

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 which includes a consumer & 2 from the lead agency with one of these serving as lead person.

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

Yes. 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 |
| Interagency Homeless Youth Working Group | Focuses on homeless kids, their needs, gaps in services, etc. This group works closely with the school system to identify the overall numbers of homeless kids and families and provide ways to meet these kids/families needs during the time these kids/families are homeless. | Monthly or more |
| 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 Community Services & Revitaliz... | Public Sector | Local g... | Primary Decision Making Group, Attend Consolidated Plan p... | 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 | Primary Decision Making Group, Committee/Sub-committee/Wo... | 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 |
| 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.. | Primary Decision Making Group, Committee/Sub-committee/Wo... | NONE |
| Schizophrenia Foundation of KY, Inc. dba Wellsp... | Private Sector | Non-pro.. | Primary Decision Making Group, Committee/Sub-committee/Wo... | 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 |
| 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... | Primary Decision Making Group, Committee/Sub-committee/Wo... | 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 |
| 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 |

| | | | | |
|--|----------------|------------|--|-----------------|
| 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... | Primary Decision Making Group, Attend Consolidated Plan p... | 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 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 | Local 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 | Formerl.. | Committee/Sub-committee/Work Group | NONE |

| | | | | |
|-------------------------------------|----------------|------------|--|-----------------|
| Mark Snyder | Individual | Other | Committee/Sub-committee/Work Group | 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 | Substance 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 | Other | Primary Decision Making Group, Committee/Sub-committee/Wo... | NONE |
| Network Center for Community Change | Private Sector | Non-pro.. | Committee/Sub-committee/Work Group | NONE |
| Danny McKeller | Individual | For merl.. | Primary Decision Making Group, Committee/Sub-committee/Wo... | NONE |
| Della Logsdon | Individual | For merl.. | 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, 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: 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 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 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
(select all that apply) Assistance, Transportation, Rental Assistance

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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 Community Services & Revitalization

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

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

Role(s) of the organization: Primary Decision Making Group, Attend Consolidated Plan planning meetings during past 12 months, Lead agency for 10-year plan, 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, 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: (select all that apply) Case Management, Life Skills, Utilities Assistance, Transportation, Rental Assistance

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 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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 - 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: 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 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 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
- Subpopulations represented - No more than 2 may be selected
- 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:

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

Subpopulation(s) represented by the organization: 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, Street Outreach, Case Management, Prescription Assistance, Healthcare, 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 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 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: 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 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: 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 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 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 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 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: 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 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 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: 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

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

Subpopulation(s) represented by the organization: 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, 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: Primary Decision Making Group, Committee/Sub-committee/Work Group, Attend 10-year planning meetings during past 12 months
(select all that apply)

Subpopulation(s) represented by the organization: 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 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 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

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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: 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:

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: 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:

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: 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:

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: 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:

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: 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

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: 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:

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: 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:

- 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: 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

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: 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:

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

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

Name of organization or individual: Volunteers of America of 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:

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

Subpopulation(s) represented by the organization: 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: 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

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: 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

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: 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

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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 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: 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:

- 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: 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

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: 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:

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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 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 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 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

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 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:

- 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: 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: Primary Decision Making Group, Attend Consolidated Plan planning meetings during past 12 months, Committee/Sub-committee/Work Group, Attend 10-year planning meetings during past 12 months, 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 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 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

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: 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:

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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:

- 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: 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:

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 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

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: 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

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: 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

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: 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

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: 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

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: 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

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: 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

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

Name of organization or individual: Mark 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: Committee/Sub-committee/Work Group
(select all that apply)

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

Does the organization provide direct services to homeless people? No

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

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

Instructions:

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

Name of organization or individual: 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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- 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:

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

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

Name of organization or individual: 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:

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: 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:

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: Network Center for Community Change

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)

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: Danny McKeller

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: Primary Decision Making Group, Committee/Sub-committee/Work Group
(select all that apply)

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

Does the organization provide direct services to homeless people? No

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

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

Instructions:

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

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

Name of organization or individual: Della Logsdon

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)

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

Rating and Performance Assessment Measure(s): (select all that apply) g. Site Visit(s), e. Review HUD APR for Performance Results, n. Evaluate Project Presentation, h. Survey Clients, q. Review All Leveraging Letters (to ensure that they meet HUD requirements), o. Review CoC Membership Involvement, c. Review HUD Monitoring Findings, r. Review HMIS participation status, f. Review Unexecuted Grants, m. Assess Provider Organization Capacity, p. Review Match, l. Assess Provider Organization Experience

Voting/Decision-Making Method(s): (select all that apply) c. All CoC Members Present Can Vote, 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(s), how it was resolved, and the date(s) resolved (limit 1000 characters):

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

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

Emergency Shelter: Yes

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

Our emergency shelter beds are down from 891 to 684. This is a difference of 207 beds. One reason for the reduction in beds is that we did an in depth examination of our emergency beds and found that many of the beds are actually being used in more of a transitional fashion. Thus we moved 144 beds throughout the system from emergency to the transitional category because this better described how the beds were being used. After accounting for this change we saw a reduction of 63 emergency beds. Some of this reduction continues to be a better identification of HUD homeless persons in some of our non-HUD funded projects.

HPRP Beds: No

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

No change

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):

Our transitional beds are up this year from 544 to 725. This is a difference of 181 beds. One reason for the increase in beds is that we did an in depth examination of our emergency beds and found that many of the beds are actually being used in more of a transitional fashion. Thus we moved 144 beds throughout the system from emergency to the transitional category because this better described how the beds were being used. After accounting for this change we saw an increase of 37 transitional beds. Some of this increase is due to more beds being used within families.

