



**BACK @ HOME**  
**NORTH CAROLINA**

Program Standards and Handbook  
*Last Updated June 2019*

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# 1. Overview

More than 22,000 North Carolinians sought refuge at disaster shelters during Hurricane Florence and the devastating flooding that followed. Many people were able to return to their homes and some have found new places to live. However, as communities in disaster impacted counties begin to recover from the storm, many of North Carolina's most vulnerable storm survivors still struggle to find a clear path back to housing. Back@Home NC works to ensure that all people impacted by the storm find a clear path to safe and stable housing.

The [Back@Home](#) program rapidly re-houses individuals and families affected by Hurricane Florence that have no clear path to housing. The program employs a nationally recognized, evidence-based best practice housing solution that was a critical part of disaster recovery efforts after Hurricane Harvey in Texas and Hurricane Maria in Puerto Rico. However, Back@Home NC is the first State program employing this model in a coordinated way across all disaster-impacted counties.

Back@Home is administered by the Department of Health and Human Services (DHHS) in collaboration with the North Carolina Housing Finance Agency (NCHFA), the North Carolina Coalition to End Homelessness (NCCEH) and local service providers identified as Re-housing Agencies.

This Program Standards document describes the Back@Home NC program. It outlines program operations, decision making, eligibility determinations and service provision. Back@Home maintains all program materials on the following website, [ncceh.org/backathome/rehousingagencymaterials](https://ncceh.org/backathome/rehousingagencymaterials). Please reference this website to review the most updated and current version of program documents.

## 2. Scope of Services and Eligibility

Back@Home NC is a rapid rehousing intervention that is a critical part of the State's disaster response. By connecting displaced disaster survivors to resources and services, Back@Home seeks to prevent homelessness and create stability and long-term self-sufficiency. Specifically, Back@Home provides eligible individuals and families with tailored services including:

- **Housing Navigation Services** – assistance to find and move into housing;
- **Rental Assistance**<sup>1</sup>– financial support for medium-term rental assistance and associated housing costs (an average of 6-months of assistance depending on the household's needs); and

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<sup>1</sup> Back@Home does not duplicate other available housing subsidies and services. Case managers at Re-housing agencies will work to ensure that all other sources of housing assistance (e.g. FEMA Individual Assistance, Supportive Services for Veteran Families (SSVF), housing voucher (e.g. PHA, Section 8, HUD-VASH, CoC-PSH), and Transitions to Community Living), are considered before using Back@Home rental assistance to ensure Back@Home clients receive the best services to meet their needs and good stewardship of available resources.

- **Case Management Services**– services to help families stabilize in housing.

To be eligible for Back@Home assistance, households must be:

1. Residents of one of the 28 federally-declared disaster counties for Hurricane Florence at the time of the storm.
2. Be precariously housed (e.g. living in an emergency shelter, doubled up, etc.) or literally homeless with no clear path to housing.

The Back@Home eligibility screen can be found [here](#).

In addition to this basic eligibility, Back@Home has additional eligibility criteria described below.

### a. Group One

At the height of the crisis, the American Red Cross (ARC) reported that over 22,000 individuals resided at one of the 173 disaster shelters across the state. Most residents were able to leave disaster shelters and return to their homes or qualified for FEMA Individual Assistance, Transitional Sheltering Assistance (TSA) or other program. However, there were some individuals and families that did not qualify for FEMA Individual Assistance or other programs and had no ability to exit disaster shelters to a safe or stable housing situation. This population included families with children, elderly persons, couples, and single individuals – many of whom had special needs including chronic health conditions, mobility limitations, disabilities, and mental illness. ARC data showed that these disaster residents were very low- or low-income and many reported as homeless or precariously housed as a result of the storm. This was a substantially vulnerable population that, without immediate intervention, would likely be unable to secure safe and stable housing on their own.

This population was screened for Back@Home eligibility and enrolled in the program.

Back@Home NC worked closely with North Carolina Emergency Management and the American Red Cross to ensure that all residents of disaster shelters had a safe and stable housing plan to exit the disaster shelter.

Starting October 1, 2018, trained Back@Home staff worked in coordination with FEMA and the American Red Cross as a part of Multi-Agency Shelter Transition (MAST) Teams to help connect disaster shelter residents with resources and create their housing plans. Most residents were able to leave disaster shelters and return to their homes. Others qualified for FEMA Individual Assistance and could move into FEMA Transitional Sheltering Assistance (TSA) or other FEMA Program. However, there were some individuals and families that did not qualify for FEMA Individual Assistance or other programs and had no ability to exit disaster shelters to a safe or stable housing situation. This population was screened for Back@Home eligibility and enrolled in the program.

This team effort and coordination ensured that there was not a duplication of FEMA or other state resources and that individuals received the right resources to meet their needs.

After disaster shelters closed, Back@Home continued to house individuals and families identified in disaster shelters who had not found safe stable housing. The North Carolina Coalition to End Homelessness, one of the Back@Home partners, applied for and received a grant from the American Red Cross to fund temporary housing in a hotel or motel while they were working with Re-housing agencies to find permanent housing.

## b. Group Two

After disaster shelters were closed on November 9, 2018, the Back@Home response began to focus on serving an additional population referred to in this document as “Group Two.”

Individuals and families are eligible for Back@Home through Group Two if they are:

- Living in the 28 disaster impacted counties and were displaced by Hurricane Florence.
- Very low income (at or below 50 percent of AMI).
- Precariously housed or literally homeless with no clear path to housing.

## 4. Housing Referral & Prioritization

The United Way of North Carolina’s 2-1-1 statewide information and referral system is virtual front door/entry point for Group Two households. From November to February NC 2-1-1 conducted a basic pre-screen to identify households who are likely eligible for Back@Home then Rehousing Agencies conducted a full eligibility screen.

Starting February 21, 2019, NC 2-1-1 will conduct a thorough eligibility screening and manage referrals for families seeking Back@Home assistance. No resident may be referred to a Re-housing Agency without a completed Back@Home eligibility screen. Following this eligibility screen, clients are referred to the appropriate Re-housing Agency to complete documentation of eligibility and begin the housing process.

NC 2-1-1 has trained call center staff that can refer North Carolina residents to a variety of resources and an easy to remember 3-digit dialing code that is accessible throughout the geography. By utilizing 2-1-1, the Back@Home program can ensure that all impacted individuals needing housing resources have easy and equal access to the program.

Back@Home has identified four Re-housing Agencies to serve the 28-disaster impacted county geography. Referrals will be based on where in the disaster impacted geography a resident would like to live. Once a resident is referred, the Rehousing Agency will contact the resident within 5 business days to collect eligibility documentation and start helping the resident find

housing. Eligibility documentation must be collected on every resident that is accepted into the Back@Home program.

Households referred to the program may be determined ineligible for Back@Home assistance by the rehousing agency after the initial screening by 2-1-1. Rehousing agencies may determine ineligibility before they are enrolled into the program or after enrollment but before any financial assistance occurs. In these instances, the household will be notified in writing of ineligibility for the program and given the right to an informal review. The notice of ineligibility form is available [here](#) and in the appendix to this document.

Households may file an informal review with the Rehousing agency by providing any documentation that would prove eligibility, such as a loss of a job thus causing a decrease in household income. Rehousing agencies will review additional documentation provided by households and determine if the household remains ineligible or is now eligible for Back@Home assistance. Rehousing agencies have the authority to overturn the ineligibility decision based on additional documentation provided. Households should be given 10 days to provide documentation that proves eligibility. An example of ineligibility is an increase in a household's income from the point of 2-1-1 intake to housing search that makes the household's income over the income limit for the program.

### **a. Community Queue (2-1-1 Referral List)**

The Back@Home program will maintain a Community Queue of residents that qualify for the program and are waiting to be served. The purpose of the Community Queue is to ensure that all residents who are seeking Back@Home assistance are served in order of severity of need and vulnerability. NCCEH will oversee the Community Queue to ensure quality control in prioritization and service delivery.

If someone has been referred to the Community Queue and been consistently contacted 3 times in the month without response, they will be removed from the list, but may contact 2-1-1 at any time to be added back to the Queue. If a resident's housing status changes while on the community queue, they should communicate with their Re-housing Agency or 2-1-1. If a Re-housing Agency has not been assigned, the resident may call 2-1-1.

2-1-1 will enter all referrals into Smartsheet. Rehousing agencies should only contact referrals that have been passed to them by a designated manager of the referral smartsheet.

Rehousing agencies record whether or not they are able to contact a household on the 2-1-1 smartsheet. Once contacted, they also track whether each household is eligible for Back@Home. Some households may be found ineligible once documents are collected, even though they seemed eligible during the initial 2-1-1 phone conversation.

Once rehousing agencies have enrolled clients in Back@Home, the record is copied onto the by-name list.

A guide to using the 2-1-1 referral smartsheet is available [here](#) and in the appendix to this document.

## b. Prioritization

The Back@Home program recognizes both the direct and indirect impact of disasters on North Carolina’s most vulnerable residents. As a result, Back@Home will maintain a Community Queue from which housing assistance for Group 2 will be managed. Resident prioritization considerations are broken out into two categories: Residents Directly Impacted by Hurricane Florence (Priority Groups 1&2) and Residents Indirectly Impacted by Hurricane Florence (Priority Groups 3&4). The Prioritization schedule below ensures that all housing assistance is distributed based on level of need, population vulnerability, and storm impact.

Vulnerable residents in Prioritization groups one and two are residents from disaster impacted counties whose immediate housing situation was adversely and directly impacted by Hurricane Florence.

Vulnerable residents in Priority Groups Three and Four are residents from disaster impacted counties whose housing situation was indirectly impacted by Hurricane Florence. Often the indirect impact is felt for years to come in disaster impacted communities. When disasters occur, the demand placed on the rental market creates even greater affordable housing shortages. This unintended housing market dynamic pushes those who are most vulnerable into literal homelessness or precariously housed situations through secondary evictions and rapid increases in rental rates that result in further housing instability. This means that vulnerable residents living in disaster impacted counties indirectly impacted by Hurricane Florence may find themselves in a precarious housing situation or literal homelessness 12-18 months after the storm.

BACK@HOME PRIORITIZATION			
PRIORITIZATION		HOUSING STATUS AT APPLICATION	SUBPOPULATION CONSIDERATIONS
FEMA	1. People who were forced to	UNSHELTERED: Living in a place not	UNACCOMPANIED YOUTH



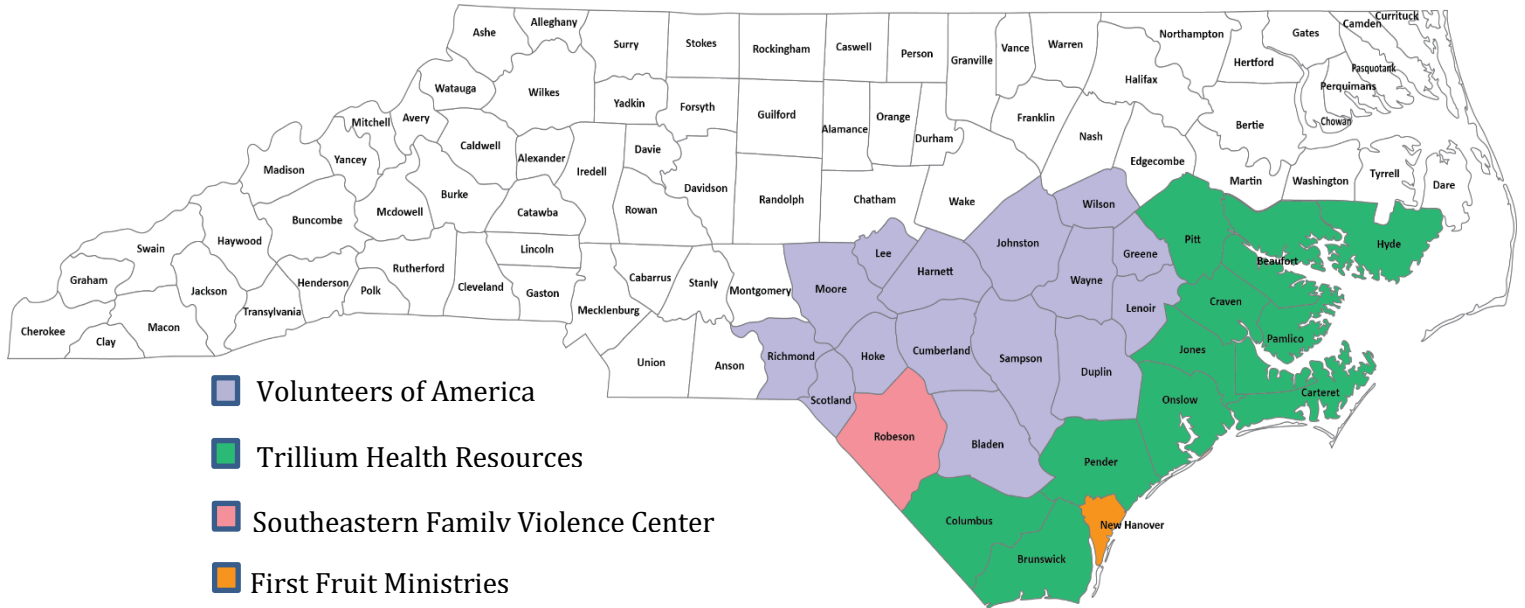
<b>DISASTER IMPACT COUNTIES (28)</b>	leave the place they were living due to the Hurricane	suitable for human habitation	FAMILIES WITH MINOR CHILDREN
			ADULTS
<b>RESIDENTS DIRECTLY IMPACTED BY HURRICANE FLORENCE</b>	2. People who were forced to leave the place they were living due to the Hurricane	SHELTERED	UNACCOMPANIED YOUTH
			FAMILIES WITH MINOR CHILDREN
			ADULTS
<b>FEMA DISASTER IMPACT COUNTIES (28)</b>	3. People who were forced to leave the place they were living after the Hurricane	UNSHELTERED: Living in a place not suitable for human habitation	UNACCOMPANIED YOUTH
			FAMILIES WITH MINOR CHILDREN
<b>RESIDENTS INDIRECTLY IMPACTED BY HURRICANE FLORENCE</b>	4. People who were forced to leave the place they were living after the Hurricane	SHELTERED	UNACCOMPANIED YOUTH
			FAMILIES WITH MINOR CHILDREN
			ADULTS

## 5. Rehousing Agencies

Back@Home services and financial assistance will be provided to residents by four Rehousing Agencies that serve the 28 disaster impacted counties. Each Re-housing Agency has an assigned geographic coverage area. Back@Home may consider adding more Rehousing

Agencies or adjust their coverage areas based on need. Each Re-housing Agency provides the same level of service across their coverage area.

