

Before Starting the Exhibit 1 Continuum of Care (CoC) Application

HUD strongly encourages ALL applicants to review the following information BEFORE beginning the FY2011 Exhibit 1 Continuum of Care (CoC) application.

Training resources are available online at: www.hudhre.info/esnaps - Training modules are available to help complete or update the Exhibit 1 application, including attaching required forms to the application. - The HUD HRE Virtual Help Desk is available for submitting technical and policy questions.

Things to Remember

- Review the FY2011 Notice of Funding Availability for the Continuum of Care (CoC) Homeless Assistance Program in its entirety for specific application and program requirements. - CoCs that imported their FY2010 information during the CoC Registration process are reminded to carefully review each question in Exhibit 1 to ensure the response imported is appropriate. Questions may have changed from the FY2010 process in which case the imported response may no longer be relevant. Note that not all questions from FY2010 were imported and new questions will require manual responses. Be sure to review the application carefully and verify and update as needed to ensure accuracy.- New CoCs or CoCs that did not apply in FY2010 will not have information pre-populated and must complete all Exhibit 1 forms..

1A. Continuum of Care (CoC) Identification

Instructions:

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

CoC Name and Number (From CoC Registration): AZ-502 - Phoenix/Mesa/Maricopa County Regional CoC

CoC Lead Agency Name: Maricopa Association of Governments

1B. Continuum of Care (CoC) Primary Decision-Making Group

Instructions:

The following questions are related to the CoC primary decision-making group. The primary responsibility of this group is to manage the overall planning effort for the entire CoC, including, but not limited to:

- Setting agendas for full Continuum of Care meetings
- Project monitoring
- Determining project priorities
- Providing final approval for the CoC application submission.

This body is also responsible for the implementation of the CoC's HMIS, either through direct oversight or through the designation of an HMIS implementing agency. This group may be the CoC Lead Agency or may authorize another entity to be the CoC Lead Agency under its direction.

Name of primary decision-making group: Maricopa Association of Governments
Continuum of Care Regional Committee on Homelessness

Indicate the frequency of group meetings: Bi-monthly

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

Indicate the legal status of the group: 501(c)(4)

Specify "other" legal status:

The Maricopa Association of Governments (MAG) is a 501 c4. The Continuum of Care Regional Committee on Homelessness, the primary decision making group, is a Committee within the Maricopa Association of Governments and is not a legally recognized group on its own.

Indicate the percentage of group members that represent the private sector: (e.g., non-profit providers, homeless or formerly homeless persons, advocates and consumer interests) 46%

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

Elected:

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

Specify "other" process(es):

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

All members of the MAG Continuum of Care Committee are recommended by the Membership Subcommittee (MS) and are appointed by the Chair of the MAG Regional Council (RC). MAG RC is made up of mayors from the 25 cities and towns and 3 Indian Communities in the region. The MS meets twice a year to oversee membership of the Committee and recommend members when needed. If the MAG RC chair approves recommendation, then an appointment letter is sent to the new member. The process was established to ensure coordinated and timely oversight of the committee's membership. The Chair and Vice Chair are elected officials appointed.

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

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

Specify "other" process(es):

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

Yes, the MAG CoC Regional Committee on Homelessness could become responsible for such activities if provided administrative funds to do so. MAG is a Council of Governments that serves as the regional planning agency for the Maricopa County region. MAG is a 501 c (4) legally recognized organization. The Continuum of Care Committee has resided at MAG since 1999. MAG has the fiscal controls in place to be able to successfully able to serve as the grantee. The Committee would establish policies and procedures to ensure that such activities as oversight and monitoring would be done effectively and to HUD's standards.

1C. Continuum of Care (CoC) Committees, Subcommittees and Work Groups

Instructions:

Provide information on up to five of the CoCs most active CoC-wide planning committees, subcommittees, and workgroups. CoCs should only include information on those groups that are directly involved in CoC-wide planning activities such as project review and selection, discharge planning, disaster planning, completion of the Exhibit 1 application, conducting the point-in-time count, and 10-year plan coordination. For each group, briefly describe the role and how frequently the group meets. If one of more of the groups meet less than quarterly, please explain.

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

Committees and Frequency

Name of Group	Role of Group (limit 750 characters)	Meeting Frequency
Continuum of Care Regional Committee on Homelessness	The CoC Regional Committee consists of 29 members. Representation is diverse with members of non-profit organizations, local government, behavioral health agency, State coalition to end homelessness, business community, and 3 State agencies. This committee is the regional homeless planning oversight and decision making group. This Committee prepares the consolidated HUD application, is the regional planning body for efforts toward ending homelessness, develops, and oversees implementation of the Regional Plan to End Homelessness, alignment with the Federal Strategic Plan, and leading efforts toward implementing the HEARTH Act.	Bi-monthly
Continuum of Care Planning Subcommittee	The Planning Subcommittee consists of 12 members. Representation consists of members of non-profit organizations and local government. This subcommittee is the technical advisory and assistance group to the Regional Committee. This technical group is responsible for planning for and conducting the annual homeless street count, the annual gaps analysis process, monitors progress on implementation of the Regional Plan to End Homelessness, implementing action steps in the Regional Plan, provides recommendations to the Regional Committee and conducts technical work as recommended by the Regional Committee.	Bi-monthly
Continuum of Care Ranking and Review Panel	The CoC Ranking and Review Panel is made up of three to five members. The Panel meets three to four times during the course of the local application process. This unbiased ranking and review panel meets annually to review, rank, and recommend new McKinney-Vento bonus projects to the Continuum of Care Regional Committee on Homelessness. The role of the panel includes review of the annual NOFA, briefings on the CoC priorities and service delivery gaps in the community, evaluation of new project applications and project presentations, and recommends new projects for funding to the CoC Regional Committee on Homelessness.	annually (every year)

HMIS Advisory Group	The HMIS Advisory Group is made up of 47 people and consists of CEOs of the participating agencies of the HMIS (or their proxies) and other stakeholders including the CoC Lead Agency, Valley of the Sun United Way, the Arizona Coalition to End Homelessness, and the Arizona Department of Economic Security. The Advisory Group is the decision making group of the regional HMIS project and makes recommendations about the HMIS to the CoC when necessary.	quarterly (once each quarter)
HMIS User Group	The HMIS Technical advisory group consists of representatives of the HMIS participating agencies. The membership of the group includes front-line data entry staff, the CoC Lead Agency, Valley of the Sun United Way, and the Arizona Department of Economic Security. The Technical Advisory Group makes recommendations to the HMIS Advisory Group and deals with the more day-to-day data entry and use of the HMIS system.	Monthly or more

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

The CoC Ranking and Review Panel is made up of three to five members. The Panel meets three to four times during the course of the local application process. This unbiased ranking and review panel meets annually to review, rank, and recommend new McKinney-Vento bonus projects to the Continuum of Care Regional Committee on Homelessness. The role of the panel includes review of the annual NOFA, briefings on the CoC priorities and service delivery gaps in the community, evaluation of new project applications and project presentations, and recommends new projects for funding to the CoC Regional Committee on Homelessness.

1D. Continuum of Care (CoC) Member Organizations

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

Organization Name	Membership Type	Organization type	Organization Role	Subpopulations
Arizona Coalition to End Homelessness	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Area Agency on Aging, Region One, Inc	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend 10-year planni...	Youth, HIV/AIDS
Arizona Public Service	Private Sector	Businesses	Committee/Sub-committee/Work Group	NONE
Arizona State University	Public Sector	School...	Committee/Sub-committee/Work Group	NONE
Arizona Behavioral Health Corporation	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend 10-year planni...	Seriously Me...
Arizona Department of Corrections	Public Sector	Law enf...	Committee/Sub-committee/Work Group	NONE
Arizona Department of Economic Security	Public Sector	State g...	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Arizona Department of Health Services	Public Sector	State g...	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Arizona Department of Housing	Public Sector	Public ...	Committee/Sub-committee/Work Group	NONE
Catholic Charities Community Services	Private Sector	Faith-b...	Committee/Sub-committee/Work Group, Attend 10-year planni...	Youth, Domes...
Central Arizona Shelter Services	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend 10-year planni...	Seriously Me...
Chicanos Por La Causa, Inc	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Domestic Vio...
Chrysalis	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Domestic Vio...
City of Avondale	Public Sector	Local g...	Committee/Sub-committee/Work Group	NONE

City of Chandler	Public Sector	Local g...	Committee/Sub-committee/Work Group, Authoring agency for ...	NONE
City of Glendale	Public Sector	Local g...	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
City of Goodyear	Public Sector	Local g...	Committee/Sub-committee/Work Group	NONE
City of Mesa	Public Sector	Local g...	Committee/Sub-committee/Work Group, Authoring agency for ...	NONE
City of Phoenix	Public Sector	Local g...	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
City of Tempe	Public Sector	Local g...	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Community Information & Referral	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend 10-year planni...	Domesti c Vio...
State of Arizona Governor's Office	Public Sector	State g...	Committee/Sub-committee/Work Group	NONE
HomeBase Youth Services, Inc	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend 10-year planni...	Youth
Homeward Bound	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend 10-year planni...	Domesti c Vio...
House of Refuge East	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend 10-year planni...	Domesti c Vio...
U. S. Department of Housing and Urban Development	Public Sector	Publi c ...	Attend 10-year planning meetings during past 12 months	NONE
Human Services Campus	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend 10-year planni...	Seriousl y Me...
Kaiser Family Center	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Seriousl y Me...
Labor's Community Service Agency	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Youth, Domes..
Lodestar Day Resource Center	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend 10-year planni...	Seriousl y Me...
Native American Connections, Inc	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend 10-year planni...	Domesti c Vio...
City of Phoenix Police Department	Public Sector	Law enf...	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Phoenix Shanti Group	Private Sector	Non-pro..	Attend 10-year planning meetings during past 12 months	Veteran s, HI...
Recovery Innovations of Arizona	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend 10-year planni...	Domesti c Vio...

