

Legal Obligations, Model Policies, and Practices to Support Persons with Disabilities in the Coordinated Entry System Process

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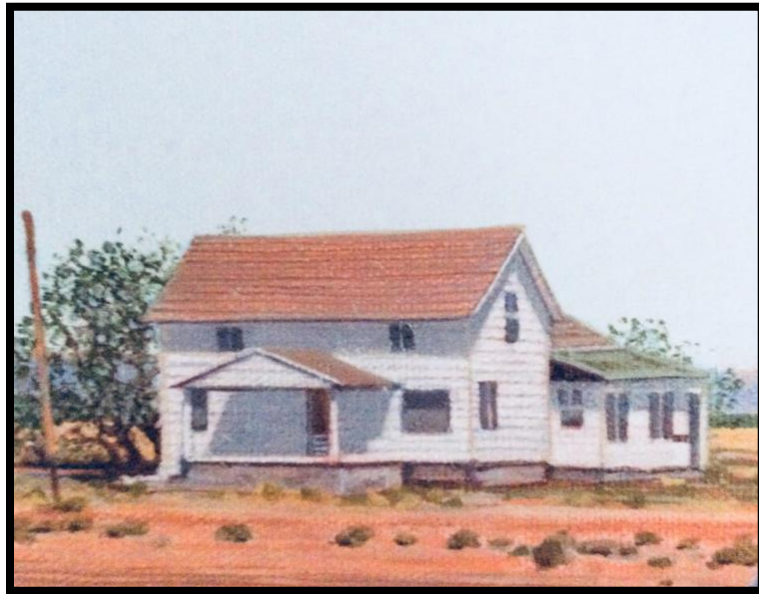


Image 1. The image is a picture of a painting done in a photo-realistic style of a small, white, well-kept house located in a rural setting.

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INTRODUCTION

Ensuring Equal Access in County Implementation of Coordinated Entry Systems: A Guide to Working with Housing, Health, and Income Vulnerable Populations with Disabilities

Coordinated Entry Systems are programs that assess people’s housing-related needs, prioritize them for resources, and link them to needed assistance, such as immediate shelter and long-term housing. These programs use strategic and data-driven systems to address the needs of people experiencing homelessness. Although well-meaning, these systems, which are generally organized and operated by counties, often do not consider the additional needs of people with disabilities when providing services.

State and federal civil rights laws require public entities to provide people with disabilities an equal opportunity to participate in and benefit from public programs. Public entities are also required to provide program modifications and communication access, as well as reasonable accommodations.¹ Because disability discrimination (like discrimination against women) has historically taken the form of paternalism, disability rights laws also give people with disabilities the right to refuse unwanted accommodations.

Nearly four in ten—approximately 37 percent—of sheltered adults have a disability.² In January 2010, the U.S Department of Housing and Urban Development (“HUD”)³ found that 26.2 percent of sheltered homeless adults had a severe mental illness and approximately 35 percent had a substance abuse problem.⁴ Given the prevalence of disability among homeless individuals, the likelihood that a particular Coordinated Entry System (“CES”) applicant or client has a disability and needs a reasonable accommodation may be higher than it is in other government programs.

Moreover, given the types of disability that are predominant among this target population, individuals needing accommodations may be less likely to request them.⁵ To ensure that an equal opportunity to participate in and benefit from the CES is provided and to ensure that the program is not administered in a discriminatory manner, CESs should preemptively offer reasonable accommodations to individuals who they believe or have reason to suspect have disabilities.

Further, individuals interacting with or receiving services through CESs may have physical disabilities that require specific types of access features. For example, individuals with mobility disabilities may require elevators or lack of stairs, bathrooms with room to turn a power wheelchair, or similar features in program offices and housing. Similarly, individuals with hearing or vision disabilities may require blinking

doorbells or Braille elevator buttons. Individuals may also have multiple disabilities (e.g., an individual with a mental health disability may also use a wheelchair), necessitating careful consideration of multiple accommodation needs. Therefore, CESs should ensure that their offices and facilities are accessible and their stock of available housing includes accessible units.

This guide is intended to assist counties in establishing CESs that comply with federal and state disability antidiscrimination mandates. It begins with an overview of the legal framework that protects people with disabilities, and it proceeds to identify particular issues that a CES and its employees may encounter when an applicant or client has a disability. It offers solutions to address the needs and effectuate the rights of people with disabilities throughout.

