

**Tucson Pima County Coalition to End
Homelessness (TPCH) Continuum of Care
2016 Evaluation & Monitoring Form**

Instructions: Please complete this form. All forms and attachments must be received electronically by the Performance Evaluation Monitoring Committee through the TPCH Administrator Settle Madden. Please direct all questions to: **settle.madden@communitypartnersinc.org**.

A separate form must be completed for EACH HUD CoC Program project; however, recipient is responsible for collecting and submitting information for all project partners.

Agency Name: _____

Project Name & Grant ID: _____

Project Type: PSH RRH TH Safe Haven SSO

Project Address(es): _____

Contact Person: _____

Phone Number: _____ E-mail Address: _____

Please answer the following questions about the project during the Operating Year covered by your most recently submitted HUD APR:

Project Summary

Please provide a brief program summary including information about the specific services or operations for which the McKinney-Vento funding was used as aligned with the TPCH Written Standards. Describe the population served, whether the project is dedicated or prioritizing Chronic Homeless persons and how, and describe how the project collaborates with other organizations.

How many Chronically Homeless persons did this project serve during this reporting period?

Section I. Eligibility, Prioritization & Methodology

1. Coordinated Entry Participation during reporting period

How many clients who enter project have been assessed using the VI-SPDAT? _____

How many VI-SPDATs has project entered into HMIS? _____

How many project housing openings have received matches from the Coordinated Entry match list? _____

Additional information regarding participation requirement:

2. **Housing First.** How are Housing First principles applied in this project?

3. **Case Management Methodology.** Describe how project assesses client needs, sets client-centered goals, and meets project objectives. Include information about what tool is used, how services are made available to participants and how the project helps households work towards and achieve self-sufficiency.

ADMINISTRATION ONLY: Project Improvement Plan recommended for projects that does not demonstrate participation in Coordinated Entry.

SECTION II. Performance Measures & Outcomes

This section populated automatically and is not related to Item 4

PROJECT DATA – ATTACH Most recent project APR		
Measure	Result	Explanation if necessary
4. Average Daily Bed Utilization Rate in most recent APR (Q#10)		If below 65% or above 100% please explain why and describe plans for improvement.
5. % of participants employed at project exit (Q24b2)		If below 20%, please explain why and describe plans for improvement.

6. % of leavers who maintained (PH Only) or increased of total income (Q36a-2a PH, Q 36b-2a TH, or Q36e-2a SH)		If below 20% please explain why and describe plans for improvement.
7. % of leavers who maintained (PH Only) or increased non-cash benefits (Q26a2 "1+ Source(s)" for adults / Q26a2 total adults)		If below 56% please explain why and describe plans for improvement.
8. % of leavers exit to PH (Q 36b-1 TH or Q36e-1 SH)		If below 80% please explain why and describe plans for improvement.
9. % of participants who remain in permanent housing or exit to permanent housing (Q.36a-1 PH) – RRH?		If below 80% please explain why and describe plans for improvement.
10. Average Length of Stay (LOS) from APR Question (Q27)		Comments?

ADMINISTRATION ONLY: Project Improvement Plan recommended for projects that percentage falls below rating tool/HUD goal.

SECTION III – Budget, Leverage, & Grant Administration

NOTE: When "Match Operating" is checked, the "Budget Leasing" checks itself. This should be blank.

BUDGET – Attach last recapture or unexpended funds letter			
11. A. Check applicable budget line items that utilize HUD funds and matching funds.	Attach current project budget approved by HUD	<u>Budget</u> <input type="checkbox"/> Leasing s/b blank <input type="checkbox"/> Rental Assistance <input type="checkbox"/> Operating <input type="checkbox"/> Supportive Svc <input type="checkbox"/> HMIS <input type="checkbox"/> Administration	<u>Match</u> <input type="checkbox"/> Leasing <input type="checkbox"/> Rental Assistance <input type="checkbox"/> Operating <input type="checkbox"/> Supportive Svc <input type="checkbox"/> HMIS <input type="checkbox"/> Administration
B. What was the total award amount? What was the total award amount expended?			
12. How frequently do you drawdown funds from HUD for this project?	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annually <input type="checkbox"/> Annually		

13. Identify how your project identifies and tracks leverage.	Please explain:
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ADMINISTRATION ONLY: Project Improvement Plan recommended for projects that expend less than 100% of awarded funds.

SECTION IV – Policies & Procedures

COC PROGRAM POLICY AND PROCEDURE		
14. A . Does each participant file contains verification of homelessness or chronic homelessness status at the time of project entry. (24 CFR § 578.103(a)(3); 24 CFR § 576.500(b))	<p>Attach blank sample</p> <p>Yes No</p>	If No, please explain:
<p>B. Does project has written policies and procedures for documenting homelessness? (E.g., intake staff document eligibility; documentation is required for all persons seeking assistance; written policies state the evidence that may be relied upon to establish and verify homeless status, agency makes efforts to get the appropriate documentation. In order of preference:</p> <ul style="list-style-type: none"> • Third party documentation • Intake worker observations • Certification from the person seeking assistance 	<p>Attach Sample</p> <p>Yes No</p>	If No, please explain:
<p>15. If the project provides PSH, does each participant file contain verification of participant’s disability? 24 CFR § 578.37(a)(1)(i)</p> <ul style="list-style-type: none"> • Verification from a professional who is licensed to diagnose and treat condition OR • Disability verified by the Social Security Administration in the form of a VA disability check, or an SSDI check. 	<p>Attach Sample</p> <p>Yes No</p>	If No or N/A, please explain:

<p>16 A. If project receives leasing or rental assistance funding, does agency have written policy for HQS inspections and does it complete inspection prior to move-in and annually? If Project is CoC RRH, does it follow TPCH Written Standards? 24 CFR § 578.75(b); 24 CFR § 578.103(a)(8)</p> <p>B. If project receives leasing or rental assistance funding, does project ensure access to housing regardless of race, color, religion, sex, gender identify, sexual orientation, disability, familial status, limited English proficiency, or national origin? (24CFR 5.105(a))</p>	<p>Attach Sample</p> <p>Yes No</p> <p>Yes No</p>	<p>If No or N/A, please explain:</p>
<p>17. If project serves families or youth, does agency have a policy and designated staff person to be responsible for ensuring that children being served in the project are enrolled in school and connected to appropriate services in the community? 24 CFR § 578.23(c)(4) (iv)</p>	<p>Attach Sample</p> <p>Yes No</p>	<p>If No or N/A, please explain:</p>
<p>18. Does project receive client/consumer feedback regarding outcomes and project performance? (Agency survey accepted if it addresses housing.)</p>	<p>Attach Sample</p> <p>— Yes No</p>	<p>Please explain:</p>

AGENCY POLICY AND PROCEDURE

<p>19. Is there at least one homeless/formerly homeless person on the Board of Directors or equivalent policymaking entity? 24 CFR § 578.75(g)(1)</p>	<p>Attach Sample</p> <p>Yes No</p>	<p>If No, please explain:</p>
<p>20. Does the project involves homeless individuals and families through employment; volunteer services; or otherwise; in constructing, rehabilitating, maintaining, and operating the project, and in providing supportive services for the project. 24 CFR § 578.75 (g)(2)</p>	<p>Attach Sample</p> <p>Yes No</p>	<p>If No, please explain:</p>
<p>21. The project has a general conflict-of- interest policy for staff and Board members. 24 CFR § 578.95(c); 24 CFR § 578.103(a)(11)</p>	<p>Attach Sample</p> <p>Yes No</p>	<p>If No, please explain:</p>

ADMINISTRATION ONLY: Project Improvement Plan recommended for projects do not formally document client homeless and chronically homeless status.

SECTION VI – CoC Participation

CoC Participation Measure	Result	Explanation if necessary
24. Project maintains TPCH voting membership	Yes	
25. Project submitted HIC on-time, accurately	Yes	
26. Project Sheltered PIT submitted on-time, accurately	Yes	
27. Project participated in Street Counts/ Unsheltered PIT Count	Yes	
28. Project attends HMIS committee meetings	Yes	
29. Project attends Coordinated Entry Committee meetings	Yes	

ADMINISTRATION ONLY: Project Improvement Plan recommended for projects that are not demonstrating CoC participation in any area(s).

Applicant: The Primavera Foundation, Inc
Project: Catalina House Permanent Supportive Housing

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130004

7I. Summary Budget

Instructions:

The system populates a summary budget based on the information entered into each preceding budget form. Review the data and return to the previous forms to correct any inaccurate information. All fields are read only with exception to field "8. Admin (Up to 10%)."

Admin (Up to 10%): Enter the amount of requested administration funds. The request should match the amount identified on the CoC's HUD-approved FY 2015 GIW. HUD will not fund greater than 10% of the request listed in the field "Sub-Total Eligible Costs Request." If an amount above 10% is entered, the system will report an error and prevent application submission when the screen is saved.

Total Assistance plus Admin Requested: This field is automatically populated based on the amount of funds requested on the various budgets completed by the project applicant and Admin costs requested. This is this is the total amount of funding the project applicant will request in the FY 2015 CoC Program Competition.

Cash Match: This field is automatically populated. If it needs to be changed, return to Screen "7H. Sources of Match/Leverage" to make changes to this field.

In-Kind Match: This field is automatically populated. If it needs to be changed, return to Screen "7H. Sources of Match/Leverage" to make changes to this field.

Total Match: This field will automatically calculate the total combined value of the Cash and In-Kind Match. The total match must equal 25% of the request listed in the field "Total Eligible Costs Request" minus the amount requested for Leased Units and Leased Structures. There is no upper limit for Match. If an ineligible amount is entered, the system will report an error and prevent application submission. To correct an inadequate level of match, return to Screen "7H. Sources of Match/Leverage" to make changes.

Cash and In-Kind Match entered into the budget must qualify as eligible program expenses under the CoC program regulations. Compliance with eligibility requirements will be verified at grant agreement.

The Total Budget automatically calculates when you click the "Save" button.

Additional Resources can be found at the HUD Resource Exchange:
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

The following information summarizes the funding request for the total term of the project. However, the appropriate amount of cash and in-kind match and administrative costs must be entered in the available fields below.

Eligible Costs	Total Assistance Requested for 1 year Grant Term (Applicant)	
1a. Leased Units	\$0	
1b. Leased Structures	\$0	
2. Rental Assistance	\$0	
Renewal Project Application FY2015	Page 48	10/31/2015

3. Supportive Services	\$44,674
4. Operating	\$62,456
5. HMIS	\$0
6. Sub-total Costs Requested	\$107,130
7. Admin (Up to 10%)	\$7,499
8. Total Assistance plus Admin Requested	\$114,629
9. Cash Match	\$29,000
10. In-Kind Match	\$0
11. Total Match	\$29,000
12. Total Budget	\$143,629



PRIMAVERA FOUNDATION // PROVIDING PATHWAYS OUT OF POVERTY

**Catalina House
Applicant Qualifying Checklist**

Applicant Name: _____

Part I. Disabling Condition

Applicant is disabled. *Check appropriate box:*

- Yes
- No

Part I must be supported by a third party. *Check appropriate box supporting disabling condition:*

- Written verification from a professional licensed by the State to diagnose and treat the disability and certification that the disability is expected to be long-continuing or of indefinite duration and substantially impedes the individual’s ability to live independently
- Written verification from SSA (SSI or SSDI)
- The receipt of a disability check
- Intake staff-recorded observation of a disability that is confirmed and accompanied by evidence above within 45 days

Part II. Chronically Homeless

HUD defines Chronically Homeless as: a “homeless individual with a disability” who

Check ONE:

- Lives in a place not meant for human habitation, a safe haven, or in an emergency shelter; and has been homeless continuously for at least 12 months or on at least 4 separate occasions in the last 3 years where the combined occasions must total at least 12 months
 - Occasions must be separated by a break of at least seven nights not residing in an emergency shelter, safe haven, or in a place meant for human habitation
 - Stays in an institution of fewer than 90 days do not constitute as a break and count toward total time homeless
- Has been residing in an institutional care facility for fewer than 90 days and met all of the criteria above before entering that facility

Part II is supported by Third Party Certification, which includes dates and locations of homelessness, from one or more of the following: *Check ALL that apply*

- Certification letter(s) from an emergency shelter for the homeless
- Certification letter(s) from a homeless service provider or outreach worker
- Certification letter(s) from any other health or human service provider
- Certification Self-Statement signed by the applicant

Staff Name: _____

Date: _____



Homeless: Third Party Request

(Date)

To Whom It May Concern:

_____ has applied for housing with the Primavera Foundation at Catalina House. Primavera is committed to providing pathways out of poverty. However, we need your help to do so.

In order to qualify for housing at this community, the applicant must be determined to be chronically homeless, as defined by the U.S. Department of Housing and Urban Development. Please complete the attached certification and fax it to my attention as soon as possible at the following **fax number**: (_____)_____.

This information will be used for the purpose of determining the chronic homeless status of the above-named homeless person. If you have any questions, please do not hesitate to contact me at the following **telephone number**: (_____)_____.

Sincerely,

Eric Cross
Leasing Manager, Catalina House
Primavera Foundation

I, _____, give permission to release the requested information.
(Applicant printed name)

(Signature)

(Date)



Third Party Homeless Certification

I certify that _____ stayed at _____
(Applicant's Name) (Facility/ Program Name)

for the following period of time:

(1) between: _____/_____/_____ and : _____/_____/_____

(2) between: _____/_____/_____ and : _____/_____/_____

(3) between: _____/_____/_____ and : _____/_____/_____

(4) between: _____/_____/_____ and : _____/_____/_____

Additional detail about the applicant's episodes of homelessness may be written below.

This facility is classified as one of the following types of facilities/programs:

- Emergency Shelter
- Transitional Housing
- Permanent Housing
- Medical Institution
- Mental Health Institution
- Substance Abuse Facility
- Correctional Facility
- Other: _____

Before coming to this facility, the homeless person resided at: _____.