Permanent Housing: Yes

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

We increased our permanent housing beds from 1260 to 1396. One way that we did this was to encourage all our projects to focus on assisting clients to obtain mainstream cash benefits for which they are entitled. This stretched our existing permanent housing vouchers to serve more clients. Another reason for the increase was the HUD VASH vouchers.

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 2011. CoCs were expected to report HIC data on the Homelessness Data Exchange (HDX).

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

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

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

Indicate the steps taken to ensure the accuracy of the data collected and included in the housing inventory count: (select all that apply) Follow-up, Instructions, Updated prior housing inventory information, 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? | No |
| 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): | No or low participation by ESG funded providers, Inadequate staffing, 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). | not applicable |

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

We plan to address staffing by reallocating CoC funds for HMIS expansion and use those funds to increase the HMIS support staff.
Participation of ESG providers will increase due to HEARTH implementation.
We have planning meetings set up for bringing the ESG projects still outside the HMIS on board.
Low participation of non-HUD funded providers is being addressed by publicity and by stressing the benefits of HMIS use. Our CoC has to charge providers for HMIS software licenses so this approach has limits.
Poor data quality will improve by revamping of the data quality process. We are moving to monthly data quality checks for high-volume shelter(instead of quarterly checks). We are also increasing the minimum data quality levels and are using the results to score project when they apply for renewal funding.

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) 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 | 76-85% |
| * Safe Haven (SH) Beds | 86%+ |
| * Transitional Housing (TH) Beds | 86%+ |
| * Permanent Housing (PH) Beds | 76-85% |

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

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

Bed coverage for all housing segments is above 64%.

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

Instructions:

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

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

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

| Universal Data Element | Records with no values (%) | Records where value is refused or unknown (%) |
|--------------------------------------|----------------------------|---|
| * Social Security Number | 2% | 5% |
| * Date of Birth | 0% | 2% |
| * Ethnicity | 4% | 2% |
| * Race | 0% | 1% |
| * Gender | 0% | 0% |
| * Veteran Status | 1% | 5% |
| * Disabling Condition | 1% | 17% |
| * Residence Prior to Program Entry | 0% | 9% |
| * Zip Code of Last Permanent Address | 1% | 31% |
| * Name | 0% | 0% |

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

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 the CoC. Each project submits one data quality report and one data accuracy report during the scheduled Point in Time dates. The minimum standard is no more than 5% of missing data elements, and 100% data accuracy.

Assistance = data quality training, HMIS helpdesk software for online ticket submission, onsite visits.

Tools = training materials on data quality process, dedicated data quality reports, and audits of agency intake/exit workflow.

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 = each client record has to be updated within 5 days of client encounter. The policy is spelled out in the SOP (Standard Operating Procedures) for KYHMIS; all users agree to follow it and it is covered during the user training. Not following the policy triggers a review which can result in loss of HMIS license.

Procedure = data quality training and reports, we stress the need for accurate entry/exit dates during training. Agencies with poor data quality get monitored more frequently and have to attend additional training. When providers go through annual QAS process(quality assurance standards), they are scored on data quality.

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

Indicate which reports the CoC or subset of the CoC plans to submit usable data: (Select all that apply) 2011 AHAR, 2011 AHAR Supplemental Report on Homeless Veterans, 2011 PULSE

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

Instructions:

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

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

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

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

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

| | |
|--|--------------------|
| Integrating or warehousing data to generate unduplicated counts: | At least Quarterly |
| Point-in-time count of sheltered persons: | At least Quarterly |
| Point-in-time count of unsheltered persons: | At least Annually |
| 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 |

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

Instructions:

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

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

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

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

| | |
|---|-------------------|
| * Unique user name and password | At least Annually |
| * 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 | At least Annually |
| * Compliance with HMIS Policy and Procedures manual | At least Annually |
| * Validation of off-site storage of HMIS data | At least Annually |

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

How often does the CoC Lead Agency aggregate data to a central location (HMIS database or analytical database)? Never

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

If 'Yes' indicate date of last review or update by CoC: 06/18/2010

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

2G. Homeless Management Information System (HMIS) Training

Instructions:

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

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

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

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

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

Instructions:

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

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

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

***Indicate the date of the most recent point-in-time count (mm/dd/yyyy):** 01/26/2011

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

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

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

Enter the date in which the CoC plans to conduct its next point-in-time count: (mm/dd/yyyy) 01/25/2012

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).

We conduct a shelter/street PIT annually ea. January. We do a shelter PIT quarterly coinciding with dates listed on the APR. While the January PIT seems to show that we are not making progress in lowering the numbers of homeless singles or families, we have added 136 units of housing in the last year. These units are already filled & we rarely have PSH openings for any length of time. While the PIT numbers held steady from '10 (1,626) to '11 (1,628), the census numbers did fall from 9,348 to 9,130. We cannot point to any particular cause of this experience except the overall economic situation within the community. We applied & were granted a new shelter + care grant in last year's application but this grant is not yet up & running in the community. This will add another 16 to 20 units of housing for both singles & families once the project is ready to take applications. We are waiting on local HUD for grant agreements & a contract. Once we get those we will be ready with more than enough referrals to fill the units.

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

Instructions:

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

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

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

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

If Other, specify:

We used both a survey of providers and numbers in HMIS to determine accuracy of numbers in HMIS. After comparing and updating the HMIS information to match the actual head counts from the shelters we used the information in HMIS to determine the subpopulations.