I. LEGAL FRAMEWORK OF STATE AND FEDERAL CIVIL RIGHTS LAWS

Numerous federal laws protect the basic civil rights of people with disabilities and prohibit discrimination on the basis of disability in public programs and housing. The Americans with Disabilities Act (“ADA”),⁶ Section 504 of the Rehabilitation Act of 1973 (“Section 504”),⁷ and the Fair Housing Amendments Act (“FHAA”)⁸ all guarantee that qualified persons with disabilities will not be excluded from participation in public programs or housing because of their disabilities.

Under federal law, public entities are prohibited from using criteria or methods of program administration that have a discriminatory effect on people with disabilities. Moreover, to ensure that people with disabilities have equal or meaningful access to benefits, programs, and services, public entities must ensure that facilities and housing resources are readily accessible, and they must provide reasonable accommodations.⁹ Importantly, public entities may not, without further inquiry, exclude or deny individuals the benefits of those programs because of their disability or because of unusual or inappropriate behavior that may be the result of their disability.

The mandates of integration and inclusion running throughout the ADA, Section 504, and HUD’s implementing regulations¹⁰ also require covered entities to provide programs and services that enable people with disabilities to live and receive services in the community.¹¹ Integrated settings include, for example, “scattered-site housing with supportive services”¹²—where persons with disabilities live in units that are proportionately distributed throughout an entire apartment complex. Such settings allow “individuals with disabilities to interact with nondisabled persons to the fullest extent possible,”¹³ rather than isolating and segregating them.

California state law explicitly incorporates federal law as a floor of protection, but it also offers additional, independent state disability rights protections.¹⁴ Specifically, California Government Code Section 11135 and implementing regulations¹⁵ prohibit disability discrimination by any program or activity that is funded by or receives *state* financial assistance.¹⁶ Likewise, the California Fair Employment and Housing Act (“FEHA”)¹⁷ prohibits disability discrimination in housing and housing programs. Notably, California law contains broader definitions of “physical disability,” “mental disability,” and “medical condition” than its federal counterparts, thus protecting the rights of a larger group of people.¹⁸

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The laws cited above protect both people with disabilities who are ***receiving*** and those who are ***applying*** for public benefits, housing, and services. “Applying” is

defined broadly to include individuals seeking information about programs, benefits, or services. Even if a person has not yet submitted an application, that person has the right to meaningfully access information and, if needed, access reasonable accommodations.

For example, a person with a cognitive or mental health disability who is considering applying for CES services may need a CES employee to read or explain certain notices, rights and responsibilities forms, and other program materials to help ensure understanding. Some individuals may even need these materials read or explained multiple times—what is a “reasonable accommodation” in a given situation depends on the individual.

A. Entities That Must Comply with Nondiscrimination Mandates

All cities, counties, joint powers authorities,¹⁹ special districts,²⁰ and other public entities must comply with the ADA, regardless of whether they receive federal funding.²¹ These obligations extend to the cities’ agents, contractors, and subcontractors.²²

Additionally, all public and private entities that do receive federal financial assistance, plus all of their agents and contractors, must comply with Section 504.²³ Notably, Section 504’s mandate reaches *all* of the programs and activities of these entities, not just the programs or activities that directly receive assistance.²⁴

Public entities that receive HUD funding must comply with the applicable Section 504 regulations²⁵ and HUD program regulations.²⁶ Applicants for HUD financial assistance must provide assurances to HUD that their program or activity will be operated in compliance with nondiscrimination obligations.²⁷ Each recipient of federal funds must also keep timely, accurate, and complete records of its compliance with nondiscrimination mandates²⁸ and be ready to submit them to the “responsible civil rights official or his or her designee” when necessary to ascertain the recipient’s compliance with nondiscrimination requirements.²⁹

Recipients of HUD funding are also required to monitor subcontractors at least annually and sign an agreement to that effect.³⁰ Likewise, all public entities must have agreements in place with their subcontractors that require them to operate all projects in accordance with federal nondiscrimination mandates, which include affirmatively furthering fair housing and accessibility requirements.³¹

IN PRACTICE

Because federal nondiscrimination mandates apply to all public entities, their

subcontractors, and their agents, plus all private entities and sub-recipients that receive federal funding, this guide should be provided to **all** agency contractors.