Signature: _____ Date: _____
(Signature of Facility Staff)

Title: _____ Phone: _____



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Third Party Homeless Certification (for Primavera Staff)

Important Note: If a chronically homeless organization is also the provider of a homeless service, such as emergency shelter or street outreach, then an authorized staff person from the emergency component of the same organization can, in fact, be considered a Third Party and may provide and sign the letter.

I certify that _____ stayed at _____
(Applicant's Name) (Facility/ Program Name)

for the following period of time:

(1) between: _____/_____/_____ and : _____/_____/_____

(2) between: _____/_____/_____ and : _____/_____/_____

(3) between: _____/_____/_____ and : _____/_____/_____

(4) between: _____/_____/_____ and : _____/_____/_____

Additional detail about the applicant's episodes of homelessness may be written below.

This facility is classified as one of the following types of facilities/programs:

- Emergency Shelter
- Transitional Housing
- Permanent Housing

Before coming to this facility, the homeless person resided at: _____.

Signature: _____ Date: _____

Title: _____ Phone: _____



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Homeless: Applicant Self Statement

I, _____, declare that I have been homeless during the below listed time periods below.
(Print Name)

I certify that I was homeless (that is sleeping in a place not meant for human habitation such as living on the streets) **OR** living in a homeless emergency shelter during the following period(s) of time:

Example: Jan., 2005 and Aug., 2005 I lived at Lifeline Shelter, Cleveland

- (1) between: ____/____/____ and : ____/____/____ at _____
- (2) between: ____/____/____ and : ____/____/____ at _____
- (3) between: ____/____/____ and : ____/____/____ at _____
- (4) between: ____/____/____ and : ____/____/____ at _____

What else would you like to share about your history?

Example: "I cannot remember the name of the place where I was living during the fall of 2004 but I believe that it was a homeless emergency shelter. I have problems with my memory from that time due to an illness."

I certify that the above information is correct.

(Signature of Applicant)

(Date)

I reviewed the above statement with the client.

(Signature of Staff Witness)

(Organization)

(Date)



Disabling Condition: Third Party Request

(Date)

To Whom It May Concern:

_____ has applied for housing with the Primavera Foundation at Catalina House. Primavera is committed to providing pathways out of poverty. However, we need your help to do so.

In order to qualify for housing at this community, the applicant must be determined to be disabled, as defined by the U.S. Department of Housing and Urban Development. Please complete the attached verification and fax it to my attention as soon as possible at the following **fax number**: (_____)_____.

This information will be used for the purpose of verifying the disabled status of the above-named homeless person. If you have any questions please do not hesitate to contact me at the following **telephone number**: (_____)_____.

Sincerely,

Melissa Quihuis
Resource Specialist

I, _____, give permission to release the requested information.
(Applicant printed name)

(Signature)

(Date)



Disabling Condition: Third Party Verification
for applicants not receiving SSDI or verified disabled status SSI
(to be completed by Professional)

The following applicant _____ is determined to be eligible. A person shall be considered to have a disability if such person has a physical, mental, or emotional impairment, which is expected to be of long-continuing and indefinite duration; substantially impedes his or her ability to live independently; and is of such a nature that such ability could be improved by more suitable housing conditions.

I have reviewed this definition and determined that the applicant meets the criteria set forth above.

Printed Name

Signature

Date

Professional Title

Organization

**CATALINA HOUSE
PROCEDURES FOR DOCUMENTING
CHRONICALLY HOMELESS AND DISABLING CONDITION**

GENERAL REQUIREMENTS

Residents must be chronically homeless with a disabling condition as defined by HUD and provide written documentation as proof.

Chronically Homeless Documentation Procedure:

- Leasing manager completes Applicant Qualifying Checklist to ensure HUD definition is met.
- Leasing manager completes Homeless: Third Party Request (release) form, signed by applicant and submits it along with the Third Party Homeless Certification form to applicable facilities/programs/source where applicant resided.

The following order of priority for obtaining evidence is:

1. Third party documentation
2. Intake worker observation
3. Certification from the person seeking assistance (Up to three months can be documented through Self-Certification. Use Homeless: Applicant Self Statement)

Disabling Condition Documentation Procedure:

- Leasing manager obtains verification of disabling condition from the Social Security Administration in the form of a VA disability check or an SSDI check.
- For applicants not receiving SSDI or verified disabled status SSI, leasing manager completes Disabling Condition: Third Party Request (release) form, signed by applicant and submits it to applicable qualified source (professional who is licensed to diagnose and treat condition).

Primavera Foundation is an Equal Housing Opportunity provider and seeks to process all applicants in a fair and consistent manner.



Primavera Foundation

2016 Participant Survey – Catalina Housing

Please complete this survey to help Primavera improve services. Do not write your name on the survey. Your answers will be kept private, and won't affect your ability to receive services.

The first set of questions is about your OVERALL experience with Primavera programs and services.

1. When was the first time you ever came to Primavera for services?

- | | |
|--|---|
| <input type="checkbox"/> One week ago or less
<input type="checkbox"/> Between 1 week and 3 months ago
<input type="checkbox"/> Between 3 and 6 months ago
<input type="checkbox"/> Between 6 and 12 months ago | <input type="checkbox"/> Between 1 and 2 years ago
<input type="checkbox"/> More than 2 years ago. If you checked this, please tell us how many years: _____ |
|--|---|

2. Which of the following programs have you participated in during the past month? *Check all that apply.*

- | | | |
|--|---|---|
| <input type="checkbox"/> HIP or mail
<input type="checkbox"/> Casa Paloma drop-in
<input type="checkbox"/> Primavera Works
<input type="checkbox"/> Pathways HOME
<input type="checkbox"/> Rental Assistance
<input type="checkbox"/> Men's Shelter | <input type="checkbox"/> Greyhound Family Shelter
<input type="checkbox"/> Motel Voucher
<input type="checkbox"/> Catalina Housing
<input type="checkbox"/> 5 Points Housing
<input type="checkbox"/> WIT Housing
<input type="checkbox"/> Casa Paloma Housing | <input type="checkbox"/> 8 th Street Housing
<input type="checkbox"/> Winstel Housing
<input type="checkbox"/> CASA II
<input type="checkbox"/> Bridges Housing
<input type="checkbox"/> Project Action for Veterans
<input type="checkbox"/> Financial Education |
|--|---|---|

During the time you have been coming to Primavera:	Always	Most of the time	Sometimes	Rarely	Never
3. Did Primavera provide a welcoming environment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. When you needed it, did Primavera staff offer you accurate information about other community resources?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Were you treated with respect by Primavera staff?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Did staff respect your ethnic and cultural background?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Were you treated fairly based on things like your age, gender, disability, the way you looked, etc.?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Were your expectations about Primavera services met? <i>What expectations were met?</i> _____ <i>What expectations were not met?</i> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Do you feel that you are better off now than you were before you came to Primavera? <i>Please explain:</i> _____ _____	Yes	No	I am not sure		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

10. Please write any suggestions for improving Primavera's services.

(OVER)

The next set of questions is about your experience with Catalina Housing.

11. How long have you been participating in Catalina Housing? ___ days ___ weeks ___ months ___ years

During the time you have been in Catalina Housing:	Always	Most of the time	Sometimes	Rarely	Never
12. Are you satisfied with the services provided by your resource specialist?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Are you satisfied with the services provided by your leasing manager? (Check here if not applicable: <input type="checkbox"/>)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Are you satisfied with the services provided by your job developer? (Check here if not applicable: <input type="checkbox"/>)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Are you satisfied with the physical condition of your unit and the common areas?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. When you report an issue with your room/property, are you satisfied with staff's response to the issue? Please explain _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How helpful have these services been for you during your stay in Catalina Housing:	Very helpful	Somewhat helpful	A little helpful	Not at all helpful
17. Preparing your personal budget	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Referrals to other services Please list the 3 most useful referrals you have received: _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Community meetings (Check here if not applicable: <input type="checkbox"/>)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Coordination with other agencies or case managers (Check here if not applicable: <input type="checkbox"/>)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

21. What classes have you attended while being a resident at Primavera? Please list and rank up to three.

	Poor				Excellent
	1	2	3	4	5
Class 1 Name: _____					
Class 2 Name: _____					
Class 3 Name: _____					

22. Imagine that you are in charge of the Catalina Housing program. How would you improve this program?
(Continue on a separate sheet if necessary.)

The following questions are about you.

- Please write your age: _____
- What is your gender? Female Male Transgender
- What is your race? White Black/African American American Indian/Alaska Native
 Asian Native Hawaiian/Other Pacific Islander
 Other, Multi-Racial: _____
- What is your ethnicity? Hispanic/Latino Non-Hispanic/Non-Latino
- Are you a veteran? Yes No
- What is your sexual orientation? Heterosexual Lesbian/gay/bisexual
- Do you have a physical disability? Yes No
- Do you have a mental or emotional disability? Yes No
- Have you ever had a problem with alcohol or drugs? Yes No

Please put the completed survey in the envelope provided. Thank you!

BY-LAWS OF THE PRIMAVERA FOUNDATION, INC.

ARTICLE I - OFFICES

The principal office of the corporation in the State of Arizona shall be located in Pima County. The corporation may have such other offices, within the State of Arizona, as the board of directors may designate or as the activities of the corporation may from time to time require.

ARTICLE II - BOARD OF DIRECTORS

Section 1. - General. The business and affairs of the corporation shall be managed by its board of directors.

Section 2. - Number, Qualifications, and Term. The initial number of directors shall be twelve, although the number may be increased to a maximum of eighteen or reduced to a minimum of five by a majority vote of the Board of Directors. The term of the directors shall be for three years except as otherwise provided. The Board of Directors shall be divided into three classes of an equal number of directors, or of a number as nearly equal as the number of the whole board would permit. The members of each class shall hold office for a term of three years ending on consecutive annual meeting dates, as provided by the Board of Directors. The initial Board of Directors shall be as provided in the Articles of Incorporation. Each class thereafter, within 90 days prior to the beginning of its term shall be nominated and elected separately at an annual meeting by the members of the Board of Directors whose terms will not be expiring during such year.

The Board of Directors is committed to providing a formal process for low-income community representatives and beneficiaries to advise the organization on all of its decisions regarding program and housing development/management. The Board shall therefore maintain at least one-third of its membership for residents of low-income neighborhoods, other low-income community representatives, former Primavera program beneficiaries, or elected representatives of low-income neighborhood organizations. Committees of the Board advising Primavera on its programs and housing development projects shall always include such members. At any time, no more than one third of the governing board shall be public officials.

Section 3. – Classes of Board Members.

(i) Regular Members – those elected pursuant to Article II, Section 2 with full voting and participation rights



PRIMAVERA

PROVIDING
PATHWAYS
OUT OF POVERTY

151 W. 40TH STREET
TUCSON, AZ 85713
520-882-5383
WWW.PRIMAVERA.ORG

BOARD OF DIRECTORS

Susan Tarrence
President

Leslie J. Cohen, J.D.
Vice President

Josué Licea
Secretary

Debbie Wong
Treasurer

Nancy Bissell
Co-Founder

Gordon Packard
Co-Founder

Rosa Maria Borbon
Maritza Broce

Jan Crebbs
Eileen Hollowell

Leslie Hunter
Genevieve Leavitt

Chayo Long-Mendez
John Schwarz

Joseph Scott
Andrew Silverman

Ismael Soqui-Tapia
David Wohl

November 24, 2014

U.S. Department of Housing and Urban Development
San Francisco Regional Office
600 Harrison Street, 3rd Floor
San Francisco, CA 94107-1300

To Whom It May Concern:

This letter introduces the updated Code of Conduct for the Primavera Foundation, Inc.

While Primavera's Code of Conduct exists among the list of Codes of Conduct filed with HUD from organizations in the State of Arizona, the attached information from the Employee Handbook and the Board of Directors By-Laws is the most current.

Please contact me if you need any additional information.

Sincerely,

Peggy Hutchison
Chief Executive Officer

CONFLICTS OF INTEREST POLICY

Between
The Primavera Foundation, Inc.
and
Board of Directors



ARTICLE I. PURPOSE

The purpose of the conflicts of interest policy is to protect the Primavera Foundation's interest when it is contemplating entering into a transaction or arrangement that might benefit the private interest of an officer or director of the Primavera Foundation. This policy is intended to supplement but not replace any applicable state laws governing conflicts of interest applicable to nonprofit and charitable corporations.

ARTICLE II. DEFINITIONS

1. INTERESTED PERSON

Any director, principal officer, or member of a committee with board delegated powers who has a direct or indirect financial interest, as defined below, is an interested person.

2. FINANCIAL INTEREST

A person has a financial interest if the person knowingly has, directly or indirectly, through business, investment or family –

- (a) an ownership or investment interest in any entity with which the Primavera Foundation has a transaction or arrangement, or
- (b) a compensation arrangement with the Primavera Foundation or with any entity or individual with which the Primavera Foundation has a transaction or arrangement, or
- (c) a potential ownership or investment interest in, or compensation arrangement with, any entity or individual with which the Primavera Foundation is negotiating a transaction or arrangement.

Compensation includes direct and indirect remuneration as well as gifts or favors that are substantial in nature.

ARTICLE III.
PROCEDURES

1. DUTY TO DISCLOSE

In connection with any actual or possible conflicts of interest, an interested person must disclose the existence and nature of his or her financial interest to the directors and members of committees with board delegated powers considering the proposed transaction or arrangement.

2. DETERMINING WHETHER A CONFLICT OF INTEREST EXISTS

After disclosure of the financial interest, the interested person shall leave the board or committee meeting while the financial interest is discussed and voted upon. The remaining board or committee members shall decide if a conflict of interest exists.

3. PROCEDURES FOR ADDRESSING THE CONFLICT OF INTEREST

(a) The chairperson of the board or committee shall, if appropriate, appoint a disinterested person or committee to investigate alternatives to the proposed transaction or arrangement.

(b) After exercising due diligence, the board or committee shall determine whether the Primavera Foundation can obtain a more advantageous transaction or arrangement with reasonable efforts from a person or entity that would not give rise to a conflict of interest.

