010.

Cost Type	HUD McKinney- Vento	Other Federal	State	Local	Private
Development					
Operations	\$416,621				\$55,299
Total	\$416,621	\$0	\$0	\$0	\$55,299

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 chronic homeless persons decreased and the number of permanent housing beds for the chronically homeless increased. The HIC indicates that we have 120 beds designated for the chronically homeless. When completing this chart it was realized that one project that is entirely designated for the chronically homeless only listed 48 beds/units instead of the total 62 beds/units for the chronically homeless thus the difference of 14 beds/units. Also, in the past we listed more beds for the chronically homeless but in reality these were not specifically designated for the chronically homeless. The additional beds/units were indeed occupied with those that meet the chronically homeless designation.

4C. Continuum of Care (CoC) Housing Performance

Instructions:

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

Complete the table below using data entered for Question 12(a) and 12(b) for the most recently submitted APR for all permanent housing projects (SHP-PH or S+C TRA/SRA/SRO/PRA) within the CoC that should have submitted one. Enter totals in field's a-e. The *Total PH %* will be auto-calculated after selecting *Save*. Please note, the percentage is calculated as c. +d. divided by a. +b. multiplied by 100. The last field (e.) is excluded from the calculation.

CoCs that do not have any SHP-PH or S+C projects for which an APR was required should select *No* to the question below. This only applies to CoCs that do not have any CoC funded permanent housing projects currently operating within their CoC that should have submitted an APR.

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

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

Participants in Permanent Housing (PH)	
a. Number of participants who exited permanent housing project(s)	173
b. Number of participants who did not leave the project(s)	631
c. Number of participants who exited after staying 6 months or longer	141
d. Number of participants who did not exit after staying 6 months or longer	537
e. Number of participants who did not exit and were enrolled for less than 6 months	77
TOTAL PH (%)	84

Instructions:

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

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

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

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

Participants in Transitional Housing (TH)	
a. Number of participants who exited TH project(s), including unknown destination	227
b. Number of SHP transitional housing participants that moved to permanent housing upon exit	148
TOTAL TH (%)	65

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

Instructions:

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

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

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

Total Number of Exiting Adults: 1,143

Mainstream Program	Number of Exiting Adults	Exit Percentage (Auto-calculated)	
SSI	252	22	%
SSDI	100	9	%
Social Security	12	1	%
General Public Assistance	0	0	%
TANF	152	13	%
SCHIP	0	0	%
Veterans Benefits	14	1	%
Employment Income	294	26	%
Unemployment Benefits	19	2	%
Veterans Health Care	17	1	%
Medicaid	338	30	%
Food Stamps	556	49	%
Other (Please specify below)	200	17	%
Medicare 33, Child Support 56, Housing Subsidy 73, WIC 23, Transportation 5, Child care subsidy 4, Retirement pension 4, Alimony 1, Inheritance 1			
No Financial Resources	248	22	%

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

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

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

Instructions:

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

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

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

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

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

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

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

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

Each project submits their APR to the CoC for review of the project's progress in meeting HUD's goals, obtaining/maintaining/increasing income, & the quality & quantity of HMIS information. The % of success/increase is given for each area. This information is given to the CoC voting body once a year. Projects have the opportunity to discuss low performing areas & the CoC can ask questions. Success in obtaining mainstream services is captured in how many people move from no income to some income during the operating year. The CoC is also preparing to implement a process where projects will be assessed on how many people are screened for SOAR (asked a few questions to determine if a full SOAR assessment is warranted.) We hope to screen every person entering our programs & complete full assessments for those who qualify.

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.

Nov 12, 2009
Dec 10, 2009
Jan 14, 2010
Feb 11, 2010
April 8, 2010
May 13, 2010
June 10, 2010
July 8, 2010
Aug 12, 2010
Sept 9, 2010
Oct 14, 2010

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

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

If yes, identify these staff members Provider Staff

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

If "Yes", specify the frequency of the training. semi-annually (twice a 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).