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

Before the night of the count, 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 (1.26.11) 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. 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 used information in HMIS to glean the information on subpopulations. As each shelter submitted their "simple count" forms, they also submitted ART reports 252, or 215B depending on the type of entry the project does. We compared this number to the actual count number to determine HMIS completeness & accuracy. We then used the HMIS information to determine the subpopulations. Since we did surveys on the people counted at the central counting location but not those on the street, we extrapolated the subpopulation numbers from the surveys to the street count results.

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

Instructions:

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

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

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

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

| | |
|---|-------------------|
| HMIS | X |
| HMIS plus extrapolation: | X |
| Sample of PIT interviews plus extrapolation: | |
| Sample strategy: | Stratified Sample |
| Provider expertise: | |
| Interviews: | |
| Non-HMIS client level information: | |
| None: | |
| Other: | |

If Other, specify:

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

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 consists of each shelter running an ART 252 or 215B report out of HMIS depending on the type of entry they normally do. They must check to make sure the numbers in these reports match the numbers when staff count the shelter stayers. We then take the information regarding the subpopulations out of HMIS.

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

Instructions:

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

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

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

| | |
|--|-------------------------------------|
| Instructions: | <input checked="" type="checkbox"/> |
| Training: | <input checked="" type="checkbox"/> |
| Remind/Follow-up | <input checked="" type="checkbox"/> |
| HMIS: | <input checked="" 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.

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

After asking the shelters to do a manual count of the persons in the shelters we also asked them to run an ART 252 or 215B report. If the numbers did not match the manual count then shelters were asked to update the HMIS data so that the numbers would match the manual count. After giving the shelters time to update their HMIS, we ran a report that would give us the subpopulations that were represented in the shelters that night. We feel this is the most accurate subpopulations data we have had in a great while as we trust the HMIS data more than the survey given to the people in the shelter on the night of the count.

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

Instructions:

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

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

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

| | |
|---|---|
| Public places count: | X |
| Public places count with interviews: | X |
| Service-based count: | |
| HMIS: | |
| Other: | X |

If Other, specify:

We did not do surveys on the folks in the camps but rather extrapolated the information gathered by survey of the folks coming to the central location to those in the camps.

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

We conduct our unsheltered count at the same time and on the same night as our sheltered count. We ask the persons staying on the street to come to a central location to be counted while we have outreach teams going to the known camps at the same time. We conduct the count from 6-8 pm. As folks come to the central location we ask them where they plan on sleeping that night. If they say "in a shelter" they are given a certain kind of sticker. If they say "on the street" they get another type of sticker. We count only those with the "on the street" sticker. The outreach teams count those folks in the camps who do not have a sticker and give a sticker to everyone they count. If a person is counted on the street or at the central location and then goes to a shelter, the shelter knows not to count that person because of the sticker the person is wearing. We let the folks know that wearing the sticker is very important that night and we find that they are very cooperative with the system. We have been doing it this way long enough that they are used to the system. We do interviews at the central location to determine subpopulations, etc. We do not do interviews at the camps but rather extrapolate the information from the surveys done at the central location to the campsite numbers. We did ask all persons counted two questions to determine their veterans status. This was the first year that we had a "common definition" for veteran from the Veteran's Administration. Using their definition and the common questions to determine veteran status, we were able to more accurately identify the veterans living on the street. We used these same questions in the shelters during the count to obtain the veteran status for those staying in the shelters.

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

Instructions:

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

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

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

If Other, specify:

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

Instructions:

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

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

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

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

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

If Other, specify:

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

The 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. This situation creates several barriers to our CoC accurately counting these families. This under count leads to an inability to show need & consequently a lack of resources to meet the needs of unsheltered families. We working with the school system to identify HUD homeless families, remain in contact with them & continue to provide services while the families wait for shelter & permanent housing. The CoC is focused on applying for additional permanent supported housing that includes units for families through the bonus money. Louisville is participating in a study of homeless families that has brought 50 new vouchers to this population. We have also started the Interagency Homeless Youth Working Group whose purpose is to identify homeless youth & their families. Through this effort we hope to get a better understanding of the needs of of this population & how we can better address those needs. We have also submitted a request for a grant amendment to the HFRT grant that will allow us to use the HFRT case managers to do outreach to the schools & community ministries.

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 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, in day centers, & in overnight shelters. Case management includes: linking individuals to mental health services, assistance applying for mainstream services & acquiring permanent housing. During the PIT count this team leads in identifying & going to homeless camps throughout the city. The Shelter Support Outreach Team focuses on linking those on the street to mainstream services & appropriate housing. The YMCA Outreach Team focuses on young people up to age 24. They encourage this population to enter the youth shelter & seeks to engage them in accessing needed services, appropriate housing & mitigating how long a young person remains homeless. The VA outreach team focuses on homeless veterans & a cold weather team seeks to identify those on the streets during inclement weather. These 5 outreach teams place over 40% of those they engage in permanent housing & over 75% in any type of shelter. Louisville participated in the national 100,000 homes effort identifying 244 persons, 107 at risk of dying on the streets. With 7 additional HUD VASH, 70 vouchers from the housing authority & 28 S+C & PSH vouchers, we hope to house approx. 105 persons with case management provided through a new \$1.5 mil. SAMSHA grant.