(c) If a more advantageous transaction or arrangement is not reasonably attainable under circumstances that would not give rise to a conflict of interest, the board or committee shall determine by a majority vote of the disinterested directors whether the transaction or arrangement is in the Primavera Foundation's best interest and for its own benefit and whether the transaction is fair and reasonable to the PRIMAVERA FOUNDATION and shall make its decision as to whether to enter into the transaction or arrangement in conformity with such determination.

4. VIOLATIONS OF THE CONFLICTS OF INTEREST POLICY

(a) If the board or committee has reasonable cause to believe that a member has failed to disclose actual or possible conflicts of interest, it shall inform the member of the basis for such belief and afford the member an opportunity to explain the alleged failure to disclose.

(b) If, after hearing the response of the member and making such further investigation as may be warranted in the circumstances, the board or committee determines that the member has in fact failed to disclose an actual or possible conflict of interest, it shall take appropriate disciplinary and corrective action.

ARTICLE IV.
RECORDS OF PROCEEDINGS

The minutes of the board and all committee with board-delegated powers shall contain –

(a) the names of the persons who disclosed or otherwise were found to have a financial interest in connection with an actual or possible conflict of interest, the nature of the financial interest, any action taken to determine whether a conflict of interest was present, and the board’s or committee’s decision as to whether a conflict of interest in fact existed.

(b) the names of the persons who were present for discussions and votes relating to the transaction or arrangement, the content of the discussion, including any alternatives to the proposed transaction or arrangement, and a record of any votes taken in connection therewith.

ARTICLE V.
COMPENSATION COMMITTEES

(a) A voting member of any committee whose jurisdiction includes compensation matters and who receives compensation, directly or indirectly, from the Primavera Foundation for services is precluded from voting on matters pertaining to that member’s compensation.

(b) Persons who receive compensation, directly or indirectly, from the Primavera Foundation, whether as employees or independent contractors, are precluded from membership on any committee whose jurisdiction includes compensation matters.

ARTICLE VI.
ANNUAL STATEMENTS

Each director, principal officer and member of a committee with board delegated powers shall annually sign a statement which affirms that such person

(a) has received a copy of the conflicts of interest policy,

(b) has read and understands the policy,

(c) has agreed to comply with the policy, and

(d) understands that the Primavera Foundation is a tax exempt organization and that in order to maintain its federal tax exemption it must engage primarily in activities which accomplish one or more of its tax-exempt purposes.

CONFLICTS OF INTEREST POLICY
Between
The Primavera Foundation, Inc. and Board of Directors

SIGNATURE PAGE FOR
CONFLICTS OF INTEREST POLICY BETWEEN

The Primavera Foundation, Inc.
and
Board of Directors

I, _____, received a copy of the conflict of interest policy
(printed name)
between The Primavera Foundation and the Board of Directors. I read and understand the
policy and agree to comply with the policy.

Signature: _____ Date: _____



PRIMAVERA

EMPLOYEE HANDBOOK

TABLE OF CONTENTS	PAGE #	DATE REVISED
WORKPLACE EXPECTATIONS		
• Business Code of Conduct	16-19	October 2014
• Media Inquiries	19-20	October 2014
• Attendance and Punctuality	20	October 2014
• Attire and Grooming	20-21	October 2014
• Electronic Communication and Internet Use	21-23	October 2014
• Social Media	23-24	October 2014
• Solicitations, Distributions and Posting of Materials	24-25	October 2014

WORKPLACE EXPECTATIONS

BUSINESS CODE OF CONDUCT

Primavera Foundation has long held an esteemed reputation for its integrity, standards, and accomplishments. We pride ourselves on the high standards of excellence embodied by our operating principles, as well as our organizational Guiding Principles, which define the behaviors we must exhibit in the course of carrying out our roles and responsibilities as Primavera staff members. Our employees are to personify and demonstrate these principles in the business interactions with persons both inside and outside of our organization. The following code of conduct is intended to provide guidelines for the professional, ethical, legal and socially responsible behavior that is expected/required. This code does not cover every situation that may arise. Common sense, good judgment, and requests to direct leadership for clarifications/counsel/assistance are to be applied.

Professional Integrity

Consistent with Primavera Foundation's operating principles and its Guiding Principles, employees should conduct all business dealings and relationships with integrity, accountability, and a sense of leadership, as well as compassion and respect for others. Employees should loyally and faithfully serve and demonstrate these principles, always dealing fairly and honestly with whom we do business. No employee should knowingly permit any transaction or process to occur through his/her role that is not fair to all alike. Relationships with employees, officers, customers, program participants, vendors, and/or visitors are to be based on fair dealing, on fair competition in quality, price and service, and in compliance with applicable laws and regulations. No employee shall participate in the selection, award, or administration of a contract supported by federal, state, or local funds if a real or apparent conflict of interest would be involved. Such a conflict would arise when the employee, any member of his or her immediate family, his or her partner, or an organization which employs or is about to employ any of the parties indicated herein, has a financial or other interest in the organization selected for the award of a contract or service. The officers, employees, and agents of the recipient shall neither solicit nor accept gratuities, favors, or anything of monetary value from one another, including contractors, or parties to sub-agreements.

Accurate and Complete Accounting

No unrecorded fund, reserve, asset or special account shall be set up or maintained for any purpose. No false or fictitious entries shall be made in books, records, accounts, or in Primavera communications for any reason. No payment or transfer of funds or assets shall be made for any purpose other than that described by the supporting documents, and specifically as authorized by the principal or clearly designated within the discretion granted to Primavera Foundation by the principal.

Employees are responsible for accurate and timely recordkeeping for all Primavera assets, liabilities, revenues and expenses. Compliance with accepted accounting rules and controls is required. All books, records and documents must accurately and completely describe the transactions that they represent.

Bribes and Kickbacks

Primavera Foundation does not permit or condone bribes, kickbacks, or any other illegal, secret or improper conduct. No employee shall offer, give or transfer any money or anything else of value for the personal benefit of any employee or vendor/partner/business entity for the purpose of the following:

- Obtaining or retaining any business that the entity would not otherwise provide;
- Receiving any kind of favored treatment that the entity itself would not otherwise provide;
- Inducing or assisting such employee or representative to violate any duty to his or her employer, or to violate any law.

No employee shall implement or assist in the misuse of Primavera Foundation's funds, including, without limitation, the misappropriation of such funds for the personal benefit of employees of Primavera, its program participants and/or vendors. No outside agent of any kind shall be utilized to circumvent the prohibition against bribes, kickbacks, and other illegal or improper payments. Fees, commission, and/or expenses paid to outside entities must be based upon proper billings, accurate recordkeeping and reasonable standards for services rendered.

Gifts and Entertainment

Except in connection with and specifically pursuant to programs officially authorized by Primavera Foundation's senior leadership, employees may not accept, directly or indirectly, any money or objects of substantive value from any person or organization that has been or is seeking to do business with Primavera. All employees must disclose authorized transactions of this nature to the member of senior leadership who oversees the program/department. The provision to/acceptance of excessive gifts or entertainment may represent potential business conflict and is prohibited.

Employees may accept only business-related meals, entertainment, and/or gifts when authorized by leadership, when the value involved is not significant and clearly will not create an obligation to the provider of the gift.

Any payments or transactions must be accurately recorded in Primavera's financial records and must be consistent with applicable laws and compliance guidelines. Please confer with your direct leader and/or the Finance Department for additional information about these records.

Conflicts of Interest

Employees must avoid any relationship or activity that might impair, or even appear to impair their ability to make objective and fair decisions when performing their jobs. At times, an employee may be faced with situations in which business actions taken on behalf of Primavera Foundation may conflict with the employee's own personal interests. Organizational property, information or business opportunities may not be used for personal gain.

Employees with a conflict-of-interest question should seek advice from leadership. Before engaging in any activity, transaction or relationship that might give rise to a conflict of interest, employees must seek review from their direct leadership or the member of senior leadership who oversees their program or department, or the Chief Compliance and IT Officer.

No employee shall use his/her position with Primavera Foundation, or information acquired during employment in a manner that may create a conflict, or the appearance of a conflict, between the employee's personal interests and those of Primavera.

All activities conducted as an employee of Primavera Foundation should always place the lawful and legitimate interests of Primavera and its participants and partners over personal gain.

Absent written authorization by Primavera Foundation, no employee shall be affiliated with any community partner, vendor, or provider of goods and services to Primavera. Such affiliation generally is inconsistent with the employee's ability to deal equitably with all outside entities, to fairly and honestly serve principals, and /or to effectively demonstrate his/her responsibility to Primavera Foundation. If an employee has any issue/information that may be deemed a conflict of interest, he/she should immediately disclose the matter to his/her direct leader. Regular employees of Primavera Foundation are not permitted to reside in Primavera housing unless it is a requirement in the employee's job description. If a Primavera resident is hired by Primavera as a staff employee (in a position that does not require residing on Primavera property), the resident's Primavera tenancy must end no later than the successful completion of the 90-day introductory employment period.

Confidentiality

Our participants, community partners, donors, and other parties with whom we do business entrust our organization with important information relating to their personal and organizational information. It is our policy that all information considered private, personal and/or confidential will not be disclosed to external parties or to other employees without a "need to know." If an employee questions whether certain information falls into these categories, he/she should first check with his/her direct leader.

In no way do we wish to impede our ability to conduct necessary business; we simply must all be vigilant and aware about the need for discretion and the protection of confidential information. For example, in one-on-one sessions with staff, our participants often share personal information about health issues, financial problems, personal struggles, etc. It is not appropriate to share that information with other staff who are not involved in or specifically partnering on services for that participant. It is prohibited for staff to access records in HMIS/Service Point that pertain to present or past participants who are not on his/her caseload, or to access data for any reason that does not pertain to his/her relevant business need for information. We are entrusted to be careful, thoughtful, respectful, and thoroughly professional stewards of private and privileged information, and as Primavera representatives, we take this role very seriously and demonstrate our commitment to the ultimate level of trust and professionalism.

Except as properly authorized by Primavera Foundation, it is the responsibility of all employees to maintain the confidentiality of:

- Proprietary information of Primavera Foundation
- Information entrusted to Primavera that is otherwise not readily available to the public
- Confidential information with internal and/or external parties who do not possess a legitimate need to know the information.

Employees are expected to establish and maintain effective working relationships with others; they are also expected to refrain from taking part in harmful and/or malicious gossip. External inquiry requests regarding Primavera Foundation participants should be referred to the persons authorized to respond to the particular inquiry. With the exception of outreach and long-term programs, confidential information is not to leave Primavera Foundation premises at any time.

Breach of confidentiality is can lead not only to disciplinary action, but could also lead to legal action as deemed necessary. None of us wants to find ourselves in that position, so please know and vigilantly demonstrate adherence to each of the above guidelines at all times.

Boundaries Guidelines with Program Participants

Working at Primavera requires close contact with our program participants. Because of this it is very important that all staff maintain appropriate boundaries. What this means is that we purposefully keep the relationship between staff and program participants friendly and helpful, but professional at all times, modeling and demonstrating appropriate behavior and actions.

Below are things that you **can** do for Primavera's program participants:

- Know, honor, and demonstrate Primavera's Guiding Principles in all interactions.
- Provide a safe, non-judgmental place to receive services.
- Model professional, appropriate ways to behave and relate to others.
- Offer relevant information and services that are available.
- Give your time and attention. Listen when people tell their stories.
- Promote honesty and integrity by example.
- Share your talents, skills and expertise.
- Treat everyone with respect, including yourself.

Below are some things that you **cannot** do. This is not an all-inclusive list, as it may not cover all activities, and/or requests that are not appropriate and/or would make you feel uncomfortable. **If it doesn't feel right, don't do it! If you are uncertain, consult your direct leader first.**

- Never give or lend money to a program participant.
- Never borrow money from a program participant.
- Do not buy items from or sell items to program participants.
- Do not accept gifts small or large.
- Do not take items that have been donated to the agency for your personal use.
- Do not hire program participants without going through Primavera Works. Hire only assigned workers.
- Do not enter into a personal or sexual relationship with program participants. It is unethical and it is prohibited.
- Do not give your home phone number or address to program participants. Use *67 to block your number if you must call a participant from your personal phone.
- Do not allow program participants to come to or stay in your home.
- Do not provide physical moving assistance to program participants from one location to another.
- Do not give participants rides in a vehicle. (Note: There are some positions, e.g. job coaches, in which transporting participants to job sites is a requirement of the job description. Other than positions that include transportation of participants by job description requirements, staff are not to provide rides to participants.)
- Respect the decisions made by the organization concerning program participants that cannot receive services. If a person is not eligible for services, do not provide any services. If you provide unauthorized services, it undermines our ability to hold people responsible for their actions and it may jeopardize our continued funding for the service(s).

- If an interaction with a program participant benefits you and not the participant, it is not permissible.

By following these boundary guidelines you will help ensure that all program participants are treated fairly and equally, and that all have a safe, compassionate, professional place to be engaged at Primavera.

Political and Charitable Contributions

Primavera employees are encouraged to be socially responsible and politically active. Primavera employees may not, however, contribute Primavera Foundation's or any entities funds or assets to any political candidates, party, charity or similar organizations, unless such contribution is expressly permitted by law and has been approved by the appropriate, authorized, senior leadership representative of Primavera.

Administration of Code

All employees who suspect violations of the letter or spirit of this code have an obligation to report their concerns to their aligned member of senior leadership. Matters of concern include pressure exerted by employees, vendors and/or others to utilize accounts in an unauthorized manner, or to take or enable other actions inconsistent with authorized procedures and policies or this code. Employees may also report their suspicions or specific incidents to the Chief Executive Officer.

All allegations of improper or illegal behavior will be investigated promptly and thoroughly by the senior leader, in partnership with the Chief IT and Compliance Officer and the Chief Human Resources Officer. The investigation shall remain as confidential as practicable; those conducting the investigation shall respect the privacy of all involved. No adverse action shall be taken or permitted against anyone for communicating legitimate concerns to the appropriate persons. Primavera Foundation will also accept and investigate matters submitted anonymously.