B. Laws Addressing Homelessness: McKinney-Vento, HUD Notices, and the Continuum of Care

Under the McKinney-Vento Homeless Assistance Act (“McKinney-Vento”), HUD is responsible for administering a number of homeless assistance programs, which have been consolidated into a single grant program called the Continuum of Care (“CoC”). The overarching goal of the CoC is to assist individuals and families experiencing homelessness by providing services necessary to help them move into and maintain permanent housing.

The term CoC also refers to the planning bodies, which are organized to carry out the program’s responsibilities, such as the coordination of funding and resources for homeless families and individuals.³² A CoC is required to develop and implement a standardized, “centralized or coordinated assessment system”³³ for initially assessing an individual’s or family’s needs for housing and supportive services. Coordinated assessment systems—also called CESs—are “intended to help communities prioritize people who are most in need of assistance.”³⁴

CoCs and CESs must comply with state and federal nondiscrimination mandates, applicable HUD regulations,³⁵ and requirements set forth by HUD notices—many of which are included throughout this guide. CoCs and CESs must also ensure that their programs’ housing and supportive services are provided in an integrated and inclusive setting that “enables individuals with disabilities to interact with non-disabled persons to the fullest extent possible.”³⁶

Additionally, in an effort to reduce or eliminate barriers to service, CoCs must have written standards and policies that address unintentional disability access barriers, such as policies that address the “resistance to receiving services, the type or extent of disability-related services[,] or supports that are needed.”³⁷

C. Notice of Rights under the ADA and Section 504

All of the entities discussed in Section I.A. of this guide are required to provide a Notice of Rights to all applicants, participants, beneficiaries, and other interested persons.³⁸ This notice shall inform individuals of their rights under disability nondiscrimination laws and the applicability of these laws to the CES entity’s services, programs, and activities.³⁹

To ensure that the notice is effective and timely-provided, staff should be trained to notify anyone who interacts with the program of their rights under this section. As noted by the Civil Rights Division of the U.S. Department of Justice in its ADA Best Practices Tool Kit, “The [target] audience [for ADA notices] is expansive, and includes everyone who interacts – or would potentially interact – with the state or local government.”⁴⁰

The notice should be easy to read, provide the basics of disability discrimination requirements in plain language, and include the contact information of an ADA coordinator or designated employee who is responsible for ensuring compliance with nondiscrimination provisions.⁴¹

The notice should include, but not be limited to, the following information:

- Effective communication;
- Making reasonable modifications to policies and programs;
- Not placing surcharges on modifications or auxiliary aids and services;⁴² and
- Filing complaints.⁴³

Additional considerations for an effective ADA-compliant notice include:

- An explanation of who is protected under the ADA, which is particularly important for people who may not identify as having a disability or may think that the ADA does not include protections for their specific disability;
- A statement that discrimination includes a failure to accommodate individuals with disabilities; and
- Examples of how the ADA’s and Section 504’s mandates apply to the program (e.g. “You may be entitled to assistance in filling out forms or gathering eligibility documentation if you need this assistance because of a disability”).⁴⁴

Staff should inform applicants and clients that the information obtained from disclosure of a disability is confidential and will only be used to determine if the person is entitled to some type of change in program rules or requirements, or another form of reasonable accommodation, to ensure equal access to the program.

ADDITIONAL RESOURCES

See *infra* Appendix A for a sample ADA Notice of Rights, ADA Grievance Form, and ADA Reasonable Accommodation Request and Plan Forms.

D. Notice of Grievance Procedures

Public entities with 50 or more employees must adopt and publish procedures for resolving complaints alleging discrimination under Title II of the ADA.⁴⁵ A similar requirement is found in Section 504's implementing regulations and applies to public entities—as well as recipients, sub-recipients, and contractors—with 15 or more employees.⁴⁶

Public entities that employ 50 or more people must also designate at least one employee to coordinate its efforts to comply with and carry out its responsibilities under the ADA.⁴⁷ The coordinator's responsibilities include investigating any ADA complaint communicated to the entity.⁴⁸ The name, office address, and telephone number of the designated coordinator must be publicly available,⁴⁹ and CES participants must be informed of their right to file a nondiscrimination complaint.⁵⁰

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Copies of the ADA Notice of Rights, ADA Grievance, and the ADA Reasonable Accommodation Request and Plan Forms should be available in waiting rooms and included in packets provided to all applicants and clients. If staff is conducting an intake over the phone, callers should be informed of their rights during that call.

Staff should be available to read all notices to individuals upon request or as necessary to ensure effective communication and understanding. Staff should also provide assistance with filling the ADA Reasonable Accommodation Request and Plan and ADA Grievance Forms, as necessary.