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

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

Instructions:

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

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

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

- How many permanent housing beds are currently in place for chronically homeless persons?** 127
- In 12 months, how many permanent housing beds designated for chronically homeless persons are planned and will be available for occupancy?** 167
- In 5 years, how many permanent housing beds designated for chronically homeless persons are planned and will be available for occupancy?** 202
- In 10 years, how many permanent housing beds designated for chronically homeless persons are planned and will be available for occupancy?** 132

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

In the next 12 mos we will have 22 more shelter + care beds in 16 units available in the community. These beds/units are designated for both the chronically homeless & those who do not meet the chronic definition. It is anticipated that the chronically homeless will fill at least 1/4 if not all of these units as this has been the norm in the community for several years. Traditionally 25% of our permanent housing beds NOT specifically for the chronically homeless are in fact housing the chronically homeless. Louisville participated in the national 100,000 Homes effort & identified 244 persons, with 107 at risk of dying on our streets. We think we will be able to house 105 of these persons with 70 vouchers from the Housing Authority, 7 VASH vouchers & 28 shelter + care & PSH vouchers. These vouchers are not specifically dedicated for the chronically homeless but will be filled with persons that will meet that definition.

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

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 of the units created will be for the chronically homeless.

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

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

Instructions:

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

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

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

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

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

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 89%. This is an increase from 84% in the 2010 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 projects 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 89% 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.

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

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

Instructions:

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

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

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

What is the current percentage of participants in CoC-funded transitional housing projects will have moved to permanent housing? 64

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

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 64% 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.

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

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

Instructions:

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

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

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

What is the current percentage of participants in all CoC-funded projects that are employed at program exit? 25

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

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 who are employed at program exit to 20 percent or more (limit to 1000 characters):

The Lou Metro CoC is consistently over the 20% threshold for persons leaving our programs with employment. While we are working 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 & that if a person has not yet received those benefits, a case manager is focused on making sure those benefits are received. A great emphasis is being placed on increasing income of any kind for those going through our shelter system. 85% of persons leaving our projects leave with some type of income. In addition 85% of persons remaining in our permanent supported housing have income of some kind.

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

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

Instructions:

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

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

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

What is the current total number of homeless households with children as reported on the most recent point-in-time count? 134

In 12 months, what will be the total number of homeless households with children? 130

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

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

The Lou CoC is participating in a research study which focuses on homeless families entering emergency shelters. As part of the study, 60 housing authority vouchers are dedicated to families participating in the study along with 20 HPRP vouchers. We are also working with the local school system to identify homeless families that we have not been able to identify in the past. This collaboration increases 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 even though we anticipate adding housing units in the next year. We have also initiated the Interagency Homeless Youth Working Group to identify the needs of homeless youth & their families. We have also made the decision not to designate new permanent supported beds solely for the chronically homeless since our homeless families are also in great need.

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 looking for all opportunities to bring new vouchers and create new units through as many sources as possible. Participation in the family research study will dedicate 50 housing authority vouchers to families. 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.

3B. Continuum of Care (CoC) Discharge Planning

Instructions:

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

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

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

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

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

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

Foster Care (Youth Aging Out):

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, creates 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. helps 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 facilities call 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 12 "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. Jefferson Co. has a Re-Entry Task Force that meets monthly to coordinate services to persons exiting prison in Jefferson Co.

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

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

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

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

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 2008 Action Plan (1500 character limit):

Louisville Metro & the Coalition for the Homeless have 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. All partners, including the CoC and the CoC agencies providing case management meet monthly to monitor spending and participation. After the first year of spending the city realized that the current rate of spending was not going to be sustainable - the program was shut down and revamped to better target the funds to the most needy. The CoC and the CoC agencies were part of this revamping and it seems the program is providing assistance in a more balanced way.

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 local Veteran's Administration has a representative on the Louisville CoC's Advisory Group. This group is charged with understanding the homeless and housing situation in the community and advising the community of the needs and opportunities in the community regarding the homeless population. This group is up to date on the number of VASH vouchers are available in the community and how fast they are being filled. The Veteran's Administration participated fully in the PIT count in January and helped the CoC craft a short survey to determine a person's veteran status. With this help we were able to incorporate these questions into the homeless projects in the community to better identify veterans and what they may be eligible for. We have created a strong link between the veteran's outreach team and the service provider system - both shelters and other services provided to homeless persons - to identify veterans and link them to the Veteran's Administration for entitled services. The homeless provider community is made aware of available VASH vouchers and encouraged to identify veterans that may be eligible for the vouchers. Even when a veteran may not be eligible for the voucher, they are connected to the VA outreach team for assessment for other VA services.

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. As part of our Quality Assurance Standards (QAS), all projects serving children are required to have a poster hung in a prominent place that states the rights of homeless children. This poster is required in both English and Spanish. It is also required that each project serving children have a designated staff person to oversee that all children of appropriate age are connected to the appropriate level of education for their age. When the project completes their pre-application for funding they must name the designated staff person and when they are evaluated for QAS this person must be identified.

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)

The Louisville CoC is taking the coordinating role of convening an interagency task group consisting of Jefferson Co. Public Schools (JCPS), Jefferson Co. Family Court, Metropolitan Housing Coalition, The KY Cabinet for Family and Health Service Department of Community Based Services, the Lou. Metro Office on Homelessness, several homeless service providers serving children and three local universities. This group is charged with examining the data provided by JCPS, the CoC HMIS, the court system and others to determine the extent of family homelessness, as defined by HUD, the Dept. of Education, and others. This group is charged with identifying the scope of the issue, the services that are needed to off set the effect of homelessness on these families and the various opportunities for housing - both available and that which could be developed - given the make up of the homeless family population in the community. Informing families not already linked to the school system is a primary goal. Our shelters are also charged with having a designated person to ensure school enrollment and attendance. They are also charged with providing information in both English and Spanish regarding McKinney-Vento education services. This is a very important area of assessment during each project's Quality Assurance Standards yearly evaluation.