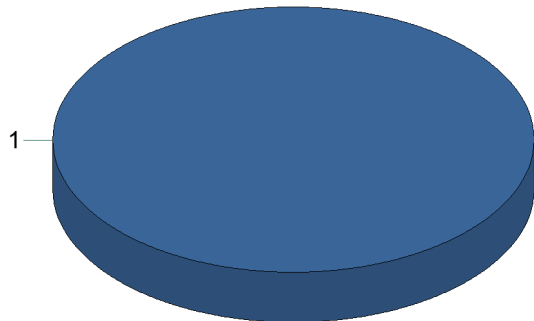
Data Completeness Report Card (EE)

Summary

Date Range: 12/1/2016- 12/31/2016

Grading Scale: A - 95 - 100 + / B - 90 - 94.99 / C - 80 - 89.99 + / F - 0 - 79.99

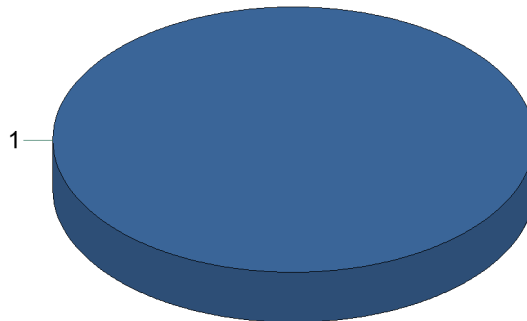
Overall Grade



Provider
Grade
(Overall)

■ A

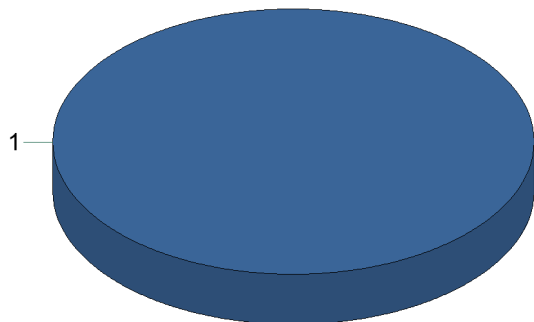
UDE ONLY Grade



Provider
Grade
(UDE)

■ A

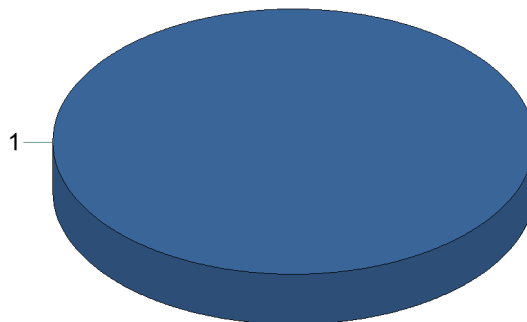
Additional ONLY Grade



Provider
Grade
(Addtl)

■ A

HUD Verification ONLY Grade



Provider
Grade
(Ver)

■ A

Data Completeness Report Card (EE)

Summary

Date Range: 12/1/2016- 12/31/2016

Grading Scale: A - 95 - 100 + / B - 90 - 94.99 / C - 80 - 89.99 + / F - 0 - 79.99

Report Card Summary Table

(Grouped by OVERALL Grade / Ordered by OVERALL Percentage)

Provider	UDE ONLY		Additional ONLY		Verification ONLY		OVERALL	
	%	Grade	%	Grade	%	Grade	%	Grade
Primavera - Catalina PSH(320)	99.26%	A	100.00%	A	100.00%	A	99.53%	A

Data Completeness Report Card (EE)

Overall Summary

Date Range: 12/1/2016- 12/31/2016

GRADE BASED ON COUNT FOR EACH ELEMENT:	HUD UDE ONLY	Additional ONLY	HUD Verification ONLY	OVERALL
	A	A	A	A
	99.26%	100.00%	100.00%	99.53%

Data Element	Required for	Number of Applicable Entry Exits	Number of Non-Null Values	Percentage Complete
HUD Universal Data Elements:				
Name	All	17	17	100.00%
Social Security Number	All	17	17	100.00%
Date of Birth	All	17	17	100.00%
Race	All	17	17	100.00%
Ethnicity	All	17	17	100.00%
Gender	All	17	17	100.00%
Veteran Status	Adults	17	17	100.00%
Disabling Condition (Y/N)	Adults	17	17	100.00%
Residence Prior to Project Entry	Adults/HoH	17	17	100.00%
Length of Stay in Previous Place	Adults/HoH	17	17	100.00%
Destination (Exit)	Adults/HoH at Exit	3	3	100.00%
Relationship to Head of Household	All	17	17	100.00%
Client Location	HoH ONLY	17	17	100.00%
Client Entering From Streets, ES, or SH	Adults/HoH	17	16	94.12%
Approximate Date Started (if Yes for above)	Adults/HoH & Entering=Y	14	14	100.00%
Number of Times on Streets/ES/SH in Past 3 Years	Adults/HoH	17	16	94.12%
Total Number of Months Homeless in Past 3 Years	Adults/HoH & 1+Times	16	16	100.00%

Additional Data Elements:				
Domestic Violence	Adults/HoH	17	17	100.00%
Services Not Included	N/A	N/A	N/A	N/A
Income Received (Y/N)	Adults/HoH	17	17	100.00%
Non-Cash Benefit Received (Y/N)	Adults/HoH	17	17	100.00%
Covered by Health Insurance (Y/N)	All	17	17	100.00%

HUD Verification: (Elements measure completeness at entry ONLY)				
Disability Type	All	17	17	100.00%
Income Source	Adults/HoH	17	17	100.00%
Income Amount (for all valid sources)	Adults/HoH Recv Inc = Y	17	17	100.00%
Non-Cash Source	Adults/HoH	17	17	100.00%
Health Insurance Type	All	17	17	100.00%

Data Completeness Report Card (EE)

Provider Report Card

Date Range: 12/1/2016- 12/31/2016

Primavera - Catalina PSH(320)

GRADE BASED ON COUNT FOR EACH ELEMENT:	HUD UDE ONLY	Additional ONLY	HUD Verification ONLY	OVERALL
	A	A	A	A
	99.26%	100.00%	100.00%	99.53%

Data Element	Required for	Number of Applicable Entry Exits	Number of Non-Null Values	Percentage Complete
HUD Universal Data Elements:				
Name	All	17	17	100.00%
Social Security Number	All	17	17	100.00%
Date of Birth	All	17	17	100.00%
Race	All	17	17	100.00%
Ethnicity	All	17	17	100.00%
Gender	All	17	17	100.00%
Veteran Status	Adults	17	17	100.00%
Disabling Condition (Y/N)	Adults	17	17	100.00%
Residence Prior to Project Entry	Adults/HoH	17	17	100.00%
Length of Stay in Previous Place	Adults/HoH	17	17	100.00%
Destination (Exit)	Adults/HoH at Exit	3	3	100.00%
Relationship to Head of Household	All	17	17	100.00%
Client Location	HoH ONLY	17	17	100.00%
Client Entering From Streets, ES, or SH	Adults/HoH	17	16	94.12%
Approximate Date Started (if Yes for above)	Adults/HoH & Entering=Y	14	14	100.00%
Number of Times on Streets/ES/SH in Past 3 Years	Adults/HoH	17	16	94.12%
Total Number of Months Homeless in Past 3 Years	Adults/HoH & 1+Times	16	16	100.00%

Additional Data Elements:				
Domestic Violence	Adults/HoH	17	17	100.00%
Services Not Included	N/A	N/A	N/A	N/A
Income Received (Y/N)	Adults/HoH	17	17	100.00%
Non-Cash Benefit Received (Y/N)	Adults/HoH	17	17	100.00%
Covered by Health Insurance (Y/N)	All	17	17	100.00%

HUD Verification: (Elements measure completeness at entry ONLY)				
Disability Type	All	17	17	100.00%
Income Source	Adults/HoH	17	17	100.00%
Income Amount (for all valid sources)	Adults/HoH Recv Inc = Y	17	17	100.00%
Non-Cash Source	Adults/HoH	17	17	100.00%
Health Insurance Type	All	17	17	100.00%

Data Completeness Report Card (EE)

Client Detail by Provider

Date Range: 12/1/2016- 12/31/2016

Primavera - Catalina PSH(320)

Entry Exit Information			HUD Universal Data Elements																	Additional Data Elements					HUD Verification				
Client ID	Entry Date	Exit Date	Name	SSN	DOB	Race	Eth	Gen	Vet	YN Disab	Res Prior	LOS Prior	Dest Exit	HoH	Loc	Client Enter	Apprx Date	Num Times	Total Mths	DV	SVS	YN Inc	YN NC	YN Ins	Disab Ok=8	Inc Ok=15	Inc Amt	NC Ok=8	Ins Ok=8
85	10/2/2014		Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	-	Ok	Ok	Ok	Ok	Ok	Ok	Ok	N/A	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok
2634	7/5/2016		Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	-	Ok	Ok	Ok	Ok	Ok	Ok	Ok	N/A	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok
3627	11/14/2016		Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	-	Ok	Ok	Ok	Ok	Ok	Ok	Ok	N/A	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok
7874	11/13/2015	12/20/2016	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	-	Ok	Ok	Ok	N/A	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok
9028	7/1/2016		Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	-	Ok	Ok	Ok	Ok	Ok	Ok	Ok	N/A	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok
9813	2/1/2015		Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	-	Ok	Ok	Ok	Ok	Ok	Ok	Ok	N/A	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok
12749	7/28/2016	12/2/2016	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	N/A	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok
15740	11/7/2014		Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	-	Ok	Ok	Ok	Ok	Ok	Ok	Ok	N/A	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok
19075	4/3/2015	12/3/2016	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	N/A	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok
20913	3/17/2016		Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	-	Ok	Ok	Ok	Ok	Ok	Ok	Ok	N/A	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok
27636	7/11/2016		Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	-	Ok	Ok	Ok	Ok	Ok	Ok	Ok	N/A	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok
30325	7/18/2016		Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	-	Ok	Ok	Ok	Ok	Ok	Ok	Ok	N/A	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok
32158	1/12/2015		Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	-	Ok	Ok	Ok	Ok	Ok	Ok	Ok	N/A	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok
33761	10/17/2014		Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	-	Ok	Ok	Ok	Ok	Ok	Ok	Ok	N/A	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok
42182	5/18/2016		Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	-	Ok	Ok	Ok	Ok	Ok	Ok	Ok	N/A	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok
45528	10/7/2016		Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	-	Ok	Ok	Null	-	Null	-	Ok	N/A	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok
46440	6/8/2016		Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	-	Ok	Ok	Ok	-	Ok	Ok	Ok	N/A	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok

Data Completeness Report Card (EE)

Additional Information

Date Range: 12/1/2016- 12/31/2016

User Prompt Field	Value(s) Selected
EDA Provider:	-Default Provider-
Enter Start Date:	12/1/16
Enter End Date PLUS 1 Day:	1/1/17
Select Provider(s):	Primavera - Catalina PSH(320)
Include Services in Report Card?	No

Providers Reporting Information	Entry Exit Count
Primavera - Catalina PSH(320)	17

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Confirmation of Project Operating Year

Instructions:

The recipient must enter the operating year for this grant, as reflected in LOCCS. If there was a HUD-approved grant extension that extension period should not be included on this screen, but will be included on Q3.

Operating Year Start Date: The operating start date for new grants is the first day of the month in which the recipient or subrecipient begins incurring eligible costs (this is generally when the project starts serving persons). The date is set by the recipient at the time of the first draw down. For renewals, the operating start date is the day after the end of the previous grant term.

Operating Year End Date: The 12-month period beginning on the Operating Start Date. HUD recognizes that there are rare circumstances where the period may be shorter than 12 months, especially when there is a grant consolidation.

Operating Year Start Date 02/01/2015

Operating Year End Date 01/31/2016

Q1. Contact Information

Instructions:

The project information (e.g., project name, recipient and grant number) required for reporting within the APR must exactly match the grant information you submitted and received from HUD when your grant was awarded.

Project Name: Catalina House Permanent Supportive Housing
Recipient: The Primavera Foundation, Inc
Grant Number: AZ0145L9T011300
Prefix: Ms.
First Name: Beth
Middle Name:
Last Name: Carey
Suffix:
Title: Chief Operating Officer
Street Address 1: 151 W 40th Street
Street Address 2:
City: Tucson
State: Arizona
Zip Code: 85713
Format: 12345 or 12345-1234
E-mail Address: bcarey@primavera.org
Confirm E-mail Address: bcarey@primavera.org
Phone Number: 520-623-5111
Format: 123-456-7890
Extension: 187
Fax Number: 520-882-5479
Format: 123-456-7890

Q3. Project Information

Carefully select the answers to the questions on this form as they determine what questions you are required to answer for the APR. Selecting the incorrect answer will give you incorrect questions to complete. Refer to the CoC APR Guidebook at www.onecpd.info for details on answering this and all questions in the APR.

Instructions:

After answering questions click "Save" and review the form. New questions may appear depending on the answers you give.

Target subpopulation is only required if you identified a target population in the Project Application. (Target subpopulation does not mean who you served – rather it means who you were funded to serve.)

Grant operating year covered by this APR: This question refers to which year the project is operating under the current grant. Note that this question refers to the year the project has been in operation relative to this grant – not to the year the project began. Thus, all renewal grants will select the "1" option because they are all 1-year grant terms.

Is this an APR for a grant that received a HUD-approved grant extension?: Grants approved for an extension will now only submit one APR for the grant operating year, including the extension period. If you answer "Yes" to "Is this an APR for a grant that received a HUD-approved grant extension?" you will need to select "Save" on the bottom of the screen and two new fields will become visible where you will identify the time period for your extension. The extension start date should be the day after the date the grant would have ended if HUD had not approved an extension (e.g., if the grant had a one-year term ending 01/31/2010, the extension operating start date should be 02/01/2010). The extension end date should match the grant expiration date in LOCCS.

Is this APR fulfilling the reporting obligation associated with a use requirement?: Projects that received funding for acquisition, new construction and rehabilitation (e.g. hard costs) are required to maintain the facility as a homeless program for a 20 year period, which is documented by submitting an APR each year.