E. Grievance Procedures and Processing

Each public entity that meets the aforementioned employee thresholds shall develop and publish its grievance procedures. Such procedures should outline a process for quickly and equitably resolving complaints that allege disability discrimination.

The grievance procedure publication should include the following information:

- A description of how and where a nondiscrimination complaint may be filed with the entity;
- If a written complaint is required, a statement notifying the aggrieved that alternative methods of filing a complaint are available to people with disabilities who need it;

- A description of the time frames and processes to be followed by the aggrieved and the government entity;
- Information on how to appeal a decision; and
- A statement of the period of time in which the entity will keep the complaint and related documentation on file.⁵¹

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While a grievance is pending, CES providers should not reduce services, close a case, or take other adverse action against the applicant or client who filed the grievance.

The ADA Coordinator or designated employee's investigation should include, at a minimum:

- A review of the applicant or client's case record;
- Contacting the staff and supervisors who have interacted with the applicant or client regarding the matters related to the grievance;
- A review of the policies or rules at issue in the grievance; and
- Contacting the applicant or client, provided he or she is willing to speak with the Coordinator or designated employee.⁵²

If the relief requested in the grievance is denied, in whole or in part, then the ADA Coordinator or designated employee must issue a written denial decision.⁵³ The decision shall be available in an accessible format, explain the reasoning behind the denial, and include the underlying facts on which the decision was based and the individual's appeal rights.⁵⁴

Likewise, decisions granting reasonable accommodations or otherwise resolving ADA or Section 504 grievances should be provided to the applicant or client in writing or an otherwise accessible format.⁵⁵ The decision should specify the accommodations or other relief granted, and it should detail how the relief is to be administered and who is responsible for doing so.⁵⁶

Any grievance decision should be documented in the applicant or client's case file(s) and copies of all grievances and subsequent decisions should be kept on file by the ADA Coordinator or designated employee.⁵⁷

F. Effective Communication

All of the entities discussed in Section I.A. of this guide are responsible for ensuring that communications with applicants, participants, members of the public, or companions with disabilities are *as equally effective* as communications with people without disabilities.⁵⁸

This protection ensures that disabled people—particularly people who are blind, low-vision, deaf, hard of hearing, or have speech or cognitive disabilities—“can communicate with, receive information from, and convey information to, the covered entity.”⁵⁹

CES providers must accordingly make auxiliary aids and services available when people with disabilities need them to communicate effectively.⁶⁰ CESs must also “document steps taken to ensure effective communication with individuals with disabilities.”⁶¹

i. Auxiliary Aids and Services

The term “Auxiliary Aids and Services” is used to refer to a wide range of services and devices that covered entities can use to communicate with disabled individuals. Examples include, but are not limited to:

- **For people who are deaf or hard of hearing:** A qualified sign language interpreter, oral interpreter, tactile interpreter, note taker, written materials, assistive listening systems, telephones compatible with hearing aids, open and closed captioning, videotext displays, or exchange of written notes.⁶²
- **For people who are blind or low-vision:** Qualified readers,⁶³ audio recordings, Brailled materials, large print materials, electronic materials that can be used with a computer screen-reading program, or assistance in locating items.⁶⁴
- **For people with speech disabilities:** Computer terminals, speech synthesizers, or communication boards.⁶⁵
- **For people with cognitive and intellectual disabilities:** Simplifying existing written notices and other program materials to make them easier to read, reading and explaining program materials to applicants or clients, or following up with an applicant or client via phone to explain written materials.⁶⁶

CES providers must give primary consideration to the disabled individual’s choice of auxiliary aid or service.⁶⁷ The type of auxiliary aid or service necessary to ensure effective communication can vary according to “the nature, length, and complexity of the communication involved; and the context in which the communication is taking place.”⁶⁸

In order to be effective, auxiliary aids and services must be provided in a timely manner,⁶⁹ and in a way that protects the privacy and independence of the individual.⁷⁰

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Notify Individuals of Their Right to Auxiliary Aids and Services: CES providers should inform people with disabilities of the availability of auxiliary aids and services and that there will be no cost for such aids or services.⁷¹ This proactive notification may be especially beneficial for people with developmental disabilities, who may not fully understand that they have such a right on their own.