The current Rehousing Agencies and their coverage areas are:



Rehousing Agencies all have experience providing housing and supportive services to people experiencing homelessness.

Rehousing Agencies are responsible for:

- Collecting eligibility documentation and other resident file documents;
- Maintaining up-to-date program data in HMIS, on the Community Queue, and they By-Name List;
- Assessing household needs and barriers to finding and maintaining stable housing;
- Providing supportive services and financial assistance necessary to help each Back@Home resident find and maintain stable housing;
- Connecting residents to other supportive services and resources as needed; and
- Submitting accurate requisition requests for financial assistance, staff costs, and operating costs to the North Carolina Housing Finance Agency.

Rehousing Agencies have hired additional staff to meet the volume of people who need assistance after being impacted by Hurricane Florence. Rehousing Agencies should maintain adequate staffing levels to provide intensive housing navigation support and on-going case management, if needed, throughout resident’s time receiving assistance through Back@Home

## 6. Housing Navigation & Supportive Services

### a. Housing Navigation

Re-housing Agencies will provide housing navigation support that is focused on removing any barriers that may prevent vulnerable residents from achieving housing stability. Housing navigation services are solution-focused, customized supports that help residents identify and lease a rental unit that meets their needs.

A key part of housing navigation support is serving as a liaison to landlords, Public Housing Agencies, local Continuums of Care, and other housing providers. Rehousing Agencies will proactively work with landlords to help overcome barriers to leasing apartments, such as credit issues, and will address any issues that may arise over the course of a resident's tenure in the program. Rehousing Agencies ensure that all parties - the resident, landlord and case manager, sign a Housing Assistance Participation (HAP) agreement which outlines all parties' roles and responsibilities. The Back@Home HAP is posted [here](#) and in the appendix to this document. Rehousing Agencies must use the Back@Home HAP unless they have an internal HAP agreement that has been approved by Back@Home.

### b. Unit Collection

#### Unit Requirements and Support

A vital part of housing navigator services is locating available, affordable units in the community for eligible households. All units that will be used for the Back@Home program must have:

1. **Passed** HUD Housing Quality Standards (HQS) inspection
2. Fair Market Rent (FMR) **and** Rent Reasonableness check
3. Debarment check

If Rehousing Agencies can locate a unit and can quickly get a no-cost HQS inspection done, check for FMR and rent reasonableness and debarment on their own, then they are encouraged to do so in order to speed up move-in. Rehousing Agencies should retain the documentation of these efforts including inspection reports, FMR check, rent reasonableness paperwork, and debarment records.

If Rehousing Agencies locate a unit, but need help in completing the HQS inspection, FMR/Rent Reasonableness and debarment checks, they can submit a request to the NC Housing Finance Agency (NC HFA) via the Back@Home Portal for these services through one of two processes:

- Option A: If the unit is unoccupied and the utilities are on, the Re-housing Agency can submit a request for an inspection, FMR/Rent Reasonableness, and Debarment check. NC HFA will complete the requested services and either notify the Re-housing Agency that they are done..

- Option B: For units where utilities are not on prior to lease or in situations where the family needs to be moved rapidly into a unit, Rehousing Agencies can submit requests for inspections after the units are occupied. Once the unit is identified, the Re-housing Agency will submit a request for the FMR/Rent Reasonableness and Debarment check. If the unit passes, the Re-housing Agency should conduct a habitability check. If the unit passes the habitability check the Re-housing Agency can move the household in, turn on utilities, and then submit a request for an HQS inspection.

Step-by-step instructions to submit units for FMR/Debarment checks and inspection are posted [here](#) and are in the appendix to this document.

Habitability standards are posted on HUD's website at <https://www.hudexchange.info/resource/3766/esg-minimum-habitability-standards-for-emergency-shelters-and-permanent-housing/>.

Rehousing Agencies may use [this](#) checklist to help landlords prepared their units to pass HQS.

## FMR and Rent Reasonableness

Re-housing Agency staff should attempt to place households in units that are listed at or below the FY 2019 HUD Fair Market Rent (FMR) for the county (FMRs by county and unit size are in the appendix and posted [here](#)). If a unit has rent higher than FMR, the rent may be checked for rent reasonableness. If the rent is reasonable, the household can proceed to apply for the unit. If the rent is not reasonable, but is at or below 110% of FMR, the household can proceed to apply for the unit.

Rehousing Agencies may request an exception to the rent limits in the following circumstances:

- 1) The county has no available units with rent at or below 110% of FMR or with rent that is reasonable OR
- 2) Units with reasonable rent or rent that is at or below FMR do not meet the households' needs. For instance, the unit is too far from a job or it is not accessible due to mobility concerns or other functional needs.

To request a rent exception, the Re-housing Agency staff will:

- 1) Document, using the Socialserve Back@Home Unit Database, that there are no available units in the area at 110% of FMR or are rent reasonable OR
- 2) Document the household's specific needs that require a higher rent payment and document a unit on Socialserve that meets those needs at the requested rent payment level.

The Re-housing Agency staff will submit the request for rent exception to NCHFA, and NCHFA will promptly contact DHHS to review the request and provide authorization.

## Shared housing

Shared housing is a situation in which multiple households have private bedrooms but share common areas, sanitary facilities, and cooking facilities. If an agency is placing a client in shared housing, FMR will be calculated using the following policy.

In most shared housing situations, Fair Market Rent (FMR) for a household in shared housing is the pro-rata share of the FMR for the shared housing unit size.

- The pro-rata share is calculated by dividing the number of bedrooms available for occupancy by the assisted household in the private space by the total number of bedrooms in the unit.
- The utility allowance for an assisted household living in shared housing is the pro-rata share of the utility allowance for the shared housing unit.
- **FMR and utility allowances should be calculated in this way for all shared housing situations, except those that meet the criteria to be classified as SROs (which are outlined below).**

Regular shared housing FMR calculation example:

Scenario 1: Three-bedroom house, three adult roommates, all Back@Home clients.

In this case, the full unit rent must be within the allowable three-bedroom FMR for the county and the utility allowance for each client is the 3 bedroom utility allowance divided by 3.

Scenario 2: Three-bedroom house, only one bedroom occupied by a Back@Home client.

If this unit is in New Hanover County, the three-bedroom FMR in New Hanover County is \$1404 for a 3 bedroom unit. The Back@Home client's allowable FMR is \$1404 divided by 3 or \$468. The Back@Home client's utility allowance is the three-bedroom utility allowance divided by 3.

### **SRO Shared Housing**

**In limited circumstances a shared housing situation may instead use the SRO FMR.** To qualify as an SRO, the shared housing situation must have the following characteristics:

- There is only one person per bedroom.
- Each household holds a separate lease.
- All bedrooms in the housing unit must qualify as SROs. E.g. There's a four-bedroom house in which one household holds a separate lease but two households share leases for multiple bedrooms, none of the units qualify as SROs. Or if one bedroom has multiple people living in it, none of the bedrooms qualify as SROs.

The SRO FMR is 75% of the efficiency (aka 0 bedroom) FMR and the utility allowance is 75% of the efficiency (0 bedroom) utility allowance. [The 0-bedroom utility allowance is \$140, so the SRO utility allowance is \$105]

### **Procedure for submitting shared housing for FMR/Debarment/Inspection checks:**

Rehousing agencies should use this guidance to determine whether they are submitting units for a regular shared housing situation or as SROs. They should indicate whether the housing unit is an SRO in the Type of Unit field. They should indicate the total number of bedrooms in the house and total number of Back@Home households who will be moving in in the comments.

## Housing Inspections

As stated above, all units need to pass a HUD Housing Quality Standards (HQS) inspection. Some Re-housing Agency staff are able to do these inspections in the field, only if at no cost, and are encouraged to do so. However, if a Re-housing Agency needs assistance with HQS inspections, staff can submit a Unit Support Form and NC HFA will coordinate inspections with a contracted private housing inspection company. The private housing inspection company will

inspect units that are either referred by Rehousing Agencies or located by Socialserve. Socialserve sourced units will only be inspected if Rehousing Agencies affirm that they can use the units for households. NCHFA will call Rehousing Agencies if Socialserve sources a unit in their territory to see if they can use the units.

The inspectors will notify NC HFA if the unit passes inspection or if it does not and what repairs need to be made to get the unit to HQS standards. For units that need repairs, NC HFA will notify the Rehousing Agencies by sending the inspection report. Rehousing Agencies can then negotiate with the landlord to complete repairs for reinspection. Rehousing Agencies will let NCHFA know when repairs are made and a re-inspection needs to be scheduled. The inspection company will re-inspect the unit and let NC HFA know that it passed HQS standards.

## Socialserve and NCHousingSearch.org

In order to identify units for households quickly, Socialserve will be recruiting landlords in key counties within the disaster area. Socialserve will assist with recruiting landlords to participate in Back@Home through large requests for landlord participation and individual calls to landlords in the disaster declared counties.

As units are identified through Socialserve, NCHFA will contact Rehousing Agencies to see if the unit meets their current needs. If Rehousing Agencies affirm that they need the unit, then NCHFA will begin the unit support process and let the Re-housing Agency know the outcome. If the Re-housing Agency does not currently need the unit, Socialserve will list the unit in their public data base at [www.nchousingsearch.org](http://www.nchousingsearch.org).

### c. Supportive services

Re-housing Agencies will work with residents using a progressive engagement approach for service delivery. This strengths-based approach focuses on stabilizing residents in their housing by providing individualized support based on their needs. At any point services may be increased or decreased based on the resident's needs. An important part of the progressive engagement model will focus on connecting residents to external community resources, mainstream services, and public benefits that may be available to them after Back@Home has ended.

The progressive engagement approach will be used to determine the resident's contribution to rent payment. Re-housing agencies will work with residents to regularly review their household budget and they will together determine the resident's contribution to rent. A resident's contribution to rent will increase as they become more stable and increase their resources. It will also be used to determine the length of time the household will need rental support.

Rehousing agencies should use the 90-day housing stabilization plan, which is posted [here](#) and in the appendix, to help tenants set goals and determine amounts of assistance.

## d. Rent Continuation Determinations

As mentioned, when working with Back@Home households, Re-housing Agencies will use a progressive engagement approach that focuses on stabilizing residents in their housing by providing individualized support based on their needs. This approach connects residents to external community resources, mainstream services and public benefits that may be available to them after Back@Home has ended. In addition, it only delivers services that the households need to secure safe and stable housing – as determined through their Housing Stability Plans.

Households will fall in one of three categories: households that need less than 6-months, households that need 6-months, households that need more than 6-months of rental assistance and services. Rehousing agencies can make rent subsidy determinations for up to six months.

- **Households that require less than 6-months of rental assistance and services.** In some cases, Back@Home households, do not need the full 6-months of rental assistance and/or case management services to stabilize after the storm. If a household no longer needs assistance, as documented in their 90-day housing stability plan, the Back@Home Re-housing Agency should provide a 30-day written notice of ending assistance. 30-day notices of ending assistance go into effect immediately upon payment of the next rent payment. For example, if recertification happens on April 15 and rent is normally paid the first of the month, the household would receive a 30-day notice of ending assistance on May 1.
- **Households that require 6-months of rental assistance and services.** Another set of households will need 6-months to stabilize and will have a plan to take over their lease and pay their ongoing rent, either through employment or another program/subsidy, following the 6-month mark.
- **Households that require more than 6-months of rental assistance and services to stabilize.** Some households, however, may require more than 6-months to stabilize due to unexpected change in income, serious life event that impacts stability, long-term barrier to ability to pay rent, or other similar barrier. Re-housing Agency case managers who identify a household who needs additional assistance may submit a written continuation request to the Back@Home leadership team for approval. Continuation requests will be determined on a case by case basis and will require a full program recertification. It is expected that most households that need a continuation will only need an additional 1 – 3 months. However, some households have higher needs (e.g. disability) and need either a Permanent Supportive Housing (PSH) voucher, Supplemental Security Income (SSI), or another resource to stay in housing.

When appropriate, Rehousing Agencies should assess residents for permanent supportive housing. Permanent supportive housing provides non-time limited rental assistance and intensive supportive services for people with disabling conditions that make it difficult to sustain housing in the community.

Some Back@Home residents may need permanent supportive housing to maintain successful long-term tenancy in the community. In these situations, those residents may have their Back@Home assistance continued to provide a bridge to permanent supportive housing. However, Back@Home is a medium-term rapid rehousing program with a commitment to providing an average of 6-months across households served.

### Extension Process

When working with Back@Home households, Re-housing Agencies use a progressive engagement approach that focuses on quickly stabilizing residents in their housing by providing individualized support based on their needs. This approach delivers the least assistance necessary to stabilize families in housing and connects residents to external community resources, mainstream services, and public benefits after Back@Home assistance ends. Back@Home provides households rental assistance for an average of 6 months. Due to the progressive engagement approach, some households will leave before the 6<sup>th</sup> month. However, some households have higher needs (e.g. disability) and need either a Permanent Supportive Housing (PSH) voucher, Supplemental Security Income (SSI), or another resource to stay in housing. Others may have experienced a recent life change (e.g. new employment) and need a few additional months of assistance before they can pay their full rent. Back@Home may provide a bridge to support these households but is only a medium-term rapid rehousing program with a commitment to providing an average of 6-months of rental assistance across the program.