Select "Yes" if this APR is fulfilling the reporting obligation associated with the 20-year use requirement under either of these conditions:

- 1) The original grant was only for hard costs (acquisition, new construction, rehabilitation), or
- 2) The original grant was for hard costs and soft costs (leasing, operations or supportive services) and the recipient declined to renew the soft costs at some point.

Select "No" if this project is currently receiving CoC Program funding to support leasing, operations, or supportive services in this property, as the project is required to submit an APR to fulfill the reporting obligations associated with the current grant.

Is this a final APR for this grant?: A recipient should answer "Yes" if the grant for which this APR is covering is

- 1) a one-year grant,
- 2) a multi-year grant that is reporting on the final year in the grant term (e.g., reporting on year 3 for a 3-year grant), or
- 3) a grant that is reporting for the final time under a use requirement (e.g., a grant that is submitting for its 20th operating year and was awarded new construction funds with a 20-year use requirement).

If the answer to this question is "Yes," the recipient will be required to answer two additional questions related to the closeout of the grant. In the first question, the recipient will indicate whether it has completed its final draw in LOCCS. In the second question, the recipient will indicate whether or not it plans on renewing this project. This question indicates to HUD that a recipient needs to complete its closeout process with HUD for this grant. Please note that a

grant closeout does not necessarily mean a project closeout. A grant closeout means a recipient has completed its grant term and needs to close out a grant to signify that it has fulfilled its obligations under the grant. A project closeout means that, in addition to a grant completing its term and needing to closeout, the entire project is literally closing down or will no longer receive HUD McKinney-Vento funding for the project.

A recipient should answer "no" if it is not reporting on the final operating year in its grant term or use requirement period.

Program Type	CoC
Component Type	PH
What kind of Permanent Housing project is this?	PSH
Is this project operated by a victim service provider as defined by the Violence Against Women and Department of Justice Re-authorization Act of 2005? Click save to update form.	No VAWA Provider(s)
Was this project funded under a special initiative?	No
Target Subpopulation	Chronically homeless
Amount of Contract or Award	\$114,629
CoC Number and Name	AZ-501 - Tucson/Pima County CoC
Grant operating year covered by this APR	20
Is this an APR for a grant that received a HUD-approved grant extension? Click save to update form.	Yes
Identify the extension operating start date	02/01/2016
Identify the extension operating end date	03/31/2016
Is this a final APR for this grant? Click save to update form.	No
Is this a corrected APR?	No
Is this APR fulfilling the reporting obligation associated with a use requirement? Click save to update form.	No

Q4. Site Information

Instructions:

The site information address is the address of the principal program service site. If this is a program with multiple sites (e.g. mobile outreach program, scattered-site housing program, etc.) enter the program's administrative office address.

Is this a grant that only funds the services that are provided to a CoC Program funded housing grant(s)? A recipient will answer "Yes" if the grant receives funding for supportive services (and possibly HMIS and administrative costs) to provide needed services for a CoC Program funded project that provides housing (i.e., leasing, operating, or rental assistance costs for units for clients). This is most common for former Supportive Housing Program (SHP) grants that funded services for a Shelter Plus Care (S+C) Program grant. The intent of this question is to help HUD understand the relationship of grants and where multiple grants may serve the same clients. A recipient that answers "Yes" will have another question requiring them to identify the grant numbers for the CoC Program funded projects that provide housing to clients.

Recipients should answer "No" if the grant does not provide any services to a CoC Program funded project that provides housing. Recipients will then be required to report if they provide services to a project provides housing to homeless clients that is not CoC Program funded.

Street/PO Box: 115 S. 4th Avenue

City: Tucson

State: Arizona

Zip Code: 85701

Format: 12345 or 12345-1234

Identify the program site configuration type: Single Site, Single Building

Identify the site type for the principal service site: Residential: Special Needs Only

Identify the housing type for the principal service site: Single Room Occupancy (SRO) units

Explain any changes made in this section from the information provided in the original application:
Maximum Characters: 2000

No Changes

Is this a grant that only funds the services that are provided to a CoC Program funded housing grant(s)? No

Click save to update form.

Is this a grant that only funds the services that are provided to a non-CoC Program funded housing grant(s)? No
Click save to update form.

Q5. Bed and Unit Inventory

Instructions:

The Proposed Bed and Unit Inventory should match your Project Application information.

The Actual Bed and Unit Inventory is the number of beds/units reliably ready for occupancy starting on or before the last day of the project's operating year. If some or all of the beds are not designated exclusively for one type of household then report beds in each type based on the average use of those beds. Projects that only have units (no fixed number of beds - e.g. apartment units) should estimate the number of beds.

For PSH Only - The Chronically Homeless beds are those that were identified in your grant application as a subset of the total beds designated for persons who are chronically homeless. The number of actual chronically homeless beds represents those beds that are reliably ready for occupancy starting on or before the last day of the project's operating year. A bed may be used by a chronically homeless person regardless of the number of chronically homeless beds designated in your grant application - this number is reflective only of those beds specifically set aside or designated for chronically homeless persons in your grant application. Projects that do not have a fixed number of units may record either the number of facilities operated (e.g. 1 unit = 1 facility) or may use the number of bedrooms (e.g. 5 units = 5 bedrooms) as is appropriate for the type of facility.

5a. Proposed Bed and Unit Inventory Total Number of Year Round Beds/Units from Application

	Beds	CH Beds (PH Only)	Units
Households Without Children	20	20	20
Households With Children	0	0	0
Households With Only Children	0	0	0
Total	20	20	20

5b. Actual Bed and Unit Inventory Total Current Number of Year Round Beds/Units

	Beds	CH Beds (PH only)	Units
Households Without Children	20	20	20
Households With Children	0	0	0
Households With Only Children	0	0	0
Total	20	20	20

5c. Explanation of Changes

Explain any difference in the actual inventory from the information provided in the application.
Maximum Characters: 2000

No changes

Q6. HMIS Bed Participation

Instructions:

Of the total actual beds reported in Q5, indicate the total number of beds for each household type that are covered in the HMIS.

A bed is considered covered in HMIS if:

- 1) the project is making all reasonable efforts to record all universal and applicable program-specific data elements on all clients served by that bed; and
- 2) discloses these data elements through agreed upon means to the HMIS Lead Organization at least once annually.

The HMIS bed coverage rates are automatically calculated when you click save. The HMIS bed coverage rate is calculated by dividing the total in question 6 by the total in question 5. (Q6/Q5 = % covered.)

HMIS Bed Participation

The total number of year-round beds in HMIS for households without children:	20
The total number of year-round beds in HMIS for households with children:	0
The total number of year-round beds in HMIS for households with only children:	0
HMIS bed coverage rate for year-round beds for households without children:	100%
HMIS bed coverage rate for year-round beds for households with children:	0%
HMIS bed coverage rate for year-round beds for households with only children:	0%
Total HMIS bed coverage rate for all year-round beds:	100%

Click Save to autocalculate the HMIS participation rates.

Q7. Data Quality

Instructions:

Report the number of clients served in this operating year, as well as counts of the number of adults, unaccompanied children, and Leavers. Then report the number of clients with "Don't Know" or "Refused" recorded for each of the required HMIS data elements in the table below. Similarly, report the number of clients with missing data for each of the required data elements.

Data quality is based on the latest enrollment for each client in an operating year.

DV providers should report data quality based on data recorded in their comparable databases. If multiple databases are used across a grant, data should be merged for reporting purposes.

Definitions:

Clients = persons served - The term person (or client) served refers to all adults and children served by the program during the operating year. This includes all persons for whom a program entry date has been entered into HMIS. This does not include caregivers who live with a disabled adult and children who are not in the care of a parent or guardian or not residing with them.

Adults - Adults are any persons 18 years of age or older. A person's age is based on the program entry date closest to the end of the operating year. If a person entered the program prior to the start of the operating year, the person's age should be based on the first day of the operating year.

Unaccompanied Children - An Unaccompanied Child is a person under 18 in a household by himself/herself.

Leavers - The term "Leavers" refers to clients who exited and were not in the program on the last day of the operating year.

Total number of Clients: 31

Total number of Adults: 31

Total number of Unaccompanied Children: 0

Total number of Leavers: 16

HMIS or Comparable Database Data Quality

Data Element	Don't Know or Refused	Missing Data
First Name	0	0
Last Name	0	0
SSN	0	0
Date of Birth	0	0
Race	0	0
Ethnicity	0	0
Gender	0	0

Veteran Status	0	0
Disabling Condition	0	0
Residence Prior to Entry	0	0
Zip of Last Permanent Address	0	0
Housing Status (at entry)	0	0
Income (at entry)	0	0
Income (at exit)	0	0
Non-Cash Benefits (at entry)	0	0
Non-Cash Benefits (at exit)	0	0
Physical Disability (at entry)	0	0
Developmental Disability (at entry)	0	0
Chronic Health Condition (at entry)	0	0
HIV/AIDS (at entry)	0	0
Mental Health (at entry)	0	0
Substance Abuse (at entry)	0	0
Domestic Violence (at entry)	0	0
Destination	0	0

Show/Hide Percentages
Click save to update form.

Q8. Persons Served

Instructions:

Q8 reports on the full universe of non-victim service provider clients served and all future questions will refer back to the answers here. Report the unduplicated count of all people served during the operating year. Each person should be counted in the household type associated with his or her last stay of the operating year.

The household types include:

- a) Households without Children - include single adult persons, or adults with adult companions that have never had a child in their household.
- b) Households with Children and Adults - include any household with at least one adult and one child present regardless of whether the child(ren) is present for the full program stay. (Rule - If ever a child in the household, always a household with children).
- c) Households with only Children - include any household where all persons are younger than age 18. (Age is determined based on: entry date closest to the end of the operating year or if they were in the program during the previous operating year then age is based on the first day of the operating year.)
- d) Unknown Household Type - includes households that cannot be classified in cases when one or more persons are missing dates of birth. Note that in instances when the household already contains at least one known adult and one known child, the household type can be determined and categorized as a Household with Children and Adults.

Number of Persons in Households Served During the Operating Year

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Adults	31	31	0	0	0
Children	0	0	0	0	0
Don't Know/Refused	0	0	0	0	0
Information Missing	0	0	0	0	0
Total	31	31	0	0	0

Average Number of Persons Served Each Night

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Average Number of Persons	17	17	0	0	0

Point-in-Time Count of Persons Served on the Last Wednesday in

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
January	16	16	0	0	0
April	19	19	0	0	0
July	18	18	0	0	0

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
October	16	16	0	0	0

Q9. Households Served

Instructions:

Report the unduplicated number of households served by household type. The type of household is determined based on the type of persons in the household, considering all program stays within the operating year.

- a) Households without Children - include single adult persons, or adults with adult companions that have never had a child in their household.
- b) Households with Children and Adults - include a person in any household with at least one adult and one child present regardless of whether the child(ren) is present for the full program stay. (Rule - If ever a child in the household, always a household with children).
- c) Households with only Children - include a person in any household where all persons are younger than age 18. (Age is determined based on: entry date closest to the end of the operating year or if they were in the program during the previous operating year then age is based on the first day of the operating year.)
- d) Unknown Household Type - include households that cannot be classified in cases when one or more persons are missing dates of birth. Note that in instances when the household already contains at least one known adult and one known child, the household type can be determined and categorized as a Household with Children and Adults.

Number of Households Served During the Operating Year

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Households	31	31	0	0	0

Point-in-Time Count of Households Served on the Last Wednesday in

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
January	16	16	0	0	0
April	19	19	0	0	0
July	18	18	0	0	0
October	16	16	0	0	0

Q10 and Q11. Utilization Rates

Instructions:

This table automatically calculates based on the entries in Q5, Q8 and Q9. The only way to correct a mistake identified when reviewing this table is to review and correct the source data for inventory (Q5), persons (Q8) or households (Q9) served.

Bed Utilization Rate

Average daily utilization rate during the operating year:	85%
Point-in-Time bed utilization rate on the last Wednesday in:	
January	80%
April	95%
July	90%
October	80%

Unit Utilization Rate

Point-in-Time unit utilization rate on the last Wednesday in:	
January	80%
April	95%
July	90%
October	80%

Q15a1. Gender - Adults

Instructions:

Report the number of adults in each gender response category, recorded by the type of household in which each adult was last served.

Gender of Adults Number of Adults in Households

	Total	Without Children	With Children and Adults	Unknown Household Type
Male	31	31	0	0
Female	0	0	0	0
Transgender	0	0	0	0
Other	0	0	0	0
Don't Know/Refused	0	0	0	0
Information Missing	0	0	0	0
Subtotal	31	31	0	0

Q15a2. Gender - Children

Instructions:

Report the number of children in each gender response category, recorded by the type of household in which each child was last served.

Gender of Children Number of Children in Households

	Total	With Children and Adults	With Only Children	Unknown Household Type
Male	0	0	0	0
Female	0	0	0	0
Transgender	0	0	0	0
Other	0	0	0	0
Don't Know/Refused	0	0	0	0
Information Missing	0	0	0	0
Subtotal	0	0	0	0

Q15a3. Gender - Missing Age

Instructions:

Report the number of persons missing age data in each gender response category, recorded by the type of household in which each person was last served.

Gender of Persons Missing Age Information Number of Persons in Households

		Without Children	With Children and Adults	With Only Children	Unknown Household Type
Male	0	0	0	0	0
Female	0	0	0	0	0
Transgender	0	0	0	0	0
Other	0	0	0	0	0
Don't Know/Refused	0	0	0	0	0
Information Missing	0	0	0	0	0
Subtotal	0	0	0	0	0

Show/Hide Percentages
Click save to update form.

Q16. Age

Instructions:

Report the number of persons in each age category. Age should be calculated based on age at program entry (of the last program stay during the operating year) or age on the first date of the operating year, whichever is later.

**Age
Number of Persons in Households**

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Under 5	0		0	0	0
5 - 12	0		0	0	0
13 - 17	0		0	0	0
18 - 24	0	0	0		0
25 - 34	0	0	0		0
35 - 44	2	2	0		0
45 - 54	8	8	0		0
55 - 61	11	11	0		0
62+	10	10	0		0
Don't Know/Refused	0	0	0	0	0
Information Missing	0	0	0	0	0
Total	31	31	0	0	0

Q17a. Ethnicity/Race - Ethnicity

Instructions:

Report the number of persons in each ethnicity category, recorded by the type of household in which each person was last served.