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)

Each family shelter considers it a top priority to link all children to the age appropriate educational opportunity. They work closely with Jefferson Co. Public Schools (JCPS) to arrange a school placement and appropriate transportation. Posters are required in all shelters serving children. These posters explain the rights of homeless children and contain phone numbers if parents find the shelter lacking in helping their children exercise their rights. These posters are in English and Spanish. Our family shelters facilitate the parent's efforts to place their child in the most appropriate school and work with the Homeless and Migrant Education Coordinator of JCPS to arrange transportation as soon as possible. The shelters also provide study rooms and many have tutors available during the evening hours when children return to the shelter after school.

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 VA Outreach Team works with the shelters to identify all vets seeking service in the overnight & day shelters & on the streets. The VA Outreach team worked with us to come to a common definition of Veteran & make sure that all persons meeting the Veteran definition are referred to the VA Outreach team for assessment & services. During the Jan PIT the VA Outreach team helped with the street count & worked at our counting site to talk to vets as they were identified. We also surveyed all persons that night both in & out of the shelters regarding their veteran status. The VA has sponsored a summit & is planning another one in conjunction with a monthly CoC meeting. This summit helped both the VA & the CoC understand what is available to vets in Louisville. We have 5 agencies serving vets with 9 different programs; 6 per diem programs, 2 contract programs & 1 HUD VASH program. These agencies are Interlink, St. Vincent de Paul, Salvation Army, Wayside & HUD VASH. The VA & the CoC hold an annual Standdown/Homeless Connect event to provide a one stop service day to both vets & non vets, serving over 700 people each year. The CoC is kept up to date as to the number of VASH vouchers available & how to access those vouchers. We understand that identifying vets is paramount in our quest to house as many people as possible with the resources we have.

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

The YMCA Safe Place shelter has a homeless youth outreach team that specifically focuses on unaccompanied youth living on the streets. While the Safe Place shelter does not exclusively serve homeless unaccompanied youth it does provide the only emergency shelter services for this population. YMCA Safe Place works with over 30 different programs to identify & serve homeless youth in our community. These incl. numerous family shelters, the court system, mental health agencies, local government, healthcare facilities, law enforcement, the school system & youth & social service programs in the school system. They are also part of national efforts incl. the National Runaway Switchboard, National Safe Place & the Southeastern Network of Youth & Family Services. Other agencies serving youth are Boys & Girls Haven & Home of the Innocents. While these two agencies do not provide emergency shelter they do provide youth services & work with state agencies regarding foster care discharges & other wards of the state. Obviously our family shelters: Wayside, Volunteers of America & Salvation Army provide services to youth in families. Several programs & opportunities within these shelters target youth. We have convened an interagency task group consisting of various partners to examine the needs of homeless youth - both in & out of families - & put forth strategies to address the needs of these young people.

3D. Hold Harmless Need (HHN) Reallocation

Instructions:

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

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

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

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

Does the CoC want to reallocate funds from one or more expiring SHP grant(s) into one or more new permanent housing or dedicated HMIS project(s)? Yes

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.

3E. Hold Harmless Need (HHN) Reallocation - Grant(s) Eliminated

Eligible CoCs who's FPRN is based on HHN or the Hold Harmless Merger process that choose to reallocate funds into new permanent housing or dedicated HMIS project may do so by eliminating one or more of its expiring SHP grants. CoCs that are eliminating projects entirely must identify those projects here. Click on the to enter information on grant(s) that will be eliminated.

| Amount Available for New Project: (Sum of All Eliminated Projects) | | | |
|---|-------------------------|----------------|-----------------------|
| \$0 | | | |
| Eliminated Project Name | Grant_Number_Eliminated | Component Type | Annual Renewal Amount |
| This list contains no items | | | |

3F. Hold Harmless Need (HHN) Reallocation - Grant(s) Reduced

Eligible CoCs who's FPRN is based on HHN or the Hold Harmless Merger process that choose to reallocate funds into new permanent housing or dedicated HMIS project may do so by reducing the grant amount for one or more of its expiring SHP grants. CoCs that are eliminating projects entirely must identify those projects here. Click on the to enter information on grant(s) that will be reduced.

| Amount Available for New Project (Sum of All Reduced Projects) | | | | | |
|---|----------------------|--------------|-----------------------|-----------------|----------------------------------|
| \$5,333 | | | | | |
| Reduced Project Name | Reduced Grant Number | Project Name | Annual Renewal Amount | Amount Retained | Amount available for new project |
| Jefferson St Bapt... | KY0063B4I011003 | --- | \$75316 | \$69983 | \$5333 |

3F. Hold Harmless Need (HHN) Reallocation - Details of Grant(s) Reduced

Complete each of the fields below for each SHP grant that is being reduced during the 2011 HHN Reallocation process. CoCs should refer to the final approved 2011 SHP Grant Inventory Worksheet to ensure all information entered here is accurate.

