RTFH
SAN DIEGO'S
REGIONAL LEADER
ON HOMELESSNESS

San Diego YHDP Round 8 Project Special Activities Policies, Procedures & Forms

Background and Purpose

The Regional Task Force on Homelessness (RTFH) provides these standards and implementation guidance to support the administration of San Diego's Youth Homelessness Demonstration Program (YHDP) Round 8 projects.

This document identifies applicable requirements and approved special YHDP activities and flexibilities as set forth in the CoC Program Interim Rule and in Appendix A of HUD's FY2023 YHDP NOFO.

RTFH establishes minimum program standards and documentation expectations. Subrecipients are responsible for developing, maintaining, and implementing their own internal policies and procedures to ensure compliance with applicable requirements and for maintaining records that demonstrate compliance.

The terms *special activities* and *flexibilities* are used interchangeably throughout this document.

Procedures and forms included in this document are provided as implementation resources unless specifically identified as required. Subrecipients may use these materials or their own equivalent procedures and documentation, provided all applicable HUD requirements, RTFH standards, and grant conditions are met.

RTFH retains responsibility for grant oversight and may review subrecipient procedures and documentation through monitoring and other compliance activities.

Table of Contents

Background 1
Table of Contents 1
Policies to Support YHDP Flexibilities 3
(1P) Minimum Lease Term Policy & Procedure 3
(1F) Form: Minimum Lease Term 5
(2P) Habitability Standards Policy & Procedure 7
(2F-RRH) Form: Habitability Standards for RRH Units 12
(3P) Flexible Costs Policy & Procedure 14
(3F) Form: Flexible Costs 18
(3F.j) Mileage Log 28
(4P) Owner Incentive & Retention Payments Policy & Procedure 29
(4F) Form: Owner Incentive & Retention Payments 31
(5P) Additional Rental Assistance (24 to 36 Total Months) Policy & Procedure 33
(5F) Form: Additional Rental Assistance (24 to 36 Total Months) 35
(6P) Additional Supportive Services Assistance (6 to 24 Total Months after End of Rental Assistance) Policy & Procedure 37

(6F) Form: Additional Supportive Services Assistance (6 to 24 Total Months after End of Rental Assistance) 39
(7P) Employing People Enrolled in Services Policy & Procedure 42
(7F) Forms: Employing People Enrolled in Services 43
(8P) Use of Hotel or Motel for TH Emergency Lodging 49
(8F) Form: Short-Term Hotel/Motel Stay in TH 51



Policies to Support YHDP Flexibilities

(1P) Minimum Lease Term

YHDP NOFO Reference

FY2023 YHDP NOFO, Appendix A, Part I.C.1.a.(1): "*YHDP housing projects may have leases for a minimum term of 1 month under rental assistance budget line items.*"

Purpose

The policy provides flexibility to youth and young Adults (YYA) seeking housing through YHDP Round 8 TH-RRH and RRH projects by allowing minimum lease terms of one month under the rental assistance budget line items.

It is imperative that projects and YYA work together to ensure that short-term leases function as strengths and not opportunities for exploitation. This policy outlines the process to document youth choice and protections to ensure effective use of this flexibility.

Policy

YHDP Round 8 TH-RRH and RRH projects may provide rental assistance under RRH for participants with leases with a minimum term of one month (usually, the CoC Program requires a minimum lease term of 12 months). The minimum term of one month allows for flexibility for YYA who have experienced homelessness, enabling them to secure stable housing without being constrained by longer-term lease obligations and without limiting them only to landlords willing to enter into a 12-month lease. All relevant program requirements and conditions of leases continue to apply to leases less than 12 months.

Case managers must work with youth participants to identify whether a lease term of fewer than 12 months (a) is what they want and (b) seems beneficial and seems unlikely to be exploitative to the participant longer-term. Case managers must document their justification for using this special activity.

Eligible justifications:

- **Credit or Rental History:** For example, YYA has experienced rental evictions or rental debt, making it challenging to secure a landlord willing to commit to a year-long lease. A flexible leasing option would help them to demonstrate a commitment to timely payments while building trust with the landlord over the course of a shorter term lease.
- **Housing Uncertainty:** For example, YYA is on various housing waitlists for affordable housing or other supports outside of this program. This means they are uncertain about the duration of their waitlisted status and require a shorter-term lease to avoid being bound by longer-term obligations, ensuring flexibility as their housing situation evolves.
- **Upcoming Life Changes:** For example, YYA is planning to enter college and live on campus, enter into the military, move elsewhere, or move in with a partner in less than 12 months. These life events introduce a level of uncertainty regarding housing needs, making a shorter-term or month-to-month lease the most suitable option to support the young person's choice and goals.

- **Fulfilled year-long lease and it's now changing terms:** For example, a YYA had a year-long lease that they fulfilled and it transitions to month-to-month after the first year. Projects are not required to execute another full year lease in order to continue to provide rental assistance to a client who has already completed a lease term of a full-year
- **Other:** This flexibility can be utilized for other reasons as documented and approved by the participant, case manager, and program manager.

Process

1. The case manager must fill out the form below, including an attached copy of the proposed lease, whenever a program participant needs or requests a lease term of less than 12 months.
2. The program manager must review within 2 business days. The program manager must document their approval or denial of the proposed lease term and plan and notify the case manager once a decision has been made.
    a. If denied, and if there is more documentation needed to be able to approve the request, the case manager must follow up and repeat steps 1 and 2 within a week, in consultation with the program participant.
3. The case manager must save a copy of the completed form and documentation alongside the participant's lease in their case file.



(1F) Form: Minimum Lease Term

Project Type: ***(Note: This is only applicable to RRH projects' rental assistance line items. Thus, it is not applicable to Joint Component projects' TH Components, nor is it applicable to RRH projects utilizing leasing instead of rental assistance to house clients.)***

- **Joint Component Project: RRH Component**
- **RRH Project**

Participant Name: _____

Participant HMIS ID#: _____

Case Manager: _____

Requested Lease Term (e.g., 1 month, 3 months, 6 months): _____

📃 **Attach a copy of the proposed lease.**

Justification for requesting a lease of under 12 months (check all relevant boxes and explain):

- **Credit or Rental History:** _____
- **Housing Uncertainty:** _____
- **Upcoming Life Changes:** _____
- **Fulfilled year-long lease and it's now changing terms:** _____
- **Other:** _____

What do the lease terms say regarding how and with how much notice the landlord can refuse to renew the lease?

_____

_____

_____

_____

What is the case manager's role in ensuring the participant's housing is secure from month to month?

_____

_____



_____

_____

What is the participant's role in ensuring their housing is secure from month to month?

_____

_____

_____

_____

PARTICIPANT MUST COMPLETE:

I, _____, have reviewed and agree with the contents of this form. I consent to entering into a short-term lease of _____. I understand my case manager's role and my own role in communicating and ensuring my housing is secure from month to month.

Participant signature: _____

PROGRAM MANAGER MUST COMPLETE:

Program Manager (Approver) Name: _____

- Lease term & plan approved
- Lease term & plan denied

Comments: _____

_____

Program Manager (Approver) Signature: _____

Date: _____



(2P) Habitability Standards Policy & Procedure

YHDP NOFO Reference

FY2023 YHDP NOFO, Appendix A, Part I.C.1.a.(8): "*YHDP recipients may use habitability standards in 24 CFR 576.403(c) rather than Housing Quality Standards in 24 CFR 578.75 for short or medium-term (up to 24 months) housing assistance. Recipients implementing this special YHDP activity must keep documentation of which standards are applied to the units and proof that the units complied with the standards before assistance is provided for every unit funded by YHDP.*"

Purpose

This policy supports the implementing agency in using Habitability Standards rather than Housing Quality Standards for a YHDP Round 8 TH-RRH or RRH grant.

To use this special YHDP activity, the NOFO requires the project to "keep documentation of which standards are applied to the units and proof that the units complied with the standards before assistance is provided for every unit funded by YHDP."