**Ethnicity
Number of Persons in Households**

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Non-Hispanic/Non-Latino	22	22	0	0	0
Hispanic/Latino	9	9	0	0	0
Don't Know/Refused	0	0	0	0	0
Information Missing	0	0	0	0	0
Total	31	31	0	0	0

Q17b. Ethnicity/Race - Race

Instructions:

Report the number of persons in each race category, recorded by the type of household in which each person was last served.

Race
Number of Persons in Households

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
White	25	25	0	0	0
Black or African-American	3	3	0	0	0
Asian	0	0	0	0	0
American Indian or Alaska Native	2	2	0	0	0
Native Hawaiian or Other Pacific Islander	0	0	0	0	0
Multiple Races	1	1	0	0	0
Don't Know/Refused	0	0	0	0	0
Information Missing	0	0	0	0	0
Total	31	31	0	0	0

Q18a. Physical and Mental Health Conditions at Entry

Instructions:

Report the number of persons (including both adults and children), with each condition, reported separately for persons in different household types. An individual may have more than one condition identified and therefore may be reported in more than one row of the table.

Known Physical and Mental Health Conditions at Entry Number of Persons in Households

	Total Persons	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Mental Illness	12	12	0	0	0
Alcohol Abuse	6	6	0	0	0
Drug Abuse	7	7	0	0	0
Chronic Health Condition	4	4	0	0	0
HIV/AIDS and Related Diseases	2	2	0	0	0
Developmental Disability	6	6	0	0	0
Physical Disability	17	17	0	0	0

Q18b. Number of Physical and Mental Health Known Conditions at Entry

Instructions:

Report the number of conditions each person had reported separately for persons in different household types.

**Number of Known Conditions
Number of Persons in Households**

	Total Persons	Without Children	With Children and Adults	With Only Children	Unknown Household Type
None	2	2	0	0	0
1 Condition	7	7	0	0	0
2 Conditions	11	11	0	0	0
3+ Conditions	11	11	0	0	0
Condition Unknown	0	0	0	0	0
Don't Know / Refused	0	0	0	0	0
Information Missing	0	0	0	0	0
Total	31	31	0	0	0

Q19. Domestic Violence Experience

Instructions:

19a. Report the number of adults and unaccompanied children who indicated a past domestic violence experience, based on the assessment at last program entry. Click "Save" to update the screen after entering this response.

19b. If any persons are recorded as having a past domestic violence experience, an additional table will show. Report the number of persons who experienced domestic violence within each of the specified timeframes, based on their most recent experience.

19a. Past Domestic Violence Experience Number of Adults and Unaccompanied Children in Households

Click save to update form.

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Yes	2	2	0	0	0
No	29	29	0	0	0
Don't Know/Refused	0	0	0	0	0
Information Missing	0	0	0	0	0
Total	31	31	0	0	0

19b. When Past Domestic Violence Experience Occurred Number of Adults and Unaccompanied Children in Households Click "Save" to update form.

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Within the past 3 Months	0	0	0	0	0
3 to 6 Months Ago	0	0	0	0	0
6 to 12 Months Ago	0	0	0	0	0
More than a Year Ago	2	2	0	0	0
Don't Know/Refused	0	0	0	0	0
Information Missing	0	0	0	0	0

Q20a1. Residence Prior to Program Entry - Homeless Situations

Instructions:

This is one of three tables on prior residence: homeless living situations, institutional settings, and other locations. Report the number of adults and unaccompanied children who stayed in each of the homeless living situations listed below on the night before their most recent program entry.

**Residence Prior to Program Entry - Homeless Situations
Number of Adults and Unaccompanied Children in Households**

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Emergency shelter	22	22	0	0	0
Transitional housing for homeless persons	3	3	0	0	0
Place not meant for human habitation	2	2	0	0	0
Safe Haven	0	0	0	0	0
Subtotal	27	27	0	0	0

Q20a2. Residence Prior to Program Entry - Institutional Settings

Instructions:

This is one of three tables on prior residence: homeless living situations, institutional settings, and other locations. Report the number of adults and unaccompanied children who stayed in each of the institutional settings listed below on the night before their most recent program entry.

**Residence Prior to Program Entry - Institutional Settings
Number of Adults and Unaccompanied Children in Households**

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Psychiatric facility	0	0	0	0	0
Substance abuse or detox center	1	1	0	0	0
Hospital (non-psychiatric)	1	1	0	0	0
Jail, prison, or juvenile detention	0	0	0	0	0
Foster care home or foster care group home	0	0	0	0	0
Subtotal	2	2	0	0	0

Q20a3. Residence Prior to Program Entry - Other Locations

Instructions:

This is one of three tables on prior residence: homeless living situations, institutional settings, and other locations. Report the number of adults and unaccompanied children who stayed in each of the other locations listed below on the night before their most recent program entry.

The total row at the bottom of the screen aggregates the subtotal from screens 20a1, 20a1, and 20a3 and represents the total number of adults and unaccompanied children served according to household types.

**Residence Prior to Program Entry - Other Locations
Number of Adults and Unaccompanied Children in Households**

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
PSH for homeless persons	0	0	0	0	0
Owned by client, no subsidy	0	0	0	0	0
Owned by client, with subsidy	0	0	0	0	0
Rental by client, no subsidy	0	0	0	0	0
Rental by client, with VASH subsidy	0	0	0	0	0
Rental by client, with other subsidy	0	0	0	0	0
Hotel/Motel, paid by client	0	0	0	0	0
Staying or living with family	0	0	0	0	0
Staying or living with friend(s)	1	1	0	0	0
Other	1	1	0	0	0
Don't Know/Refused	0	0	0	0	0
Information Missing	0	0	0	0	0
Subtotal	2	2	0	0	0
*Total - 20a1, 20a2 and 20a3	31	31	0	0	0

All fields in the Prior Residence - Other Grid must be completed. Enter zeroes if there is no data to report.

Q21. Veteran Status

Instructions:

Report the number of adults in each veteran status category.

Veteran Status Number of Adults in Household

	Total	Without Children	With Children and Adults	Unknown Household Type
Veteran	6	6	0	0
Not a Veteran	25	25	0	0
Don't Know/Refused	0	0	0	0
Information Missing	0	0	0	0
Total	31	31	0	0

Q22a1. Physical and Mental Health Types of Condition - Leavers

Instructions:

Report the number of Leavers with each condition, based on the disability data recorded nearest the exit date of their last program stay. Disability at entry or an annual assessment can be used if the client is missing disability data at exit. An individual may have more than one condition identified and therefore may be reported in more than one row of the table. Results must be reported separately for adults, children, and persons of unknown age.

Leaver - the term "Leaver" refers to clients who exited and were not in the program on the last day of the operating year.

Known Physical and Mental Health Conditions Number of Leavers

	All Persons	Adults	Children	Age Unknown
Mental Illness	9	9	0	0
Alcohol Abuse	4	4	0	0
Drug Abuse	4	4	0	0
Chronic Health Condition	3	3	0	0
HIV/AIDS and Related Diseases	2	2	0	0
Developmental Disability	1	1	0	0
Physical Disability	12	12	0	0

Show/Hide Percentages
 Click save to update form.

Q22a2. Physical and Mental Health Number of Conditions - Leavers

Instructions:

Report the number of persons in the row corresponding with the number of conditions recorded for each person. The number of conditions should be based on the disability data recorded nearest the exit date of their last program stay. Disability at entry or an annual assessment can be used if the client is missing disability data at exit.

Results must be reported separately for adults, children, and persons of unknown age.

Leaver - the term "Leaver" refers to clients who exited and were not in the program on the last day of the operating year.

**Number of Known Conditions
 Number of Leavers**

	All Persons	Adults	Children	Age Unknown
None	1	1	0	0
1 Condition	2	2	0	0
2 Conditions	4	4	0	0
3+ Conditions	9	9	0	0
Condition Unknown	0	0	0	0
Don't Know/Refused	0	0	0	0
Information Missing	0	0	0	0
Total	16	16	0	0

Show/Hide Percentages
Click save to update form.

Q22b1. Physical and Mental Health Types of Conditions - Stayers

Instructions:

Report the number of Stayers with each condition, based on the disability data recorded nearest the exit date of their last program stay. An individual may have more than one condition identified and therefore may be reported in more than one row of the table. Results must be reported separately for adults, children, and persons of unknown age.

Stayers - the term "Stayers" refers to persons who were in the program on the last day of the operating year. This includes persons who exited the program and re-entered the program before the last day of the operating year.

Known Physical and Mental Health Conditions Number of Stayers

	All Persons	Adults	Children	Age Unknown
Mental Illness	4	4	0	0
Alcohol Abuse	2	2	0	0
Drug Abuse	3	3	0	0
Chronic Health Condition	1	1	0	0
HIV/AIDS and Related Diseases	0	0	0	0
Developmental Disability	5	5	0	0
Physical Disability	5	5	0	0

Show/Hide Percentages
Click save to update form.

Q22b2. Known Physical and Mental Health Number of Conditions - Stayers

Instructions:

Report the number of Stayers with each condition, based on the disability data recorded nearest the end of the operating year.

Results must be reported separately for adults, children, and persons of unknown age.

Stayers - the term "Stayers" refers to persons who were in the program on the last day of the operating year. This includes persons who exited the program and re-entered the program before the last day of the operating year.

**Number of Known Conditions
Number of Stayers**

	All Persons	Adults	Children	Age Unknown
None	1	1	0	0
1 Condition	5	5	0	0
2 Conditions	7	7	0	0
3+ Conditions	2	2	0	0
Disabled - Unknown	0	0	0	0
Don't Know/Refused	0	0	0	0
Information Missing	0	0	0	0
Total	15	15	0	0

Show/Hide Percentages
Click save to update form.

Q23. Cash Income Range

Instructions:

Report the number of adults in each income category.

Income at Entry - Count each adult in the row that corresponds with the amount of income each person had at his/her program entry closest to, but not after, the end of the operating year.

Income at Latest Follow-up for Stayers - Count each adult in the row that corresponds with the amount of income each person had at the annual follow-up assessment closest to, but not after, the last date of the operating year. If the adult has been in the program for less than one year or only has income recorded at program entry, then the income at follow-up will be the same as income at entry. If the adult has been in the program for one year or greater and has no follow-up assessment then the adult shall be reported under the Information Missing row.

Income at Exit for Leavers - Count each adult Leaver in the row that corresponds with the amount of income each adult had at exit.

Don't Know/Refused – Count each adult who has the appropriate income record at entry, follow-up, or exit, but whose income record indicates the client doesn't know or refused to disclose his/her income.

Information Missing - Count each adult who is missing the amount of income at entry, missing a follow-up assessment and the client has been in the program for one year or greater, or missing the amount of income at exit.

Leavers - The term "Leavers" refers to persons who exited during the operating year and were not in the program on the last day of the operating year.

Stayers - The term "Stayers" refers to persons who were in the program on the last day of the operating year. This includes persons who exited the program and re-entered the program before or on the last day of the operating year.

Client Cash Income Range – Income Amount Number of Adults

	Income at Entry	Income at Latest Follow-up for Stayers	Income at Exit for Leavers
No income	2	1	1
\$1 - \$150	0	0	0

\$151 - \$250	0	0	0
\$251 - \$500	1	0	1
\$501 - \$1,000	24	11	13
\$1,001 - \$1,500	3	2	0
\$1,501 - \$2,000	0	0	0
\$2,001 +	1	1	1
Don't Know/Refused	0	0	0
Information Missing	0	0	0
Total Adults	31	15	16

Q24a. Cash Income Category

Instructions:

Report the number of adults in each income category.

Number of Adults at Entry - Count each adult in the row that corresponds with the income source each adult had at his/her program entry closest to, but not after, the last date of the operating year.

Number of Adults at Exit/Follow-up - Count each adult in the row that corresponds with the income source each adult had at the annual follow-up assessment closest to, but not after, the last date of the operating year (Stayers) or at exit (Leavers). If the adult Stayer has been in the program for less than one year and/or only has income recorded at program entry, then the income at follow-up will be the same as income at entry.

Adults with Income Information at Entry and Follow-up/Exit – Count each adult that had income information at both entry and income at the annual follow-up assessment closest to, but not after, the last date of the operating year or at exit. The purpose of this row is to inform HUD of the universe of adults with income information at entry and follow-up/exit as well as provide a data quality check for data reported to HUD in Q24b.

Leavers - the term "Leavers" refers to persons who exited during the operating year and were not in the program on the last day of the operating year.

Stayers - the term "Stayers" refers to persons who were in the program on the last day of the operating year. This includes persons who exited the program and re-entered the program before the last day of the operating year.

Client Cash Income Category - Income Category - by Entry and Follow-up/Exit Status

Number of Adults

Number of Adults By Income Category	Number of Adults at Entry	Number of Adults at Follow-Up (Stayers)	Number of Adults at Exit (Leavers)
Adults with Only Earned income (i.e., Employment Income)	5	4	1
Adults with Only Other income	23	10	13
Adults with Both Earned and Other Income	1	0	1
Adults with No Income	2	1	1

Adults with Don't Know/Refused Income Information	0	0	0
Adults with Missing Income Information	0	0	0
Total Adults	31	15	16
Adults with Income Information at Entry and Follow-Up/Exit		15	16

Q24b. Cash Income Change

Instructions:

Number of Adults with Earned Income - Count each adult with earned income based on the column that corresponds to the adults' earned income at program follow-up/exit closest to, but not after, the last date of the operating year as compared to their earned income at entry (e.g., less than at entry, same as at entry).

Number of Adults with Other Income - Count each adult with other income based on the column that corresponds to the adults' other income at program follow-up/exit closest to, but not after, the last date of the operating year as compared to their other income at entry (e.g., less than at entry, same as at entry).