Salvation Army Family Services	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend 10-year planni...	Seriously Me...
Save the Family Foundation of Arizona	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend 10-year planni...	Domestic Vio...
Sojourner Center	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Domestic Vio...
Southwest Behavioral Health	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Seriously Me...
Town of Buckeye	Public Sector	Local g...	Attend 10-year planning meetings during past 12 months	NONE
Tumbleweed Center for Youth Development	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend 10-year planni...	Youth, HIV/AIDS
UMOM New Day Centers	Private Sector	Non-pro..	Attend 10-year planning meetings during past 12 months	Seriously Me...
US VETS	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend 10-year planni...	Veterans, Se...
Valley of the Sun United Way	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
A New Leaf	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Domestic Vio...
Arizona Housing, Inc	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend 10-year planni...	Veterans, Su...
Community Bridges	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Substance Abuse
Phoenix Rescue Mission Men's Emergency Shelter	Private Sector	Non-pro..	Attend 10-year planning meetings during past 12 months	Substance Abuse
The Bridge	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Domestic Vio...
Magellan Health Services of Arizona	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Seriously Me...
City of Surprise	Public Sector	Local g...	Committee/Sub-committee/Work Group	NONE
Maricopa County	Public Sector	State g...	Attend 10-year planning meetings during past 12 months, C...	NONE
Margaret Trujillo and Associates	Private Sector	Business	Attend 10-year planning meetings during past 12 months, C...	NONE

Arizona Department of Veteran's Services	Public Sector	State g...	Attend 10-year planning meetings during past 12 months, C...	Veteran s
HOM Inc.	Private Sector	Non-pro..	Attend 10-year planning meetings during past 12 months	Seriously Me...
Magellan Health Services of Arizona	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend 10-year planni...	Seriously Me...
Maricopa County	Public Sector	Local g...	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Christopher Wren Robin	Individual	Formerl..	Attend 10-year planning meetings during past 12 months	NONE
Arizona Department of Education	Public Sector	State g...	Committee/Sub-committee/Work Group, Attend 10-year planni...	Youth
Arizona Organizing Project	Private Sector	Other	Committee/Sub-committee/Work Group	NONE
Elizabeth Venable	Individual	Formerl..	Committee/Sub-committee/Work Group	NONE

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

Instructions:

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

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

Name of organization or individual: Arizona Coalition to End Homelessness

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

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

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

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

Does the organization provide direct services to homeless people? No

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

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- Services provided, if applicable

Name of organization or individual: Area Agency on Aging, Region One, Inc

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

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

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

Subpopulation(s) represented by the organization: Youth, HIV/AIDS
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Case Management, Transportation, HIV/AIDS
(select all that apply)

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

Name of organization or individual: Arizona Public Service

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

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

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

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

Does the organization provide direct services to homeless people? No

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

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Name of organization or individual: Arizona State University

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

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

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

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

Does the organization provide direct services to homeless people? No

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

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

Name of organization or individual: Arizona Behavioral Health Corporation

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

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

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

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

Does the organization provide direct services to homeless people? Yes

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

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

Name of organization or individual: Arizona Department of Corrections

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

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

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

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

Does the organization provide direct services to homeless people? No

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

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- Type of organization
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- Services provided, if applicable

Name of organization or individual: Arizona Department of Economic Security

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

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

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

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

Does the organization provide direct services to homeless people? No

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

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- Services provided, if applicable

Name of organization or individual: Arizona Department of Health Services

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

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

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

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

Does the organization provide direct services to homeless people? No

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

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

Name of organization or individual: Arizona Department of Housing

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

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

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

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

Does the organization provide direct services to homeless people? No

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

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

Name of organization or individual: Catholic Charities Community Services

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

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

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

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

Does the organization provide direct services to homeless people? Yes

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

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

Name of organization or individual: Central Arizona Shelter Services

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

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

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

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

Does the organization provide direct services to homeless people? Yes

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

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

Name of organization or individual: Chicanos Por La Causa, Inc

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

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

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

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

Does the organization provide direct services to homeless people? Yes

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

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

Name of organization or individual: Chrysalis

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

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

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

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

Does the organization provide direct services to homeless people? Yes

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

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

Instructions:

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

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

Name of organization or individual: City of Avondale

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

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

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

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

Does the organization provide direct services to homeless people? No

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

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

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

Name of organization or individual: City of Chandler

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

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

Role(s) of the organization: Committee/Sub-committee/Work Group,
(select all that apply) Authoring agency for Consolidated Plan

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

Does the organization provide direct services to homeless people? No

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

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

Instructions:

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

Name of organization or individual: City of Glendale

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

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

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

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

Does the organization provide direct services to homeless people? No

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

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

Instructions:

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

Name of organization or individual: City of Goodyear

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

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

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

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

Does the organization provide direct services to homeless people? No

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

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

Instructions:

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

Name of organization or individual: City of Mesa

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

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

Role(s) of the organization: Committee/Sub-committee/Work Group,
(select all that apply) Authoring agency for Consolidated Plan

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

Does the organization provide direct services to homeless people? No

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

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

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

Name of organization or individual: City of Phoenix

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

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

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

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

Does the organization provide direct services to homeless people? No

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

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

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

Name of organization or individual: City of Tempe

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

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

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

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

Does the organization provide direct services to homeless people? No

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

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

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

Name of organization or individual: Community Information & Referral

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

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

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

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

Does the organization provide direct services to homeless people? Yes

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

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

Instructions:

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

Name of organization or individual: State of Arizona Governor's Office

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

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

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

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

Does the organization provide direct services to homeless people? No

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

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

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

Name of organization or individual: HomeBase Youth Services, Inc

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

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

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

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

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Education, Street Outreach, Case Management, Life Skills, Healthcare, Mental health, Mobile Clinic, Transportation, Alcohol/Drug Abuse, HIV/AIDS, Employment
(select all that apply)

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

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

Name of organization or individual: Homeward Bound

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

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

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

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

Does the organization provide direct services to homeless people? Yes

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

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

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

Name of organization or individual: House of Refuge East

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

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

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

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

Does the organization provide direct services to homeless people? Yes

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

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

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

Name of organization or individual: U. S. Department of Housing and Urban Development

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

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

Role(s) of the organization: Attend 10-year planning meetings during past 12 months
(select all that apply)

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

Does the organization provide direct services to homeless people? No

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

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

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

Name of organization or individual: Human Services Campus

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

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

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

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

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Education, Case Management, Legal Assistance, Transportation, Alcohol/Drug Abuse, HIV/AIDS, Street Outreach, Life Skills, Healthcare, Mental health, Mobile Clinic, Employment
(select all that apply)

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

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

Name of organization or individual: Kaiser Family Center

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

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

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

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

Does the organization provide direct services to homeless people? Yes

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

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

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

Name of organization or individual: Labor's Community Service Agency

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

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

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

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

Does the organization provide direct services to homeless people? Yes

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

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

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

Name of organization or individual: Lodestar Day Resource Center

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

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

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

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

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Education, Healthcare, Mental health, Alcohol/Drug Abuse, Employment
(select all that apply)

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

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

Name of organization or individual: Native American Connections, Inc

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

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

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

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

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Street Outreach, Education, Case Management, Child Care, Life Skills, Mental health, Transportation, Alcohol/Drug Abuse, HIV/AIDS, Employment
(select all that apply)

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

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

Name of organization or individual: City of Phoenix Police Department

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

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

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

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

Does the organization provide direct services to homeless people? No

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

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

Instructions:

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

Name of organization or individual: Phoenix Shanti Group

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

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

Role(s) of the organization: Attend 10-year planning meetings during past 12 months
(select all that apply)

Subpopulation(s) represented by the organization: Veterans, HIV/AIDS
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Education, Case Management, Life Skills, Healthcare, Mental health, Transportation, Alcohol/Drug Abuse, HIV/AIDS, Employment
(select all that apply)

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

Instructions:

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

Name of organization or individual: Recovery Innovations of Arizona

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

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

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

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

Does the organization provide direct services to homeless people? Yes

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

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

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

Name of organization or individual: Salvation Army Family Services

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

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

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

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

Does the organization provide direct services to homeless people? Yes

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

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

Name of organization or individual: Save the Family Foundation of Arizona

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

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

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

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

Does the organization provide direct services to homeless people? Yes

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

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

Instructions:

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

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

Name of organization or individual: Sojourner Center

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

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

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

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

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Education, Case Management, Child Care, Life Skills, Employment
(select all that apply)

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

Instructions:

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

Name of organization or individual: Southwest Behavioral Health

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

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

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

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

Does the organization provide direct services to homeless people? Yes

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

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

Instructions:

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

Name of organization or individual: Town of Buckeye

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

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

Role(s) of the organization: Attend 10-year planning meetings during past 12 months
(select all that apply)

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

Does the organization provide direct services to homeless people? No

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

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

Instructions:

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

Name of organization or individual: Tumbleweed Center for Youth Development

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

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

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

Subpopulation(s) represented by the organization: Youth, HIV/AIDS
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