Additional resources related to habitability standards are available at these links:

- ESG Minimum Habitability Standards for Emergency Shelters and Permanent Housing (HUD Exchange). Includes:
    - Overview document of HUD's habitability standards as they apply to emergency shelter and permanent housing settings
    - Sample habitability inspection checklist.

Policy

Case managers are required to conduct a habitability standards inspection using the attached form for any participant housed by this program to ensure that any unit for which this project is paying leasing or rental assistance meets HUD's habitability standards in 24 CFR 576.403(c).

Program managers are required to review and approve all Habitability Standards Forms before the program pays for any rental assistance or leasing dollars toward a program participant's housing. Ideally, participants should not sign leases before completing the inspection, as doing so may risk loss of security deposit or other negative impacts on their rental history and credit.

Process

1. Case manager conducts a habitability standards inspection using the Habitability Standards Form that accompanies this policy, or an approved agency form that includes all the same elements, within 3 business days of the unit being ready for inspection as an option for a program participant.
    a. If the unit does not pass inspection, the case manager provides required updates to the landlord.
        i. If the landlord makes the requisite fixes, the case manager must re-do step 1 before moving to step 2.

ii. If the landlord does not comply with the request, then the participant / case manager must find another unit for the participant to move into that does pass inspection.

2. If the unit passes the inspection, the case manager submits the form to the program manager.
3. Program manager reviews the Habitability Standards Form within 1 business day.
    a. If the program manager has questions or concerns with the form's completion or the state of the unit, they must discuss with the case manager within 2 business days to determine next steps.
4. If the program manager approves the Habitability Standards Form, they sign off on it and notify the case manager that they can move forward with next steps to support the program participant in signing a lease and moving into the unit.
5. Case manager must save a copy of the completed and signed Habitability Standards Form in each program participant's case file and upload in HMIS.



(2F-RRHA) Form: Habitability Standards for RRH Units - Initial Inspection

The information in this form comes from: ESG Minimum Habitability Standards for Emergency Shelters and Permanent Housing (HUD Exchange) and Sample Habitability Standards Checklist (hud.gov).

Minimum Standards for Transitional or Permanent Housing

Instructions: Place a check mark in the correct column to indicate whether the property is approved or deficient with respect to each standard. The property must meet all standards in order to be approved. A copy of this checklist should be placed in the participant file.

Approved	Deficient	Standard *(24 CFR part 576.403(c))*
_____	_____	**1.** ***Structure and materials*****:** The structure is structurally sound to protect the residents from the elements and not pose any threat to the health and safety of the residents.
_____	_____	**2.** ***Access:*** The housing must be accessible and capable of being utilized without unauthorized use other private properties. Structures must provide alternate means of egress in case of fire.
_____	_____	**3.** ***Space and security*****:** Each resident is provided adequate space and security for themselves and their belongings. Each resident is provided an acceptable place to sleep.
_____	_____	**4.** ***Interior air quality*****:** Each room or space has a natural or mechanical means of ventilation. The interior air is free of pollutants at a level that might threaten or harm the health of residents.
_____	_____	**5.** ***Water Supply*****:** The water supply is free from contamination.
_____	_____	**6.** ***Sanitary Facilities*****:** Residents have access to sufficient sanitary facilities that are in proper operating condition, are private, and are adequate for personal cleanliness and the disposal of human waste.
_____	_____	**7.** ***Thermal environment*****:** The housing has any necessary heating/cooling facilities in proper operating condition.
_____	_____	**8.** ***Illumination and electricity*****:** The structure has adequate natural or artificial illumination to permit normal indoor activities and support health and safety. There are sufficient electrical sources to permit the safe use of electrical appliances in the structure.



Approved	Deficient	Standard *(24 CFR part 576.403(c))*
_____	_____	**9. *Food preparation*:** All food preparation areas contain suitable space and equipment to store, prepare, and serve food in a safe and sanitary manner.
_____	_____	**10. *Sanitary condition*:** The housing is maintained in sanitary condition.
_____ a: ____ b: ____ c: ____ d: ____	_____ a: ____ b: ____ c: ____ d: ____	**11. *Fire safety*:** a. There is a second means of exiting the building in the event of fire or other emergency. b. The unit includes at least one battery-operated or hard-wired smoke detector, in proper working condition, on each occupied level of the unit. Smoke detectors are located, to the extent practicable, in a hallway adjacent to a bedroom. c. If the unit is occupied by hearing-impaired persons, smoke detectors have an alarm system designed for hearing-impaired persons in each bedroom occupied by a hearing-impaired person. d. The public areas are equipped with a sufficient number, but not less than one for each area, of battery-operated or hard-wired smoke detectors. Public areas include, but are not limited to, laundry rooms, day care centers, hallways, stairwells, and other common areas.
_____	_____	**12.** Meets additional recipient/subrecipient standards (if any).

Approved	Deficient	Community Standard
_____	_____	**13. *Food Preparation*:** The unit includes an oven, built in or countertop, either in the unit or access to an oven in a shared space. ***Note:*** Youth participant may choose to accept a unit without an oven. Certification statement must include participant signature below

Program participant certifies that they are choosing to accept a unit without an oven. By signing this participant acknowledges that they were provided available alternatives to a unit without an oven and chose to accept a unit that does not meet expected community standards for housing.

Name : _____

Signature : _____

Date : _____



HABITABILITY INSPECTION CERTIFICATION STATEMENT

I certify that I am not a HUD certified inspector and have evaluated the property located at the address below to the best of my ability and find the following:

_____ Property meets all of the above standards.
_____ Property does not meet all of the above standards.

Comments: If participant approves a unit without an oven, please provide information on efforts to secure housing that met the minimum community standard and the choices offered to participant.

_____

_____

_____

_____

_____

Agency Name: _____

Project Type:
_____ Joint Component Project: TH Component
_____ Joint Component Project: RRH Component
_____ RRH Project

Program Participant Name: _____

Program Participant HMIS ID#: _____

Unit Street Address: _____

Apartment # (if applicable): _____

City: _____ **State:** _____ **Zip:** _____

Date of inspection: _____

Case Manager / Housing Inspector Name: _____

By signing below, I certify that this property passes this inspection and endorse its approval as a habitable unit for this program participant.

Case Manager / Housing Inspector Signature: _____



(2F-RRHB) Form: Habitability Standards for RRH Units - Repeat Inspection

Minimum Standards for Transitional or Permanent Housing

Instructions: This form is only to be used if the unit had a previous inspection and is being utilized for a new client or to renew the lease for the current client. Place a check mark in the correct column to indicate whether the property is approved or deficient with respect to each standard. The property must meet all standards in order to continue in use. A copy of this checklist should be placed in the participant file.

Approved	Deficient	Standard *(24 CFR part 576.403(c))*
_____	_____	**14. *Structure and materials*:** There is not any visible structural damage to the unit
_____	_____	**15. *Space and security*:** The unit is able to be properly secured and there is adequate space for all residents to sleep
_____	_____	**16. *Interior air quality*:** Each room or space has means of ventilation in proper working condition.
_____	_____	**17. *Water and Sanitation*:** The water supply and sanitary facilities are in proper operating condition
_____	_____	**18. *Thermal environment*:** The housing has any necessary heating/cooling facilities in proper operating condition.
_____	_____	**19. *Illumination and electricity*:** The structure has adequate natural or artificial light to permit normal indoor activities. Electrical sources are in proper operating condition.
_____	_____	**20. *Food preparation*:** All food preparation areas contain suitable space and operational equipment
_____	_____	**21. *Sanitary condition*:** The housing is maintained in sanitary condition.
_____	_____	**22. *Fire safety*:** Smoke detectors are in working order and there is an accessible secondary means to exit the unit in case of a fire or other emergency



HABITABILITY REINSPECTION CERTIFICATION STATEMENT

I certify that I am not a HUD certified inspector and have evaluated the property located at the address below to the best of my ability and find the following:

_____ Property meets all of the above standards.
_____ Property does not meet all of the above standards.

Comments: _____

_____

_____

_____

_____

Agency Name: _____

Project Type:
_____ Joint Component Project: TH Component
_____ Joint Component Project: RRH Component
_____ RRH Project

Program Participant Name: _____

Program Participant HMIS ID#: _____

Unit Street Address: _____

Apartment # (if applicable): _____

City: _____ **State:** _____ **Zip:** _____

Date of inspection: _____

Case Manager / Housing Inspector Name: _____

By signing below, I certify that this property passes this inspection and endorse its approval as a habitable unit for this program participant.