Rehousing agencies must receive approval to provide households rental assistance for longer than 6 months. Rehousing agencies must submit continuation requests via [this form](#). Continuation requests must be submitted by the 15<sup>th</sup> day of the 5<sup>th</sup> month of assistance. Continuation requests will be approved or denied by the last day of the 5<sup>th</sup> month of assistance.

For example:

A household was enrolled in Back@Home in February 2019. July will be their 6<sup>th</sup> month of assistance. The Re-housing Agency must submit the continuation request by June 15<sup>th</sup>, and the request will be approved or denied by June 30.

Continuation request timeline:

First month of assistance	6 <sup>th</sup> month of assistance	Month when continued assistance requires continuation approval	Due date for continuation request	Due date for continuation request approval/denial
October, November, December	March, April, May	June	May 22, 2019*	May 31, 2019
January	June	July	May 22, 2019*	May 31, 2019
February	July	August	June 15, 2019	June 30, 2019
March	August	September	July 15, 2019	July 31, 2019



April	September	October	August 15, 2019	August 31, 2019
May	October	November	September 15, 2019	September 30, 2019
June	November	December	October 15, 2019	October 31, 2019
July	December	January	November 15, 2019	November 30, 2019
August	January	February	December 15, 2019	December 31, 2019
September	February		January 15, 2019	January 31, 2019

\*Due to the timing of this policy's release in May 2019 the May continuation request deadline is May 22<sup>nd</sup>. All future deadlines for continuation request submission will be the 15<sup>th</sup>. Rehousing agencies were not required to submit continuation requests to pay beyond 6 months of assistance in April and May 2019. Rehousing agencies must submit written continuation requests for all households who will be provided more than 6 months of assistance in June (including those who were continued without written requests in April and May). If any continuation request is denied among the requests made for June, Back@Home will provide 30-day notice that assistance is ending, so rehousing agencies may pay June rent but no rent beyond that.

All initial continuation requests will be approved for 90 days. The Re-housing Agency should continue to help the client exit Back@Home as soon as possible, before 90 days if possible. Rehousing agencies must submit another continuation request after the initial 90 days for every client that will need additional assistance, even if the client has been identified as needing permanent supportive housing.

**Notice of ending assistance**

If any household is denied a continuation request, the Re-housing Agency must provide that household 30-day notice that their assistance is ending.

**e. Follow Up Services**

Re-housing Agencies will attempt to provide follow up services to residents interested in maintaining contact after program exit. Re-housing Agencies will attempt at least minimum monthly phone follow up contact with Back@Home residents. If problems are identified, the Re-housing Agencies can provide more assistance and make referrals to other programs or community-based services.

Phone follow up will be attempted for three months after a resident exits Back@Home. If after three months of no communication, a resident will no longer be contacted for follow up services.

Ongoing and consistent follow up can occur in person or via phone for up to six months after program exit.

## f. Grievance

At any point during the resident's tenure in the Back@Home program he/she may choose to file a grievance. All grievances will be handled by the rehousing agencies according to their grievance policies and procedures that were submitted to Back@Home for review. Rehousing agencies must agree to align their internal grievance policies if requested by Back@Home.

## g. Termination

Back@Home residents may only be terminated from the program due to fraudulent activity that would have influenced the outcome of an eligibility certification or recertification. Fraudulent activity includes but is not limited to:

- Misrepresenting homelessness status
- Misrepresenting residency during Hurricane Florence
- Misrepresenting income and financial resources

This fraudulent activity must affect the outcome of an eligibility certification or recertification to qualify for termination from the program. For example, if a client misrepresents their income to be lower than it is, then is subsequently found to have income above the Back@Home income limits, they must be terminated. If, on the other hand, a client misrepresents their income, but they are still eligible for Back@Home when their true income is calculated, they will not be terminated.

Ending Back@Home assistance due to other household changes, such as increasing income over the limits for assistance or achieving stability in housing are not considered terminations. These situations should follow the program policies for determining length and amount of assistance as outlined in 5c, above.

Back@Home terminations are effective within 30 days of written notification of the client, pending appeals. To terminate Back@Home rental assistance and services the Re-housing Agency must:

1. When possible, submit the [Back@Home Termination Form](#) and justification to NCCEH and DHHS for review prior to taking any action against a resident.
2. Provide written notice to the resident using the Back@Home Termination Form. The form must be completed and contain a clear statement of the reasons for termination.
3. Resident is given the opportunity to present written objections or oral objections to the Back@Home Termination Committee during an in-person meeting at a time convenient to both the former resident and the Re-housing Agency. Residents have 10 days from written notification to request a hearing.
4. The Back@Home Termination Committee will issue prompt written notice of the final decision to the resident and the Re-housing Agency.

Termination Appeals and Administration Review

Terminations are effective within 30 days of written notification. Back@Home clients have the right to appeal their termination. Appeals must be filed by calling 2-1-1 within 10 days of receiving written notification of termination.

2-1-1 will use [this form](#) to document and track termination appeals and administrative reviews..

When this form is completed automatic alerts will go to:

- Erika Ferguson, DHHS
- Denise Neunaber, NCCEH
- Thea Craft, Heather Dominique NCHFA
- Tonia Tindal and LaTasha Gerald, NC 2-1-1

The above four agencies will propose dates, times, and places for the administrative review. They will attempt to propose dates, times, and places that are convenient for the client, based on the client's responses recorded in Smartsheet. They will record proposed days and times on the [Termination and Appeals Hearing Request smartsheet](#).

2-1-1 will call the client back to determine a final date, time, and place for the administrative review, which will be recorded in the Termination Appeals Hearing Request smartsheet.

The outcome of the administrative review will also be recorded on the smartsheet.

The termination form is posted [here](#) and in the appendix. Additional administrative review guidance is posted here and in the appendix.

## 7. Eligible Use of Funds for Rehousing Agencies

Rehousing Agencies are NC DHHS- and NCCEH-approved funded agencies that are responsible for administering housing navigation, housing financial assistance, and case management for the residents in their predetermined geographic areas. Re-housing Agencies are tasked with moving eligible residents into units as quickly as possible and providing ongoing financial and case management services for each resident for up to six months.

The following section outlines eligible expenses under Back@Home for which reimbursement can be obtained. No payments are provided directly to residents being served in the Back@Home program.

A comprehensive list of eligible expenses for the Back@Home program can be found [here](#) and in the appendix.

### a. Direct Costs Related to Tenancy

Below is a list of eligible Back@Home cost categories related to establishing resident tenancy.

- Rental application fees and one-time associated administrative fees to establish tenancy

- Utility deposits, utility arrears & Monthly utility allowances
- Rent subsidy payments up to the Fair Market Rent standard for the geography in which a unit is located
- Rent arrears
- Security deposit
- Renter's insurance
- Housing inspections
- Move-in Assistance
- Housing and stabilization service fees
- Program operations and administrative costs (for Re-Housing Agencies)

The Back@Home program has set limits for each tenancy cost identified. When federal standards for establishing costs are available, the Back@Home program will use those cost determinations. Current lists of reimbursable expenses and pre-approved payment caps can be found [here](#).

In some cases, a Re-housing Agency case manager can submit a waiver for a tenancy service that exceeds the pre-approved cap. Re-housing agencies may use the prescribed Back@Home waiver form and submit it via email to DHHS in advance of seeking reimbursement. DHHS will approve or deny the waiver. If the waiver is approved, the Re-housing Agency will submit the waiver as part of their requisition request as evidence that the waiver was approved.

## b. Advanced Start-Up Funds

Rehousing Agencies were given advanced funds of \$150,000 from NC DHHS to cover initial costs and rental payments made before the NCHFA reimbursement process was operational. Re-housing Agencies will settle advanced funds through the NCHFA portal, receiving “non-cash” reimbursements until the advanced funds are returned. Re-housing Agencies that need to maintain a portion of these advanced funds to enable cash flow of the program may do so with approval from DHHS. All advanced funds will be reconciled at the end of the program.

## 8. Financial Management

The North Carolina Housing Finance Agency (NCHFA) is the fiscal agent for the Back@Home program. The NCHFA, on behalf of DHHS, will reimburse Re-housing Agencies for eligible program expenses outlined in the Eligible Use of Funds section. NCHFA will reimburse based on pre-approved program caps, as described above, up to the Re-housing Agency budgets included contracts between DHHS and Re-housing Agencies. Changes to the terms of the contract and/or budget must be agreed upon in writing with DHHS.

Re-housing Agencies will submit all requisitions, with all required supporting documentation, to the NCHFA secure online [portal](#). Invoice requisition packages must be submitted by the last

day of the calendar month for the preceding month for processing (e.g. expenses for Jan 1 – 31 should be entered by Feb 28), as per Re-housing Agency contracts.

## a. Requisition Process

NC HFA will oversee the requisition process for Back@Home. Rehousing agencies will submit expenses for reimbursement through the NCHFA portal. Each Re-housing Agency will have an Organization Administrator designated by the agency who can grant access to the portal for necessary staff at the agency. Organization Administrators should answer questions from agency staff about access and the use of the portal. For questions regarding technical assistance with Back@Home, Organization Administrators should contact Sandy Harris at NCHFA at ssharris@nchfa.com. The portal is available online at <http://www.nchfa.org/Portal/Account/Login.aspx>.

From the Home screen of the portal, rehousing agencies are able to enter new reimbursement requests, view the status of all submitted reimbursement requests, and view payment date and Automated Clearing House (ACH) information. ACH is the electronic funds-transfer system. Rehousing agencies are able to enter both client expenses and staff hours and administration/non-client expenses. Rehousing agencies will enter each expense for reimbursement separately and will have the ability to upload PDF copies of supporting documentation for each entry. Each supporting document must be uploaded separately. Rehousing agencies can edit entries up until submission. Upon submission, NCHFA will verify that the household data matches information in HMIS.

If a reimbursement requests is not approved it will be returned to the Re-housing Agency. NCHFA will provide reason for return and instructions to correct. Rehousing agencies should be sure to check this periodically since they will not receive an email regarding the return.

Once the requisitions has been entered in the system, there is no way to delete. Requisitions may be withdrawn at any point prior to submission for payment and may be withdrawn should NCHFA return for corrections.

Requisitions are reviewed and processed within three (3) business days by NCHFA. Approved requisitions will be processed weekly on Thursdays, and direct deposits are made on Tuesday for requisitions approved the previous week.

## 9. Data Collection Requirements

### a. HMIS and Comparable Database

Rehousing agencies must utilize the [Homelessness Management Information System](#) (“HMIS”) to input resident data within 10 days of data collection. One hundred percent Data Completeness for Housing Information is required. Data Completeness standards for all other data elements should be less than 5% null.

Domestic Violence (DV) programs are prohibited from entering data into HMIS and should collect the same data through a comparable system designated by Back@Home.

Basic information on each Back@Home client is also stored in Smartsheet. Smartsheet tracks the program's caseload, households' progress toward housing, and new referrals and enrollments. Back@Home uses Smartsheet to report real-time information on households and program outcomes.

Starting in February 2019, Re-housing Agencies should use these assessments for HMIS data collection and entry.

- [Head of Household Entry](#)
- [Other Adult Household Member Entry](#)
- [Child Household Member Entry](#)
- [Listen to the recording](#) of the training on HMIS forms and reports.

### **Interim Assessment**

This form has been updated as of February 22, 2019.

The interim assessment should be completed when the household moves into the unit that Back@Home is assisting them with. This form will be completed for the Head of Household, however changes to other household member information will be recorded in the status update section of the form if changes have occurred. This form can be completed for other updates as needed as well. Be sure to include all household members on the interim update in HMIS, but the housing information is only required for the Head of Household. [Check out this guide for step-by-step instructions.](#)

### **Exit Assessment**

This form has been updated as of February 22, 2019.

The exit assessment form should be completed when you stop working with or providing all Back@Home services to the household. This information should be collected for each client.

## **b. Back@Home Client Files**

Rehousing Agencies will primarily use HMIS to capture the services they provide, agencies will also need to keep client records.

For each household served, the Re-housing Agency needs to retain:

- Initial Back@Home Assessment
- Copy of Photo ID for individuals over 18 yo
- SSN/Citizenship documentation for individuals over 18 yo
- Unit HQS Inspection report (if not done by HFA)
- Copy of lease
- Unit FMR/Rent Reasonableness documentation (if not done by HFA)
- Landlord Debarment check documentation (if not done by HFA)
- FEMA numbers for household members

All client files need to be protected according to the Re-housing Agency's protocols for storing private information. Rehousing Agencies need to retain client files until NC DHHS notifies them that they are no longer needed.

### c. Back@Home By-Name List

Basic information on each Back@Home client is also stored on the Back@Home By-Name List in Smartsheet. The by-name list of all people who received Back@Home assessments is only available to approved staff from Rehousing Agencies and state Back@Home partners. If a Rehousing Agency or partner agency would like to access the by-name list, email Ehren Dohler at [ehren@ncceh.org](mailto:ehren@ncceh.org) to request access.

#### By-Name List Protocols

Rehousing Agencies will use the to track household progress and report household placement in units.

The by-name list will be used by leadership and partner agencies to track basic client data in real time and report to State leadership, funders, and FEMA about the Back@Home program.

Everyone with access to the by-name list should read the By-Name List Guide and Data Dictionary, posted [here](#) and in the appendix, for help with entering data accurately.

**Access:** The by-name list of all people who received Back@Home assessments is only available to approved staff from Rehousing Agencies and state Back@Home partners. If a Rehousing Agency or partner agency would like to access the by-name list, email Ehren Dohler to request access.