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

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

Instructions:

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

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

Name of organization or individual: UMOM New Day Centers

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

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

Role(s) of the organization: Attend 10-year planning meetings during past 12 months
(select all that apply)

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

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Education, Case Management, Child Care, Life Skills, Utilities Assistance, Mental health, Transportation, Rental Assistance, Employment
(select all that apply)

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

Instructions:

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

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

Name of organization or individual: US VETS

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

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

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

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

Does the organization provide direct services to homeless people? Yes

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

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

Instructions:

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

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

Name of organization or individual: Valley of the Sun United Way

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

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

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

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

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy
(select all that apply)

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

Instructions:

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

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

Name of organization or individual: A New Leaf

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

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

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

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

Does the organization provide direct services to homeless people? Yes

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

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

Instructions:

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

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

Name of organization or individual: Arizona Housing, Inc

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

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

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

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

Does the organization provide direct services to homeless people? Yes

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

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

Instructions:

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

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

Name of organization or individual: Community Bridges

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

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

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

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

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Education, Case Management, Child Care, Life Skills, Healthcare, Mental health, Transportation, Alcohol/Drug Abuse, Employment
(select all that apply)

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

Instructions:

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

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

Name of organization or individual: Phoenix Rescue Mission Men's Emergency Shelter

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

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

Role(s) of the organization: Attend 10-year planning meetings during past 12 months
(select all that apply)

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

Does the organization provide direct services to homeless people? Yes

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

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

Instructions:

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

Name of organization or individual: The Bridge

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

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

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

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

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Life Skills, Employment
(select all that apply)

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

Instructions:

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

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

Name of organization or individual: Magellan Health Services of Arizona

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

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

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

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

Does the organization provide direct services to homeless people? No

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

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

Instructions:

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

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

Name of organization or individual: City of Surprise

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

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

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

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

Does the organization provide direct services to homeless people? No

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

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

Instructions:

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

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

Name of organization or individual: Maricopa County

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

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

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

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

Does the organization provide direct services to homeless people? No

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

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

Instructions:

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

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

Name of organization or individual: Margaret Trujillo and Associates

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

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

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

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

Does the organization provide direct services to homeless people? No

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

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

Instructions:

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

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

Name of organization or individual: Arizona Department of Veteran's Services

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

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

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

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

Does the organization provide direct services to homeless people? No

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

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

Instructions:

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

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

Name of organization or individual: HOM Inc.

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

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

Role(s) of the organization: Attend 10-year planning meetings during past 12 months
(select all that apply)

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

Does the organization provide direct services to homeless people? Yes

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

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

Instructions:

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

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

Name of organization or individual: Magellan Health Services of Arizona

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

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

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

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

Does the organization provide direct services to homeless people? Yes

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

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

Instructions:

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

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

Name of organization or individual: Maricopa County

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

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

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

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

Does the organization provide direct services to homeless people? No

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

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

Instructions:

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

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

Name of organization or individual: Christopher Wren Robin

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

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

Role(s) of the organization: Attend 10-year planning meetings during past 12 months
(select all that apply)

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

Does the organization provide direct services to homeless people? No

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

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

Instructions:

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

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

Name of organization or individual: Arizona Department of Education

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

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

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

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

Does the organization provide direct services to homeless people? No

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

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

Instructions:

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

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

Name of organization or individual: Arizona Organizing Project

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

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

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

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

Does the organization provide direct services to homeless people? No

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

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

Instructions:

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

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

Name of organization or individual: Elizabeth Venable

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

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

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

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

Does the organization provide direct services to homeless people? No

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

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

Instructions:

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

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

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

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

Voting/Decision-Making Method(s): (select all that apply) a. Unbiased Panel/Review Committee, e. Consensus (general agreement), f. Voting Members Abstain if Conflict of Interest

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

If yes, briefly describe complaint(s), how it was resolved, and the date(s) resolved (limit 1000 characters):

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

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

Emergency Shelter: Yes

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

There was a change in emergency shelter beds from 2010 to 2011. The number of year round emergency shelter beds decreased by 126 beds. One faith-based shelter has decreased by 75 beds due to lack of funding. In addition, two shelters are in process of remodeling and have taken beds off-line.

HPRP Beds: Yes

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

The number of HPRP beds increased from 2010 to 2011. The main reason for the increase is that the program was not running at full capacity when the HIC was completed in 2010 and is now at full capacity and serving more households than anticipated. There are 3,518 year round HPRP beds across the region.

Safe Haven: Not Applicable

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

The number of Safe Haven beds remain the same at 25 beds. There was no change in the number of beds.

Transitional Housing: Yes

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

Overall there was an increase of 24 transitional housing beds from 2010 to 2011. The capacity for several programs has increased. One of the domestic violence shelters added a new transitional housing program for single women.

Permanent Housing: Yes

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

Overall, there was an increase of 246 PH beds in the community. Several new PH programs have opened. There are 44 additional beds for families and 202 additional beds for homeless singles in the community. Some of the additional beds for singles are due to programs reclassifying beds from families to singles due to need in the community.

CoC certifies that all beds for homeless persons were included in the Housing Inventory Count (HIC) as reported on the Homelessness Data Exchange (HDX), regardless of HMIS participation and HUD funding: Yes

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

Instructions:

Complete the following items based on data collection methods and reporting for the Housing Inventory Count (HIC), including Unmet need determination. The information should be based on a survey conducted in a 24-hour period during the last ten days of January 2011. CoCs were expected to report HIC data on the Homelessness Data Exchange (HDX).

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

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

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

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

Must specify other:

Indicate the type of data or method(s) used to determine unmet need: (select all that apply): Unsheltered count, HUD unmet need formula, HMIS data, Local studies or non-HMIS data sources, Housing inventory, Stakeholder discussion, Provider opinion through discussion or survey forms

Specify "other" data types:

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

The unmet need was determined by first using the HUD formula for calculating the unmet need and then members of the Gaps Analysis working group reaching consensus on a recommended unmet need to the Continuum of Care Committee. In addition to the results of the unmet need formula, the working group considered the homeless street and shelter count, data from HMIS, the Housing Inventory Chart, turn-away data from the shelter hotline and provider expertise on gaps in beds in the community.

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

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

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

Select the HMIS implementation coverage area: Single CoC

Select the CoC(s) covered by the HMIS: (select all that apply) AZ-502 - Phoenix/Mesa/Maricopa County Regional CoC

Is the HMIS Lead Agency the same as the CoC Lead Agency? No

Does the CoC Lead Agency have a written agreement with the HMIS Lead Agency? No

Has the CoC selected an HMIS software product? Yes

If "No" select reason:

If "Yes" list the name of the product: Service Point

What is the name of the HMIS software company? Bowman Systems

Does the CoC plan to change HMIS software within the next 18 months? No

Indicate the date on which HMIS data entry started (or will start): (format mm/dd/yyyy) 02/03/2003

Indicate the challenges and barriers impacting the HMIS implementation: (select all the apply): No or low participation by non-HUD funded providers

If CoC indicated that there are no challenges or barriers impacting HMIS implementation, briefly describe either why CoC has no challenges or how all barriers have been overcome (limit 1000 characters).

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

Our community has some small faith-based shelters that are not participating in HMIS. The HMIS Team will continue to meet with non-HUD funded agencies and encourage them to utilize HMIS. There is a partnership between the HMIS Team and the CoC. The two have met with providers to discuss the benefits of HMIS to the agency as well as the continuum as a whole. HMIS reports are used as a selling point to providers showing them the benefits of using data reporting for planning and program improvement. Meetings held with providers have resulted in HMIS implementation for providers that were not considering HMIS. The use of HMIS data for community planning has been successful over the past year and our recent HMIS system upgrade has increased the speed of the system. These two areas will also be used as selling points to encourage providers to use the system. The CoC will continue to work with the HMIS Team to increase our implementation.

2B. Homeless Management Information System (HMIS) Lead Agency

Enter the name and contact information for the HMIS Lead Agency. This is the organization responsible for implementing the HMIS within a CoC. There may only be one HMIS Lead Agency per CoC.

Organization Name Community Information and Referral

Street Address 1 2200 N. Central, Suite 601

Street Address 2

City Phoenix

State Arizona

Zip Code 85004

Format: xxxxx or xxxxx-xxxx

Organization Type Non-Profit

If "Other" please specify

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

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

Instructions:

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

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

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

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

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

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

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

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

Not applicable. Bed coverage in all areas is above 73 percent.

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

Instructions:

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

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

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

Universal Data Element	Records with no values (%)	Records where value is refused or unknown (%)
* Social Security Number	0%	0%
* Date of Birth	0%	1%
* Ethnicity	0%	1%
* Race	0%	1%
* Gender	0%	1%
* Veteran Status	2%	3%
* Disabling Condition	9%	2%
* Residence Prior to Program Entry	7%	6%
* Zip Code of Last Permanent Address	4%	4%
* Name	0%	0%

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

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

The Data Quality (DQ) Subcommittee meets quarterly to review data quality issues, offer recommendations to improve DQ and set standards for the community. The HMIS team maintains an on-going process of DQ improvement. A DQ Plan is in place and defines the data integrity and DQ expectations, responsibilities of the HMIS staff and agencies, and the processes for monitoring DQ and correcting issues. Reports have been created in HMIS and agencies have been trained on how to run and analyze the reports. Agencies will identify trends in data errors and corrective actions to reverse those trends. The HMIS team will assist agencies in monitoring their internal DQ plans and identify options for resolution of agency data issues.