Case Manager / Housing Inspector Signature: _____



(3P) Flexible Costs Policy & Procedure

YHDP NOFO Reference

FY2023 YHDP NOFO, Appendix A, Part I.C.1.a.(13): "*YHDP grant funds may be used for the following if they are necessary to assist program participants to obtain and maintain housing. Recipients and subrecipients must maintain records establishing how it was determined paying the costs was necessary for the program participant to obtain and retain housing and must also conduct an annual assessment of the needs of the program participants and adjust costs accordingly.*

(b) The costs to pay for any damage to housing due to the action of a program participant, which may be paid while the youth continues to reside in the unit. The total costs paid for damage per program participant may not exceed the cost of two months' rent.
(c) The costs of providing household cleaning supplies to clients.
(d) Housing start-up expenses for program participants, including furniture, pots and pans, linens, toiletries, and other household goods, not to exceed $300 in value per program participant.
(e) The one-time cost of purchasing a cellular phone and service for program participant use, if necessary for the participant to obtain or maintain housing.
(f) The cost of internet in a program participant's unit
(g) Payment of rental arrears consisting of a one-time payment for up to 6 months of rent in arrears, including any late fees on those arrears.
(h) Payment of utility arrears of up to 6 months per service.
(i) Up to three months of utilities for a program participant, based on the utility costs schedule for the unit size and location.
(j) In addition to transportation costs eligible in 24 CFR 578.53(e)(15), a recipient may pay gas and mileage costs for a program participant's personal vehicle for trips to and from medical care, employment, childcare, or other services eligible under 24 CFR 578.53(e).
(k) Legal fees, including court fees, bail bonds, and required courses and equipment.
(l) Program participant's past driving fines and fees that are blocking a young person from being able to obtain or renew a driver's license and impacting their ability to obtain or maintain housing. Additionally, recipients may pay for program participants' costs for insurance and registration for personal vehicles if the personal vehicle is necessary to reach medical care, employment, childcare, or other services eligible under this section."

Purpose

This policy enables the agencies implementing YHDP Round 8 TH-RRH and RRH projects to spend supportive service dollars on specific costs and activities beyond those normally allowed under the CoC Interim Rule.

Under the YHDP Round 8 HUD grant agreements, these projects are allowed to pay for or directly provide the specific costs/activities detailed in the policy section below (per YHDP NOFO Appendix A, Part I.C.1.a.(13), subparts (a), (b), (c), (d), (e), (f), (g), (h), (i), (j), (k), and (l)).

Each project was budgeted to provide an average of $1200 per client in direct service costs, including these special activity costs. Projects are responsible for tracking their spending for clients and providing appropriate documentation.



To use these special YHDP activities, the NOFO requires the projects to "maintain records establishing how it was determined paying the costs was necessary for the program participant to obtain and retain housing and must also conduct an annual assessment of the needs of the program participants and adjust costs accordingly."

Policy

YHDP Round 8 TH-RRH and RRH projects may pay for or directly provide the following "flexibilities," if they are necessary to assist program participants to obtain and maintain housing. **In addition to the required documentation and payment guidelines listed for each item, the program must (1) maintain documentation justifying why paying the costs was necessary for the program participant to obtain and retain housing and (2) conduct annual assessment of program participant needs and adjust costs accordingly.** The form that accompanies this policy embeds prompts to maintain this documentation alongside other required documentation.

Flexibility	Required Documentation	Payment Guidelines
(b) The **costs to pay for any damage to [rental] housing** due to the action of a program participant, which may be paid while the youth continues to reside in the unit. The total costs paid for damage per program participant may not exceed the cost of two months' rent. *NOTE:* This flexibility applies to units using rental assistance. If damage is incurred in a unit leased or owned by the program, operating funds would be used to pay for damages.	• Lease in participant's name, documenting monthly rent amount • Photos of the damage to be repaired • **If contracting with a person or company to do the repairs:** At least 2 estimates for the cost to repair damage to justify cost reasonableness • **If the building / landlord is managing the repairs:** invoice from them for costs to be incurred. • Receipts from contractors paid or materials purchased to repair damage	• All payments must be made directly to a third party. This could be the person or company that repairs the damage (if contracting) or the store from which materials used to repair damage were purchased.
(c) The costs of **providing household cleaning supplies to clients**.	• Itemized receipt of household cleaning supplies purchased.	• Can be paid directly to store or company from which supplies are purchased • If paying with a gift card: this amount is not reimbursable unless you have a receipt for the total amount of the gift card that details that all funding went toward cleaning supplies.
(d) **Housing start-up expenses** for program	• Itemized receipt of items purchased. • Verify that it costs $300 or less	• Can be paid directly to store or company from which items are purchased



Flexibility	Required Documentation	Payment Guidelines
participants, including **furniture, pots and pans, linens, toiletries, and other household goods, not to exceed $300** in value per program participant.	per participant.	• If paying with a gift card: this amount is not reimbursable unless you have a receipt for the total amount of the gift card that details that all funding went toward eligible items. • Cannot exceed $300 total for the duration of the participants time in the program.
(e) The **one-time cost of purchasing a cellular phone** and **service** for program participant use, if necessary for the participant to obtain or maintain housing.	• Itemized receipt for the cell phone purchased • Itemized receipt for the service deposit paid (if applicable) • Justification for reasonable cost	• Must pay vendor of cell phone or service deposit directly • This cost can only be incurred one time per participant. This means that you cannot pay for ongoing cell phone service. This can only cover the service deposit cost, if applicable.
(f) The **cost of internet service** in a program participant's unit. ***(Can be ongoing)***	• Invoice for the cost of internet services with the participant's name and unit address (which must match the address on their lease or the unit in which the program holds a lease for them to reside) on the invoice • Justification for reasonable cost	• Must pay internet service provider directly
(g) **Payment of rental arrears** consisting of a one-time payment for **up to 6 months** of rent in arrears, including any late fees on those arrears, accrued prior to program entry.	• Copy of the lease under which the participant accrued arrears. Their name must be on the lease. • Invoice for rental arrears accrued • Documentation of the number of months of rental arrears paid (can include late fees)	• Must pay the landlord directly. • Program can only make this payment one time.
(h) **Payment of utility arrears, accrued prior to program entry** of **up to 6 months per service**.	• Invoice for utility arrears accrued, for each utility service to which arrears have been applied. The participant's name must be on the account. • Documentation of the number of months of utility arrears paid. If the utility company cannot provide a month by month breakdown, document assumptions and justification for	• Must pay the utility company(ies) directly.

Flexibility	Required Documentation	Payment Guidelines
	how many estimated months this payment includes.	
(j) In addition to transportation costs eligible in 24 CFR 578.53(e)(15), a recipient **may pay gas and mileage costs for a program participant's personal vehicle for trips to and from medical care, employment, childcare, or other services eligible under 24 CFR 578.53(e).**	• **If paying for mileage (recommended method):** A mileage log with each date mileage is provided, # miles driven, and the origin and destination (which can only be to the same eligible services/ activities as noted above). Use the relevant federal mileage rate, available here: Privately owned vehicle (POV) mileage reimbursement rates | GSA. (For 2026, the rate is $0.725/mile) • **If paying for gas:** Documentation of the # of miles the participant is driving to eligible locations (work, school, child care, medical appointments, or other services eligible under this grant), an estimated number of miles per gallon needed to drive that amount, and an itemized gas receipt showing that the program only paid for gas for the participant to get to eligible locations.	• **If paying for gas:** Must pay for gas directly to align # gallons purchased with miles driven, as noted to the left. • **If paying for mileage:** Can pay the program participant directly.
(k) **Legal fees**, including court fees, bail bonds, and required courses and equipment.	• Official documentation of the amount owed and for what, including the participant's name	• Payment must be made directly to the third party charging the fees or providing the courses or equipment.
(l) Program participant's **past driving fines and fees** that are blocking a young person from being able to obtain or renew a driver's license and impacting their ability to obtain or maintain housing. Additionally, recipients may pay for program participants **costs for insurance and registration for personal vehicles**, if the personal vehicle is necessary to reach medical care,	• Official documentation of the amount owed and for what, including the participant's name	• Payment must be made directly to the third party charging the fees



Flexibility	Required Documentation	Payment Guidelines
employment, childcare, or other services eligible under this section.		