- Aug 24 - 25, 2010 - 21 trained
- March 10 - 11, 2010 - 16 trained
- September 22-23, 2009 - 17 trained
- June 30 - July 1, 2009 - 2 trained
- May 7-8, 2009 - 2 trained
- February 4-5, 2009 17 trained
- June 17-18, 2008 - 33 trained
- September 5-6, 2007 - 28 trained
- March 14-15, 2006 - 31 trained
- August 15-16, 2006 - 25 trained

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
<p>1. Case managers systematically assist clients in completing applications for mainstream benefits. 1a. Describe how service is generally provided:</p>	93%
<p>Assessing need and eligibility for specific mainstream services is a routine function of initial assessments of clients. Assisting clients in completing applications for mainstream benefits is a regular and consistent part of the case management process. Clients are generally encouraged to make the initial contact with the agency from which they are seeking service. If this is not possible or clients request assistance case managers coach and sometimes take the lead in making these contacts. Often case managers accompany clients to mainstream benefit appointments to provide support and additional information. These services are provided as part of the regular case management process and as needed by the client.</p>	
<p>2. Homeless assistance providers supply transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs.</p>	93%
<p>3. Homeless assistance providers use a single application form for four or more mainstream programs: 3.a Indicate for which mainstream programs the form applies:</p>	0%
<p>No such single application form exists in our CoC. We could develop a preliminary assessment form but an actual application form would not be accepted by the mainstream programs at this time.</p>	
<p>4. Homeless assistance providers have staff systematically follow-up to ensure mainstream benefits are received.</p>	93%
<p>4a. Describe the follow-up process:</p>	
<p>Service providers have follow up processes in place as part of providing on going case management. Processes include regular - on average bi weekly - meetings between the case manager and the client. During this time, case managers verify that clients have indeed applied for services and review the status of that application. Documentation of eligibility determinations and services provided or received are kept in client files. Follow up phone calls and other forms of contact are made by case managers as needed until final determinations are made and services are either denied or received. Ongoing monitoring of the service being provided is also a part of ongoing case management.</p>	

Continuum of Care (CoC) Project Listing

Instructions:

IMPORTANT: Prior to starting on the CoC Project Listing, CoCs should carefully review the CoC Project Listing Instructions and the CoC Project Listing training module, both of which are available at www.hudhre.info/esnaps.

To upload all Exhibit 2 applications that have been submitted to this CoC, click on the "Update List" button. This process will take longer based upon the number of projects that need to be located. The CoC can either work on other parts of Exhibit 1 or it can log out of e-snaps and come back later to view the updated list. To review a project, click on the next to each project to view project details.

EX1_Project_List_Status_field List Updated Successfully

Project Name	Date Submitted	Grant Term	Applicant Name	Budget Amount	Proj Type	Prog Type	Comp Type	Rank
Follow-Up for Suc...	2010-10-27 10:11:...	1 Year	Volunteers of Ame...	164,045	Renewal Project	SHP	SSO	F
Collaborati ve Hou...	2010-11-05 08:50:...	1 Year	Kentucky Housing ...	618,877	Renewal Project	SHP	PH	F
Women's permanent ...	2010-11-04 14:47:...	1 Year	Wayside Christian...	25,575	Renewal Project	SHP	PH	F
Shelter Plus Care V	2010-11-12 16:51:...	5 Years	Louisville/J effer...	602,340	New Project	S+C	TRA	P1
Homes With Hope	2010-10-26 14:14:...	1 Year	Society of St. Vi...	115,516	Renewal Project	SHP	TH	F
Mental Health Out...	2010-10-21 14:08:...	1 Year	Seven Counties Se...	93,060	Renewal Project	SHP	SSO	F
CHI	2010-11-11 12:38:...	1 Year	Society of St. Vi...	420,699	Renewal Project	SHP	PH	F
St. Jude Women's ...	2010-10-26 15:54:...	1 Year	Society of St. Vi...	137,938	Renewal Project	SHP	TH	F
Shelter Plus Care...	2010-11-08 12:45:...	1 Year	Louisville/J effer...	1,442,268	Renewal Project	S+C	TRA	U
SHP Homeless Fami...	2010-11-08 14:47:...	1 Year	Louisville/J effer...	66,012	Renewal Project	SHP	SSO	F
Shelby Men's Center	2010-10-26 16:05:...	1 Year	Volunteers of Ame...	128,390	Renewal Project	SHP	TH	F
Permanent Support...	2010-11-05 09:38:...	1 Year	Bellewood Presbyt...	143,478	Renewal Project	SHP	PH	F