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

All HMIS users are required to attend training conducted by the HMIS Team in which accuracy of entry and exit dates are discussed. All providers are issued a HMIS Policies and Procedures Manual as well as a Data Quality (DQ) Plan. Data entry in HMIS is in accordance with the DQ Plan and the HMIS standards. Data entry must be completed within five working days of the end of each month. The HMIS Team provides technical assistance to those who need help correcting data quality issues and in establishing best practices so that good data is going into the system. If there is a data quality issue, the Team addresses it right away. The importance of good data is stressed at all community meetings and discussed when HMIS reports are distributed.

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

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

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

Instructions:

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

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

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

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

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

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

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

Instructions:

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

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

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

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

* Unique user name and password	At least Annually
* Secure location for equipment	At least Annually
* Locking screen savers	At least Annually
* Virus protection with auto update	At least Annually
* Individual or network firewalls	At least Annually
* Restrictions on access to HMIS via public forums	At least Annually
* Compliance with HMIS Policy and Procedures manual	At least Annually
* Validation of off-site storage of HMIS data	At least Annually

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

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

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

If 'Yes' indicate date of last review or update by CoC: 09/18/2008

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

2G. Homeless Management Information System (HMIS) Training

Instructions:

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

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

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

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

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

Instructions:

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

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

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

***Indicate the date of the most recent point-in-time count (mm/dd/yyyy):** 01/25/2011

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

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

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

Enter the date in which the CoC plans to conduct its next point-in-time count: (mm/dd/yyyy) 01/24/2012

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

Emergency Shelter: 100%
Transitional Housing: 100%

Comparing the most recent point-in-time count to the previous point-in-time count, describe any factors that may have resulted in an increase, decrease, or no change in both the sheltered and unsheltered population counts (limit 1500 characters).

There was a 16 percent decrease in the overall PIT street and shelter count in 2011. The majority of the decrease is attributed to the 36 percent decrease in the number of people counted on the street. The Continuum of Care believes that many factors contributed to the decrease in people counted on the streets. First, the methodology changed from 2010 to 2011 incorporating a survey to gather additional information about people on the street. The survey took more time to administer and therefore enumerators did not reach as many people as in previous counts. Information from debriefings indicate that some people who appeared to be homeless said that they were not and therefore not counted. Although the number went down, the data collected in the 2011 count provides more information about those counted. HPRP funding has also contributed to a decrease in the number of people on the streets. More than 2,000 households have received HPRP funding in the region both preventing and ending homelessness for many households. Also, there has been an increase in PH beds through rapid re-housing programs in the community enabling people to quickly move from the streets to housing. There were changes in the shelter count as well. The number of people in ES decreased by 10 percent yet the number of people in TH increased by 2 percent. Overall, there was a slight increase in the number of singles in shelter and a decrease in the number of families in shelter.

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

Instructions:

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

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

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

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

If Other, specify:

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

The 2011 Shelter Count was conducted by the AZ Dept of Economic Security (DES). A point-in-time survey of providers was conducted on January 25, 2011. The survey was sent out to all known shelter and housing providers in the CoC. Instruction was provided on how to complete the survey and technical assistance was provided as needed. To ensure accurate data collection, quality control by DES staff was critical to the 2011 shelter count process. Staff analyzed the data, compared the information to the results from the 2010 count and provided a report of the results to the CoC Lead Agency. Follow up was conducted with providers to resolve inaccuracies or questions that DES staff and the CoC had when reconciling the information. In addition, the results of the count were discussed at CoC meetings with providers to ensure accuracy of the data. The CoC lead met with DES staff to discuss factors that resulted in changes in the shelter count. Once all issues were reconciled, the shelter count was complete and the results distributed to the community.

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

Instructions:

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

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

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

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

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

If Other, specify:

In addition to HMIS data, provider expertise was used in completing a survey to collect information on homeless subpopulations for the 2011 PIT shelter count. The survey was completed by shelter staff and submitted to the Arizona Department of Economic Security.

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

The 2011 Homeless Shelter Count was conducted by the Arizona Department of Economic Security (DES). The Shelter Count Subpopulation data was primarily done by a point-in-time survey of the providers. The survey instrument was sent out to all of the homeless services providers in Maricopa County. Instructions were provided on how to complete the survey and technical assistance was provided as needed. Providers responded to the survey for a point-in-time of January 25, 2011. The count was conducted on a single night. Instructions, including definitions of subpopulations, were included on the survey form. The importance of accuracy of the shelter survey was discussed at HMIS meetings and technical assistance was provided as needed. Information for the populations and subpopulations was gathered from HMIS by providers and reported in the survey. Survey responses were provided to DES staff to compile the County-wide results. DES staff then analyzed the data from the Shelter Count, compared the information to the results from the 2010 count and provided a report of the results to the Continuum of Care Regional Committee on Homelessness. The Continuum of Care lead met with DES staff to discuss factors that resulted in increases or decreases in the shelter count results. Follow up with shelter staff was conducted to confirm accuracy and data discrepancies.

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

Instructions:

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

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

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

Instructions:	X
Training:	
Remind/Follow-up	X
HMIS:	X
Non-HMIS de-duplication techniques:	X
None:	
Other:	

If Other, specify:

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

Instructions were provided with the shelter survey explaining the importance of an unduplicated shelter count, when the count was to take place, and details about completing the count. It was explained that the shelter count is an actual count of persons sheltered and does not include estimates or people not sheltered that day. This information was explained during follow up phone calls and confirmation of submitted data. The information gathered from the surveys was compared to numbers that were entered in HMIS for that point in time. Cross-checking was done by data collection staff and provider staff to ensure that information was accurate. HMIS staff reviewed the shelter count information and completed a cross-check of data reported. The process also included provider follow up to reconcile de-duplication issues if questionable responses were provided. Data quality is an important part of a successful shelter count and this was emphasized in every possible way.

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

The Continuum of Care partnered with the Arizona Department of Economic Security (DES) to collect data on the sheltered homeless subpopulations for the point-in-time count. DES collected data on the subpopulations in a survey that was sent to all providers. The data collected by DES was shared with the CoC. An HMIS report was run for the night of the point-in-time count to compare data collected in the survey to the data entered in HMIS. Follow up was conducted with shelter providers on instances when data from the survey did not match data from HMIS. This helped to get a more accurate count of subpopulations and to ensure that the data that was submitted was accurate.

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

Instructions:

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

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

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

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

If Other, specify:

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

The Homeless Street Count for Maricopa County was conducted on January 25, 2011. Homeless Street Count Coordinators were identified in all 25 cities and towns within the County. Each Coordinator facilitated a public places count within their area. Portions of the region were mapped out and volunteers were assigned to cover specific areas and were instructed not to cross over their boundaries. There were a record number of volunteers who participated in the street count this year consisting of more than 400 people across the region. All areas of the region were covered including areas where homeless people are known to be located as well as canvassing areas where homeless people are not typically found. We feel this method provides the most accurate count possible given our large region. The volunteers used a brief survey to collect the results of their count. The survey contained two parts, one with the numbers of single individuals found and their location and a second section for homeless families and their locations. Information collected in the survey included a category for chronically homeless individuals and non-chronically homeless individuals. Males and females were tallied in each of those areas. The number of families and number of people within each family unit, including adults and children were also included. Homeless youth on their own were tallied into male and female categories. A new category that was counted this year included homeless veterans on the streets. Each enumerator incorporated the question, "have you ever served in the U.S. Military" as part of the survey. In addition, questions were asked by street count volunteers to determine if a homeless individual met HUD's definition of being chronically homeless. Survey instruments were collected by Street Count Coordinators and provided to the CoC Lead. The CoC Lead compiled the results, verified the data with each Coordinator, and tallied the regional results. A street count debriefing was held to discuss the results of the count and recommendations were made on ways to improve the count in 2012.

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

Instructions:

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

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

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

If Other, specify:

A combined approach was used to conduct the 2011 homeless street count in the region's 25 cities and towns in Maricopa County. The combined approach included the merger of the complete coverage method and known locations method. In very high-density areas, the complete coverage method was used as enumerators canvassed every street in the geographic area. The known locations method was also used as homeless outreach teams and service providers provided information on locations where homeless people are known to be found. For low-density areas in the City of Phoenix, a statistically valid sampling method was used as enumerators were randomly selected to count certain areas and then used a valid extrapolation process to account for areas that were not randomly selected. The region consists of 25 municipalities and is a very large geographic area. Trainings were provided to enumerators prior to the count and the night of the count. Instructions were also provided with the survey sheet that included a description of subpopulations. The combined approach to conducting the street count has proven to be a reliable way to count the number of homeless individuals in the Continuum of Care's large geographic area. One area of weakness that was discussed during a debriefing session is on the accuracy of counting homeless youth and families. We believe that our street count numbers for these two subpopulations are low. We engaged with volunteers who specialize in serving these subpopulations but plan to do more engagement in 2012 to locate homeless families and youth who may be on the street but hard to find.