Before paying for any of the costs detailed above, the case manager must complete the form below, and the program manager must sign off.

Program managers should regularly (at least quarterly) review total spending per participant to monitor that program participants have similar access to these (and other) service costs, depending on their circumstance and need. That is, participants should have equal access to these resources, regardless of who their case manager is and regardless of how much funding they need to obtain and maintain housing.

Process

1. Case manager works with the program participant to identify how and when these eligible costs would support the young person in obtaining or maintaining their housing.
2. Case manager fills out the Flexible Costs Form below, attaches any required documentation, and submits it to the program manager for review.
3. Program manager reviews within 2 business days.
    a. If they have further questions or deny the request, they must communicate that and any needed next steps or additional documentation to the case manager. The case manager must repeat step 2 if applicable.
4. If the program manager approves the request, the case manager must file this form and the accompanying documentation in the participant's file. The agency should follow their internal processes for getting direct costs paid.



(3F) Form: Flexible Costs

Project Type:

- **Joint Component Project: TH Component**
- **Joint Component Project: RRH Component**
- **RRH Project**

Participant Name: _____

Participant HMIS ID#: _____

Case Manager: _____

Total Estimated Dollar Amount Requested *(to be completed when first submitting this form)***:**

_____

Total Actual Dollar Amount Spent *(to be completed after this form is approved and costs are incurred)***:**

_____

Date of last assessment of program participant needs *(must be conducted at least annually)***:**

_____

Date of this request: _____

Please use this form to request use of any of the flexibilities below. You may submit one form with multiple requests. Please ensure you have acquired and attached all required documentation to submit this request and, if approved, once the cost has been incurred. All documentation must be kept in the participant's file.

Which Flexible Cost(s) do you request for this participant? (check all that apply, and follow instructions):

_____ (b) The costs to pay for any **damage to housing due to the action of a program participant**, which **may be paid while the youth continues to reside in the unit**. The total costs paid for damage per program participant may not exceed the cost of two months' rent.

Justification:

Expected dollar amount *(cannot exceed 2 months of rent, as documented in the participant's lease)***:**

_____

Damage to be repaired: _____

_____

Why is paying this cost necessary for the program participant to obtain and retain housing?

_____

_____



How is the case manager supporting the participant to ensure future damage is not incurred?

_____

_____

Documentation required to submit this request:

- Lease in participant's name, documenting monthly rent amount
- Photos of the damage to be repaired
- If contracting with a person or company to do the repairs: At least 2 estimates for the cost to repair damage to justify cost reasonableness
- If building / landlord is managing the repairs: invoice from them for costs to be incurred.

Documentation required once cost is incurred:

- Receipts from contractors paid or materials purchased to repair damage

Payment guidelines:

- All payments must be made directly to a third party. This could be the landlord, the person or company that repairs the damage (if contracting) or the store from which materials used to repair damage were purchased.

_____ (c) The costs of providing **household cleaning supplies to participants**.

Justification:

Expected dollar amount: _____

Items to be purchased: _____

Why is paying this cost necessary for the program participant to obtain and retain housing?

_____

_____

Documentation required to submit this request:

- None.

Documentation required once cost is incurred:

- Itemized receipt of household cleaning supplies purchased.

Payment guidelines:

- Can be paid directly to the store or company from which supplies are purchased.
- If providing the participant with a gift card to pay for cleaning supplies: this amount is not reimbursable unless you have an itemized receipt for the total amount of the gift card that details that all funding went toward cleaning supplies.

_____ (d) **Housing start-up expenses** for program participants, including **furniture**, **pots and pans, linens, toiletries,** and **other household goods**, **not to exceed $300** in value per program participant.

Justification:

Expected dollar amount *(cannot exceed $300)*: _____

Item(s) to be purchased: _____



Why is paying this cost necessary for the program participant to obtain and retain housing?

_____

_____

Documentation required to submit this request:

- Sources of estimated costs (e.g., screenshot of items to be purchased and their cost)

Documentation required once cost is incurred:

- Itemized receipt of items purchased (cannot exceed $300).

Payment guidelines:

- Can be paid directly to store or company from which item(s) is (are) purchased
- If paying with a gift card: this amount is not reimbursable unless you have a receipt for the total amount of the gift card that details that all funding went toward eligible items.
- Cannot exceed $300

_____ (e) The **one-time cost of purchasing a cellular phone and service** for program participant use, provided that access to a cellular phone is necessary to obtain or maintain housing.

Justification:

Expected dollar amount for cell phone *(if applicable)*: _____

Expected dollar amount for cell phone service deposit *(if applicable)*: _____

We are required to ensure that the cost of this cell phone is reasonable according to federal requirements, which means that this cost would be prudent for most people under comparable circumstances.

Please describe how the program participant selected this particular device, and document that it is comparable to other potential options. *(Note: the device selected should suffice to support the participant in doing what they need to do to obtain and maintain housing, but it should not be the most expensive and updated model possible.)*

_____

_____

_____

Has the program paid for a cell phone or service for this participant before?

- Yes *(if yes, the cost is not eligible - the program can only pay for this cost once per participant)*
- No

Why is paying this cost necessary for the program participant to obtain and retain housing?

_____

_____

Documentation required to submit this request:

- Comparable items to justify costs

Documentation required once cost is incurred:

- Itemized receipt for the cell phone purchased

- Itemized receipt for the service deposit paid (if applicable)

Payment guidelines:

- Must pay vendor of cell phone or service deposit directly
- This cost can only be incurred one time per participant. This means that you cannot pay for cell phone service ongoing. This can only cover the service deposit cost, if applicable.

_____ (f) The cost of **internet in a program participant's unit**.

Justification:

Expected dollar amount: _____

We are required to ensure that the cost of this internet service is reasonable according to federal requirements, which means that this cost would be prudent for most people under comparable circumstances.

Please describe how the program participant selected this particular internet service (including the selected internet speed), and document that it is comparable to other potential options.

_____

_____

_____

Why is paying this cost necessary for the program participant to obtain and retain housing?

_____

_____

Documentation required to submit this request:

- Invoice for estimated cost for selected internet service. Note that the service must be attached to the unit as listed in the participant's lease, and it must be in the participant's name (e.g., it can't be in a roommate's name)
- Estimates for at least two potential internet service providers

Documentation required once cost is incurred:

- Receipt for the cost of internet services with the participant's name and unit address (which must match the address on their lease or the unit in which the program holds a lease for them to reside) on the invoice.

Payment guidelines:

- Must pay the internet service provider directly.

_____ (g) Payment of **rental arrears** consisting of a **one-time payment** for **up to 6 months of rent in arrears, including any late fees on those arrears**.

Justification:

Total expected dollar amount (rental arrears + fees): _____

Total amount of rental arrears accrued to be paid: _____

Total amount of fees associated with rental arrears to be paid:_____

Monthly rent amount at the time arrears were accrued: _____

Total # months of rental arrears to be paid *(must be 6 or less)*:_____

Why is paying this cost necessary for the program participant to obtain and retain housing?
_____

_____

Documentation required to submit this request:

- Copy of the lease under which the participant accrued arrears. Their name must be on the lease.
- Invoice for rental arrears accrued
- Documentation of the number of months of rental arrears paid (can include late fees)

Documentation required once cost is incurred:

- Documentation of amount paid directly to landlord through which arrears were accrued.