**Privacy:** The by-name list contains identifying information for the head of households that they have agreed to share for housing and service coordination. For this reason, privacy protocols need to be followed by all who access the list. These protocols include:

- Only open the by-name list on password-protected, secure networks
- Close the browser window with the by-name list if you walk away from your computer
- If you print a version of the by-name list, store it in a locked file cabinet or office and shred it once you are done with the list
- Sharing with client consent should only be done with Back@Home partners and landlord agencies to coordinate housing

**Data Entry:** It is imperative that the by-name list data remain accurate for coordination of services and reporting to Back@Home leadership and funders. Rehousing Agencies will update the list immediately as they move households into units.

## 10. Monitoring

DHHS will monitor Re-housing Agencies' program performance at least once during the contract year. Monitoring will ensure that the program requirements established within these Program Standards and the contract are met. Re-housing agencies are expected to make available all financial and program records. Monitoring may take the form of an onsite site visit and/or desk audit. Onsite monitoring will include a combination of paper file and HMIS client record review. Rehousing Agencies will receive a minimum of 48 hours' notice of program monitoring.

## 11. Affirmatively Furthering Fair Housing

Fair housing means all persons have equal opportunity to be considered for rental units, purchase of property, housing loans, and property insurance.

The North Carolina Fair Housing Act makes it illegal to discriminate in housing because of race, color, religion, sex, national origin, physical or mental handicaps, or family status (families with children).

Anyone who has control over residential property and real estate financing must obey the law. This includes rental managers, property owners, real estate agents, landlords, banks, developers, builders and individual homeowners who are selling or renting their property.

Back@ Home complies with all applicable state and federal fair housing laws.

## 12. Affirmative Marketing

In order to ensure that the resources made available through Back@Home reach as many residents in need of assistance as possible DHHS will work closely with 2-1-1 to screen people for assistance to determine eligibility. NC 2-1-1's easy to remember and broadly accessible 3-digit dialing code is an ideal option to serve as the virtual front door can ensure that all impacted individuals needing housing resources have easy and equal access to the program information. NC 2-1-1 offers interpretation services for people with limited English proficiency and to people who need assistive listening devices.

Information on Back@Home can be found at <https://www.backathome.org/> and through NC 2-1-1. NCCEH will work closely with the homeless Continuums of Care in the region to identify eligible residents who will qualify for the program and refer them accordingly.

## 13. Nondiscrimination & Equal Access

The Back@Home program and its affiliates do not discriminate in housing services or employment on the basis of race, color, national origin, religion, age, disability, or sex.



Back@Home complies with all applicable fair housing and civil rights requirements.

Back@Home is a housing first program and Back@Home rehousing agencies use a housing first approach. This means that Back@Home believes all clients are ready for housing and puts no conditions on the receipt of housing assistance. If clients have barriers to obtaining housing (such as bad credit), Back@Home uses its extensive landlord network to find a landlord that will rent to the client even with their barriers. If clients have barriers to maintaining housing (such as substance use disorders), Back@Home links clients to intensive services to help address those barriers while they are in housing.

# Appendix

## Appendix I: Eligibility Screen and Document Collection Tool

Back@Home Head of Household Name: \_\_\_\_\_

**ELIGIBILITY & DOCUMENTATION CHECKLIST** – Re-housing Agency staff complete Participant Eligibility and Documentation Checklist with head of household to determine eligibility.

**COMPLETED CHECKLIST**

**All three boxes of this section must be checked after completing this packet for a household to be eligible**

Eligibility Condition 1: Disaster Impact Status

- Living in disaster declared county (**DOCUMENTATION REQUIRED AT ENROLLMENT**)

Eligibility Condition 2: Very Low Income

- At or below 50% Area Median Income (**DOCUMENTATION REQUIRED WITHIN 30 DAYS OF ENROLLMENT**)

Eligibility Condition 3: Housing Status

- Precariously housed or literally homeless (**DOCUMENTATION REQUIRED WITHIN 30 DAYS OF ENROLLMENT**)

Must have **lived in a disaster county** to be eligible and at least **one supporting document must be filed to verify the county of residency**

**ELIGIBILITY CONDITION 1: DISASTER IMPACT STATUS** – The head of the household must have been living in one of the 28 disaster declared counties at the time of Hurricane Florence’s impact (9/11-9/16).

The 28 disaster counties are: Beaufort, Bladen, Brunswick, Carteret, Columbus, Craven, Cumberland, Duplin, Greene, Harnett, Hoke, Hyde, Johnston, Jones, Lee, Lenoir, Moore, New Hanover, Onslow, Pamlico, Pender, Pitt, Richmond, Robeson, Sampson, Scotland, Wayne, Wilson

**Head of Household lived in a disaster declared county at the time of Hurricane Florence’s impact**

YES

NO

**Document Verification:**

- Medical Record
- Utility Bill
- FEMA Letter
- Paystub
- Bank Statement
- Lease or Sublease
- ID with address
- Child’s School Records
- Child’s Daycare Records
- HMIS Documentation of Shelter Stay
- Jail/Prison documentation
- Other official 3<sup>rd</sup> party record with name, address, and date

-- OR --

**Written Third Party Verification:**

- Family or Friend Letter
- Employer Verification Letter
- Service provider Letter

-- OR --

**Self-Declaration:** HoH self-declaration of residence; **AND**

- Written explanation** by Re-housing Agency staff of attempts to secure third party (written or oral) verification

<p>Must be <b>below 50% AMI</b> to be eligible and at least <b>one supporting document filed for each "Yes" below</b> (self-certification okay for non-liquid assets valued below \$5000)</p>	<p><b>ELIGIBILITY CONDITION 2: VERY LOW-INCOME STATUS</b> – Total household income is at or below 50% Area Median Income.</p> <p>To determine 50% of AMI, use:  <a href="https://www.huduser.gov/portal/datasets/il/il18/Section8-IncomeLimits-FY18.pdf">https://www.huduser.gov/portal/datasets/il/il18/Section8-IncomeLimits-FY18.pdf</a>.          "Income Calculation Worksheet"</p>
<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p><b>WAGES &amp; SALARY</b></p> <p><input type="checkbox"/> <b>Written Third Party:</b> Copy of most recent paystub(s) OR Verification of Income Form from employer</p> <p>-- OR --</p> <p><input type="checkbox"/> <b>Oral Third Party:</b> Verification of Income Form or other case file record of income information obtained verbally by Re-housing Agency staff</p> <p>-- OR --</p> <p><input type="checkbox"/> <b>Self-Declaration:</b> HoH self-declaration of income <b>AND;</b></p> <p style="padding-left: 40px;"><input type="checkbox"/> <b>Written explanation</b> by Re-housing Agency staff of attempts to secure third party (written or oral) verification</p>
<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p><b>SELF EMPLOYMENT/BUSINESS INCOME</b></p> <p><input type="checkbox"/> <b>Written Third Party:</b> Copy of most recent federal or state tax return showing net business income</p> <p>-- OR --</p> <p><input type="checkbox"/> <b>Self-Declaration:</b> HoH self-declaration of income <b>AND;</b></p> <p style="padding-left: 40px;"><input type="checkbox"/> <b>Written explanation</b> by Re-housing Agency staff of attempts to <u>secure</u> third party (written or oral) verification</p>
<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p><b>INTEREST &amp; DIVIDEND INCOME</b>  <u>(Third-party verification required only if valued greater than \$5,000)</u></p> <p><input type="checkbox"/> <b>Written Third Party:</b> Copy of most recent interest or dividend income statement OR Copy of most recent federal or state tax return showing interest, dividend or other net income</p> <p>-- OR --</p> <p><input type="checkbox"/> <b>Self-Declaration:</b> HoH self-declaration of income <b>AND;</b></p> <p style="padding-left: 40px;"><input type="checkbox"/> <b>Written explanation</b> by Re-housing Agency staff of attempts to secure third party (written or oral) verification</p>
<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p><b>INCOME FROM ASSETS</b>  <u>(Third-party verification required only if valued greater than \$5,000)</u></p> <p><input type="checkbox"/> <b>Written Third Party:</b> Copy of most recent value of assets</p> <p>-- OR --</p> <p><input type="checkbox"/> <b>Self-Declaration:</b> HoH self-declaration of income <b>AND;</b></p> <p style="padding-left: 40px;"><input type="checkbox"/> <b>Written explanation</b> by Re-housing Agency staff of attempts to secure third party (written or oral) verification</p>

<p>Must be <b>below 50% AMI</b> to be eligible and at least <b>one supporting document</b> filed for each "yes" below (self-certification okay for non-liquid assets valued below \$5000)</p>	<p><b>ELIGIBILITY CONDITION 2: VERY LOW-INCOME STATUS</b> – Total household income is at or below 50% Area Median Income.</p>
<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p><b>PENSION/RETIREMENT INCOME</b></p> <p><input type="checkbox"/> <b>Written Third Party:</b> Copy of most recent payment statement OR benefit notice OR bank deposit statement</p> <p>-- OR --</p> <p><input type="checkbox"/> <b>Oral Third Party:</b> Other case file record of income information obtained by Re-housing Agency staff</p> <p>-- OR --</p> <p><input type="checkbox"/> <b>Self-Declaration:</b> HoH self-declaration of income <b>AND;</b></p> <p style="padding-left: 40px;"><input type="checkbox"/> <b>Written explanation</b> by Re-housing Agency staff of attempts to secure third party (written or oral) verification</p>
<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p><b>UNEMPLOYMENT &amp; DISABILITY INCOME</b></p> <p><input type="checkbox"/> <b>Written Third Party:</b> Copy of most recent payment statement OR benefit notice OR bank deposit statement</p> <p>-- OR --</p> <p><input type="checkbox"/> <b>Oral Third Party:</b> Other case file record of income information obtained by Re-housing Agency staff</p> <p>-- OR --</p> <p><input type="checkbox"/> <b>Self-Declaration:</b> HoH self-declaration of income <b>AND;</b></p> <p style="padding-left: 40px;"><input type="checkbox"/> <b>Written explanation</b> by Re-housing Agency staff of attempts to secure third party (written or oral) verification</p>
<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p><b>ALIMONY, CHILD SUPPORT AND FOSTER CARE INCOME</b></p> <p><input type="checkbox"/> <b>Written Third Party:</b> Copy of most recent payment statement OR court order OR bank deposit statement</p> <p>-- OR --</p> <p><input type="checkbox"/> <b>Oral Third Party:</b> Other case file record of income information obtained by Re-housing Agency staff</p> <p>-- OR --</p> <p><input type="checkbox"/> <b>Self-Declaration:</b> HoH self-declaration of income <b>AND;</b></p> <p style="padding-left: 40px;"><input type="checkbox"/> <b>Written explanation</b> by Re-housing Agency staff of attempts to secure third party (written or oral) verification</p>

Must be **below 50% AMI** to be eligible and at least **one supporting document** filed for each "yes" below

**ELIGIBILITY CONDITION 2: VERY LOW-INCOME STATUS** – Total household income is at or below 50% Area Median Income.

<input type="checkbox"/> YES  <input type="checkbox"/> NO	<p><b>TANF/PUBLIC ASSISTANCE</b></p> <p><input type="checkbox"/> <b>Written Third Party:</b> Copy of most recent payment statement OR benefit notice OR bank deposit statement</p> <p>-- OR --</p> <p><input type="checkbox"/> <b>Oral Third Party:</b> Other case file record of income information obtained by Re-housing Agency staff</p> <p>-- OR --</p> <p><input type="checkbox"/> <b>Self-Declaration:</b> HoH self-declaration of income <b>AND;</b></p> <p style="padding-left: 40px;"><input type="checkbox"/> <b>Written explanation</b> by Re-housing Agency staff of attempts to secure third party (written or oral) verification</p>
<input type="checkbox"/> YES  <input type="checkbox"/> NO	<p><b>ARMED FORCES INCOME</b></p> <p><input type="checkbox"/> <b>Written Third Party:</b> Copy of most recent paystub(s) OR other written from employer</p> <p>-- OR --</p> <p><input type="checkbox"/> <b>Oral Third Party:</b> Other case file record of income information obtained by Re-housing Agency staff</p> <p>-- OR --</p> <p><input type="checkbox"/> <b>Self-Declaration:</b> Veteran family "Self-Declaration of Income" form (<u>Exhibit K</u> in Program Guide); <b>AND;</b></p> <p style="padding-left: 40px;"><input type="checkbox"/> <b>Written explanation</b> by Re-housing Agency staff of attempts to secure third party (written or oral) verification</p>
<input type="checkbox"/> YES  <input type="checkbox"/> NO	<p><b>NO INCOME</b></p> <p><input type="checkbox"/> <b>Self-Declaration:</b> HoH self-declaration of income <b>AND;</b></p> <p style="padding-left: 40px;"><input type="checkbox"/> <b>Written explanation</b> by Re-housing Agency staff for using self-declaration</p>

**ELIGIBILITY CONDITION 3: Housing Status** – The head of household is precariously housed or literally homeless.

Is this the HoH's current housing situation?  
**Must have at least one supporting document filed for each "Yes" below**

**Precariously Housed Household is in temporary housing and has no other housing option identified**

- Temporary Housing Situations:
- Hotel/Motel
  - Living with family or friends

YES

NO

**HOTEL/MOTEL PAID FOR BY HOUSEHOLD**

1. HOUSEHOLDS LACKS RESOURCES TO CONTINUE TO PAY FOR HOTEL/MOTEL

- Income Verification AND;**
- Verification of hotel/motel rate**

2. EVICTED BY MANAGEMENT FROM HOTEL/MOTEL

- Written Third Party:** Copy of eviction notice or letter indicating request to leave (typed or handwritten) from hotel/motel management

-- OR --

- Oral Third Party:** Verbal verification of request to leave documented by Re-housing Agency staff. Include date of conversation and person verifying tenancy termination.