Number of Adults with Any Income - Count each adult with any income based on the column that corresponds to the adults' income at program follow-up/exit closest to, but not after, the last date of the operating year as compared to their income at entry (e.g., less than at entry, same as at entry). The "Any Income" row is intended to measure the total number of adults with any income (i.e., only earned income, only other income, or both earned and other income).

Average Change – For each row requiring an average change, calculate the average income change for the adults counted in that row.

Income Change Columns that Compare the Number of Adults per Income Source – Calculate the number of adults with income information at entry and follow-up/exit and identify the column that corresponds to their status at program follow-up/exit closest to, but not after, the last date of the operating year (e.g., less than at entry, same as at entry).

Performance Measures – The performance measures fields are automatically calculated when you click 'Save.' HUD recognizes that because these questions capture income information about all adults, the data reported in these fields may vary from the data reported in Q36.

Leavers - the term "Leavers" refers to persons who exited during the operating year and were not in the program on the last day of the operating year.

Stayers - the term "Stayers" refers to persons who were in the program on the last day of the operating year. This includes persons who exited the program and re-entered the program before the last day of the operating year.

Q24b1. Client Cash Income Change - Income Source - by Entry and Latest Status Number of Adult Stayers

Income Change by Income Category (Universe: Adult Stayers with Income Information at Entry and Follow-up)	Had Income Category at Entry and Did Not Have It at Follow-up	Retained Income Category But Had Less \$ at Follow-up Than at Entry	Retained Income Category and Same \$ at Follow-up as at Entry	Retained Income Category and Increased \$ at Follow-up	Did Not Have the Income Category at Entry and Gained the Income Category at Follow-up	Did Not Have the Income Category at Entry or at Follow-up	Total Adults (including those with No Income)	Performance Measure s: Adults who Gained or Increased Income from Entry to Follow-up	Performance Measure s: Adults who Gained or Increased Income from Entry to Follow-up, Average Gain

Number of Adults with Earned Income (i.e., Employment Income)	0	0	4	0	0	11	15	0	0%
Average Change in Earned Income	\$0	\$0		\$0	\$0				\$0
Number of Adults with Other Income	0	0	10	0	0	5	15	0	0%
Average Change in Other Income	\$0	\$0		\$0	\$0				\$0
Number of Adults with Any Income (i.e., Total Income)	0	0	14	0	0	1	15	0	0%
Average Change in Overall Income	\$0	\$0		\$0	\$0		\$0		\$0

**Q24b2. Client Cash Income Change - Income Source - by Entry and Exit
Number of Adult Leavers**

Income Change by Income Category (Universe: Adult Leavers with Income Information at Entry and Exit)	Had Income Category at Entry and Did Not Have It at Exit	Retained Income Category But Had Less \$ at Exit Than at Entry	Retained Income Category and Same \$ at Exit as at Entry	Retained Income Category and Increased \$ at Exit	Did Not Have the Income Category at Entry and Gained the Income Category at Exit	Did Not Have the Income Category at Entry or at Exit	Total Adults (including those with No Income)	Performance Measure s: Adults who Gained or Increased Income from Entry to Exit	Performance Measure s: Adults who Gained or Increased Income from Entry to Exit, Average Gain
Number of Adults with Earned Income (i.e., Employment Income)	0	0	2	0	0	14	16	0	0%
Average Change in Earned Income	\$0	\$0		\$0	\$0				\$0
Number of Adults with Other income	0	0	13	1	0	2	16	1	6%
Average Change in Other Income	\$0	\$0		\$1,874	\$0				\$1,874
Number of Adults with Any Income (i.e., Total Income)	0	0	14	1	0	1	16	1	6%
Average Change in Overall Income	\$0	\$0		\$1,874	\$0		\$117		\$1,874

**Q24b3. Client Cash Income Change - Income Source - at Entry and Follow-up/Exit
Number of Adults**

Income Change by Income Category (Universe: Total Adults with Income Information at Entry and Follow-up/Exit)	Had Income Category at Entry and Did Not Have It at Follow-up/Exit	Retained Income Category But Had Less \$ at Follow-up/Exit Than at Entry	Retained Income Category and Same \$ at Follow-up/Exit as at Entry	Retained Income Category and Increased \$ at Follow-up/Exit	Did Not Have the Income Category at Entry and Gained the Income Category at Follow-up/Exit	Did Not Have the Income Category at Entry or at Follow-up/Exit	Total Adults (including those with No Income)	Performance Measure s: Adults who Gained or Increased Income from Entry to Follow-up/Exit	Performance Measure s: Adults who Gained or Increased Income from Entry to Follow-up/Exit, Average

									Gain
Number of Adults with Earned Income (i.e., Employment Income)	0	0	6	0	0	25	31	0	0%
Average Change in Earned Income	\$0	\$0		\$0	\$0				\$0
Number of Adults with Other Income	0	0	23	1	0	7	31	1	3%
Average Change in Other Income	\$0	\$0		\$1,874	\$0				\$1,874
Number of Adults with Any Income (i.e., Total Income)	0	0	28	1	0	2	31	1	3%
Average Change in Overall Income	\$0	\$0		\$1,874	\$0		\$60		\$1,874

Q25a1. Cash Income Sources - Leavers

Instructions:

Report the number of Leavers with each cash income source, based on the income assessment conducted at program exit. Record information separately for adults, children, and persons whose age is unknown.

Leaver - The term "Leaver" refers to persons who exited and were not in the program on the last day of the operating year.

Type of Cash-Income Sources Number of Leavers

	Total	Adults	Children	Age Unknown
Earned Income	2	2	0	0
Unemployment Insurance	0	0	0	0
SSI	9	9	0	0
SSDI	8	8	0	0
Veteran's Disability	0	0	0	0
Private Disability Insurance	0	0	0	0
Worker's Compensation	0	0	0	0
TANF or Equivalent	0	0	0	0
General Assistance	0	0	0	0
Retirement (Social Security)	4	4	0	0
Veteran's Pension	0	0	0	0
Pension from Former Job	0	0	0	0
Child Support	0	0	0	0
Alimony (Spousal Support)	0	0	0	0
Other Source	0	0	0	0

Show/Hide Percentages
Click save to update form.

Q25a2. Cash Income Number of Sources - Leavers

Instructions:

Report the number of Leavers with no cash income, at least one source of cash income, or cash income sources unknown (Don't Know/Refused or Information missing), based on the income assessment conducted at program exit. Record information separately for adults, children, and persons whose age is unknown.

Leaver - The term "Leaver" refers to persons who exited and were not in the program on the last day of the operating year.

Number of Cash-Income Sources Number of Leavers

	Total	Adults	Children	Age Unknown
No Sources	1	1	0	0
1 + Source(s)	15	15	0	0
Don't Know/Refused	0	0	0	0
Information Missing	0	0	0	0
Total	16	16	0	0

Show/Hide Percentages
 Click save to update form.

Q25b1. Cash-Income Sources - Stayers

Instructions:

Report the number of Stayers with each cash income source, based on the income assessment conducted closest to the end of the operating year. Record information separately for adults, children, and persons whose age is unknown.

Stayers - the term "Stayers" refers to persons who were in the program on the last day of the operating year. This includes persons who exited the program and re-entered the program before the last day of the operating year.

Type of Cash-Income Sources Number of Stayers

	Total	Adults	Children	Age Unknown
Earned Income	4	4	0	0
Unemployment Insurance	0	0	0	0
SSI	6	6	0	0
SSDI	6	6	0	0
Veteran's Disability	0	0	0	0
Private Disability Insurance	0	0	0	0
Worker's Compensation	0	0	0	0
TANF or Equivalent	0	0	0	0
General Assistance	0	0	0	0
Retirement (Social Security)	3	3	0	0
Veteran's Pension	0	0	0	0
Pension from Former Job	0	0	0	0
Child Support	0	0	0	0
Alimony (Spousal Support)	0	0	0	0
Other Source	0	0	0	0

Show/Hide Percentages
Click save to update form.

Q25b2. Cash Income Number of Sources - Stayers

Instructions:

Report the number of Stayers with no cash income, at least one source of cash income, or cash income sources unknown (Don't Know/Refused or Information missing), based on the income assessment conducted closest to the end of the operating year. Record information separately for adults, children, and persons whose age is unknown.

Stayers - the term "Stayers" refers to persons who were in the program on the last day of the operating year. This includes persons who exited the program and re-entered the program before the last day of the operating year.

Number of Cash-Income Sources Number of Stayers

	Total	Adults	Children	Age Unknown
No Sources	1	1	0	0
1 + Source(s)	14	14	0	0
Don't Know/Refused	0	0	0	0
Information Missing	0	0	0	0
Total	15	15	0	0

Show/Hide Percentages
 Click save to update form.

Q26a1. Non-Cash Benefit Sources - Leavers

Instructions:

Report the number of Leavers with each non-cash benefit source, based on the income assessment conducted at program exit. Record information separately for adults, children, and persons whose age is unknown.

Leaver - The term "Leaver" refers to persons who exited and were not in the program on the last day of the operating year.

Non-Cash Benefits Number of Leavers

	Total	Adults	Children	Age Unknown
Supplemental Nutritional Assistance Program	13	13	0	0
MEDICAID Health Insurance	14	14	0	0
MEDICARE Health Insurance	7	7	0	0
State Children's Health Insurance	0	0	0	0
WIC	1	1	0	0
VA Medical Services	0	0	0	0
TANF Child Care Services	0	0	0	0
TANF Transportation Services	0	0	0	0
Other TANF-Funded Services	0	0	0	0
Temporary Rental Assistance	1	1	0	0
Section 8, Public Housing, Rental Assistance	0	0	0	0
Other Source	1	1	0	0

Show/Hide Percentages
Click save to update form.

Q26a2. Number of Non-Cash Benefits Sources - Leavers

Instructions:

Report the number of Leavers with no non-cash benefits, at least one non-cash benefit, or non-cash benefits unknown (Don't Know/Refused or Information missing), based on the income assessment conducted at program exit. Record information separately for adults, children, and persons whose age is unknown.

Leaver - The term "Leaver" refers to persons who exited and were not in the program on the last day of the operating year.

Number of Non-Cash Benefit Sources Number of Leavers

	Total	Adults	Children	Age Unknown
No Sources	0	0	0	0
1 + Source(s)	16	16	0	0
Don't Know/Refused	0	0	0	0
Information Missing	0	0	0	0
Total	16	16	0	0

Show/Hide Percentages
Click save to update form.

Q26b1. Non-Cash Benefit Sources - Stayers

Instructions:

Report the number of Stayers with each non-cash benefit source, based on the income assessment conducted closest to the end of the operating year. Record information separately for adults, children, and persons whose age is unknown.

Stayer - the term "Stayer" refers to persons who were in the program on the last day of the operating year. This includes persons who exited the program and re-entered the program before the last day of the operating year.

Non-Cash Benefits Number of Stayers

	Total	Adults	Children	Age Unknown
Supplemental Nutritional Assistance Program	6	6	0	0
MEDICAID Health Insurance	14	14	0	0
MEDICARE Health Insurance	5	5	0	0
State Children's Health Insurance	0	0	0	0
WIC	1	1	0	0
VA Medical Services	2	2	0	0
TANF Child Care Services	1	1	0	0
TANF Transportation Services	1	1	0	0
Other TANF-Funded Services	1	1	0	0
Temporary Rental Assistance	1	1	0	0
Section 8, Public Housing, Rental Assistance	1	1	0	0
Other Source	2	2	0	0

Show/Hide Percentages
Click save to update form.

Q26b2. Number of Non-Cash Benefit Sources - Stayers

Instructions:

Report the number of Stayers with no non-cash benefits, at least one non-cash benefit, or non-cash benefits unknown (Don't Know/Refused or Information missing), based on the income assessment conducted closest to the end of the operating year. Record information separately for adults, children, and persons whose age is unknown.

Stayer - the term "Stayer" refers to persons who were in the program on the last day of the operating year. This includes persons who exited the program and re-entered the program before the last day of the operating year.

Number of Non-Cash Benefits Sources Number of Stayers

	Total	Adults	Children	Age Unknown
No Sources	0	0	0	0
1 + Source(s)	15	15	0	0
Don't Know/Refused	0	0	0	0
Information Missing	0	0	0	0
Total	15	15	0	0

Show/Hide Percentages
 Click save to update form.

Q27. Length of Participation

Instructions:

Report the number of persons in each length of participation category, recorded separately for Leavers and Stayers. Length of participation should be based on program entry to exit (or the end of the operating year, whichever is first) of their most recent program enrollment, including days stayed in the program prior to the start of the operating year.

Leaver - The term 'Leaver' refers to clients who exited and were not in the program on the last day of the operating year.

Stayer - The term 'Stayer' refers to clients who were in the program on the last day of the operating year. This includes clients who exited the program and re-entered the program before the last day of the operating year.

Also report the average and median length of participation of all Leavers and all Stayers

Length of Participation by Exit status Number of Persons

	Total	Leavers	Stayers
30 days or less	0	0	0
31 to 60 days	4	4	0
61 to 180 days	7	4	3
181 to 365 Days	14	6	8
366 to 730 Days (1-2 Yrs)	6	2	4
731 to 1,095 Days (2-3 Yrs)	0	0	0
1,096 to 1,460 Days (3-4 Yrs)	0	0	0
1,461 to 1,825 Days (4-5 Yrs)	0	0	0
More than 1,825 Days (>5 Yrs)	0	0	0
Information Missing	0	0	0
Total	31	16	15

Average and Median Length of Participation in Days

	Average Length	Median Length
Leavers	188	193

Stayers	308	247
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Q29a1. Destination at Program Exit - Leavers Participating More Than 90 Days

Instructions:

Report the number of persons who exited to each destination type. Record the persons who participated in the program, based on the type of household in which they were served.