Payment guidelines:

- Must pay the landlord directly.
- Program can only make this payment one time.

_____ (h) Payment of **utility arrears of up to 6 months per service**.

Justification:

Total expected dollar amount: _____

Utility services in arrears *(list all that apply)*: _____

Total # months of utility service arrears to be paid for each service in arrears:
(Must be 6 months or less for each service. Please list out total # of months by service. This should match the services listed in the prior question.)

_____

_____

_____

Total dollar amount of utility service arrears to be paid for each service in arrears: *(Please list out total # of months by service. This should match the services listed in the prior question)*

_____

_____

_____

Why is paying this cost necessary for the program participant to obtain and retain housing?
_____

_____

Documentation required to submit this request:

- Invoice for utility arrears accrued, for each utility service in which arrears have been accrued. The participant's name must be on the account for each service paid.
- Documentation of the number of months of utility arrears paid. If the utility company cannot provide a month by month breakdown, document assumptions and justification for how many estimated months this payment includes.

Documentation required once cost is incurred:

- Itemized receipt for payment made to each applicable utility service.

Payment guidelines:

- Must pay the utility company(ies) directly.

_____ (j) In addition to transportation costs eligible in 24 CFR 578.53(e)(15), a recipient may pay **gas and mileage costs** for a **program participant's personal vehicle** for **trips to and from medical care, employment, childcare, or other services eligible under this section.**

Justification:

Has this cost been approved previously for this same participant?

- Yes.
  - Date of last approval: _____.
  - Frequency and duration of last approval: _____.
  - Expected costs of last approval: _____.
  - Actual costs since last approval: _____.
- No, this is the first time we are paying these transportation costs for this participant.

Expected dollar amount: _____

Frequency and duration of anticipated costs (*e.g., every week for 2 months)*:

_____

Date on which this request will need to be resubmitted for additional review:

_____

Where will this participant be driving for which they require gas or mileage reimbursement? *(Note that only the services listed below are eligible for reimbursement.)*

- Employment (job, job interviews, training)
- School (high school, GED classes, post-secondary classes, child's school)
- Child Care (when necessary to provide parent the ability to work, attend school, participate in any and all eligible services)
- Medical appointments (therapy, doctor's appointments (including dental and eye), mental or behavioral health appointments, substance use treatment, pharmacy)
- Other services eligible under this program (please list - approver must approve):
  _____

Method of payment:

- Purchasing gas directly
  Please justify the amount of gas purchased.
  (e.g., the participant drives 25 miles round-trip to and from work 5 days a week (125 miles a



week). Their car gets an estimated 20 miles/gallon. 125 miles / 20 MPG = 6.25 gallons of gas provided to the participant per week.)

- Reimbursing the participant for mileage

Why is paying this cost necessary for the program participant to obtain and retain housing? *(If this cost was previously approved for this participant, please clarify why it continues to be an ongoing need for them to obtain and retain housing.)*

_____

_____

Documentation required to submit this request:

- If purchasing gas directly:
  - Documentation of routine miles driven (*e.g., Google maps printout of round-trip drive from home to work*) and calculation to justify # gallons of gas to provide to participant at given frequency.
- If reimbursing for mileage:
  - Mileage log participant will be required to fill out (*see template here*)

Documentation required once cost is incurred:

- If purchasing gas directly:
  - Documentation of routine miles driven (*e.g., Google maps printout of round-trip drive from home to work*) and calculation to justify # gallons of gas to provide to participant at given frequency.
  - Receipt for number of gallons of gas purchased for participant
- If reimbursing for mileage:
  - Mileage log participant filled out

Payment guidelines:

- If purchasing gas directly:
  - Must pay for gas directly to align the number of gallons purchased with # of eligible miles driven, as approved in the documentation above.
  - You cannot give out gas cards for participants to pay for gas.
- If reimbursing for mileage:
  - You can pay the program participant directly.

_____ (k) **Legal fees**, including **court fees, bail bonds,** and **required courses and equipment**.

Justification:

Expected dollar amount: _____

Costs expected to incur:

- Court fees
- Bail bonds
- Required courses. Please list: _____
- Equipment. Please list: _____

Why is paying this cost necessary for the program participant to obtain and retain housing?

_____

_____



Documentation required to submit this request:

- Official documentation of the amount owed and for what. This documentation must include the participant's name.

Documentation required once cost is incurred:

- Itemized receipt of payments made that align with the official documentation originally submitted. This documentation must include the participant's name.

Payment guidelines:

- Payment must be made directly to the third party charging the fees or providing the courses or equipment.

_____ (l) Program participant's **past driving fines and fees** that are blocking a young person from being able to obtain or renew a driver's license and impacting their ability to obtain or maintain housing. Additionally, recipients may pay for program participants **costs for insurance and registration for personal vehicles**, if the personal vehicle is necessary to reach medical care, employment, childcare, or other services eligible under this section.

Justification:

Expected total dollar amount: _____

Costs expected to incur:

- Past driving fines and fees: $ _____
- Participant's personal car insurance: $ _____
- Participant's personal vehicle registration: $_____

Why is paying this cost necessary for the program participant to obtain and retain housing?

_____

_____

If paying for the participant's personal car insurance or registration, please check the eligible services and activities that the person will use the vehicle to reach:

- **Medical care** (includes mental health, specialty care, substance use treatment)
- **Employment** (includes job training and interviews)
- **Childcare**
- **Education** (includes children's school)
- **Meetings with case manager or other staff affiliated with this program**
- **Other** (please describe): _____

If paying for the participant's personal car insurance or registration, please describe why a personal vehicle is necessary to reach these locations. (*e.g., the participant drives to and from work each day because it would take twice as long to take public transportation; the participant frequently has medical appointments during work hours and needs to minimize time spent getting to and from appointments to maintain employment and income to support their housing*). (Write N/A if not requesting to pay for personal car insurance or vehicle registration)

_____

_____



_____

Documentation required to submit this request:

- Official documentation of the amount owed and for what. This documentation must include the participant's name.

Documentation required once cost is incurred:

- Itemized receipt of payments made that align with the official documentation originally submitted. This documentation must include the participant's name as the person for whom costs were incurred.

Payment guidelines:

- Payment must be made directly to the third party charging the fees.

CASE MANAGER SIGNATURE PAGE

As this participant's case manager, I certify that the information provided in this request is true and accurate to the best of my knowledge.

Case Manager Signature: _____

Date: _____

PROGRAM MANAGER SIGNATURE PAGE

Program Manager (Approver) Name: _____

Upon review of this request, I:

- Approve all requested costs
- Approve the following requested costs: _____
- Deny the following requested costs: _____

Justification for any denials: _____

_____

Program Manager (Approver) Signature: _____

Date: _____

(3F.j) Mileage Log

Participants must complete this mileage log to be reimbursed for mileage. We will reimburse at the federal rate for using privately owned automobiles ($0.725 per mile, as of 1/1/2026. This rate changes annually.). Only mileage getting to and from activities related to work, school (including kids' school), medical/mental health appointments, and child care are eligible to be reimbursed.