-- OR --

- Self-Declaration:** HoH "Self-Declaration of Housing Status" **AND;**
- Written explanation** by Re-housing Agency staff of attempts to secure third party verification

YES

NO

**HOTEL/MOTEL PAID FOR BY NON-PROFIT AGENCY**

1. HOTEL/MOTEL PAID FOR BY NON-PROFIT HOMELESS SERVICE PROVIDER (EMERGENCY SHELTER VOUCHER)

- Written Third Party:** HMIS record of hotel stay OR Homeless Service Provider Homeless Verification Letter

-- OR --

- Self-Declaration:** Head of household self-declaration of literal homelessness **AND;**
- Written explanation** by Re-housing Agency staff of attempts to secure third party verification

<input type="checkbox"/> YES <input type="checkbox"/> NO	<p><b><u>Temporarily Living with Family/Friends</u></b></p> <p>1. <u>POTENTIAL HOUSING LOSS DUE TO EVICTION (REQUEST TO LEAVE) BY HOST FRIEND OR FAMILY OR EVICTION OF HOST FRIEND/FAMILY</u></p> <p><input type="checkbox"/> <b>Written Third Party:</b> Copy of eviction notice or letter indicating request to leave (typed or handwritten) from host friend or family</p> <p>-- OR --</p> <p><input type="checkbox"/> <b>Oral Third Party:</b> Verbal verification of request to leave documented by Re-housing Agency staff. Include date of conversation and person verifying tenancy termination.</p> <p>-- OR --</p> <p><input type="checkbox"/> <b>Self-Declaration:</b> HoH "Self-Declaration of Housing Status" <b>AND;</b></p> <p><input type="checkbox"/> <b>Written explanation</b> by Re-housing Agency staff of attempts to secure third party verification</p> <p>-- OR --</p> <p>2. <u>POTENTIAL HOUSING LOSS DUE TO FORECLOSURE ON RENTAL PROPERTY</u></p> <p><input type="checkbox"/> <b>Written Third Party:</b> Copy of foreclosure notice from landlord/owner or other public record/publication</p> <p>-- OR --</p> <p>3. <u>POTENTIAL HOUSING LOSS DUE TO UNINHABITABLE CONDITIONS</u></p> <p><input type="checkbox"/> <b>Written Third Party:</b> Copy of notice from landlord/property manager, public health, code</p>
<p>Is this the HoH's current housing situation? Must have at least <b>one supporting document</b> filed for each "Yes" below</p>	<p><b>Literal Homelessness</b></p> <p>Literal homeless situations:</p> <ul style="list-style-type: none"> <li>• Unsheltered</li> <li>• Place not meant for human habitation or in housing made uninhabitable by Hurricane Florence</li> <li>• Emergency shelter/transitional housing</li> </ul>
	<p><b>Unsheltered</b></p> <p><input type="checkbox"/> <b>Written Third Party:</b> Homeless Letter OR homeless street outreach provider or referral source letter</p> <p>-- OR --</p> <p><input type="checkbox"/> <b>Self-Declaration:</b> Head of household self-declaration of literal homelessness <b>AND;</b></p> <p><input type="checkbox"/> <b>Written explanation</b> by Re-housing Agency staff of attempts to secure third party verification</p>
<input type="checkbox"/> YES <input type="checkbox"/> NO	<p><b>PLACE NOT MEANT FOR HUMAN HABITATION</b></p> <p>1. Abandoned building, warehouse, storage unit or other structure not meant for human habitation</p> <p><input type="checkbox"/> <b>Written Third Party:</b> Homeless Letter OR homeless street outreach provider or referral source letter</p> <p>-- OR --</p> <p><input type="checkbox"/> <b>Self-Declaration:</b> Head of household self-declaration of literal homelessness <b>AND;</b></p> <p><input type="checkbox"/> <b>Written explanation</b> by Re-housing Agency staff of attempts to secure third party verification</p> <p>2. Housing made uninhabitable by Hurricane Florence</p> <p><input type="checkbox"/> <b>Written Third Party: Copy of notice from landlord/property manager, public health, code enforcement or failed habitability inspection</b></p>

<input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b>	<p><b>EMERGENCY SHELTER or TRANSITIONAL HOUSING</b></p> <p><input type="checkbox"/> <b>Written Third Party:</b> HMIS record of shelter stay OR Homeless Service Provider Homeless Verification Letter OR emergency shelter provider letter</p> <p><b>-- OR --</b></p> <p><input type="checkbox"/> <b>Self-Declaration:</b> Head of household self-declaration of literal homelessness <b>AND;</b></p> <p><input type="checkbox"/> <b>Written explanation</b> by Re-housing Agency staff of attempts to secure third party verification</p>
<p>Must have at least one supporting document filed for a "Yes" below</p>	<p><b>Other Housing Options and Resources</b></p>
<input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b>	<p><b>NO OTHER RESIDENCE</b>  <u>(If the HoH has a residence, approval will be required by a Back@Home Project Manager to proceed with an enrollment. Contact your supervisor for assistance.)</u></p> <p><input type="checkbox"/> <b>Self-Declaration:</b> Description of lack of other housing options as recorded in case file documentation (e.g., case notes)</p> <p><b>-- AND --</b>  <b>Brief, written description by Re-housing Agency</b> staff indicating absence of appropriate and/or reasonable housing options sufficient to prevent or end homelessness</p>



## Appendix II: Notice of Ineligibility

\_\_\_\_\_  
**Participant Name**

\_\_\_\_\_  
**Date of notification**

On \_\_\_\_\_ you have been notified that you are not eligible to receive Back@Home assistance. You are not eligible for Back@Home assistance for the following reasons:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

A copy of this notice was given to the client by:

\_\_\_\_\_  
Hand delivery

\_\_\_\_\_  
Via Mail

\_\_\_\_\_  
Program Director, Re-housing Agency

### **You have the right to request a review of the eligibility decision**

If you disagree with this decision you may request that \_\_\_\_\_ (agency) conduct an additional review of your case. You may present additional documents or evidence that show you may be eligible to receive assistance. You have 10 days from the date you received this notice to provide additional documentation. A supervisor who has not directly handled your case will review the additional documents and make a final determination.

If you feel you have been discriminated against during this process you may also file a grievance, following this agency's grievance policy.

## Appendix III: 2-1-1 Referral Smartsheet Guide

1. This smartsheet collects all the information from 2-1-1 on each referral:

<https://app.smartsheet.com/sheets/cQ3H8hGffG26RJF8Jm6pFxV9G5FVg6g8CF7gWRQ1>

Only contact referrals in the Open section of the smartsheet:

First Name	Last Name	Assigned Rehousing Agency	What county are you currently living in?	Date referred	Attempted to contact	Result of Contact
Open						

2. Before you attempt to contact the person, take the following steps:

A. make sure they aren't already enrolled in Back@Home.

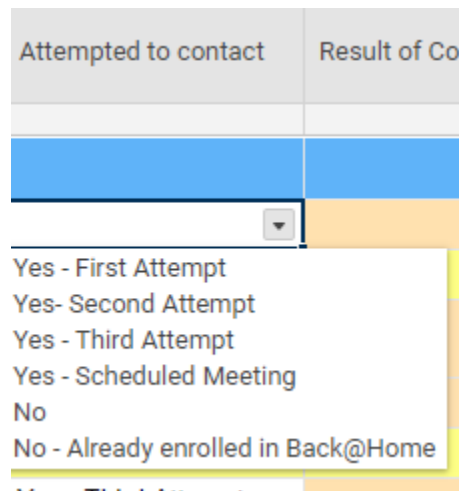
If they are already on the by-name list and your agency is working with them, mark "Attempted to Contact" column as "No – Already enrolled in Back@Home".

Then mark the "result of contact" column as "Already enrolled in Back@Home".

If they are already on the by-name list but your agency has not started or lost contact with them, then follow the next steps to contact them.

B. Do a double check that the household is eligible, and read the notes at the end of the row for more information about their situation. Refer to the end of this document for a full explanation of each column in the spreadsheet.

C. Check to see if the person needs Spanish translation or assistive listening devices. If they do, do not call them until you have a resource in place to help communicate with the client.



3. When you attempt to contact the person, change the "Attempted to Contact" column to "Yes – First Attempt".

4a. If the first attempt to contact is unsuccessful, try again and change the column to "Yes – Second Attempt."

4b. If the second attempt is unsuccessful, try again and change the column to "Yes – Third Attempt".

4c. If three attempts to contact were unsuccessful, change the “Result of contact” column to “Could Not Contact after 3 attempts”. Do NOT change this column to “Could Not Contact” until three attempts to contact have been made.

4d. If their phone number is disconnected or wrong after any attempts, and there is no other way to contact the family, mark the “Result of Contact” column “Contact information wrong”

Result of Contact	Reason for
<input type="text"/>	
<input type="text"/>	
<input type="text"/>	
<input type="text"/>	
<input type="text"/>	

Already enrolled in Back@Home  
Enrolled in Back@Home  
Could not contact after 3 attempts  
Contact information wrong  
Not eligible

5. If any of the attempts to contact ARE successful, verify the basic information collected by 2-1-1 is correct, then schedule a meeting to enroll them in Back@Home. Mark the “Attempted to Contact” column “Yes – Scheduled Meeting”.

Attempted to contact	Result of Co
<input type="text"/>	
<input type="text"/>	
<input type="text"/>	
<input type="text"/>	
<input type="text"/>	

Yes - First Attempt  
Yes- Second Attempt  
Yes - Third Attempt  
**Yes - Scheduled Meeting**  
No  
No - Already enrolled in Back@Home

6. Once you have met the household and verified their eligibility, mark the “Result of Contact” column with “Enrolled in Back@Home”.

Result of Contact	Reason for
<input type="text"/>	
<input type="text"/>	

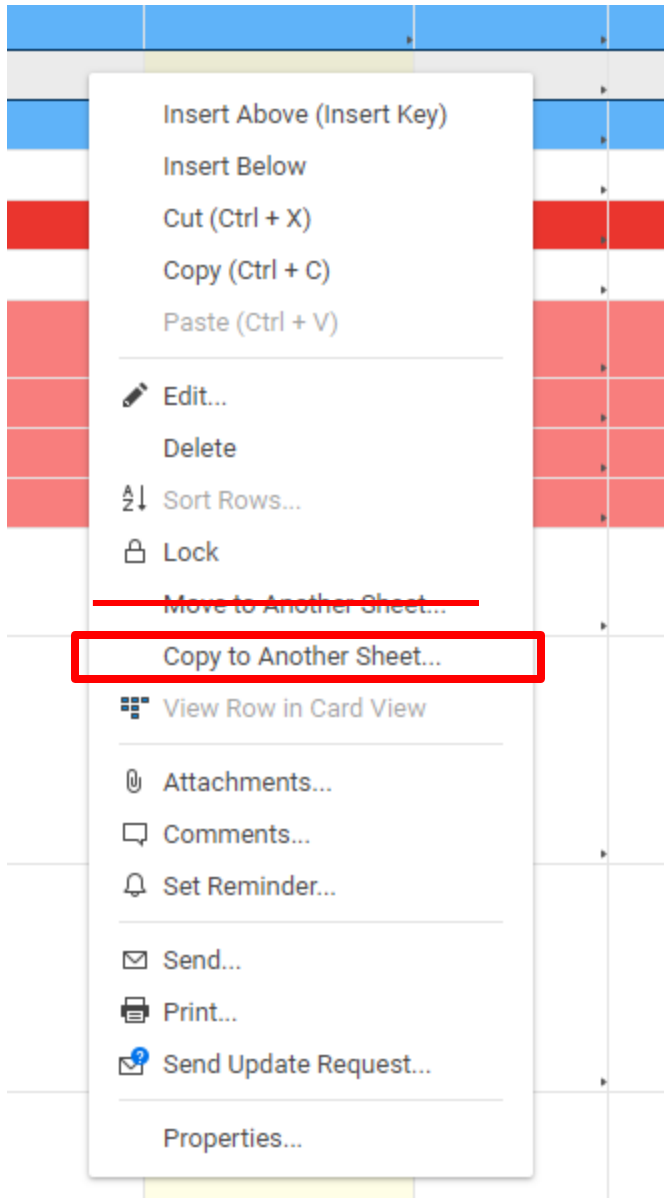
- Already enrolled in Back@Home
- Enrolled in Back@Home
- Could not contact after 3 attempts
- Contact information wrong
- Not eligible

7. If a household is not eligible for Back@Home after you speak with them, mark the “Result of Contact” column “Not Eligible” and enter the reason they are not eligible for Back@Home on the “Reason for Denial” column.

Reason for denial	Date of assessment
	<input type="text"/>
<input type="text"/>	

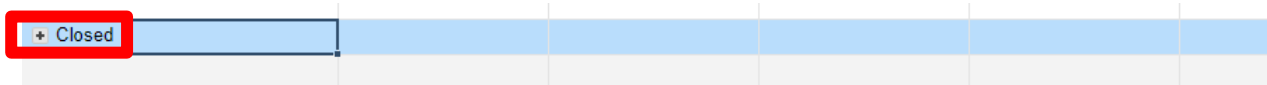
- Did not live in disaster-affected county
- Not displaced by Hurricane Florence
- Not homeless or precariously housed
- Homeowner planning to return to home
- Over income
- Has another housing option
- Moved out of state

8. Once enrolled in Back@Home, right click the row and COPY the row to the By-Name List. Do NOT move the row, or it will be deleted from the 2-1-1 sheet.



When prompted copy the row to **“Current Back@Home By-Name List”**. DO NOT choose any other sheet.

7. After the Result of Contact column is completed, the referral manager will move the referral to the “closed” section of the sheet. The Closed section will be hidden but can be expanded if you need to go back and look at a referral that was previously closed:



Clicking the plus next to Closed will reveal all closed cases:

- Closed							
Joe	Dimaggio	Craven	Trillium	11/25/2018	Yes - Third Attempt	Added to By-Name List	F

### Priorities and color coding

The following chart indicates Back@Home priorities for assistance. Households directly displaced by Hurricane Florence are the first priority. Among those displaced by Florence, people living unsheltered should be served first. Youth 18-24 living unsheltered should be top priority.