The Effectiveness of Auxiliary Aids and Services Depends on Context of Communication: For example, while communication through notes and gestures may be appropriate for simple interactions, such as when an individual requests an intake or schedules an appointment, it may not be appropriate for other communications during the CES intake process. In deciding what aid or service will ensure effective communication, it is important to consider the length of the process at hand, the importance of the information being conveyed or collected, and the burden that the client will face if the communication is not effective.⁷²

CES providers should have written policies in place to ensure the effective and timely provision of auxiliary aids and services. Such policies should detail how the entity will provide sign language interpreters to individuals who need them. Contracts or other formal arrangements with an interpreter service should, at a minimum, outline the timeframe in which interpreters will be provided upon a request by the entity.⁷³ If an entity is in a remote area, the entity should use video conferencing equipment to access the services of an interpreter at a remote location.⁷⁴

Additionally, the written policies should describe how materials will be provided in alternative formats to individuals who are blind and low-vision. It should detail who is responsible for obtaining materials in alternative formats, who to contact to arrange for the materials to be converted, and where copies of frequently distributed alternative format materials can be found.⁷⁵

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Frequently Distributed Materials Should Be Readily Available In Accessible Formats: As a matter of good practice, frequently distributed materials should be converted into accessible formats ahead of time so that they are readily available when needed or requested.⁷⁶

G. Reasonable Accommodations

i. The General Requirement

The entities discussed in Section I.A. of this guide must make reasonable modifications to or reasonable accommodations in its policies, practices, or procedures when such modifications or accommodations are necessary to avoid discrimination on the basis of disability.⁷⁷ The public entity can only avoid this requirement when it demonstrates that the modification or accommodation would fundamentally alter the nature of the entity's service, program, or activity,⁷⁸ or present an undue financial and administrative burden.⁷⁹

The term "reasonable accommodation"⁸⁰ refers to any reasonable change in the way the entity conducts an activity or any reasonable modification to what the entity requires the applicant or client to do as a part of the program.⁸¹ For example, a CoC "may be required to offer some variation to the process, e.g., a different access point, as a reasonable accommodation for a person with disabilities."⁸²

CES providers should also create and implement policies and procedures to preemptively offer accommodations to people who need them. Many disabled individuals who need accommodations do not request them. Some people simply do not know that their physical and/or mental health condition constitutes a disability under the ADA. Others do not know that the ADA requires public entities to provide reasonable accommodations. Still others have disabilities that make it difficult to recognize the availability of accommodations and communicate such a request.

Therefore, if CES providers know or have reason to believe that a person has a disability and needs extra assistance or an accommodation to enable them to access the program, then such providers **should** preemptively initiate the process of providing a reasonable accommodation.

Staff should be trained to use behavioral and physical observations, known background information, and any other observational cues to help identify that a person is disabled and in need of accommodations.⁸³

For example, if CES staff or partners have reason to believe that an applicant has a mental health or developmental disability and will have difficulty gathering the necessary documents to verify program eligibility, then staff should ask the client what they can do to assist them with this process. Likewise, if a client acts in a hostile or disruptive manner in the waiting area, then staff should initiate a reasonable accommodation inquiry.⁸⁴

IN PRACTICE

There Are No “Magic Words:” It is unacceptable to require an applicant or client to use terms of art such as “the Americans with Disabilities Act” or “reasonable accommodations” when requesting ADA accommodations. Many individuals are simply not familiar with these terms.⁸⁵

People with disabilities may communicate their accommodation requests in any reasonable manner. For example, if a client states that they have difficulty doing something such as traveling to the office, attending an appointment at a particular time of day, or engaging in document-gathering activities, and these challenges are disability-related, then that statement should be treated as a request for an accommodation.⁸⁶

Requests Can Be Made To Anyone, At Any Time: Individuals can make requests for reasonable accommodations to any staff member at any time. Staff should be available to assist individuals with requests for reasonable accommodations. Staff can use the ADA Reasonable Accommodation Request and Plan Forms to document accommodation requests and plans.⁸⁷ See Appendix 1.B.

ii. Common Examples of Reasonable Accommodations

Reasonable accommodations can take many forms. The following is a non-exhaustive list of accommodations that a public entity may be required to provide:

- Assistance with filling out applications and forms;
- Assistance gathering supporting documentation required by the program to prove initial and ongoing eligibility for services;
- Assistance accessing program referrals both inside and outside of CES;
- Flexible appointments, including:
 - Scheduling appointments at a time of day with shorter wait times;
 - Serving people who are not able to wait on a priority or first-come, first-serve basis;
 - Scheduling appointments so that they do not conflict with a person’s medical, rehabilitation, or therapy appointments;
 - Combining appointments to reduce a person’s travel time and expense;
 - Allowing a person to reschedule appointments, potentially multiple times, when a disability prevents attendance;