Date	**Total # Miles Driven**	**Locations Visited** *Ex: Home - Work - Home*	**Reason for Trip** *Ex: to and from work; to and from work and doctor's appointment*



(4P) Owner Incentive & Retention Payments Policy & Procedure

YHDP NOFO Reference

FY2023 YHDP NOFO, Appendix A, Part I.C.1.a.(14): "*Recipients may use YHDP funds to pay for owner incentive and retention payments for RRH, TH, TH-RRH, and PSH projects before occupancy of the unit, or at any point thereafter, provided that the overall amount paid with program funds per unit does not exceed three times the monthly rent charged for the unit and the incentive and/or retention payment results in the unit being occupied by a program participant. Recipients that utilize this special YHDP activity must maintain documentation that the incentive and/or retention payment resulted in the unit being occupied by a program participant and that incentive and/or retention payment did not create a conflict of interest. These payments may include signing bonuses (a payment offered to an owner as an incentive for leasing a unit to be occupied by a program participant), repairs to bring a unit that failed inspection into compliance with program requirements, or holding fees to reserve a unit for an individual or family experiencing homelessness.*"

Purpose

This policy enables YHDP Round 8 TH-RRH and RRH projects to pay for owner incentive and retention payments of up to three times the monthly rent charged for the unit. To use this special activity, the YHDP NOFO requires projects to:

(1) Ensure and maintain documentation that the incentive/retention payment results in the unit being occupied by a program participant
(2) Ensure and maintain documentation that the incentive/retention payment did not create a conflict of interest.

Policy

YHDP Round 8 TH-RRH and RRH projects may issue owner/landlord incentive and retention payments for units before occupancy of the unit or at any point thereafter. The amount paid for an incentive or retention payment must not exceed three times the monthly rent of the unit and may only be issued once per household served.

Eligible payments include and are limited to:

- Signing bonuses (a payment offered to an owner as an incentive for leasing a unit to be occupied by a program participant)
- Repairs to bring a unit that failed inspection into compliance with program requirements
- Vacancy Loss or Holding fees to reserve a unit for an individual or family experiencing homelessness

Process

1. If working with a participant who has not yet moved into housing: The case manager works with the client to identify a unit to move into. The case manager and participant attempts to identify a unit for which incentive or retention fees are not necessary. If they identify a unit that could be an option if an



incentive were available, the case manager entered into an MOU with the landlords (see Brilliant Corners Landlord MOU as an example) and completes the following form.
    a. If working with a participant who already resides in a unit, and if they identify an opportunity for the participant to retain that housing through an incentive or retention fee, then the case manager completes the following form.
2. Program manager reviews within 2 business days.
    a. If they have further questions or deny the request, they must communicate that and any needed next steps or additional documentation to the case manager. The case manager must repeat step 1 if applicable.
3. If the program manager approves the request, the case manager must file this form and the accompanying documentation in the participant's file. The agency should follow their internal processes for getting direct costs paid.



(4F) Form: Owner Incentive & Retention Payments

Project Type:

- **Joint Component Project: TH Component**
- **Joint Component Project: RRH Component**
- **RRH Project**

Participant Name (may be added up to 3 months after incentive is paid, if payment is not tied to a specific participant):

_____

Participant HMIS ID# (may be added up to 3 months after incentive is paid, if payment is not tied to a specific participant)**:** _____

Case Manager: _____

Landlord Name: _____

Property Address: _____

Monthly Rent: _____

Attach a copy of an MOU with the property owner/manager

Type of Incentive Provided (check all that apply):

- Signing bonus (a payment offered to an owner as an incentive for leasing a unit to be occupied by a program participant)
- Repairs to bring a unit that failed inspection into compliance with program requirements
- Holding fees to reserve a unit for an individual or family experiencing homelessness

Total Amount of Incentive to Provide (cannot exceed 3x monthly rent amount)**:** $_____

Please describe why it is necessary to provide this incentive: _____

_____

Client Move in Date: _____

_____ **Case Manager Initials** verifying the participant has moved into the unit.

Attach a copy of the signed lease agreement

PROGRAM MANAGER SIGNATURE PAGE

Program Manager (Approver) Name: _____

Upon review of this request, I:



- Approve all requested owner incentive & retention payments
- Approve the following requested owner incentive & retention payments:
  _____
- Deny all requested owner incentive & retention payments.

Justification for any denials: _____

_____

Program Manager (Approver) Signature: _____

Date: _____



(5P) Additional Rental Assistance (24 to 36 Total Months) Policy & Procedure

YHDP NOFO Reference

FY2023 YHDP NOFO, Appendix A, Part I.C.1.b.(1): "*A recipient may provide up to 36 months of Rapid Rehousing rental assistance to a program participant if the recipient demonstrates*

(1) the method it will use to determine which youth need rental assistance beyond 24 months and
(2) *the services and resources that will be offered to ensure youth are able to sustain their housing at the end of the 36 months of assistance.*"

Purpose

This policy documents what agencies must do to provide more than 24 months of RRH rental assistance and up to a maximum of 36 months of rental assistance to project participants.

YHDP Round 8 TH-RRH and RRH projects are allowed to provide project participants with up to 36 months of rental assistance in RRH. To use this flexibility, the NOFO requires the project to demonstrate: "(1) the method it will use to determine which youth need rental assistance beyond 24 months and (2) the services and resources that will be offered to ensure youth are able to sustain their housing at the end of the 36 months of assistance."

Policy

YHDP Round 8 TH-RRH and RRH projects may provide rental assistance under RRH for participants for up to 24 total months without special permission, and up to 36 total months if approved under this policy.

RRH rental assistance extensions may be requested in 3- or 6-month increments, up to a maximum of 36 total months of rental assistance, to address specific barriers impacting the participant's housing stability.

Case managers must work with participants to identify (1) why they have a need for more than 24 months of rental assistance, and (2) how the participant and case manager will support the participant in being able to sustain housing long-term at the end of their housing assistance.

Eligible justification for extended rental assistance:

- **Health/Medical Issues** that impact participant's housing and self-sufficiency. This may include changes in medical/health status over the course of program enrollment (e.g., new diagnoses) or ongoing chronic health/medical issues that the participant needs additional time to stabilize.
- **Mental health, addiction, or developmental issues**, either new or ongoing, that interfere with the participant's progress in achieving self-sufficiency.
- **Job loss or other reduction in incom**e that renders the participant unable to afford the full cost of housing/utilities.
- **Social factors or experiences** that have impacted the participant's progress in achieving self-sufficiency. This could include changes in circumstances related to the participant's



pregnancy/parenting status, domestic violence, bereavement, victimization, legal issues, or human trafficking.

- **Student status or enrollment in a training program** that impacts the participant's ability to maintain a full-time income for a set period of time.
- **Other** (must specify and provide supporting documentation).

Process

1. At least one month before the program participant's rental assistance is set to expire (i.e., by the 23rd month of rental assistance and at least a month before any previously approved extensions expire), the case manager works with the program participant to identify whether they may need ongoing housing assistance.
2. Case manager fills out the Additional Rental Assistance Form below and submits it to the program manager for review.
3. The program manager reviews within 5 business days.
    a. If they have further questions or deny the request, they must communicate that and any needed next steps or additional documentation to the case manager. The case manager must repeat step 2 if applicable.
4. If the program manager approves the request, the case manager must file this form in the participant's file.



(5F) Form: Additional Rental Assistance (24 to 36 Total Months)

Project Type: ***(Note: Not eligible in Joint Component Project: TH Component)***

- **Joint Component Project: RRH Component**
- **RRH Project**

Participant Name: _____

Participant HMIS ID#: _____

Case Manager: _____

Date of form submission: _____

Date of participant's program enrollment: _____

Total # months of rental assistance provided as of date of form submission: _____

Total # approved months of rental assistance as of date of form submission: _____

Why does this participant need additional rental assistance?

- Health / medical issue.
- Mental health, addiction, or developmental issue.
- Job loss or other reduction in income.
- Social factors or experiences.
- Student status / enrollment in training program.
- Other. Please specify: _____

Please describe how the issue(s) checked above have impacted the participant in being able to sustain their own housing.

_____

_____

_____

_____

How many additional months of rental assistance are you requesting for this participant?

- 3 months *(total amount cannot exceed 36 months)*
- 6 months *(total amount cannot exceed 36 months)*

What is the case manager's role in ensuring the participant's progress toward long-term self-sufficiency and being able to sustain their housing in this extended period?



_____

_____

_____

_____

What is the participant's role in ensuring their own progress toward long-term self-sufficiency and being able to sustain their housing in this extended period?