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

Instructions:

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

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

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

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

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

If Other, specify:

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

The Continuum of Care lead works with and provides training and technical assistance to Street Count Coordinators in all 25 municipalities in the region. The Street Count Coordinators are trained on best practices for conducting a homeless street count, on preventing duplication, and on effectively counting unsheltered homeless persons. An emphasis is placed on preventing duplication. For example, in the City of Phoenix, maps of geographic boundaries are provided to Street Count volunteers and the volunteers are instructed not to count outside of their geographic boundaries assigned to them. A survey was used to collect subpopulation information and helped to reduce the chance for duplication. In high density areas, people were asked if they had already been counted by an enumerator. Also, in very high density areas, enumerators were assigned one-mile by one-mile geographic area to cover to ensure they had an adequate amount of time to cover their assigned area effectively and accurately. Enumerators were trained and instructed not to count people outside of their boundaries even, for example, if they could see someone just outside of their geographic boundary. Training sessions were held prior to the count, and on the night of the count. Time was given during the training that focused on de-duplication techniques, including a slide depicting the correct way to count. This was specifically done to reduce chances of duplication errors in the count.

Describe the CoCs efforts to reduce the number of unsheltered homeless households with dependent children. Discussion should include the CoCs outreach plan (limit 1500 characters):

The CoC uses a number of methods to reduce the number of homeless families on the street. There are 13 Homeless Outreach Teams that work with homeless families to get them off the streets, into shelter, and eventually into housing. Homeless outreach teams developed a collaborative effort to reduce the number of homeless people, including families, on the streets and place them in housing. The Regional Plan to End Homelessness includes goals to increase affordable housing options to 1,000 units over 10 years to prevent and end homelessness. Outreach efforts play an important role in this goal as they identify families on the streets and work with housing providers to get them stably housed. The CoC has prioritized permanent supportive housing projects for homeless families. Additional beds are being created in the community for families. Our CoC is one of 13 across the Country who participated in the HUD Family Options Study. The community will evaluate the results of the study to better understand what interventions work best for families with a variety of differing needs. This information will be used to develop appropriate housing solutions for families. The CoC has prioritized development of a centralized intake (CI) system that will improve on service delivery as well as provide rapid solutions for a family experiencing homelessness. CI will ensure homeless families are quickly moved from the streets to the most appropriate housing solution for their needs.

Describe the CoCs efforts to identify and engage persons that routinely sleep on the streets or other places not meant for human habitation (limit 1500 characters):

Many efforts are in place across the region to reduce the number of homeless and chronically homeless people sleeping on the streets. There are 13 homeless outreach teams across the region who regularly conduct outreach and engage with people sleeping on the streets. An outreach collaborative has formed over the past year focusing on coordination efforts among the outreach teams. The first Homeless Outreach Forum was held in May of 2011 and included training on outreach best practices. There are several new rapid re-housing programs in the region, including Project H3, our version of the Common Ground 100,000 Homes campaign. Outreach teams are working with people on the streets to not only provide them with resources but to place them in permanent housing programs. Outreach teams are in the process of housing the first 50 most vulnerable people in the community. The next phase of Project H3 is underway with H3 Vets. H3 Vets will house the most medically vulnerable veterans on the streets. Outreach is critical part of this project. Project Homeless Connect events are taking place monthly throughout the region. Coordinated outreach efforts take place before the PHC events to engage persons sleeping on the streets to attend the events. Transportation to the events are provided to those who need it. Once at the event, homeless persons are connected with shelter and housing options as well as many other services.

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

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

Instructions:

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

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

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

How many permanent housing beds are currently in place for chronically homeless persons?	626
In 12 months, how many permanent housing beds designated for chronically homeless persons are planned and will be available for occupancy?	661
In 5 years, how many permanent housing beds designated for chronically homeless persons are planned and will be available for occupancy?	890
In 10 years, how many permanent housing beds designated for chronically homeless persons are planned and will be available for occupancy?	1,640

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

1. Native American Connections will create 38 additional beds for CH individuals with bonus project funding allocated in the 2011 application.
2. The Human Services Campus will create 90 additional beds for CH individuals with bonus project funding allocated in the 2011 application.
2. Valley of the Sun United Way will help develop PSH units for chronically homeless individuals as the first phase of implementation of their PSH plan.
3. The Corporation for Supportive Housing, in partnership with Valley of the Sun United Way, will conduct a six month Permanent Supportive Housing Institute for collaborative projects in the region to aide non-profits in developing new PSH for chronically homeless persons.

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

1. Valley of the Sun United Way will partner with providers to create 1,000 units of permanent supportive housing for chronically homeless individuals by 2015. VSUW has created a permanent supportive housing implementation team, made up of public and private sectors, to implement their action plan. This plan is in alignment with and included in the Regional Plan to End Homelessness.
2. Corporation for Supportive Housing will create a local permanent housing institute for providers to develop permanent supportive housing.
3. The CoC Lead Agency will seek technical assistance to develop a centralized intake system. The centralized intake will ensure that chronically homeless persons are rapidly moved from the streets to permanent housing solutions. The contingency plan includes close monitoring on progress made towards goals and re-evaluation of goals and action steps if needed.

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

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

Instructions:

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

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

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

What is the current percentage of participants remaining in CoC-funded permanent housing projects for at least six months? 90

In 12 months, what percentage of participants will have remained in CoC-funded permanent housing projects for at least six months? 90

In 5 years, what percentage of participants will have remained in CoC-funded permanent housing projects for at least six months? 91

In 10 years, what percentage of participants will have remained in CoC-funded permanent housing projects for at least six months? 91

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

1.MAG Human Services Program Manager will ensure that permanent housing projects not meeting the goal of 77 percent develop a corrective plan indicating the action steps that they will take to improve their performance toward attaining and exceeding the national goal of 77 percent. The corrective plan will be evaluated on an annual basis.

2.The Continuum of Care Lead Agency will partner with the Corporation for Supportive Housing to conduct a "Seven Dimensions of Quality Supportive Housing" training for providers of permanent supportive housing. Low-performing providers will be required to attend.

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

1.MAG Human Services Program Manager will facilitate a discussion among permanent housing providers on housing retention barriers and best practices and develop a plan to address barriers.

2.MAG Human Services Program Manager will conduct training sessions for providers on housing retention best practices.

3.MAG CoC Regional Committee on Homelessness will recommend the reallocation of funding from permanent housing projects that are continuously unable to meet the goal of 77 percent and are not making progress on the agreed upon corrective plan.

The Continuum of Care Regional Committee on Homelessness has an implementation team that monitors progress made on the short and long term goals in the Plan. The contingency plan includes close monitoring on progress made towards goals and re-evaluation of goals and action steps if needed.

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

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

Instructions:

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

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

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

What is the current percentage of participants in CoC-funded transitional housing projects will have moved to permanent housing? 69

In 12 months, what percentage of participants in CoC-funded transitional housing projects will have moved to permanent housing? 69

In 5 years, what percentage of participants in CoC-funded transitional housing projects will have moved to permanent housing? 70

In 10 years, what percentage of participants in CoC-funded transitional housing projects will have moved to permanent housing? 75

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

1.MAG Human Services Program Manager will ensure that transitional housing projects not meeting the goal of 65 percent develop a corrective plan on implementing action steps they will take to improve their performance toward attaining and exceeding the goal of 65 percent. The corrective plan will be evaluated on an annual basis.

2.CoC Lead Agency will research best practices in terms of the need for transitional housing in a CoC, triaging for transitional housing, and strategies for increasing the effectiveness of transitional housing in transitioning clients into permanent housing and preparing them to retain that housing and maximize their self-sufficiency.

3. CoC Lead Agency will convene transitional housing providers to discuss current challenges, share research about the role of transitional housing in other CoCs, and discuss the appropriate role of transitional housing in this CoC in light of current needs and available resources.

Describe the CoCs long-term (10 year) plan to increase the percentage of participants in CoC-funded transitional housing projects that move to permanent housing to 65 percent or more (limit 1000 characters):

1.CoC Lead Agency will develop consistent approaches to assessing need and vulnerability of transitional housing clients and to track program performance in addressing client barriers to maintaining housing.

2. MAG CoC Regional Committee on Homelessness will require low performing transitional housing providers to routinely help their participants apply for subsidized housing and connect their clients with mainstream resources.

3.MAG CoC Regional Committee on Homelessness will recommend the reallocation of funding from transitional housing projects that are continuously unable to meet 65 percent and are not making progress on the agreed upon corrective plan.

The Continuum of Care has an implementation team that monitors progress made on the short and long term goals in the Plan. The contingency plan includes close monitoring on progress made towards goals and re-evaluation of goals and action steps if needed.

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

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

Instructions:

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

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

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

What is the current percentage of participants in all CoC-funded projects that are employed at program exit? 31

In 12 months, what percentage of participants in all CoC-funded projects will be employed at program exit? 31

In 5 years, what percentage of participants in all CoC-funded projects will be employed at program exit? 34

In 10 years, what percentage of participants in all CoC-funded projects will be employed at program exit? 35

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

1. Providers who are performing below 20 percent will develop a corrective plan for improving performance. The CoC Lead Agency will evaluate progress made on corrective plans on an annual basis.
2. CoC Lead Agency will research best practices in employment strategies and will convene providers to share and discuss research.

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

1. CoC Lead Agency will convene providers to discuss employment barriers and develop strategies based on local and national best practices.

2. CoC Lead Agency will implement strategies for improving performance of programs.

The Continuum of Care has an implementation team that monitors progress made on the short and long term goals in the Plan. The contingency plan includes close monitoring on progress made towards goals and re-evaluation of goals and action steps if needed.