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

Reduced Project Name: Jefferson St Baptist Center Permanent Supported Housing

Grant Number of Reduced Project: KY0063B4I011003

Reduced Project Current Annual Renewal Amount: \$75316

Amount Retained for Project: \$69983

Amount available for New Project: \$5333
(This amount will auto-calculate by selecting "Save" button)

3G.Hold Harmless Need (HHN) Reallocation - Proposed New Project(s)

Eligible CoCs whose FPRN is based on HHN or the Hold Harmless Merger process that choose to reallocate funds into new permanent housing or dedicated HMIS project may do so by reducing the grant amount for one or more of its expiring SHP grants. CoCs must identify if the new projects that it plans to create and provide requested information for each. Click on the to enter information for each of the proposed new reallocated projects.

Sum of All New Reallocated Project Requests
(Must be less than or equal to total amount(s) eliminated and/or reduced)

\$5,333

| Current Priority # | New Project Name | Program Type | Component Type | Transferred Amount |
|--------------------|------------------|--------------|----------------|--------------------|
| 2 | H... | SHP | HMIS | \$5,333 |

3G.Hold Harmless Need (HHN) Reallocation - Details of Proposed New Project(s)

Complete each of the fields below for each new reallocated project the CoC is requesting in the FY2011 CoC Competition. CoCs may only reallocate funds to new permanent housing (SHP-PH, S+C, or SRO) projects or dedicated HMIS projects.

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

2011 Rank (from Project Listing): 2

Proposed New Project Name: HMIS 2

Program Type: SHP

Component Type: HMIS

Amount Requested for New Project: \$5,333

3H. Hold Harmless Need (HHN) Reallocation - Reallocation Balance Summary

Below is a summary of the information entered on forms 3D-3G. The last field, *Remaining Reallocation Balance* should indicate \$0. If there is a balance remaining, this means that more funds are being eliminated or reduced than the new project(s) request. CoCs cannot create a new reallocated project for an amount that is greater than the total amount of *Reallocated funds available for new project(s)*.

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

| | |
|--|---------|
| Reallocated funds available for new project(s) | \$5,333 |
| Amount requested for new project(s) | \$5,333 |
| Remaining Reallocation Balance | \$0 |

4A. Continuum of Care (CoC) 2010 Achievements

Instructions:

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

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

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

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

| Objective | FY2010 Proposed Numeric Achievement: | | Actual Numeric Achievement | |
|--|--------------------------------------|------------|----------------------------|------------|
| Create new permanent housing beds for the chronically homeless. | 148 | Beds | 127 | Beds |
| Increase the percentage of homeless persons staying in permanent housing over 6 months to at least 77%. | 80 | % | 89 | % |
| Increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 65%. | 66 | % | 64 | % |
| Increase the percentage of homeless persons employed at exit to at least 20% | 26 | % | 25 | % |
| Decrease the number of homeless households with children. | 132 | Households | 134 | Households |

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

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

We did not meet our goal of creating beds designated for the chronically homeless. We did however house many more chronically homeless persons than we had designated beds. We are unable to create a large number of beds & it is not in our community's best interest to designate the beds that we can create. We are able to serve our homeless population quicker if we do not designate beds but create permanent housing for all populations in need in the community; families, singles & chronically homeless. While we did not meet our goal we did house more chronically homeless persons than is shown in the chart.

We fell 2% short of reaching our goal for moving persons from transitional housing to permanent housing. Historically we hover around the 65% mark. We are publishing the results of individual projects hoping this will encourage projects to amend their methods & programs to increase movement to permanent housing. We also plan to meet with each transitional housing project that fell below 65% to determine the reasons for the shortfall.

We fell 1% short in reaching our employment goal while we exceeded the HUD goal. We are giving a lot of focus to accessing income for all persons eligible for mainstream services. While this is not employment, it is more realistic to strive for income than employment.

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

Instructions:

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

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

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

| Year | Number of CH Persons | Number of PH beds for the CH |
|------|----------------------|------------------------------|
| 2009 | 247 | 109 |
| 2010 | 203 | 134 |
| 2011 | 259 | 127 |

Indicate the number of new permanent housing beds in place and made available for occupancy for the chronically homeless between February 1, 2010 and January 31, 2011. 0

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

| Cost Type | HUD McKinney-Vento | Other Federal | State | Local | Private |
|--------------|--------------------|---------------|------------|------------|------------|
| Development | | | | | |
| Operations | \$0 | | | | \$0 |
| Total | \$0 | \$0 | \$0 | \$0 | \$0 |

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 # of CH persons increased by 56 & the # of CH beds decreased by 7. CH homeless persons increased because of better identification & some of the same people who did not meet the definition last yr now do. Designated CH beds decreased because with voucher programs, the amount of rent a client pays determines the subsidy needed. This yr more people needed higher subsidies decreasing the # of vouchers available to the CH homeless. Our CoC has decided not to create designated CH beds but create PSH that is open to all homeless populations. This allows service to those who are in most need at the time - incl. families. Being at hold harmless, we are limited to the # of PSH beds we can create using the bonus money & reallocation.