_____

_____

_____

_____

PROGRAM MANAGER REVIEW & APPROVAL

Program Manager (Approver) Name: _____

Upon review of this request, I:

- Approve the request
- Deny the request

Justification for denial (if applicable): _____

_____

_____

If approved, please list the new total # eligible rental assistance months: _____

Program Manager (Approver) Signature: _____

Date: _____

(6P) Additional Supportive Services Assistance (6 to 24 Total Months after End of Rental Assistance) Policy & Procedure

YHDP NOFO Reference

FY2023 YHDP NOFO, Appendix A, Part I.C.1.b.(2): "YHDP recipients may continue providing supportive services to program participants for up to 24 months after the program participant exits homelessness, transitional housing or after the end of housing assistance if the recipient demonstrates:

1) the proposed length of extended services to be provided;
2) the method it will use to determine whether services are still necessary; and
3) how those services will result in self-sufficiency and ensure stable housing for the YHDP program participant.

"YHDP recipients may continue providing supportive services to program participants for up to 36 months after the program participant exits homelessness, if the services are in connection with housing assistance, such as the Foster Youth to Independence initiative, or if the recipient can demonstrate that extended supportive services ensures continuity of case workers for program participants.

"Note: Supportive Services for 36 months is only for projects that are pairing supportive services with other other housing assistance programs."

Purpose

This policy documents what agencies must do to provide more than 6 months and up to 24 total months of supportive services to project participants after their last housing assistance payment (i.e., after the last RRH rental assistance payment).

YHDP Round 8 TH-RRH and RRH projects are allowed to provide project participants with up to 24 months of services after their last RRH rental assistance payment or after the client exits TH (if not remaining in RRH after TH exit). To use this flexibility, the NOFO requires the project to demonstrate: "(1) the proposed length of extended services to be provided; (2) the method it will use to determine whether services are still necessary; and (3) how those services will result in self-sufficiency and ensure stable housing for the YHDP program participant."

Policy

YHDP Round 8 TH-RRH and RRH projects may provide supportive services (including paying direct costs covered under those eligible for this grant's supportive services) to participants for up to 6 months after their last rental assistance payment without special permission, and up to 24 total months after their last rental assistance payment if approved under this policy.



Supportive services extensions may be requested in 3- or 6-month increments, up to a maximum of 24 total months of post-housing-assistance services, to address specific barriers impacting the participant's housing stability.

Case managers must work with participants to identify (1) why they have a need for more than 6 months of services after their housing assistance ends, (2) the services to be provided, and (3) how the participant and case manager will support the participant in being able to sustain housing long-term once their access to these services ends.

Eligible justification for extended supportive services:

- **Health/Medical Issues** that impact participant's housing and self-sufficiency. This may include changes in medical/health status over the course of program enrollment (e.g., new diagnoses) or ongoing chronic health/medical issues that the participant needs additional time to stabilize.
- **Mental health, addiction, or developmental issues**, either new or ongoing, that interfere with the participant's progress in achieving self-sufficiency.
- **Job loss or other reduction in incom**e that renders the participant unable to afford the full cost of housing/utilities.
- **Social factors or experiences** that have impacted the participant's progress in achieving self-sufficiency. This could include changes in circumstances related to the participant's pregnancy/parenting status, domestic violence, bereavement, victimization, legal issues, or human trafficking.
- **Student status or enrollment in a training program** that impacts the participant's ability to maintain a full-time income for 24 months or less (i.e., the length of additional supportive services available).
- **Other** (must specify and provide supporting documentation).

Process

1. At least one month before the program participant's supportive services timeframe is set to expire (i.e., by the 5th month after their last rental assistance payment and at least a month before any previously approved extensions expire), the case manager works with program participant to identify whether they may need ongoing supportive services.
2. Case manager fills out the Additional Supportive Services Assistance Form below and submits it to the program manager for review.
3. The program manager reviews within 5 business days.
    a. If they have further questions or deny the request, they must communicate that and any needed next steps or additional documentation to the case manager. The case manager must repeat step 2 if applicable.
4. If the program manager approves the request, the case manager must file this form in the participant's file.



(6F) Form: Additional Supportive Services Assistance (6 to 24 Total Months after End of Rental Assistance)

Project Type:

- **Joint Component Project: TH Component** ***(Note: this can only applicable if the client exits the Joint Component Project entirely project upon exit from TH; if the client is continuing to receive assistance in the RRH Component of the Joint Component Project, this form is not necessary.)***
- **Joint Component Project: RRH Component**
- **RRH Project**

Participant Name: _____

Participant HMIS ID#: _____

Case Manager: _____

Date of form submission: _____

Date of participant's program enrollment: _____

Date of last rental assistance payment: _____

 # months since last rental assistance payment: _____

Current services exit date: _____

Why does this participant need additional time to receive supportive services assistance?

- Health / medical issue.
- Mental health, addiction, or developmental issue.
- Job loss or other reduction in income.
- Social factors or experiences.
- Student status / enrollment in training program.
- Other. Please specify: _____

Please describe how the issue(s) checked above have impacted the participant in being able to sustain their own housing.

_____

_____

_____

_____

How many additional months of supportive services are you requesting for this participant?



- 3 months *(total amount cannot exceed 24 months since last RA payment)*
- 6 months *(total amount cannot exceed 24 months since last RA payment)*

Please describe the services to be provided and costs to be paid during this extension to support the participant in achieving long-term self-sufficiency and housing stability. *(Note: services provided and costs paid must align with those eligible to be provided by this grant's requirements.)*

_____

_____

_____

_____

_____

_____

What is the case manager's role in ensuring the participant's progress toward long-term self-sufficiency and being able to sustain their housing in this extended period?

_____

_____

_____

_____

What is the participant's role in ensuring their own progress toward long-term self-sufficiency and being able to sustain their housing in this extended period?

_____

_____

_____

PROGRAM MANAGER REVIEW & APPROVAL

Program Manager (Approver) Name: _____

Upon review of this request, I:

- Approve the request
- Deny the request

Justification for denial (if applicable): _____



_____

_____

If approved, please list the participant's new anticipated exit date from services: _____

Program Manager (Approver) Signature: _____

Date: _____



(7P) Employing People Enrolled in Services Policy & Procedure

YHDP NOFO Reference

FY2023 YHDP NOFO, Appendix A, Part I.C.1.a.(7): “YHDP recipients may employ youth who are receiving services, including housing, from the recipient organization. Recipients that utilize this special YHDP activity must maintain documentation that discloses the nature of work that the youth does, and that the youth is not in a position that creates a conflict of interest.”

Purpose

This policy documents what agencies must do when employing current or former participants to avoid conflicts of interest and inappropriate power dynamics.

YHDP Round 8 TH-RRH and RRH projects are allowed to employ youth who are receiving services from this project or agency (per YHDP NOFO Appendix A, Part I.C.1.a(6)). To employ youth who meet this definition, the NOFO requires the project to “maintain documentation that discloses the nature of work that the youth does, and that the youth is not in a position that creates a conflict of interest.”

Policy

Agencies implementing this project are committed to hiring young people whose lived experience and other skills equip them to be excellent staff supporting people experiencing or at risk of homelessness. This agency is committed to ensuring that, upon hiring people with past, current, or future engagement as service participants in this or other programs operated by the employing agency, this will not present a conflict of interest for the person hired or anyone else on staff.

Supervisors who supervise any employee who is also enrolled in services as a participant must include in regular check-ins questions about any conflicts of interest that are coming up, including any potentially uncomfortable or coercive power dynamics arising from the person’s role as both employee and service participant.

Process

When hiring a young person who is enrolled in a YHDP Round 8 TH-RRH and RRH project, or who is enrolled in or otherwise receiving other services offered by the agency implementing a YHDP Round 8 project, the project’s program manager must complete the relevant form(s) below and keep this documentation on file in both the employee’s records and in their participant records/case file.