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

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

Instructions:

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

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

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

What is the current total number of homeless households with children as reported on the most recent point-in-time count? 683

In 12 months, what will be the total number of homeless households with children? 658

In 5 years, what will be the total number of homeless households with children? 400

In 10 years, what will be the total number of homeless households with children? 200

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

- 1.UMOM New Day Centers will create 25 new units of permanent supportive housing for homeless and disabled families throughout the region.
- 2.Homeless families with children who attend monthly regional Project Homeless Connect events will be referred to permanent supportive housing providers who serve families.
- 3.The CoC will evaluate the results of the HUD Family Options Study to determine what housing interventions work best for homeless families, based on their needs. Providers will be convened to discuss the results of the study and discussion will begin on strengthening the housing options that work best.
4. The CoC Lead Agency will support the continued implementation of the Rapid Re-Housing for Homeless Families Demonstration project administered by Save the Family and UMOM New Day Centers.

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

1. The CoC will prioritize HUD bonus funding to provide permanent supportive housing for homeless families each year, decreasing the number of homeless families on the streets.
2. The CoC Lead Agency will seek technical assistance to develop a centralized intake system. The centralized intake will ensure that homeless families are rapidly moved from the streets to permanent housing solutions.
3. The CoC will support the development of housing interventions that work best for homeless families based on the outcomes from the HUD Family Options Study.
3. The CoC will develop recommendations for prevention strategies based on an assessment of best practices for homeless families with children. The Continuum of Care has an implementation team that monitors progress made on the short and long term goals in the Plan. The contingency plan includes close monitoring on progress made towards goals and re-evaluation of goals and action steps if needed.

3B. Continuum of Care (CoC) Discharge Planning

Instructions:

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

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

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

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

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

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

Foster Care (Youth Aging Out):

The CoC Lead Agency is a member of the State's Discharge Planning group of the AZ Commission on Homelessness and Housing ACCH. The group makes recommendations to the ACHH on policy improvements. Protocols among state agencies state that youth exiting foster care shall not be released to homelessness. The Dir. of the AZ Dept. of Economic Security co-chairs the ACHH to ensure continued discussion and coordination of fostered youth transition. It is the State's policy that "the department shall not transition a young adult to a state of homelessness." A case plan meeting shall be held when a decision to remove a young adult from continued placement is under consideration. The department shall ensure a discharge plan is developed for all youth served including: the plan to meet the identified needs as gathered from the comments, recommendations, and requests of the youth, caregiver and other service team members; and specific plans for obtaining any identified services. It is also the State's policy that eligible youth who discharge foster care at age 18 or older may request to re-enter an out of home placement any time prior to their 21st birthday. Youth who were in foster care at age 16 and older may participate in aftercare services with a local provider, and apply for funding for post-secondary education through the State's Education and Training Voucher program. HMIS data shows that 0% of persons in ES, TH or PSH list foster care as their prior living situation.

Health Care:

The CoC Lead Agency is a member of the State's Discharge Planning group of the AZ Commission on Homelessness and Housing (ACHH). The group makes recommendations to the ACHH on policy improvements. In AZ, primary health care is provided by the AZ Dept. of Health Services, the public and behavioral health state agency that represented on the ACHH. In 2011, the AZ Dept. of Health Services pursued and obtained a grant to develop an at-risk managed care program for the complete physical and behavioral healthcare needs via health homes for adults with SMI through an integrated and transparent health care services delivery system. The goal of health care plan is to establish healthy homes focusing on maintaining success of transformative initiatives through our Integrated Health Home Project (IHH). The IHH seeks to facilitate the integrated delivery of mental and physical health care for clients and will be behavioral health lead; meaning individuals with a SMI will receive physical health care in the familiar setting of their behavioral health clinic. PCPs find they often have less time to spend on the many health care needs of people challenged with SMI. Oftentimes, individuals with SMI don't see their PCPs because they are uncomfortable in primary care settings, or face other barriers such as homelessness, lack of transportation, and/or lack of friends or family to help them. This model seeks to address those barriers and move clients to recovery with a holistic approach.

Mental Health:

The CoC Lead Agency is a member of the State's Discharge Planning group of the AZ Commission on Homelessness and Housing (ACHH). The AZ Health Care Cost Containment System through the AZ Dept. of Health Services has policies that ensure that residents of the AZ State Hospital exiting in-patient health care treatment be assisted with housing or community living placement so as to not cause homelessness. The formalized protocol, adopted 9/24/08, requires individuals who are to be discharged from inpatient mental health programs to have an individualized case management and a housing assessment prior to discharge. Components include the review of medical necessity criteria for inpatient admissions, the development of a discharge plan, the development of an individual service plan, and the review and/or modification of the person's treatment plan, within 7 days of discharge from the facility. Housing is critical to assure that appropriate housing placement is completed. The client and case manager completes a Housing Needs Assessment and Meaningful Community Activities Worksheet together and submits completed forms to the Housing Administrator at the community mental health clinic. RBHAs contract with a network of service providers to deliver a full range of behavioral health care services, including prevention programs for adults and children and a full continuum of services for adults with substance abuse disorders and adults with serious mental illnesses.

Corrections:

The CoC Lead Agency is a member of the State's Discharge Planning group of the AZ Commission on Homelessness and Housing (ACHH). The group makes recommendations to the ACHH on policy improvements. Before an inmate's release, focus is given to pre-release preparations that enhance successful re-entry into society. The Arizona Department of Corrections (ADC) in collaboration with state and local partners provides re-entry classes, pre-release assistance with housing and referrals for community services to all inmates. Additional assistance to qualify pre-release for community health services and treatment is given to specialty populations. ADC is currently working with the Social Security administration to re-qualify prior to release those inmates who were on SSDI benefits before incarceration.

An inmate submits at least three release placement possibilities, including private residences or halfway houses. On average, ADC releases 90% of inmates with pre-approved housing placements and 10% on homeless status. However, in the vast majority of cases, placements are found immediately for inmates released on homeless status, therefore greatly reducing the number of offenders who are homeless. This results in 99% of supervised offenders being in viable housing placements.

For released inmates, the focus is on stable housing and access to services. Case management, supervision and services are provided by ADC's Community Corrections staff.

3C. Continuum of Care (CoC) Coordination

Instructions:

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

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

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

If yes, list the goals in the CoC strategic plan that are included in the Consolidated Plan: The following CoC goals are included in the five Consolidated Plans for our region: Increase the number, availability, and coordination of permanent supportive housing, affordable housing and services to individuals and families who are homeless; Leverage funding, services and housing to end homelessness in the region by creating new partnerships and strengthening collaborative relationships; Coordinate an effective network to prevent people from becoming homeless; Raise awareness and support for coordinated responses to end homelessness in the region.

Describe how the CoC is participating in or coordinating with the local Homeless Prevention and Rapid re-housing Program (HPRP) initiative, as indicated in the substantial amendment to the Consolidated Plan 2008 Action Plan (1500 character limit):

The MAG Continuum of Care Regional Committee on Homelessness coordinated an initial meeting convening all HPRP grantees in the region as well as the local HUD staff to discuss coordination of efforts. A representative from all six grantee jurisdictions attended the initial meeting and discussed initial planning and processes. The CoC Lead Agency holds HPRP Collaborator meetings quarterly in which HPRP recipients meet to discuss opportunities to learn from each other and to collaborate. Several McKinney-Vento funded agencies are sub-grantees, providing rapid re-housing. The HPRP grantees in the region have agreed to a data sharing policy in which data will be shared among jurisdictions. Many of the providers, or sub-grantees, are members of the Continuum of Care Regional Committee on Homelessness and communicate and collaborate with each other through the Continuum of Care forum.

Describe how the CoC is participating in or coordinating with any of the following: Neighborhood Stabilization Program (NSP) initiative, HUD VASH, or other HUD managed American Reinvestment and Recovery Act programs (2500 character limit)?

The MAG Continuum of Care Regional Committee on Homelessness is actively collaborating with grantees of the Homeless Prevention and Rapid re-housing program as well as other ARRA funded programs. The Continuum of Care Lead Agency conducts quarterly collaborator meetings in which ARRA program grantees are invited to participate. The purpose of the meetings is to promote collaboration and to share ideas with each other. The CoC's HMIS team provided trainings and technical assistance to ARRA funded grantees as well as sub-grantees. The local HUD office held collaborative meetings among grantees in the region for the Neighborhood Stabilization Program and offered technical assistance to grantees. That process was shared with staff from the Continuum of Care and staff used it as a model for collaboration of HPRP funding. Many of the sub-grantees are collaborating with each other to provide the best use of the local American Reinvestment and Recovery Act program funding.

Indicate if the CoC has established policies that require homeless assistance providers to ensure all children are enrolled in school and connected to appropriate services within the community? Yes

If yes, please describe the established policies that are in currently in place.

The CoC requires that HUD-funded programs serving families establish policies to ensure all children are enrolled in school and connected to local resources. HUD funded providers report on their activities in this area during the annual local renewal funding process. Agencies are informed that they are required to have these policies in place.

Describe the CoC's efforts to collaborate with local education agencies to assist in the identification of homeless families and inform them of their eligibility for McKinney-Vento education services. (limit 1500 characters)

The CoC Lead Agency has partnered with the Arizona Department of Education to conduct trainings for homeless and domestic violence service providers on the education provision of McKinney-Vento. Providers are given an overview of the McKinney-Vento Act, are informed on the education rights of homeless children, and provided with additional resources to ensure success when working with homeless families. The CoC Lead Agency has also attended meetings with the Arizona Department of Education State Homeless Coordinator and Homeless School Liaisons to discuss gaps and ways to better coordinate with each other to ensure homeless families are informed of their eligibility for resources and services. School Liaisons are invited to attend Continuum of Care Committee meetings as well as other planning sessions.