Exit Destination - Persons Participating More Than 90 Days Number of Leavers in Households

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Permanent Destinations					
Owned by client, no ongoing subsidy	0	0	0	0	0
Owned by client, with ongoing subsidy	0	0	0	0	0
Rental by client, no ongoing subsidy	3	3	0	0	0
Rental by client, VASH subsidy	0	0	0	0	0
Rental by client, other ongoing subsidy	3	3	0	0	0
PSH for homeless persons	0	0	0	0	0
Living with family, permanent tenure	1	1	0	0	0
Living with friends, permanent tenure	0	0	0	0	0
Subtotal	7	7	0	0	0
Temporary Destinations					
Emergency shelter	4	4	0	0	0
Transitional housing for homeless persons	0	0	0	0	0
Staying with family, temporary tenure	0	0	0	0	0
Staying with friends, temporary tenure	0	0	0	0	0
Place not meant for human habitation	0	0	0	0	0
Safe Haven	0	0	0	0	0
Hotel or motel, paid by client	0	0	0	0	0
Subtotal	4	4	0	0	0
Institutional Settings					
Foster care home or group foster care home	0	0	0	0	0
Psychiatric facility	0	0	0	0	0
Substance abuse or detox facility	0	0	0	0	0
Hospital (non-psychiatric)	0	0	0	0	0

Jail, prison, or juvenile detention facility	0	0	0	0	0
Subtotal	0	0	0	0	0
Other Destinations					
Deceased	0	0	0	0	0
Other	0	0	0	0	0
Don't Know/Refused	0	0	0	0	0
Information Missing	0	0	0	0	0
Subtotal	0	0	0	0	0
Total	11	11	0	0	0

Q29a2. Destination at Program Exit - Leavers Participating 90 Days or Less

Instructions:

Report the number of persons who exited to each destination type. Record the persons who participated in the program, based on the type of household in which they were served.

Exit Destination - Persons Participating 90 Days or Less Number of Leavers in Households

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Permanent Destinations					
Owned by client, no ongoing subsidy	0	0	0	0	0
Owned by client, with ongoing subsidy	0	0	0	0	0
Rental by client, no ongoing subsidy	0	0	0	0	0
Rental by client, VASH subsidy	0	0	0	0	0
Rental by client, other ongoing subsidy	1	1	0	0	0
PSH for homeless persons	0	0	0	0	0
Living with family, permanent tenure	1	1	0	0	0
Living with friends, permanent tenure	0	0	0	0	0
Subtotal	2	2	0	0	0
Temporary Destinations					
Emergency shelter	1	1	0	0	0
Transitional housing for homeless persons	0	0	0	0	0
Staying with family, temporary tenure	0	0	0	0	0
Staying with friends, temporary tenure	0	0	0	0	0
Place not meant for human habitation	1	1	0	0	0
Safe Haven	0	0	0	0	0
Hotel or motel, paid by client	0	0	0	0	0
Subtotal	2	2	0	0	0
Institutional Settings					
Foster care home or group foster care home	0	0	0	0	0
Psychiatric facility	1	1	0	0	0
Substance abuse or detox facility	0	0	0	0	0
Hospital (non-psychiatric)	0	0	0	0	0

Jail, prison, or juvenile detention facility	0	0	0	0	0
Subtotal	1	1	0	0	0
Other Destinations					
Deceased	0	0	0	0	0
Other	0	0	0	0	0
Don't Know/Refused	0	0	0	0	0
Information Missing	0	0	0	0	0
Subtotal	0	0	0	0	0
Total	5	5	0	0	0

Q31a1. Expenditures - Development Costs

Instructions:

Report all CoC Program funds expended for this grant during this operating year on acquisition, rehabilitation, and new construction for the project.

In the CoC Program Funds Expenditures column, list all CoC Program funds expended during the operating year on each line item.

CoC Program Funds Expended During the Operating Year – Development Costs

Expenditure Type	CoC Program Funds Expenditures
Acquisition	\$0.00
Rehabilitation	\$0.00
New Construction	\$0.00
Development – Subtotal	\$0.00

Q31a2. CoC Expenditures – Supportive Services

Instructions:

Report all CoC Program funds expended for this grant during this operating year on supportive services for the project.

In the CoC Program Funds Expenditures column, list all CoC Program funds expended during the operating year on each line item.

CoC Program Funds Expended During the Operating Year – Supportive Services

Expenditure Type	CoC Program Funds Expenditures
Assessment of Service Needs	
Assistance with Moving Costs	
Case Management	\$31,000.00
Child Care	
Education Services	
Employment Assistance	
Food	
Housing/Counseling Services	
Legal Services	
Life Skills	\$13,674.00
Mental Health Services	
Outpatient Health Services	
Outreach Services	
Substance Abuse Treatment Services	
Transportation	
Utility Deposits	
Services - Subtotal	\$44,674.00

Q31a3. CoC Expenditures – HMIS

Instructions:

Report all CoC Program funds expended for this grant during this operating year on HMIS for the project.

In the CoC Program Funds Expenditures column, list all CoC Program funds expended during the operating year on each line item.

CoC Program Funds Expended During the Operating Year – HMIS

Expenditure Type	CoC Program Funds Expenditures
Equipment (server, computers, printers)	\$0.00
Software (software fees, user licenses, software support)	\$0.00
Services (training, hosting, programming)	\$0.00
Personnel (costs associated with staff)	\$0.00
Space and operations	\$0.00
HMIS - Subtotal	\$0.00

Q31a4. CoC Expenditures – Leasing, Rental Assistance, Operating, and Administration

Instructions:

Leasing, Rental Assistance, Operating, & Admin Chart:
Report all CoC Program funds expended for this grant during this operating year on leasing, short-/medium-term rental assistance, operating, and administration costs.

In the CoC Program Funds Expenditures column, list all CoC Program funds expended during the operating year on each line item.

Totals Chart:
The totals chart is pre-populated with the subtotals amounts from Q31a1, Q31a2, Q31a3, and Q31a4. Please note that the leasing costs are not included in the match calculation in the totals chart because they are not statutorily required; however, recipients may enter such match if they in fact acquired match for those leasing expenses. The only way to correct a mistake identified when reviewing this table is to review and correct the source data for in Q31a1, Q31a2, Q31a3, and Q31a4.

CoC Program Funds Expended During the Operating Year – Leasing, Rental Assistance Operating, & Admin

Expenditure Type	CoC Program Funds Expenditures
Real Property Leasing	\$0.00
Short-/Medium-term Rental Assistance	\$0.00
Long-term Rental Assistance	\$0.00
Operating Costs	\$62,456.00
Administration	\$7,499.00
Leasing, Rental Assistance, Operating, Admin – Subtotal	\$69,955.00

CoC Program Funds and Match Applicable During the Operating Year – Totals

Total Expenses	CoC Funds
Development	\$0.00
Supportive Services	\$44,674.00
Real Property Leasing	\$0.00
Short-/Medium-term Rental Assistance	\$0.00
Long-term Rental Assistance	\$0.00
Operating Costs	\$62,456.00
HMIS	\$0.00
Subtotal	\$107,130.00
Administration	\$7,499.00
Total Expenses plus Admin	\$114,629.00
Cash Match	\$29,000.00
In-Kind Match	\$0.00
Total Match	\$29,000.00
Match %	25.30%

Total Expenditures and Match	\$143,629.00
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Q36a. Performance Measures - Permanent Housing Programs

Instructions

This question relies on performance measurement information you established in the Performance Measures section of the Project Application for this project and the project's actual results.

1. The Target # and % of persons who were expected to accomplish this measure have been pre-populated from the response you provided to the Standard Performance Measures question in the Project Application. For Measure 1, the pre-populated figure is the sum of the targets provided for questions 1a and 1b.
2. Complete the actual number of persons served by the program for whom the measure is applicable, and the actual number of persons who accomplished the measure. Click "Save" to automatically calculate the "Actual % of persons who accomplished this measure" and the "% Difference between the Project Application Targets and Actual Performance" columns.
3. In the comment box, describe the project's performance relative to the target you set and provide an explanation for any discrepancies. HUD recognizes that the performance measurement question on the APR is not structured in exactly the same way as the Project Application question, and that this may be part of your explanation.

Permanent Housing Program Performance Measures Key

Key	Domain	Performance measure
Measure 1	Housing Stability	The % of persons who remained in the permanent housing program as of the end of the operating year or exited to permanent housing (subsidized or unsubsidized) during the operating year.
Measure 2a	Increase Total Income	The % of persons age 18 and older who maintained or increased their total income (from all sources) as of the end of the operating year or program exit.
Measure 2b	Increase Earned Income	The % of persons age 18 through 61 who maintained or increased their earned income (i.e., employment income) as of the end of the operating year or program exit.

Performance Measure	Project Application Target # of persons who were expected to accomplish this measure	Project Application Target % of persons who were expected to accomplish this measure	Actual # of persons served by the program, as applicable to this measure	Actual # of persons who accomplished this measure	Actual % of persons who accomplished this measure	% Difference between Project Application Target and Actual Performance
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1 - Housing Stability Measure	16	80%	31	24	77%	-3%
2a - Total Income Measure	15	75%	31	29	94%	19%
2b - Earned Income Measure	0	0%	21	6	29%	29%

Describe how your project performed relative to your expectations for its performance. Also describe the project's performance relative to the target you set and provide an explanation for any discrepancies.

Maximum Characters: 2000

This report covers the first year that Catalina House was designated as a permanent supportive housing program. The housing stability measure is only slightly below what was targeted, and reflects some unexpected transition resulting from changing the program from transitional to permanent. The total income measure is significantly higher than expected, and shows a favorable outcome for residents to obtain and maintain income.

Q37. Performance – Additional

Instructions:

Applicants were only required to provide at least one additional performance measure if they applied for an SSO project that was neither a street outreach program nor a project with a housing-related goal. If you provided an additional performance measure for this project in the Project Application, enter the additional performance measurement information you reported in Project Application for this project.

Additional Performance Measures

Performance Measure	Project Application Target # of persons who were expected to accomplish this measure	Project Application Target % of persons who were expected to accomplish this measure	Actual # of persons served by the program, as applicable to this measure	Actual # of persons who accomplished this measure	Actual % of persons who accomplished this measure	% Difference between Project Application Target and Actual Performance
	0	0%	0	0	0%	0%
	0	0%	0	0	0%	0%
	0	0%	0	0	0%	0%

Describe how your additional performance measure(s) provides insight to HUD about the successful performance of your project.

Maximum Characters: 2000

N/A

Q40. Significant Program Accomplishments

**Please describe any significant accomplishments achieved by your program during the operating year.
Maximum Characters: 2000**

Primavera worked to change Catalina House to a permanent supportive housing program for men experiencing chronic homelessness after over 20 years as a transitional housing facility. The transition was successful, and men were identified who could benefit from the Catalina House community setting and resources available to them.

Q42. Additional Comments

Please provide any additional comments on other areas of the APR that need explanations, such as a difference in anticipated and actual program outputs or bed utilization.

Maximum Characters: 2000

Attachments

Document Type	Required?	Document Description	Date Attached
Match Documentation	No		
Other Attachment	No		

Attachment Details

Document Description:

Attachment Details

Document Description:

Submission Certification

Instructions:

Before submitting your APR, an authorized recipient official must certify that the statement below is true by placing a check mark in the box. Your APR will not be reviewed if the check mark is not completed.

Name of Authorized Recipient Official: Cammie Dirrim

Title/Position: Chief Compliance and IT Officer

I hereby certify that all the information stated herein is true and accurate. I understand that HUD will prosecute false claims and statements and that conviction may result in criminal and/or civil penalties (pursuant to 18 USC 1001, 1010, 1012; 31 USC 3729, 3802).

Check for Certification:

Submission Summary

Page	Last Updated
Confirmation of Project Operating Year	11/26/2016
Q1. Contact Information	11/30/2016
Q3. Project Information	11/26/2016
Q4. Site Information	11/26/2016
Q5. Bed & Unit Inventory	11/26/2016
Q6. HMIS Bed Participation	11/26/2016
Q7. Data Quality	11/26/2016
Q8. Persons Served	11/26/2016
Q9. Households Served	11/26/2016
Q10+Q11. Utilization Rates	11/26/2016
Q15a1. Gender - Adults	No Input Required
Q15a2. Gender - Children	No Input Required
Q15a3. Gender - Missing Age	11/26/2016

Q16. Age	11/26/2016
Q17a. Ethnicity/Race - Ethnicity	11/26/2016
Q17b. Ethnicity/Race - Race	11/26/2016
Q18a. Condition Type @ Entry	11/26/2016
Q18b. Condition No @ Entry	11/26/2016
Q19. DV Experience	No Input Required
Q20a1. Prior Residence - Homeless	No Input Required
Q20a2. Prior Residence - Institutional	No Input Required
Q20a3. Prior Residence - Other	No Input Required
Q21. Veteran Status	11/26/2016
Q22a1. Condition Type - Leaver @ Exit	11/26/2016
Q22a2. Condition No. - Leaver @ Exit	11/26/2016
Q22b1. Condition Type - Stayers	11/26/2016
Q22b2. Condition No. - Stayers	11/26/2016
Q23. Cash Income Range	11/26/2016
Q24a. Cash Income Category	11/26/2016
Q24b. Cash Income Change	11/26/2016
Q25a1. Cash-Income Sources - Leavers @ Exit	11/26/2016
Q25a2. Cash-Income No. - Leavers @ Exit	11/26/2016
Q25b1. Cash Sources - Stayers	11/26/2016
Q25b2. Cash-Income No.- Stayers	11/26/2016
Q26a1. Non-Cash Sources - Leavers @ Exit	11/26/2016
Q26a2. Non-Cash No. - Leavers	11/26/2016
Q26b1. Non Cash - Stayers	11/26/2016
Q26b2. Non-Cash No. - Stayers	11/26/2016
Q27. Length of Participation	11/26/2016
Q29a1. Destination	No Input Required
Q29a2. Destination	No Input Required
Q31a1. CoC Financial - Development Costs	11/26/2016

Q31a2. CoC Financial – Services	11/26/2016
Q31a3. CoC Financial – HMIS	11/26/2016
Q31a4. CoC Financial – All Other	11/26/2016
Q36a. Performance - PH	11/29/2016
Q37. Performance – Additional	No Input Required
Q40. Performance - Accomplishments	11/29/2016
Q42. Additional Comments	No Input Required
Attachments	No Input Required
Submission Certification	11/29/2016