Shelter Support a...	2010-10-29 14:23:...	1 Year	Family Health Cen...	255,146	Renewal Project	SHP	SSO	F
Shelter Plus Care...	2010-11-08 16:15:...	1 Year	Louisville/J effer...	82,080	Renewal Project	S+C	SRA	U
Transitiona l Hous...	2010-10-26 12:44:...	1 Year	The Salvation Arm...	119,999	Renewal Project	SHP	TH	F
Permanent Suppop...	2010-11-03 11:59:...	1 Year	Jefferson Street ...	75,316	Renewal Project	SHP	PH	F
Journey House	2010-10-22 18:43:...	1 Year	Schizophr enia Fou...	211,649	Renewal Project	SHP	TH	F
Shelter Plus Care...	2010-11-08 13:08:...	1 Year	Louisville/J effer...	27,696	Renewal Project	S+C	PRA	U
Louisville After-...	2010-10-26 14:42:...	1 Year	Kentucky Housing ...	479,860	Renewal Project	SHP	SSO	F
Permanent Housing...	2010-11-08 09:50:...	1 Year	Home of the Innoc...	88,844	Renewal Project	SHP	PH	F
Shelter Plus Care...	2010-11-08 16:38:...	1 Year	Louisville/J effer...	35,904	Renewal Project	S+C	SRA	U
Sober Living I - ...	2010-11-10 11:52:...	1 Year	Schizophr enia Fou...	28,054	Renewal Project	SHP	PH	F
Louisville HMIS -...	2010-11-10 15:25:...	1 Year	Coalition for the...	122,311	Renewal Project	SHP	HMIS	F
Transitiona l Hous...	2010-10-27 10:06:...	1 Year	Volunteers of Ame...	371,611	Renewal Project	SHP	TH	F
PSH-CH	2010-11-11 12:30:...	1 Year	Society of St. Vi...	427,747	Renewal Project	SHP	PH	F
Women's safe haven	2010-10-26 09:08:...	1 Year	Wayside Christian...	81,902	Renewal Project	SHP	SH	F
Transitiona l Hous...	2010-10-27 08:27:...	1 Year	Kentucky Housing ...	279,095	Renewal Project	SHP	TH	F
Shelter Plus Care...	2010-11-08 14:08:...	1 Year	Louisville/J effer...	31,416	Renewal Project	S+C	SRA	U
SHP Human Service...	2010-11-08 15:39:...	1 Year	Louisville/J effer...	38,249	Renewal Project	SHP	SSO	F

Transitiona I Serv...	2010-10- 22 06:55:...	1 Year	New Directions Ho...	58,245	Renewal Project	SHP	TH	F
West Louisville C...	2010-10- 21 15:42:...	1 Year	The Center for Wo...	49,875	Renewal Project	SHP	TH	F
Sober Living II -...	2010-11- 10 12:05:...	1 Year	Schizophr enia Fou...	21,000	Renewal Project	SHP	PH	F
Transitiona I Housing	2010-10- 22 14:12:...	1 Year	Choices, Inc.	70,497	Renewal Project	SHP	TH	F
Supportive Housin...	2010-11- 05 10:59:...	1 Year	Kentucky Housing ...	277,702	Renewal Project	SHP	PH	F
Homes With Heart	2010-11- 04 15:00:...	1 Year	House of Ruth, Inc.	137,694	Renewal Project	SHP	PH	F
Transitiona I Hous...	2010-10- 25 13:40:...	1 Year	Bellewood Presbyt...	88,327	Renewal Project	SHP	TH	F
Permanent Support...	2010-11- 11 12:03:...	1 Year	Father Maloney's ...	169,846	Renewal Project	SHP	PH	F
Men's permanent s...	2010-11- 04 14:43:...	1 Year	Wayside Christian...	103,369	Renewal Project	SHP	PH	F
Shelter Plus Care...	2010-11- 08 17:02:...	1 Year	Louisville/J effer...	238,332	Renewal Project	S+C	TRA	U

Budget Summary

FPRN	\$5,469,928
Permanent Housing Bonus	\$602,340
SPC Renewal	\$1,857,696
Rejected	\$0