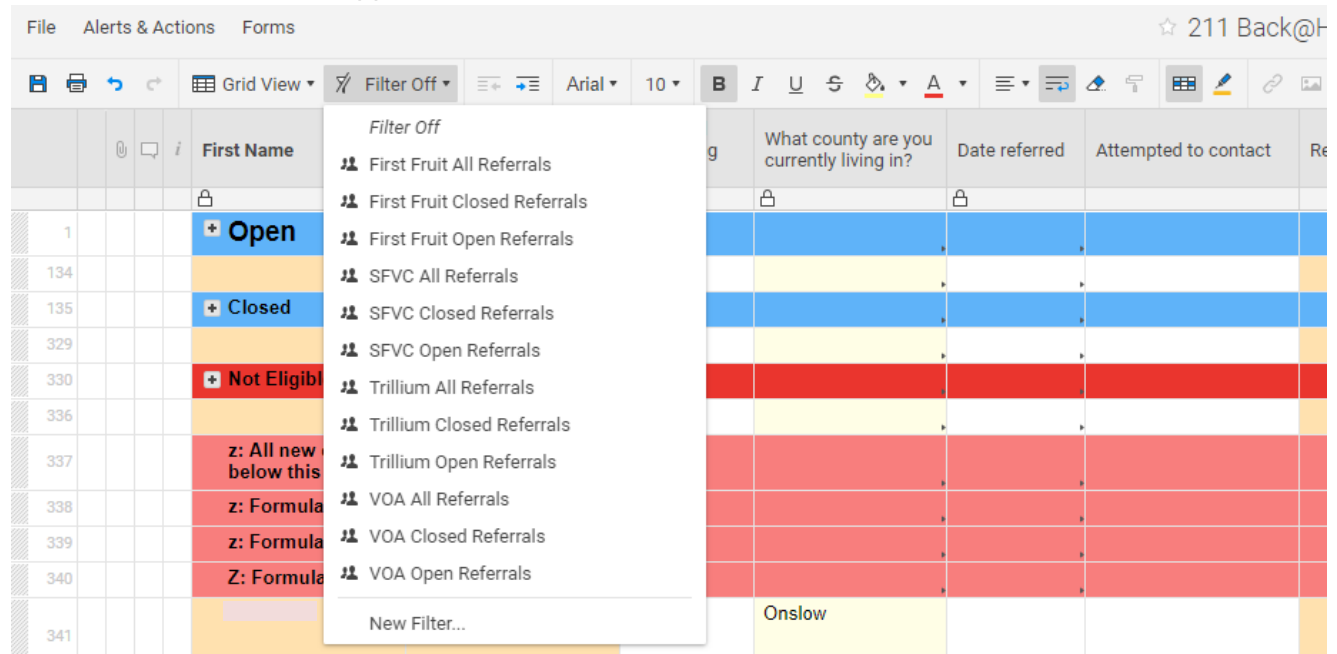
BACK@HOME PRIORITIZATION		
PRIORITIZATION	HOUSING STATUS AT APPLICATION	SUBPOPULATION CONSIDERATIONS
RESIDENTS DISPLACED BY HURRICANE FLORENCE (due to capacity, Back@Home is currently only serving directly displaced residents)	UNSHELTERED	UNACCOMPANIED YOUTH
		FAMILIES WITH MINOR CHILDREN
		ADULTS
	SHELTERED	UNACCOMPANIED YOUTH
		FAMILIES WITH MINOR CHILDREN
		ADULTS
RESIDENTS INDIRECTLY IMPACTED BY HURRICANE FLORENCE	UNSHELTERED	UNACCOMPANIED YOUTH
		FAMILIES WITH MINOR CHILDREN
		ADULTS
	SHELTERED	UNACCOMPANIED YOUTH
		FAMILIES WITH MINOR CHILDREN
		ADULTS

Some of these priorities are reflected in color coding on the 2-1-1 Back@Home Eligibility Screen smartsheet. Unsheltered households are highlighted in yellow. The age of head of household column is highlighted in blue for anyone under 24, and the number of children in a household is highlighted blue if the family is unsheltered. Right now 2-1-1 is screening out households who were not directly displaced by Hurricane Florence to focus limited capacity on first priority

households. In the future Back@Home may serve households who were not directly displaced by Hurricane Florence, if funding is available.

## Filters

There are filters for you to use to help you find your cases on the sheet. To find the filters, click on the filters menu in the upper left hand corner of the screen:



Each agency has three available filters:

All Referrals

Closed Referrals

Open Referrals

Public filters (permanent, everyone can see them) have person icons next to them. When using these filters, do not add more filter conditions. You will change that filter for everyone. If you want to make a filter that is not already on the list, click on “New Filter” to make your own.

# Appendix IV: Back@Home Housing Assistance Payment Agreement

## Back@Home Housing Assistance Payment (HAP) Agreement

This Agreement is entered into between \_\_\_\_\_  
(the Rehousing Agency)

and \_\_\_\_\_  
(the Owner/Landlord).

The purpose of this agreement is to lease to a household (Tenant as identified below) that has been impacted by a disaster and is in need of decent, safe and sanitary dwelling unit from the Owner/Landlord.

The Back@Home Rehousing Agency will make Back@Home Housing Assistance Payments to the Owner/Landlord on behalf of the Tenant in accordance with this agreement.

### Designated Unit, Tenant, Lease

This Agreement applies only to the Tenant and dwelling unit (HAP Unit) designated in this section:

Designated  
Unit \_\_\_\_\_  
\_\_\_\_\_  
(Property name and apartment #, or street address; city; state; zip code)

Tenant  
Name \_\_\_\_\_  
\_\_\_\_\_  
(Name of Tenant/Leaseholder)

This Agreement is conditioned upon a valid lease between the Owner/Landlord and the Tenant that complies with applicable federal and North Carolina law specifically including North Carolina landlord/tenant law. Federal Fair Housing Laws prohibit discrimination of renters based on race, color, sex, sexual orientation, religion, national origin, marital status, age, ability to pay, or disability.

### Term of the Agreement

This agreement shall begin on \_\_\_\_\_, provided the Tenant has possession of the unit, and shall continue on a month to month basis until terminated by the Rehousing Agency. If the Rehousing Agency terminates the Back@Home HAP, the Tenant still has the right to continue to reside in the designated unit and the pay the Total Rent.

### Security Deposit, Total Rent, Tenant Rent and Back@Home Housing Assistance Payment, Back@Home Administrative Fee, if applicable

The total Security Deposit for the Designated Unit is \$ \_\_\_\_\_ and shall be/was paid by the \_\_\_\_\_ (Rehousing Agency or Tenant).

The total monthly rent (Total Rent) payable to the Owner during the term of this contract is \$ \_\_\_\_\_ per month.

The portion of the Total Rent payable by the Tenant (Tenant Rent) will be an amount determined by the Rehousing Agency. The amount of the Tenant Rent is subject to change during the term of this agreement at the sole discretion of the Rehousing Agency. Initially and until such change, the Tenant shall pay \$ \_\_\_\_\_ per month to the Owner as the Tenant Rent.

The amount of rental assistance and the duration of assistance are subject to change at any point in tenancy. When the portion of the rent to owner paid by **Agency Name Here** changes, the tenant is responsible for paying the owner any portion of the rent to owner that is not covered by **Agency Name Here** rental assistance payment.



The portion of the Total Rent payable by the Rehousing Agency (Back@Home Housing Assistance Payment) is equal to the difference between the Total Rent and the Tenant Rent. The amount of the Back@Home Housing Assistance Payment shall be determined by the Rehousing Agency. Initially and until such change, the amount of the Back@Home Housing Assistance Payment shall be \$\_\_\_\_\_ per month.

**Utilities, Appliances, Maintenance, Operation and Inspection**

Some utilities are the responsibility of the property Owner/Landlord and are considered furnished as part of the rental payment. Other utilities are considered the responsibility of the Tenant and must be arranged for and paid separately by the Tenant. The following utilities and appliances are considered essential to the health and safety of the Tenant:

- Electricity to the unit is the responsibility of \_\_\_\_\_ (Owner or Tenant)
- Water/Sewer to the unit is the responsibility of \_\_\_\_\_ (Owner or Tenant)
- Gas for the unit is the responsibility of \_\_\_\_\_ (Owner or Tenant or N/A)

The Owner/Landlord agrees to maintain and operate the Designated Unit and related facilities to provide decent, safe and sanitary housing in compliance with State and local building and housing codes.

The Rehousing Agency shall have the right to conduct an HQS inspection on the Designated Unit and related facilities prior to Tenant occupancy and periodically during the term of tenancy as determined by the Rehousing Agency. The Rehousing Agency will also check for Debarment and Fair Market Rent/Rent Reasonableness.

**Obligations of the Owner/Landlord**

The Owner/Landlord agrees to accept the Back@Home Housing Assistance Payments from the Rehousing Agency, appropriately pro-rated, only for months in which the Tenant resides in the unit. The Owner/Landlord agrees to promptly notify (within 5 days) the Rehousing Agency in writing when the Tenant vacates the unit.

**Monthly Payment to Owner/Landlord**

The Owner will furnish the Rehousing Agency with a completed W-9 and other requested documentation in order to receive payment from the Rehousing Agency. The Rehousing Agency will endeavor to pay the Back@Home Housing Assistance Payment to the Owner/Landlord on the third business day of the month in which the payment is due. The Tenant shall pay the Tenant Rent to the Owner/Landlord on the agreed upon monthly payment schedule.

The Owner/Landlord agrees that the endorsement and deposit/cashing of the check constitutes certification by the Owner/Landlord that the unit remains decent, safe and sanitary, the Owner/Landlord is in compliance with the terms of the lease and the unit remains occupied by the Tenant and that the Owner has not received and will not receive any additional consideration for the unit for this period from any source other than outlined in this agreement.

**Landlord Support**

The Rehousing Agency will provide ongoing tenancy support to the Tenant to help ensure long-term housing stability. The Rehousing Agency will be available to help support the landlord, if needed. Please contact the Rehousing Agency for support by calling \_\_\_\_\_.

**Termination**

The termination of this agreement shall not constitute a breach of the lease between the Owner/Landlord and the Tenant. The termination of this agreement alone shall not be construed as good cause to terminate the Tenant's lease. The Owner/Landlord may only terminate the Tenant's lease in accordance with the lease terms and applicable law.

If the Tenant moves from the Designated Unit in violation of the lease, the Owner/Landlord is entitled to keep the Back@Home Housing Assistance Payment for the month in which the Tenant moves. Nothing in this agreement prevents the Owner/Landlord from enforcing the Lease with the Tenant.

If the Owner/Landlord evicts the Tenant, the Owner/Landlord is entitled to receive the Back@Home Housing Assistance Payment only for the months that the unit is occupied by the Tenant and the Tenant remains program eligible.

The Rehousing Agency can terminate this agreement if the Owner/Landlord fails to maintain the Designated Unit in a decent, safe and sanitary condition or materially violates the lease and fails to cure the breach within 5 business days of written notice or for non-compliance with this agreement or for other good cause.

Adjustments may include termination of Back@Home assistance if the Tenant is determined to no longer be program eligible. The Rehousing Agency will provide a written notice to the Tenant and Owner/Landlord thirty days in advance of termination. The withdrawal of assistance does not impose a liability on the Rehousing Agency under the lease between the Tenant and Owner/Landlord. The Rehousing Agency assumes no obligation for the Tenant Rent or payment of any claim by the Owner/Landlord against the Tenant.

**Agreement and Legal Capacity**

This document contains the entire agreement between the Owner/Landlord and the Rehousing Agency. No changes can be made except in writing, signed by both the Owner/Landlord and the Rehousing Agency, unless specifically stated otherwise herein. The party, if any, executing this agreement on behalf of the Owner/Landlord hereby warrants that authorization has been given by the Owner to execute it on behalf of Owner.

**Signatures, Addresses for Notices and Payments, and Contact Information**

**Owner/Landlord**

Signature: \_\_\_\_\_

\_\_\_\_\_

Print Name: \_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_ Phone #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Email Address: \_\_\_\_\_

\_\_\_\_\_

**Rehousing Agency**

Signature: \_\_\_\_\_

\_\_\_\_\_

Print Name: \_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_ Phone #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Email Address: \_\_\_\_\_

\_\_\_\_\_

**Tenant:**

I hereby accept responsibility for my portion of the Tenant Rent and to abide by the terms of my lease.