4C. Continuum of Care (CoC) Housing Performance

Instructions:

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

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

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

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

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

| Participants in Permanent Housing (PH) | |
|---|-----------|
| a. Number of participants who exited permanent housing project(s) | 212 |
| b. Number of participants who did not leave the project(s) | 815 |
| c. Number of participants who exited after staying 6 months or longer | 189 |
| d. Number of participants who did not exit after staying 6 months or longer | 727 |
| e. Number of participants who did not exit and were enrolled for less than 6 months | 88 |
| TOTAL PH (%) | 89 |

Instructions:

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

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

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

| | |
|---|-----|
| Participants in Transitional Housing (TH) | |
| a. Number of participants who exited TH project(s), including unknown destination | 308 |
| b. Number of SHP transitional housing participants that moved to permanent housing upon exit | 198 |
| TOTAL TH (%) | 64 |

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

Instructions:

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

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

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

Total Number of Exiting Adults: 895

| Mainstream Program | Number of Exiting Adults | Exit Percentage (Auto-calculated) | |
|--|--------------------------|-----------------------------------|---|
| SSI | 207 | 23 | % |
| SSDI | 126 | 14 | % |
| Social Security | 11 | 1 | % |
| General Public Assistance | 0 | 0 | % |
| TANF | 80 | 9 | % |
| SCHIP | 2 | 0 | % |
| Veterans Benefits | 18 | 2 | % |
| Employment Income | 225 | 25 | % |
| Unemployment Benefits | 29 | 3 | % |
| Veterans Health Care | 9 | 1 | % |
| Medicaid | 226 | 25 | % |
| Food Stamps | 600 | 67 | % |
| Other (Please specify below) | 823 | 92 | % |
| Medicare 50, Child Support 28, Housing Subsidy 102, WIC 23, Transportation 7, Child care subsidy 10, Retirement pension 1, Alimony 2 | | | |
| No Financial Resources | 133 | 15 | % |

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

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

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

Instructions:

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

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

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

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

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

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

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

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

Ea proj submits an APR & HMIS APR to the CoC at the time they submit to HUD. We prepare a "report card" for ea proj receiving CoC HUD funding covering several areas including: the project's performance using the HUD goals: maintaining PH, moving from TH to PH, obtaining employment, & obtaining income. Since the APR only looks at those who leave a project we also include a PH project's percentage of linking persons who do not leave to mainstream services & income obtained. This report card is given to the CoC prior to voting for/against a project going to Washington. We are going to start giving this report card 2 Xs a yr beginning with the coming yr so the CoC can discuss concerns well in advance of renewal submission. We are hoping this will help us determine whether to utilize the hold harmless reallocation process for consistently underperforming projects.

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.

Sept 9, 2010
Oct 14, 2010
Dec 9, 2010
Jan 13, 2011
Feb 10, 2011
Apr 14, 2011
May 12, 2011
Jun 9, 2011
July 14, 2011
Aug 11, 2011
Sep 8, 2011

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).

- Sep 21-22, 2011 - 18 registered
- May 24-25, 2011 - 1 trained
- March 23-24, 2011 - 20 trained
- Dec 14 - 15, 2010 - 5 trained
- 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

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

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

| Activity | Percentage |
|--|------------|
| 1. Case managers systematically assist clients in completing applications for mainstream benefits. 1a. Describe how service is generally provided: | 95% |
| 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. Most case managers are trained in SOAR. Case management meetings are held in the shelters and for PSH the meetings are held at the case managers office or in home. In home visits are required at least monthly. | |
| 2. Homeless assistance providers supply transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs. | 95% |
| 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: | 0% |
| 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. | |
| 4. Homeless assistance providers have staff systematically follow-up to ensure mainstream benefits are received. | 95% |
| 4a. Describe the follow-up process: | |
| Service providers have follow up processes in place as part of on going case management. Processes incl. regular - on ave. bi weekly - meetings between the case manager & client. Case managers verify the clients have applied for services & review the status of the application. Documentation of eligibility determinations & services provided or received are kept in client files. Follow up phone calls & other forms of contact are made by case managers as needed until final determinations are made & services are denied or received. Ongoing monitoring of services is also a part of ongoing case management. Case management meetings take place in the office or in home. PSH projects generally require in home visits at least monthly. Shelter case managers meet with clients at the shelter. | |

Continuum of Care (CoC) Project Listing

Instructions:

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

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 |
|----------------------------|-------------------------|------------|----------------------------|---------------|--------------------|-----------|-----------|------|
| Transitiona l Hous... | 2011-10-13 12:10:... | 1 Year | The Salvation Arm... | 119,999 | Renewal Project | SHP | TH | F |
| SHP Human Service... | 2011-10-10 09:51:... | 1 Year | Louisville/J effer... | 38,249 | Renewal Project | SHP | SSO | F |
| Journey House | 2011-10-11 16:40:... | 1 Year | Schizophr enia Fou... | 211,649 | Renewal Project | SHP | TH | F |
| Follow-Up for Suc... | 2011-10-09 11:43:... | 1 Year | Volunteers of Ame... | 164,045 | Renewal Project | SHP | SSO | F |
| Transitiona l Hous... | 2011-10-09 11:52:... | 1 Year | Volunteers of Ame... | 371,611 | Renewal Project | SHP | TH | F |
| Jefferson Street ... | 2011-10-17 12:55:... | 1 Year | Jefferson Street ... | 69,983 | Renewal Project | SHP | PH | F |
| SHP Homeless Fami... | 2011-10-10 09:34:... | 1 Year | Louisville/J effer... | 66,012 | Renewal Project | SHP | SSO | F |
| St. Jude Women's ... | 2011-09-21 14:06:... | 1 Year | Society of St. Vi... | 137,938 | Renewal Project | SHP | TH | F |
| Shelter Plus Care... | 2011-10-10 10:50:... | 1 Year | Louisville/J effer... | 31,920 | Renewal Project | S+C | TRA | U |
| Shelby Men's Center | 2011-10-09 11:48:... | 1 Year | Volunteers of Ame... | 128,390 | Renewal Project | SHP | TH | F |
| Mental Health Out... | 2011-10-14 08:36:... | 1 Year | Seven Counties Se... | 93,060 | Renewal Project | SHP | SSO | F |
| Homes With Heart | 2011-10-09 21:22:... | 1 Year | House of Ruth, Inc. | 137,694 | Renewal Project | SHP | PH | F |