Describe how the CoC has, and will continue, to consider the educational needs of children when families are placed in emergency or transitional shelter. (limit 1500 characters)

The CoC requires HUD-funded programs to comply with HUDs education assurances. Through the local application process, providers are required to ensure a staff person is designated to connecting children are connected with school and other available community resources. In addition, the CoC has partnered with the AZ Department of Education to conduct trainings for homeless and domestic violence shelter providers to inform them of the education rights and encourage them to prioritize the educational needs of children in their programs. Many providers have a Youth Advocate that acts as the liaison between the family and school to ensure children's educational needs are being met. In addition, provider staff assists parents in maintaining their children's enrollment in their previous school or re-enrolling in a new school. Staff informs parents about their children's transportation rights if attending an out-of-district school. Each participant's advocate ensures that participants are informed of and able to access community resources appropriate to their needs. In many programs, Case managers monitor enrollment and participation of children in school in addition to providing community referrals appropriate for situation including Head Start. One of the domains of the self-sufficiency matrix addresses children's education and these plans are closely monitored and reviewed every 90 days to ensure progress and achieving goals.

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

The CoC Lead Agency participated in the development of the Arizona Action Plan to End Homelessness Among Veterans and participated in the annual Veterans Summit to ensure alignment of Federal, State, and local plans to prevent and end homelessness among veterans. The CoC has also participated in the Arizona StandDown and Project CHALENG. One of the newest strategies to combat homelessness among veterans is through Project H3 VETS. It is a special initiative based off Project H3 and the 100,000 Homes Campaign to house chronically homeless veterans. Project H3 VETS will use the Vulnerability Index Survey to prioritize the most medically vulnerable homeless veterans living on the streets in the Phoenix Metro area. The project will utilize the HUD-VASH supportive housing program to provide permanent housing and supportive services which includes case management, social support, and mental health services to chronically homeless veterans. Currently the process to house a chronically homeless veteran in the HUD-VASH program is an average of 126 days. Project H3 VETS will work with community partners, navigation teams, and Local, State, and Federal agencies, utilizing the process/practices learned during Project H3 to house chronically homeless veterans in a quarter of the time. The following organizations are currently serving veterans:Central Arizona Shelter Services,The Crossroads,UMOM,Ozanam Manor,Madison Street Veterans Association,and US Vets.

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

One of the goals in the CoC Action Plan is to prevent and end homelessness for all sub-populations. The CoC is planning to develop a centralized intake/assessment/referral resource targeting system to ensure the most effective outcomes for the most appropriate populations, including homeless youth. This will ensure that homeless youth are quickly referred to the most appropriate providers of housing and resources and are quickly moved from the streets into housing. The CoC is also working to ensure that there are adequate housing and services for youth and young adults experiencing homelessness. The CoC will evaluate this by researching best practices in youth/young adult homeless services and housing. All agencies will meet to review best practices found and determine how to implement new ideas. The CoC will plan on, as resources allow, implementing new programs to meet the needs of homeless youth. The Director of the AZ Dept. of Economic Security co-chairs the Governor’s Council on Housing and Homelessness to ensure continued discussion and coordination concerning fostered youth transition with an emphasis on preventing homelessness. The following agencies are currently providing outreach, housing and services in a coordinated way for this population: Tumbleweed Center for Youth Development, Native American Connections through Homeward Bound, and Stand Up for Kids.

3D. Hold Harmless Need (HHN) Reallocation

Instructions:

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

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

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

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

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

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

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

4A. Continuum of Care (CoC) 2010 Achievements

Instructions:

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

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

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

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

Objective	FY2010 Proposed Numeric Achievement:		Actual Numeric Achievement	
Create new permanent housing beds for the chronically homeless.	640	Beds	626	Beds
Increase the percentage of homeless persons staying in permanent housing over 6 months to at least 77%.	90	%	90	%
Increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 65%.	65	%	69	%
Increase the percentage of homeless persons employed at exit to at least 20%	30	%	31	%
Decrease the number of homeless households with children.	789	Households	683	Households

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

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

The CoC has achieved the FY2010 proposed goals in four of the five objective areas. The only goal that has not been achieved numerically is in "creating new permanent housing beds for chronically homeless". Our CoC was awarded new project funding in 2010 to create 16 additional units of permanent supportive housing for chronically homeless individuals. As soon as this project is underway, our total number of beds will be 642 and we will have achieved our goal. In the category "decrease the number of homeless households with children" the 2010 application incorrectly listed the numeric achievement as 47. That number only accounted for households on the street and did not include households in shelter. The correct number should have been 789 as indicated above. We have reduced the number of homeless households to 683 both on the streets and sheltered.

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

Instructions:

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

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

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

Year	Number of CH Persons	Number of PH beds for the CH
2009	624	568
2010	615	654
2011	789	672

Indicate the number of new permanent housing beds in place and made available for occupancy for the chronically homeless between February 1, 2010 and January 31, 2011. 50

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

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

If the number of chronically homeless persons increased or if the number of permanent beds designated for the chronically homeless decreased, please explain (limit 750 characters):

The number of chronically homeless persons in the point in time street count increased. It is believed that the number of chronically homeless persons on streets increased due to a change in methodology for administering the count. During the 2011 street count volunteers were trained to survey each individual they encountered as homeless on the streets to determine if they met the definition of chronic. In previous counts, only experts determined if persons on the street should be counted as chronically homeless under HUDs definition. The increased number of volunteers determining chronic status led to an increased and more accurate number of chronic homelessness in the region.

4C. Continuum of Care (CoC) Housing Performance

Instructions:

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

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

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

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

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

Participants in Permanent Housing (PH)	
a. Number of participants who exited permanent housing project(s)	484
b. Number of participants who did not leave the project(s)	2142
c. Number of participants who exited after staying 6 months or longer	400
d. Number of participants who did not exit after staying 6 months or longer	1959
e. Number of participants who did not exit and were enrolled for less than 6 months	140
TOTAL PH (%)	90

Instructions:

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

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

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

Participants in Transitional Housing (TH)	
a. Number of participants who exited TH project(s), including unknown destination	812
b. Number of SHP transitional housing participants that moved to permanent housing upon exit	561
TOTAL TH (%)	69

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

Instructions:

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

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

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

Total Number of Exiting Adults: 1,746

Mainstream Program	Number of Exiting Adults	Exit Percentage (Auto-calculated)	
SSI	226	13	%
SSDI	161	9	%
Social Security	9	1	%
General Public Assistance	32	2	%
TANF	107	6	%
SCHIP	5	0	%
Veterans Benefits	47	3	%
Employment Income	544	31	%
Unemployment Benefits	53	3	%
Veterans Health Care	45	3	%
Medicaid	700	40	%
Food Stamps	708	41	%
Other (Please specify below)	128	7	%
Child Support, Alimony, 401K, WIC, Child care, and tribal pay			
No Financial Resources	666	38	%

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

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

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

Instructions:

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

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

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

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

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

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

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

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

The Continuum of Care analyzes project APRs annually to assess project outcomes and access to mainstream programs. The Continuum of Care Lead Agency reviews each program APR. Program performance is measured by assessing goal achievement for each program. For TH programs, performance on transitioning clients from TH to PH is reviewed as well as connection to mainstream programs. The CoC Lead agency follows up directly with program staff on areas of concern. If APR performance is a concern, providers are required to develop action plans to improve their performance. The information from the APRs is used to determine priority for which programs need technical assistance. APR training was conducted in June of 2008 and technical assistance is provided on an as-needed basis. Low performing projects receive additional technical assistance and guidance on their APR performance.

Does the CoC have an active planning committee that meets at least 3 times per year to improve CoC-wide participation in mainstream programs? Yes

If "Yes", indicate all meeting dates in the past 12 months.

As part of the CoC's Regional Plan to End Homelessness, brownbag training sessions have been conducted for service providers to increase access and knowledge of mainstream resources. The following meetings have been held. SSI/SSDI Case Manager training September 17, 2010 and September 28, 2011. In addition, monthly Project Homeless Connect events take place across the region and have been held: January 13, February 4-6, March 17, April 12, May 26, June 16, July 21, August 18, September 23, and October 20th. Additional Project Connect events are planned for November 15 and December 15. State agencies attend these events and help to sign people up for mainstream programs. Project Homeless Connect events took place each month in 2011 in various cities across the region.

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

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

If yes, identify these staff members Provider Staff

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

If "Yes", specify the frequency of the training. annually (every year)

Does the CoC use HMIS as a way to screen for mainstream benefit eligibility? No

If "Yes", indicate for which mainstream programs HMIS completes screening.

Has the CoC participated in SOAR training? Yes

If "Yes", indicate training date(s).

Beginning in February 2009, the CoC, in partnership with the local Social Security Administration, began providing quarterly brown-bag training sessions to homeless service providers on determining SSI/SSDI eligibility requirements, following up on the status of applications, and successfully completing paperwork to get eligible clients on SSI/SSDI. Trainings were provided on September 17, 2010 and September 28, 2011. A collaborative group of providers, including a representative from the local Corporation for Supportive Housing are actively working to conduct another SOAR initiative in 2012. This effort will be focused at the Human Services Campus, a one-stop campus providing an array of services, shelter, and housing opportunities for more than 1,000 homeless people a day.