Tenant Signature: \_\_\_\_\_ Print

Name: \_\_\_\_\_ Date: \_\_\_\_\_

## Appendix V: Unit Inspection Workflow Instructions

### Option A: HQS before move-in (default)

Action Step	Responsible Agency
Locate unit and check with landlord to see if they want to participate in Back@Home	Re-housing Agency
Submit <a href="#">form</a> for debarment check, FMR/Rent Reasonableness, and unit inspection	Re-housing Agency
Complete debarment check and FMR/Rent Reasonableness	NCHFA and Socialserve
Schedule inspection with landlord and inspector	NCHFA
HQS Inspection completed and notifies NCHFA	Inspector
If indicated as reserved unit on form, notify referring Re-housing Agency	NCHFA
If indicated as post to Back@Home database, notify Socialserve to list unit	NCHFA

### Option B: Habitability before move-in, HQS after move-in

Action Step	Responsible Agency
Locate unit and check with landlord to see if they want to participate in Back@Home	Re-housing Agency
Landlord indicates that they will need occupant in unit for utilities to be on.	Landlord
Submit <a href="#">form</a> for debarment check and FMR/Rent Reasonableness	Re-housing Agency
Complete debarment check and FMR/Rent Reasonableness	NCHFA and Socialserve
Notify Re-housing Agency that unit meets or does not meet debarment check and FMR/Rent Reasonableness	NCHFA
Habitability and safety standards check	Re-housing Agency
Assist household with applying and leasing unit	Re-housing Agency
After tenant occupies and utilities are on, submit <a href="#">form</a> to request tenant occupied inspection	Re-housing Agency
Schedule inspection with tenant and inspector	NCHFA
Notify Re-housing Agency of the inspection results	NCHFA

## Appendix VI: FMR by County and Unit Size

County	Efficiency	1-bedroom	2-bedroom	3-bedroom	4-bedroom
Beaufort	\$566	\$570	\$679	\$918	\$921
Bladen	\$510	\$513	\$679	\$914	\$918
Brunswick	\$702	\$736	\$852	\$1,130	\$1,304
Carteret	\$664	\$668	\$869	\$1,156	\$1,526
Columbus	\$522	\$539	\$679	\$897	\$1,017
Craven	\$675	\$676	\$894	\$1,236	\$1,503
Cumberland	\$745	\$749	\$893	\$1,246	\$1,529
Duplin	\$536	\$539	\$679	\$900	\$1,159
Greene	\$510	\$513	\$679	\$851	\$918

Harnett	\$591	\$595	\$787	\$1,076	\$1,382
Hoke	\$624	\$628	\$742	\$1,073	\$1,303
Hyde	\$732	\$736	\$908	\$1,138	\$1,445
Johnston	\$846	\$949	\$1,086	\$1,396	\$1,764
Jones	\$510	\$513	\$679	\$919	\$971
Lee	\$627	\$644	\$737	\$968	\$996
Lenoir	\$488	\$541	\$703	\$960	\$1,218
Moore	\$662	\$679	\$777	\$1,033	\$1,365
New Hanover	\$715	\$790	\$1,003	\$1,404	\$1,704
Onslow	\$663	\$667	\$843	\$1,219	\$1,481

Pamlico	\$564	\$584	\$725	\$958	\$1,273
Pender	\$607	\$694	\$794	\$1,075	\$1,395
Pitt	\$607	\$611	\$774	\$1,097	\$1,281
Richmond	\$572	\$576	\$679	\$886	\$1,008
Robeson	\$512	\$515	\$679	\$851	\$965
Sampson	\$519	\$522	\$679	\$944	\$1,036
Scotland	\$523	\$526	\$696	\$872	\$1,125
Wayne	\$565	\$569	\$753	\$964	\$1,257
Wilson	\$621	\$638	\$730	\$983	\$987

Appendix VII: 90-Day Housing Stability Plan

**90-Day Housing Stability Plan**

**Participant Name:** \_\_\_\_\_

**Case Manager Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

PURPOSE OF THIS PLAN:

- Initial Housing Plan     Re-evaluation of housing plan

<b>Summary</b>	
Household monthly income	
Household monthly non-housing expenses	
Total unit rent	
Target date for tenant to be able to pay the full rent for the unit (at most 90 days from today)	

<b>Strategies to Increase Income</b>			
Target income to pay full rent			
<b>Top 3 Goals for increasing income</b>	<b>Action Steps</b>	<b>Person Responsible</b>	<b>Date to be Completed</b>

<p><b>What areas of strength will you draw on to minimize barriers and meet your goals (ex: Family/Friend support, Degrees/Certifications, Skills, Interests, Religion, Past Experiences, Etc.)? What are you good at?:</b></p>			
<p><b>Strategies for reducing expenses</b></p>			
<p><b>Target expense reduction to pay full rent</b></p>			
<p><b>Top 3 goals for reducing expenses</b></p>	<p><b>Action Steps</b></p>	<p><b>Person Responsible</b></p>	<p><b>Date to be Completed</b></p>



<p><b>What areas of strength will you draw on to minimize barriers and meet your goals (ex: Family/Friend support, Degrees/Certifications, Skills, Interests, Religion, Past Experiences, Etc.)? What are you good at?:</b></p>			
<p><b>Other strategies to be able to pay full rent</b></p>			
<b>Top 3 goals</b>	<b>Action Steps</b>	<b>Person Responsible</b>	<b>Date to be Completed</b>
<p><b>What areas of strength will you draw on to minimize barriers and meet your goals (ex: Family/Friend support, Degrees/Certifications, Skills, Interests, Religion, Past Experiences, Etc.)? What are you good at?:</b></p>			

**Participant Signature** \_\_\_\_\_

**Staff Signature** \_\_\_\_\_

Copy Provided to Participant (date) \_\_\_\_\_

## Appendix VIII: Termination Form

You are being terminated from the Back @ Home program. This is your 30-day notice of termination. Effective on \_\_\_\_\_ you will no longer receive rental assistance or supportive services from the program.

---

**Participant Name**

---

**Date of notification**

**You are being terminated for the following reasons:**

---

---

---

---

Your termination will be effective on: \_\_\_\_\_

A copy of this notice was given to the client by:

---

Hand delivery

---

Via Mail

---

Program Director, Re-housing Agency

### **You Have the Right to Appeal the Termination Decision**

If you disagree with this decision you may request an Administrative Review by calling 2-1-1. You have 10 days from the date you received this notice to file an appeal.

An Administrative Review committee will consider your appeal. The 2-1-1 operator can explain the Administrative review process to you. They will also help you schedule your administrative review. The 2-1-1 operator will ask you for contact information and a notice will be sent to you via your preferred type of communication (text, mail or email) that will give you the time and date when you may make your appeal to the Administrative Review committee.

## Appendix IX: Additional Administrative Review Guidance

### **BACK@HOME TERMINATION AND ADMINISTRATIVE REVIEW PROCEDURE**

Rehousing agencies must provide the Back@Home Notice of Termination to any client terminated from the program. Reasons for termination are limited to instances of fraudulent activity. This fraudulent activity must affect the outcome of an eligibility certification or recertification to qualify for termination from the program. For example, if a client misrepresents their income to be lower than it is, then is subsequently found to have income above the Back@Home income limits, they must be terminated. If, on the other hand, a client misrepresents their income, but they are still eligible for Back@Home when their true income is calculated, they will not be terminated.

Terminations are effective within 30 days of written notification. Back@Home clients have the right to appeal their termination. Appeals must be filed by calling 2-1-1 within 10 days of receiving written notification of termination.

2-1-1 will use this form to document and track termination appeals and administrative reviews: <https://app.smartsheet.com/b/form/d89bc84a63ea451dab752c61ac21520c>. When this form is completed automatic alerts will go to:

- Erika Ferguson, DHHS
- Denise Neunaber, NCCEH
- Thea Craft, Heather Dominique NCHFA
- Tonia Tindal and LaTasha Gerald, NC 2-1-1

The above four agencies will propose dates, times, and places for the administrative review. They will attempt to propose dates, times, and places that are convenient for the client, based on the client's responses recorded in Smartsheet. They will record proposed days and times on the [Termination and Appeals Hearing Request smartsheet](#).

2-1-1 will call the client back to determine a final date, time, and place for the administrative review, which will be recorded in the Termination Appeals Hearing Request smartsheet.

The outcome of the administrative review will also be recorded on the smartsheet.

### 2-1-1 Script for person requesting an Administrative Review

**TERMINATION GUIDANCE:** As a Back@Home participant you have the right to appeal your termination. You must file your appeal within 10 days of receiving written notice of termination, and your termination is effective in 30 days from when you received notice of termination, pending the outcome of your appeal.

Back@Home has an Administrative Review Committee which will review your termination should you choose to exercise this right. 2-1-1 will schedule the Administrative Review at a time that is reasonable to both the Re-housing Agency and the participant.

**ADMINISTRATIVE REVIEW LOCATION:** 2-1-1 will help to find a place to hold the review that is accessible to you.

**COMMITTEE COMPOSITION:** The Administrative Review Committee will be made up of at least two people who oversee the Back@Home program. They do not work with clients and have no prior knowledge of your case.

**WHAT WILL THE ADMINISTRATIVE REVIEW COMMITTEE DO?:** The Administrative Review Committee will review any information that you present and information presented by the Re-housing Agency. They will then make a determination on your Back@Home termination.

**WHAT THE CLIENT NEEDS TO DO:**

- Be present at the Administrative Review meeting.
- Respond to any future communication about scheduling the time and place for the Review meeting.
- Please bring any relevant information to support your appeal to the meeting.

# Appendix X: List of Eligible Expenses

## Back@Home List of Reimbursable Expenses (Version 5)

### I. FINANCIAL ASSISTANCE (CLIENT EXPENSES)

Reimbursable Expense	Pre-Approved Payment Caps and Utility Allowances	Supporting Documentation Requirements	Notes
Application Fee	\$100/adult household member	Receipt for payment	The program can pay more than one application fee per adult per unit.
Document Fee	\$200/household member	Receipt for payment	Expense incurred to obtain identification documents such as birth certificates, social security cards, drivers licenses, etc.
Security Deposit	Two month's rent	<ul style="list-style-type: none"> <li>Executed lease w/security deposit amount</li> <li>Receipt with breakdown for security deposit</li> </ul>	Amount paid must match amount of security deposit on lease.
Administrative Fee (charged by owner)	\$200	<ul style="list-style-type: none"> <li>Receipt for payment</li> </ul>	This fee is a one-time fee charged by owners at the time of leasing in addition to the security deposit.
Renter's Insurance	\$15/month (\$180/year)	<ul style="list-style-type: none"> <li>Renter's insurance policy with cost</li> <li>Receipt for payment</li> </ul>	If renter's insurance policy does not include cost, provide other supporting documentation.
Rent Arrears	\$500	Receipt for payment	If receipt does not specify payment is for rent arrears, provide a note to file stating as such and upload with the receipt.
Initial Rent	<ul style="list-style-type: none"> <li>110% FMR and Rent Reasonableness</li> <li>Pro-rata share of first month's rent is capped by the calculation method described on pg. 2.)</li> </ul>	<ul style="list-style-type: none"> <li>Executed lease with rent amount</li> <li>Receipt for payment</li> <li>Debarment check</li> <li>Rent Reasonableness (write in FMR on document)</li> <li>Passed HQS Inspection Report</li> </ul>	<ul style="list-style-type: none"> <li>Canceled checks and bank statements must be kept on file in case of audit.</li> <li>If the owner checked for debarment is not named on the lease, rehousing agencies must upload documentation with the lease that the person/entity on the lease is authorized to collect rent on the owner's behalf e.g. letter from owner, copy of management agreement.</li> <li><b>See Rental Assistance Information below for more details.</b></li> </ul>

Ongoing Rent	See above	<ul style="list-style-type: none"> <li>Continued Tenancy Certification form</li> <li>Receipt for payment</li> <li>Continuation waiver approval</li> </ul>	<ul style="list-style-type: none"> <li>Canceled checks and bank statements must be kept on file in case of audit.</li> <li>Use the certification form created for the Back@Home Program.</li> <li><a href="#">See Rental Assistance Information below for more details.</a></li> <li><b>Late fees incurred on or after 1/1/2019 are not eligible for reimbursement.</b></li> <li><b>Continuation waiver approval (PDF of approval email) is required with each request post 6-months.</b></li> </ul>
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## FINANCIAL ASSISTANCE (CLIENT EXPENSES) CON'T

Reimbursable Expense	Pre-Approved Payment Caps and Utility Allowances	Supporting Documentation Requirements	Notes
Utility Arrears	\$500	Receipt for payment	If receipt does not specify payment is for utility arrears, provide a note to file stating as such and upload with the receipt.
Utility Deposit	\$500 for all utility deposits combined	<ul style="list-style-type: none"> <li>Executed lease</li> <li>Receipt for payment</li> </ul>	<ul style="list-style-type: none"> <li>If receipt does not specify payment is for a deposit, provide a note to file stating as such and upload with the receipt.</li> <li>If more than one utility deposit is paid on a tenant's behalf, submit one reimbursement request for the total amount of deposits paid.</li> </ul>
Ongoing Utility Allowances	Electric/Gas: 1BR - \$150, 2BR - \$250, 3BR - \$350 Water/sewer: \$100	<ul style="list-style-type: none"> <li>Continued Tenancy Certification form</li> <li>Copy of Utility Statement</li> </ul>	<ul style="list-style-type: none"> <li>Canceled checks and utility statements must be kept on file in case of audit.</li> <li>Use the certification form created for the Back@Home Program.</li> <li><b>Household responsible for utility amounts above allowance caps.</b></li> <li><b>For shared housing use the utility allowance associated with the number of bedrooms leased by the tenant.</b></li> </ul>
Move-In Assistance	See Move-in Assistance Policy	<ul style="list-style-type: none"> <li>Itemized list of purchases and expenses</li> <li>Receipt for payment</li> </ul>	Move-in assistance expenses are eligible for reimbursement if purchased before Walmart orders began or after 1/20/19.

*\*Rehousing Agencies may be reimbursed for performing HQS inspections in-house or paying for HQS inspections in some circumstances. Preference is that Rehousing Agencies use the Inspection Company contracting with the State.*

## II. STAFF HOURS AND ADMINISTRATION (NON-CLIENT EXPENSES)

Non-client expense types are referred to as "Staff Hours and Administration: Non-Client Expenses" in the Back@Home Portal System. Rehousing Agencies must submit one reimbursement request for all non-client expenses for each month. Rehousing Agencies must complete the **Agency SA Summary Excel workbook** and upload it and other supporting documentation in the Back@Home Portal System.

Reimbursable Expense	Supporting Documentation Requirements*	Notes
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Staffing (Listed as <i>Housing Services Cost</i> in portal system)	<ul style="list-style-type: none"> <li>• Paystubs</li> <li>• Timesheets</li> </ul>	Amount of time expensed to Back@Home on timesheets must match what is entered in the Agency SA Summary workbook.
Mileage	Agency mileage log or other type of mileage documentation	
Operating	No documentation requirements for the portal reimbursement system.	Invoices, receipts and canceled checks must be kept on file in case of audit.
Administration	<ul style="list-style-type: none"> <li>• Paystubs</li> </ul>	

**\*A monthly Agency SA Summary workbook must be uploaded once for each month that non-client expense reimbursement requests are submitted.**

## ADDITIONAL FINANCIAL ASSISTANCE (CLIENT EXPENSES) INFORMATION

### Pre-Approved Payment Cap Waiver Requests

Rehousing Agencies must request waiver approval from NC DHHS for all client financial assistance expenses exceeding the pre-approved payment caps. Please send waiver requests to Erika Ferguson at [erika.ferguson@dhhs.nc.gov](mailto:erika.ferguson@dhhs.nc.gov) using the *Back@Home Waiver Request Form* **or** by providing sufficient information in the body of a waiver request email for DHHS to render a decision. A PDF of the waiver request form and DHHS email approval **or** a PDF of the email chain including DHHS approval must be uploaded with each applicable request for reimbursement in the Back@Home Portal System.