| | | | | | | | | |
|-----------------------|----------------------|--------|-----------------------|---------|-----------------|-----|------|---|
| Men's permanent s... | 2011-10-04 08:20:... | 1 Year | Wayside Christian... | 103,369 | Renewal Project | SHP | PH | F |
| Louisville HMIS -... | 2011-10-06 11:50:... | 1 Year | Coalition for the... | 122,311 | Renewal Project | SHP | HMIS | F |
| Transitional Serv... | 2011-10-06 10:38:... | 1 Year | New Directions Ho... | 58,245 | Renewal Project | SHP | TH | F |
| Louisville After-... | 2011-10-18 09:53:... | 1 Year | Kentucky Housing ... | 479,860 | Renewal Project | SHP | SSO | F |
| Permanent Support... | 2011-09-21 10:28:... | 1 Year | Bellewood Presbyt... | 143,478 | Renewal Project | SHP | PH | F |
| Transitional Hous... | 2011-09-21 10:45:... | 1 Year | Bellewood Presbyt... | 88,327 | Renewal Project | SHP | TH | F |
| Sober Living I - ... | 2011-10-11 16:46:... | 1 Year | Schizophr enia Fou... | 28,054 | Renewal Project | SHP | PH | F |
| West Louisville D... | 2011-10-05 11:17:... | 1 Year | The Center for Wo... | 49,875 | Renewal Project | SHP | TH | F |
| Permanent Housing... | 2011-10-05 09:51:... | 1 Year | Home of the Innoc... | 88,844 | Renewal Project | SHP | PH | F |
| Supportive Housin... | 2011-10-18 09:59:... | 1 Year | Kentucky Housing ... | 277,702 | Renewal Project | SHP | PH | F |
| Sober Living II -... | 2011-10-11 16:43:... | 1 Year | Schizophr enia Fou... | 21,000 | Renewal Project | SHP | PH | F |
| Collaborative Hou... | 2011-10-18 15:49:... | 1 Year | Kentucky Housing ... | 618,877 | Renewal Project | SHP | PH | F |
| Women's safe haven | 2011-09-05 10:14:... | 1 Year | Wayside Christian... | 81,902 | Renewal Project | SHP | SH | F |
| Transitional Hous... | 2011-10-18 14:59:... | 1 Year | Kentucky Housing ... | 279,095 | Renewal Project | SHP | TH | F |
| PSH-CH (KY0097B 4l... | 2011-10-07 10:52:... | 1 Year | Society of St. Vi... | 427,747 | Renewal Project | SHP | PH | F |
| Downtown Transiti... | 2011-10-05 11:25:... | 1 Year | The Center for Wo... | 33,581 | Renewal Project | SHP | TH | F |
| Homes With Hope (...) | 2011-09-21 13:51:... | 1 Year | Society of St. Vi... | 115,516 | Renewal Project | SHP | TH | F |

| | | | | | | | | |
|-----------------------|----------------------|--------|-----------------------|-----------|-----------------|-----|------|----|
| Permanent Support... | 2011-10-14 08:16:... | 1 Year | Father Maloney's ... | 169,846 | Renewal Project | SHP | PH | F |
| CHI (KY0095B 4I011... | 2011-10-10 14:18:... | 1 Year | Society of St. Vi... | 420,699 | Renewal Project | SHP | PH | F |
| Shelter Support a... | 2011-09-26 15:36:... | 1 Year | Family Health Cen... | 255,146 | Renewal Project | SHP | SSO | F |
| Women's permanent ... | 2011-09-05 10:10:... | 1 Year | Wayside Christian... | 25,575 | Renewal Project | SHP | PH | F |
| Shelter Plus Care... | 2011-10-06 15:38:... | 1 Year | Louisville/J effer... | 1,704,624 | Renewal Project | S+C | TRA | U |
| Glade House Trans... | 2011-10-09 21:06:... | 1 Year | House of Ruth, Inc. | 152,709 | Renewal Project | SHP | TH | F |
| Shelter Plus Care... | 2011-10-10 09:17:... | 1 Year | Louisville/J effer... | 83,280 | Renewal Project | S+C | SRA | U |
| Louisville HMIS 2... | 2011-10-20 17:14:... | 1 Year | Coalition for the... | 5,332 | New Project | SHP | HMIS | F2 |
| Transitiona l Housing | 2011-10-14 17:27:... | 1 Year | Choices, Inc. | 70,497 | Renewal Project | SHP | TH | F |
| Shelter Plus Care... | 2011-10-06 15:27:... | 1 Year | Louisville/J effer... | 28,080 | Renewal Project | S+C | PRA | U |
| Louisville Allian... | 2011-10-24 10:46:... | 1 Year | Kentucky Housing ... | 629,293 | New Project | SHP | PH | P1 |
| Shelter Plus Care... | 2011-10-10 09:12:... | 1 Year | Louisville/J effer... | 36,480 | Renewal Project | S+C | SRA | U |

Budget Summary

| | |
|--------------------------------|-------------|
| FPRN | \$5,656,217 |
| Permanent Housing Bonus | \$629,293 |
| SPC Renewal | \$1,884,384 |
| Rejected | \$0 |

Attachments

| Document Type | Required? | Document Description | Date Attached |
|---|-----------|----------------------|---------------|
| Certification of Consistency with the Consolidated Plan | Yes | Certification wit... | 10/17/2011 |