(7F) Forms: Employing People Enrolled in Services

(7F.1) Form: Hiring Current Participants/Service Participants

When hiring someone currently enrolled in a program operated by the agency, the program manager must complete the following information:

Name of Person Hired: _____

Program person is hired for: _____

Position/role person is hired for: _____

Description of duties in this staff role: _____

_____

Program person is enrolled in: _____

Description of services provided as participant: _____

_____

How will the agency ensure that this person will not be in an inappropriate or coercive power dynamic with any service providers they work with directly as a participant? (e.g., their own case manager should not be their supervisor or have any power over their work; recurring supervision should include check-ins on any conflicts of interest or discomfort the person is feeling as someone both enrolled in and employed by this agency.)

_____

_____

_____

_____

How will the agency ensure that this person's employment will not impact their standing as a participant enrolled in services? (e.g., Any decision to terminate the person's program enrollment should follow typical program participant standards and not be impacted by their work as a staff person.)

_____

_____

_____



How will the agency ensure that this person will not have decision-making power over their own case as a participant in the program?

_____

_____

_____

_____

Description of any additional ways the agency anticipates that a conflict of interest might arise and how they will protect this person from being in a position or situation that creates a conflict of interest.

_____

_____

_____

REVIEW & APPROVAL DOCUMENTATION

Approver's Name: _____

Approver's Role / Title:_____

Approver's Signature: _____

Date: _____



(7F.2) Form: Current Employees who Enroll in Agency's Services After Date of Hire

Name of Person Hired: _____

Program person is employed by: _____

Employee's position/role: _____

Hiring date: _____

Description of duties in this staff role: _____

_____

Program person is enrolled in: _____

Description of services provided as participant: _____

_____

Date of program enrollment: _____

How will the agency ensure that this person will not be in an inappropriate or coercive power dynamic with any service providers they work with directly as a participant? (e.g., their own case manager should not be their supervisor or have any power over their work; they should not supervise their own case manager or other service provider; recurring supervision should include check-ins on any conflicts of interest or discomfort the person is feeling as someone both enrolled in and employed by this agency)

_____

_____

_____

How will the agency ensure that this person's employment will not impact their standing as a participant enrolled in services? (e.g., Any decision to terminate the person's program enrollment should follow typical program participant standards and not be impacted by their work as a staff person.)

_____

_____



How will the agency ensure that this person will not have decision-making power over their own case as a participant in the program?

Description of any additional ways the agency anticipates that a conflict of interest might arise and how they will protect this person from being in a position or situation that creates a conflict of interest.

REVIEW & APPROVAL DOCUMENTATION

Approver's Name: _____

Approver's Role / Title:_____

Approver's Signature: _____

Date: _____

(7F.3) Form: Hiring Former Participants

Name of Person Hired: _____

Program person is hired for: _____

Position/role person is hired for: _____

Description of duties in this staff role: _____

_____

Program(s) person was enrolled in: _____

Description of services provided as participant: _____

_____

Date(s) of enrollment as a participant: _____

Exit date(s) from program(s) as a participant: _____

How will the agency ensure that this person will not be in an inappropriate or coercive power dynamic with any service providers they previously work with directly as a participant? (e.g., recurring supervision should include check-ins on any conflicts of interest or discomfort the person is feeling as someone both enrolled in and employed by this agency)

_____

_____

_____

Description of any additional ways the agency anticipates that a conflict of interest might arise and how they will protect this person from being in a position or situation that creates a conflict of interest.

_____

_____

_____

REVIEW & APPROVAL DOCUMENTATION



Approver's Name: _____

Approver's Role / Title:_____

Approver's Signature: _____

Date: _____



(8P) Use of Hotel or Motel for TH Emergency Lodging

YHDP NOFO Reference

FY2023 YHDP NOFO, Appendix A, Part I.C.1.b.(7): "YHDP recipients may pay for short-term (up to three months) emergency lodging in motels or shelters as the transitional housing component in a Joint transitional housing-rapid rehousing (TH-RRH) project, provided that the recipient can demonstrate that use of the hotel or motel room is accessible to supportive services."

Purpose

This policy enables YHDP Round 8 TH-RRH projects to pay for service participants to stay in hotel or motel rooms temporarily (for up to three months) as part of the TH Component of the Joint Component Project only.

Policy

YHDP Round 8 TH-RRH projects may pay for participants to stay in a hotel or motel room for up to three (3) months as the TH component of their program enrollment. This is not an eligible RRH expense. Any time that a client spends in a hotel or motel unit for the TH stay counts toward the maximum of 24 months a participant may be enrolled in the TH component of the TH-RRH project.

Case managers must work with YYA participants to identify whether a short-term stay in a hotel or motel room (a) is what they want and (b) will help them to identify a longer-term housing solution, either funded by the TH-RRH project or through another pathway. Case managers must document their justification for using this special activity.

Eligible justifications:

- **Lack of immediate TH unit availability.** For example, if the project experiences unanticipated delays in a TH unit opening up, has already accepted a participant referral, and needs to provide a short-term solution for an enrolled participant, they may choose to house them in a hotel or motel room in the absence of another short-term option.
- **Lack of available TH unit to meet client's needs.** For example, if the client needs some specific ADA-compliant feature or other element, and if a hotel or motel room can meet that need while the client and their case manager work to identify a RRH unit to move into quickly, the project may deem it appropriate to utilize a hotel or motel room as the TH component of the client's TH-RRH enrollment.
- **Lack of TH unit availability where the YYA needs to be to support housing stability and wellbeing AND imminent RRH unit move-in**. For example, A participant may need to reside in a specific area to remain close to work, school, medical providers, family, or other key pieces of their community, or if they need to be near specific public transportation routes to reach work, school, medical providers, and other key pieces of their community. If there are no TH units available in the area where they need to live AND if they intend to move into a RRH unit as soon one is identified, the TH-RRH provider may determine it appropriate to house the client in a hotel or motel for up to three months with the intention of them moving into RRH as soon as possible.
- **Other**. This flexibility can be utilized for other reasons as documented and approved by the participant, case manager, and program manager.

Process

1. The case manager must fill out the form below.
2. The program manager must review within 2 business days. The program manager must document their approval or denial of the proposed lease term and plan and notify the case manager once a decision has been made.
    a. If denied, and if there is more documentation needed to be able to approve the request, the case manager must follow up and repeat steps 1 and 2 within a week, in consultation with the program participant.
3. The case manager must save a copy of the completed form in their case file.



(8F) Form: Short-Term Hotel/Motel Stay in TH

Project Type: *(Note: this is ONLY eligible for use in the TH Component of the Joint Component Project. It is not an eligible use of RRH funding.)*

- **Joint Component Project: TH Component**

Participant Name: _____

Participant HMIS ID#: _____

Case Manager: _____

Requested Hotel Stay Name: _____

Requested Hotel Address: _____

Hotel Cost Rate: $_____ per (circle one) night week month

Anticipated length of hotel stay: (maximum 3 months): _____

Justification for requesting a short-term hotel or motel stay (check all relevant boxes and explain):

- **Lack of immediate TH unit availability.** _____
- **Lack of available TH unit to meet client's needs.** _____
- **Lack of TH unit availability where the YYA needs to be to support housing stability and wellbeing AND imminent RRH unit move-in**. _____
- **Other:** _____

How will the case manager ensure the participant has access to supportive services?

_____

_____

_____

What is the case manager's role in ensuring the participant has a housing plan and moves out of the hotel into a longer-term solution as quickly as possible?

_____

_____

_____

What is the participant's role in ensuring they have a housing plan and can move out of the hotel into a longer-term solution as quickly as possible?

_____



_____

_____

PARTICIPANT MUST COMPLETE:

I, _____, have reviewed and agree with the contents of this form. I consent to staying at the hotel or motel listed above and understand that I cannot stay for more than 3 months. I understand my case manager's role and my own role in communicating and ensuring my housing is secure from month to month.

Participant signature: _____

PROGRAM MANAGER MUST COMPLETE:

Program Manager (Approver) Name: _____

- Hotel stay approved
- Hotel stay denied

Comments: _____

_____

Program Manager (Approver) Signature: _____

Date: _____