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

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

Activity	Percentage
1. Case managers systematically assist clients in completing applications for mainstream benefits. 1a. Describe how service is generally provided:	80%
Case Managers work with clients to determine if they are eligible for mainstream benefits. If clients are eligible, Case Managers work with clients assisting with completing applications, helping clients obtain necessary documentation, assist with follow up and can sometimes provide transportation to and from appointments	
2. Homeless assistance providers supply transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs.	80%
3. Homeless assistance providers use a single application form for four or more mainstream programs: 3.a Indicate for which mainstream programs the form applies:	0%
4. Homeless assistance providers have staff systematically follow-up to ensure mainstream benefits are received.	72%
4a. Describe the follow-up process:	
Case Managers meet with clients on a routine basis to ensure benefits are received. Case Managers asses progress made on eligiblity and applications submitted, set new goals with clients if needed and follow up with clients and mainstream benefit providers to ensure benefits are received.	

Continuum of Care (CoC) Project Listing

Instructions:

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

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

Project Name	Date Submitted	Grant Term	Applicant Name	Budget Amount	Proj Type	Prog Type	Comp Type	Rank
NOVA SafeHaven	2011-10-04 22:13:...	1 Year	Arizona Behaviora. ..	1,114,795	Renewal Project	SHP	SH	F
Transitiona l Hous...	2011-10-04 20:28:...	1 Year	Save the Family F...	420,100	Renewal Project	SHP	TH	F
Tempe Youth Resou...	2011-10-05 14:54:...	1 Year	Tumblewe ed Center...	214,429	Renewal Project	SHP	SSO	F
Casa de Paz	2011-10-04 20:52:...	1 Year	Arizona Behaviora. ..	373,993	Renewal Project	SHP	PH	F
Stepping Stone Place	2011-10-03 23:27:...	1 Year	Native American C...	91,043	Renewal Project	SHP	PH	F
Brookside	2011-10-04 21:56:...	1 Year	Arizona Behaviora. ..	202,030	Renewal Project	SHP	PH	F
CONTACTS Shelter H...	2011-09-26 15:21:...	1 Year	Communit y Informa...	176,752	Renewal Project	SHP	SSO	F
Nurture Care Enha...	2011-10-03 11:10:...	1 Year	United Methodist ...	187,584	Renewal Project	SHP	SSO	F
Horace Steele Com...	2011-10-03 14:59:...	1 Year	Arizona Housing, ...	58,025	Renewal Project	SHP	PH	F
Lamplighte r (SMI)	2011-10-03 11:07:...	1 Year	United Methodist ...	80,126	Renewal Project	SHP	PH	F
Haven House Trans...	2011-10-03 11:03:...	1 Year	United Methodist ...	201,671	Renewal Project	SHP	TH	F
HUD 3024	2011-10-04 21:22:...	1 Year	Arizona Behaviora. ..	519,019	Renewal Project	SHP	PH	F

Nicholas Transiti...	2011-10-03 23:24:...	1 Year	Native American C...	333,370	Renewal Project	SHP	TH	F
Pappas Place Drop...	2011-10-05 14:58:...	1 Year	Tumblewe ed Center...	318,729	Renewal Project	SHP	SSO	F
SBHS HIV/AIDS Per...	2011-10-04 22:05:...	1 Year	Arizona Behaviora. ..	20,775	Renewal Project	SHP	PH	F
House of Refuge	2011-10-21 17:30:...	1 Year	Arizona Behaviora. ..	903,424	Renewal Project	SHP	TH	F
Veterans in Progress	2011-10-14 19:25:...	1 Year	U.S. Veterans Ini...	496,557	Renewal Project	SHP	TH	F
HIV Case Managem e...	2011-10-03 19:31:...	1 Year	Area Agency on Ag...	60,735	Renewal Project	SHP	PH	F
WINR Achievers	2011-10-03 11:55:...	1 Year	Women In New Reco...	46,862	Renewal Project	SHP	PH	F
Self-Determinat io...	2011-10-03 16:54:...	1 Year	Phoenix Shanti Group	34,599	Renewal Project	SHP	SSO	F
Shelter Plus Care...	2011-10-04 23:59:...	1 Year	Arizona Departmen ...	1,573,692	Renewal Project	S+C	TRA	U
HUD3084	2011-10-04 23:00:...	1 Year	Arizona Behaviora. ..	938,788	Renewal Project	SHP	PH	F
De Colores Transi...	2011-10-03 11:32:...	1 Year	Chicanos Por La C...	101,737	Renewal Project	SHP	TH	F
Housing First for...	2011-10-26 15:28:...	1 Year	United Methodist ...	391,238	New Project	SHP	PH	P3
Center for Hope	2011-10-05 09:51:...	1 Year	Communit y Bridges...	344,610	Renewal Project	SHP	TH	F
The Thunderbir ds ...	2011-10-04 19:48:...	1 Year	Homeward Bound	313,761	Renewal Project	SHP	TH	F
Maricopa HMIS Pro...	2011-09-26 15:45:...	1 Year	Communit y Informa...	400,921	Renewal Project	SHP	HMIS	F
Transitiona l Hous...	2011-10-02 22:15:...	1 Year	Sojourner Center	417,763	Renewal Project	SHP	TH	F
Stepping Stones P...	2011-10-25 15:39:...	1 Year	Native American C...	478,800	New Project	SHP	PH	P2

Casa Mia	2011-10-04 21:06:...	1 Year	Arizona Behaviora..	687,027	Renewal Project	SHP	PH	F
Another Chance	2011-10-05 15:04:...	1 Year	Recovery Innovati...	990,010	Renewal Project	SHP	PH	F
PSH3109	2011-10-04 23:35:...	1 Year	Arizona Behaviora..	693,793	Renewal Project	SHP	PH	F
HIV Case managem e...	2011-10-03 20:20:...	1 Year	Area Agency on Ag...	126,575	Renewal Project	SHP	PH	F
HUD EI Mirage/Sur ...	2011-10-03 12:54:...	1 Year	Catholic Charitie...	24,039	Renewal Project	SHP	TH	F
Kaiser Family Center	2011-10-04 16:40:...	1 Year	The Salvation Army	45,360	Renewal Project	SHP	SSO	F
LCSA Transitiona l...	2011-09-14 12:27:...	1 Year	Labor's Communit y...	279,594	Renewal Project	SHP	TH	F
Village	2011-10-04 23:48:...	1 Year	Arizona Behaviora..	1,801,534	Renewal Project	SHP	PH	F
Transitiona l Livi...	2011-10-05 14:49:...	1 Year	Tumblewe ed Center...	439,700	Renewal Project	SHP	TH	F
Shelter Plus Care...	2011-10-05 00:13:...	1 Year	Arizona Departmen ...	3,064,080	Renewal Project	S+C	TRA	U
Permanent Housing	2011-10-14 20:01:...	1 Year	U.S. Veterans Ini...	152,948	Renewal Project	SHP	PH	F
Sunrise Circle	2011-10-03 23:34:...	1 Year	Native American C...	35,000	Renewal Project	SHP	PH	F
HIV Case Managem e...	2011-10-03 19:11:...	1 Year	Area Agency on Ag...	63,064	Renewal Project	SHP	PH	F
Catherine Arms	2011-10-03 23:20:...	1 Year	Native American C...	163,178	Renewal Project	SHP	PH	F
Faith House Trans...	2011-10-03 12:22:...	1 Year	A New Leaf, Inc.	510,688	Renewal Project	SHP	TH	F
Shanti	2011-10-04 22:29:...	1 Year	Arizona Behaviora..	70,456	Renewal Project	SHP	PH	F
Transitiona l Shel...	2011-10-04 12:48:...	1 Year	Chrysalis Shelter...	24,269	Renewal Project	SHP	TH	F

Project HOPE	2011-10-04 18:30:...	1 Year	The Salvation Army	73,080	Renewal Project	SHP	SSO	F
Shelter Plus Care...	2011-10-05 00:08:...	1 Year	Arizona Departmen ...	1,985,232	Renewal Project	S+C	TRA	U
Scattered-Sites	2011-10-04 19:53:...	1 Year	Homeward Bound	26,250	Renewal Project	SHP	TH	F
Pinchot Apartment. ..	2011-10-04 13:52:...	1 Year	Lifewell Behavior...	99,105	Renewal Project	SHP	PH	F
PSH3106	2011-10-04 23:40:...	1 Year	Arizona Behaviora. ..	685,755	Renewal Project	SHP	PH	F
Homeless Haven	2011-10-03 11:56:...	1 Year	Southwest Behavio...	205,977	Renewal Project	SHP	TH	F
209 West Jackson	2011-10-25 09:35:...	1 Year	Human Services Ca...	576,504	New Project	SHP	PH	P1
Transitiona l Hous...	2011-10-04 20:17:...	1 Year	Save the Family F...	215,406	Renewal Project	SHP	TH	F
East Valley Men's...	2011-10-03 12:16:...	1 Year	A New Leaf, Inc.	58,878	Renewal Project	SHP	TH	F
PSH 2009	2011-10-04 23:07:...	1 Year	Arizona Behaviora. ..	435,418	Renewal Project	SHP	PH	F
Horace Steele Com...	2011-10-03 14:48:...	1 Year	Arizona Housing, ...	78,663	Renewal Project	SHP	PH	F

Budget Summary

FPRN	\$16,357,965
Permanent Housing Bonus	\$1,446,542
SPC Renewal	\$6,623,004
Rejected	\$0

Attachments

Document Type	Required?	Document Description	Date Attached
Certification of Consistency with the Consolidated Plan	Yes	AZ502 Phoenix/Mes...	10/25/2011

Attachment Details

Document Description: AZ502 Phoenix/Mesa/Maricopa CoC Certification of Consistency with Consolidated Plan