

**Permanent Supportive Housing Form**

Applicants must complete this form with information about their permanent supportive housing (PSH) grant. If an applicant is applying for funding for more than one PSH grant, they must complete a separate form for each one. Incomplete forms will not meet standards and/or will receive the lowest possible score on the scorecard.

The answers to the following questions will be used by the Project Review Committee and NCCEH staff to score questions on the scorecard that refer to the PSH program’s policies, procedures, and program design.

|  |  |
| --- | --- |
| Applicant: |  |
| Project Name: |  |

**Key Elements of PSH: Please complete the following table regarding services in your PSH program.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Service** | **Provided?** | **Provided by:** | **Optional/**  **Required:** | **Are the services able to fluctuate based on participant need?** |
| Assessment of service needs | Provided  Not Provided | Applicant  Other Provider | Optional  Required | Yes  No |
| Assistance with moving costs | Provided  Not Provided | Applicant  Other Provider | Optional  Required | Yes  No |
| Case management | Provided  Not Provided | Applicant  Other Provider | Optional  Required | Yes  No |
| Child care | Provided  Not Provided | Applicant  Other Provider | Optional  Required | Yes  No |
| Education services | Provided  Not Provided | Applicant  Other Provider | Optional  Required | Yes  No |
| Employment assistance and job training | Provided  Not Provided | Applicant  Other Provider | Optional  Required | Yes  No |
| Food | Provided  Not Provided | Applicant  Other Provider | Optional  Required | Yes  No |
| Housing search and counseling | Provided  Not Provided | Applicant  Other Provider | Optional  Required | Yes  No |
| Legal Services | Provided  Not Provided | Applicant  Other Provider | Optional  Required | Yes  No |
| Life skills training | Provided  Not Provided | Applicant  Other Provider | Optional  Required | Yes  No |
| Mental health services | Provided  Not Provided | Applicant  Other Provider | Optional  Required | Yes  No |
| Outpatient health services | Provided  Not Provided | Applicant  Other Provider | Optional  Required | Yes  No |
| Outreach services | Provided  Not Provided | Applicant  Other Provider | Optional  Required | Yes  No |
| Substance abuse treatment | Provided  Not Provided | Applicant  Other Provider | Optional  Required | Yes  No |
| Transportation | Provided  Not Provided | Applicant  Other Provider | Optional  Required | Yes  No |
| Utility deposits | Provided  Not Provided | Applicant  Other Provider | Optional  Required | Yes  No |

**During housing search, what housing options are presented to program participants? How does the program include participants’ preferences in their housing options?**

**Is case management provided by your agency or another provider?**

My agency

Other provider(s)

**Describe how housing support services are provided for participants in your PSH program.**

*What types of services do case managers provide? What process does your agency use if a program participant does not want to work with a case manager?*

**What happens if a program participant needs an increased level of services than they are currently receiving?**

**What happens if a program participant needs a decreased level of services than they are currently receiving?**

**How do the services offered help participants obtain and keep housing?**     

**What is the normal workflow for a program participant from engagement to one year in housing?**

*Be sure to include how the program determines eligibility, engages the participant, develops a service plan, locates housing, and provides ongoing services.*

**Documentation**

**Please attach and submit:**

PSH program eligibility requirements

PSH program policies and procedures

Sample lease

Program rules (if any). If the program has none, please state so here:

House rules (if any). If the program has none, please state so here:

**Page References**

The following chart lists program design elements that are scored based on the documentation submitted by the agency (from the list above). For each element in the chart, please list the name of the document(s) and the page number(s) on which the item appears.

|  |  |  |  |
| --- | --- | --- | --- |
| **Scorecard question #\*** | **Program Design Element** | **Document Name** | **Page Number(s)** |
| 2.2a R  2.14a N | Participant screening procedure |  |  |
| 2.2b R  2.14b N | Participant termination procedure |  |  |
| 2.5b R  2.15b N | Voluntary participation in services |  |  |
| 2.5e R  2.15e N | Choice of services |  |  |
| 2.5f R  2.15f N | Increase/decrease in services based on need |  |  |
| 2.6a R  2.15g N | Choice of housing |  |  |
| 2.6c R  2.15i N | Distinction between provision of housing and provision of services |  |  |
| **RENEWAL PROJECTS ONLY** | | | |
| 2.9 R | Move-on program |  |  |
| 4.22 R | Prioritization policy (from HUD Notice CPD-16-011) |  |  |

\*R = Renewal scorecard

\*N = New scorecard