### Rental Assistance Information

- 1. First Month Pro-rata Rent Calculation Method** (effective 2/1/19)  
 To calculate pro-rata rent, divide monthly rent by the # of days in the move-in month and multiply by the # of days the tenant possesses the unit. If the landlord charges higher first month's pro-rata rent, Rehousing Agencies should pay the landlord the standard program pro-rata rent, and **the tenant pays the landlord the difference.**
- 2. Shared Housing** (effective 4/19/19)  
 In most shared housing situations, Fair Market Rent (FMR) for a household in shared housing is the pro-rata share of the FMR for the shared housing unit size as calculated by dividing the number of bedrooms rented by the assisted household by the total number of bedrooms in the unit. (Utility allowance is calculated the same.) **In limited circumstances a shared housing situation may instead use the Single Room Occupancy (SRO) FMR.** To qualify as an SRO, the shared housing situation must have the following characteristics: there is only one person per bedroom, each household holds a separate lease and all bedrooms in the housing unit must qualify as SROs. The SRO FMR is 75% of the efficiency (aka 0 bedroom) FMR and the utility allowance is 75% of the efficiency (0 bedroom) utility allowance. (See <https://www.nceh.org/media/files/files/1fd93bc4/back-home-shared-housing-policy-4-19-19-1-.pdf> for the full *Back@Home Shared Housing Rent Calculation Policy*.)
- 3. Individuals with non-Back@Home Rental Assistance** (effective 4/1/19)



Back@Home does not help households pay their portion of rent should they have rental assistance through another program. If households have trouble paying their tenant rent share, Rehousing Agencies should explore rental assistance program hardship provisions. Back@Home funds may be used to pay expenses like security deposits, if the other rental assistance program does not cover the expense.

**4. Rental Assistance Continuation Policy** (effective 4/1/19)

The Back@Home Program helps stabilize households by providing up to 6 months of rental assistance. Rental assistance continuation may be requested for households that need an extension before taking over rent payments or moving to a longer-term housing support program.

- Rehousing Agencies must submit a continuation request by the 15<sup>th</sup> of the household's 5<sup>th</sup> month of rental assistance (see chart below).
- See <https://www.ncceh.org/files/10075/> for the full *Back@Home Continuation Policy*.)

## Appendix XI: By-Name List Guide and Data Dictionary

# Back@Home By-Name List Data Entry Guide and Dictionary

### Phase 2

#### 1. Back@Home By-Name List Data Entry Guide

##### 1.1 Overview and Purpose of Back@Home By-Name List

The Back@Home By-Name List tracks all the households displaced by Hurricane Florence who may need additional assistance finding stable housing. The Back@Home By-Name List includes people who were assessed in the disaster shelters and who have been referred via 2-1-1. The By-Name List is one of the data systems Back@Home uses to track households who need assistance, to plan for future needs, and report progress.

##### 1.2 About this Guide

Each Re-housing Agency should use the By-Name List to track their clients' progress toward housing. This guide explains what each data field means and when to complete data entry.

##### 1.3 Updating the By-Name List

- Rehousing agencies should complete a full update of By-Name List data once a week, by the end of the day Friday.
- Check for consistency: Make sure there aren't any blank blue columns and no cells are highlighted in red. Any cells that aren't consistent will highlight in red. Fix red cells if possible (for example, enter missing move-in dates or HMIS IDs)
- Team leads should indicate when someone is housed IMMEDIATELY, by the end of the day they are housed. Do not wait until the regular weekly update.
- Update other columns as more information is gathered.
- Some columns are locked (see padlock symbol at top of page and cannot be changed, such as "Disaster shelter of assessment column").

##### 1.4 How to use the By-Name List:

1. Apply appropriate agency filter. Each agency has 6 filters to choose from:
  - Agency-All Cases (all households ever assigned to the agency on the by-name list)
  - Agency-Closed Cases (shows only the households that have been closed on the by-name list)
  - Agency-Missing HMIS ID (shows households without an HMIS on the by-name list)
  - Agency-Missing Program Status (shows households without a program status on the by-name list)
  - Agency-Moved In (shows only Moved-In households on the by-name list)
  - Agency-Open Cases (shows only households with an Open status in the Back@Home Program Status column)

2. Complete data entry as needed.
  - a. After the Re-housing Agency engages a client, they copy the row from the 2-1-1 smartsheet to the by-name list.
  - b. After the households is on the by-name list, complete the “Back@Home Program Status” column immediately. If applicable, complete the other blue columns:
    - i. HMIS ID
    - ii. Move-In Status
    - iii. Current County
3. After initial engagement, fill in the rest of the blue columns as appropriate.

### 1.5 By-Name List Color Coding

Columns are color-coded to indicate when data should be entered, as follows:

Color	Meaning & Requirements
<b>Brown</b> (Like HoH First Name)	These columns are automatically filled in from the 2-1-1 smartsheet or from the original disaster shelter assessment. They may need to be changed if household status changes. For example, you may need to add or subtract household members, changed names, etc.
<b>Peach</b> (Like HMIS ID)	These columns may need to be filled in but should only be completed as needed. An answer is not required.
<b>Blue</b> (Like Date Assigned)	<p>These columns must be filled in by the Re-housing Agency. There should be <b>NO BLANKS</b>. These answers will change over time and the Re-housing Agency should keep the information updated.</p> <p>Move-in status should be updated on the day that a household moves in to a unit. All other columns must be updated as of the end of the day Friday. NCCEH staff take a copy of the data for a weekly report.</p>

Brown Columns	Peach Columns	Blue Columns
HoH First Name	Need >6 months rental assistance	HMIS ID
HoH Last Name	Potential PSH Client	Back@Home Program Status
Assigned Re-housing Agency		Move-In Status
Date of Assessment		Current County
6 months post move-in		Housing Move-In Date
Approved for > 6months assistance		
Adults in Household		
Children in Household		
Total People in Household		

FEMA ID Number		
FEMA Application Status		
Age of Head of Household		
Phone Number		
Phone Number 2		
Other adults in household		
Other adult phone number		
What county are you currently living in?		
Have you ever served in the military?		
Have you registered for FEMA assistance?		
FEMA ID number		
FEMA hotel or rent assistance		
Displaced by Matthew?		
Housing situation when Hurricane Hit		
County location when hurricane hit		
Are you a homeowner?		
Homeowner displaced by Florence		
Do you plan to return to your home?		
Other information (collected by 2-1-1)		
Renter displaced by Florence		
Reason for displacement		
Where did you sleep last night?		
Renter damage assessment		
Renter-has your home been condemned?		
Renter – is the LL forcing you to move?		
Describe the damage to your home		

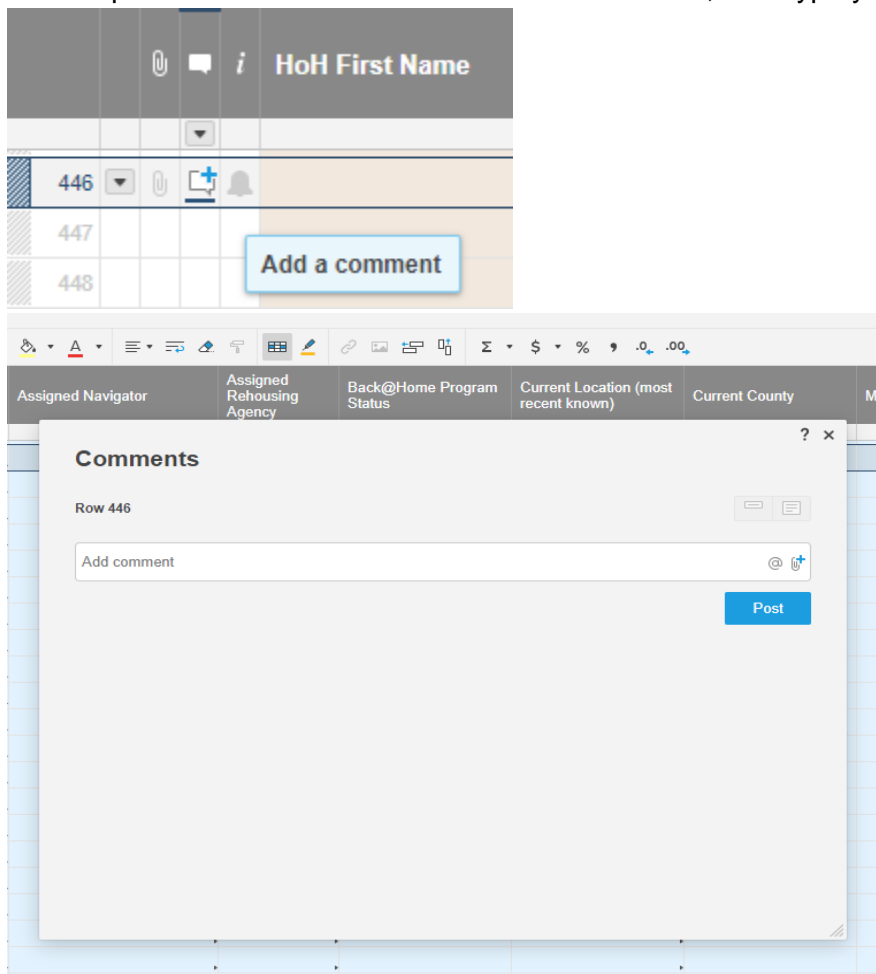
Do you have a regular source of income?		
What are your income sources?		
Amount of earned income		
Amount of social security income		
Amount private disability payments		
Amount VA benefits		
Amount UI		
Amount Welfare/TANF		
Amount child support		
Amount alimony		
Amount other sources of income		
Total income		
2-1-1 referral?		
Attempted to contact		
Result of contact		
Reason for denial		
Date referred		
Is this call being conducted in Spanish		
Does the caller need assistive technology		
Date Created		
Disability Status		
Disaster shelter of assessment		
Time engagement to housing		
Time assessment to engagement		
Created		
At or below AMI?		
Home repair funding?		

### 1.6 Transferring Clients to Another Re-housing Agency

The Assigned Re-housing Agency column is currently assigned to the primary Re-housing Agency in each county. If a Re-housing Agency has transferred a client to another Re-housing Agency, the **receiving agency** should change the Assigned Re-housing Agency column when they have received the referral. This should also be included as a comment (see below for how to add comments).

### 1.7 Adding Comments

Comments are helpful to add narrative information that isn't captured elsewhere on the By-Name List. Comments can give more information to another Re-housing Agency during a transfer, communicate between members, or track other information. To add a comment click on the speech bubble on the far left side of the screen, then type your comment and click post.



### 1.8 Adding New Clients to the By-Name List

All new clients should be added to the by-name list from the 2-1-1 smartsheet.

### 1.9 Exporting the By-Name List

To coordinate with your team, you can export the By-Name List to excel. Apply your agency filter BEFORE exporting to excel. Only the names in the filter you choose will be exported.

## 2.0 Archived By-Name Lists

The Phase 1 By-Name List was archived on February 20, 2019. Any household on that list who was never enrolled in Back@Home was not transferred to the Phase 2 by-name list. If there is data on that list you need, email Ehren Dohler at [ehren@ncceh.org](mailto:ehren@ncceh.org).

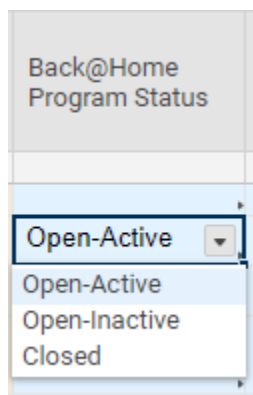
## 2. By-Name List Data Dictionary

### 2.1 Client Progress Columns

HMIS ID	Assigned Rehousing Agency	Date of assessment	Back@Home Program Status	Move-In Status	Current County	Housing Move-In Date	Need >6 months rental assistance	Potential PSH client	6 Months Post Move-In	Approved for > 6 months assistance

Column	Description
<b>HMIS ID</b>	Fill in for any clients entered into HMIS
<b>Date of Assessment</b>	The date the client was assessed for eligibility for Back@Home
<b>Assigned Re-housing Agency</b>	The Re-housing Agency working with the household.
<b>Back@Home Program Status</b>	Tracks the clients progress with Back@Home.
<b>Move-In Status</b>	Tracks the status of Back@Home Clients ONLY. If client is not working directly with Back@Home, choose N/A.
<b>Housing Move-In Date</b>	The date the household sleeps in the unit.
<b>Current County</b>	The county where the household is currently staying.
<b>Need &gt;6 months of assistance</b>	Indicates the client may need an extension of rental assistance beyond 6 months
<b>Potential PSH client</b>	Indicates the client may need permanent supportive housing
<b>6 months post move-in</b>	The date the first 6 months of assistance ends
<b>Approved for &gt;6 months of assistance</b>	Indicates whether the client was approved for more than 6 months of rental assistance

### 2.2 Program Status Options



Program Status Option	Description
<b>Open-Active</b>	Housed is eligible for Back@Home assistance; AND The Re-housing Agency has started working with them to find housing.
<b>Open-Inactive</b>	Household is eligible for Back@Home assistance; Have started working with the Re-housing Agency; AND The Re-housing Agency has had no recent contact after multiple attempts to find them.
<b>Closed</b>	The Re-housing Agency is no longer working with the household. The reasons to close the case include: The household is in permanent housing and no longer needs Back@Home assistance. The household has been referred to another program that provides similar assistance, such as SSVF, TCLI, etc. The household left the state or otherwise cannot be contacted. The household refuses to work with Back@Home, after multiple attempts to engage. The household is deceased.