- Conducting appointments in a more physically accessible location;
- Conducting appointments by telephone or videoconference; and
- Extending shelter in and/or out times.
- Extension of program deadlines to allow a person additional time to submit documents or complete other tasks;
- Assistance with web-based activities if the use of the internet is required for services;
- Assistance with reading and/or explaining notices, rights and responsibilities forms, and other program materials to the person, repeatedly if necessary, to ensure understanding;
- Reminders about upcoming program requirements and deadlines;
- Allowing an individual to bring a service animal into the entity's facilities;⁸⁸ and
- Allowing an individual to bring a friend, relative, neighbor, or advocate with them to appointments and/or during the application process.⁸⁹

iii. Ongoing Reasonable Accommodation Requests

For many people with disabilities, accommodations are needed on an ongoing basis. Individuals should not be required to continually request or demonstrate the need for an accommodation related to the same disability.⁹⁰ Once it is determined that an accommodation is reasonable and necessary, the need for this accommodation (*not* the person's diagnosis) should be prominently documented in the person's case file and flagged to ensure that the accommodation is provided by any staff member handling the case or interacting with the individual.⁹¹

The following information should be recorded in the individual's case record:

- The person has a disability;
- The date and type of accommodation(s) requested or considered;
- The date the request was granted or denied;
- The reason an accommodation request was denied, if applicable; and
- The list of approved accommodations, as documented in the client's ADA Reasonable Accommodation Request and Plan Form.⁹²

Accurately documenting and consistently following ongoing reasonable accommodation requests is important to prevent wrongful adverse actions.⁹³ For example, if a staff member intends to close a case because required verifications for CES services were

not completed, then the staff member must first check the client case file for a record of disability and comply with the client's accommodation plan, if any. If the accommodation plan provides for assistance with verification document gathering and no assistance was provided or scheduled, then staff should not take any adverse action at that time. Instead, the staff member should grant a good cause exemption, continue the services for a reasonable amount of time, and provide or schedule the needed assistance to complete the eligibility process.

iv. Making Decisions on Requests for Accommodations

CES staff, supervisors, and the ADA Coordinator or designated employee, as appropriate, must make a decision on a request for reasonable accommodation(s).⁹⁴ They must review the client's case file and the rules and policies of the applicable program in making this decision and complete the ADA Reasonable Accommodation Request and Plan Form with the applicant or client.⁹⁵

In considering an accommodation request, the following factors should be addressed:

- Determine, together with the applicants or clients, how the disability limits their ability to comply with program rules;
- Identify accommodation options that overcome limitations and determine the effectiveness and workability of the proposed accommodation; and
- Give primary consideration to the person's preferred, requested accommodation. The individual who has a disability may be in the best position to know what accommodation they need. Staff should ask the individual what accommodations work best for them and provide an accommodation that meets both the individual's and the program's needs.⁹⁶

Many accommodations, such as assistance completing an application, should be provided on the same day they are requested. Other accommodations should be provided in time to prevent any denial of equal and meaningful access to the entity's programs and services.

v. The Entity's Denial of Accommodations

While CES staff members are permitted to **grant** accommodations to clients, they alone should not have the authorization to **deny** or **refuse** accommodation requests. If staff members question whether an accommodation is needed, then they should consult with their supervisor within a reasonable amount of time (e.g., two business days). If the supervisor plans to deny or refuse an accommodation, then the supervisor should, if applicable, submit that decision to the ADA Coordinator or designated employee for review within a reasonable amount of time. The ADA Coordinator or designated

employee should then issue a written decision to the disabled individual stating whether the accommodation is granted or denied, within a reasonable amount of time (e.g., five business days).⁹⁷

An accommodation denial **must** be issued in writing and should include, but is not limited to, the following information:

- The reason(s) for the refusal to provide an accommodation;
- The reason(s) for a decision to only partially grant an accommodation request, if applicable;
- The reason(s) for a decision to grant a different type of accommodation than the type requested by the applicant or client, if applicable;⁹⁸ and
- The right to file a nondiscrimination complaint.⁹⁹

vi. The Individual's Refusal of Accommodations

As previously discussed, people with disabilities have the right to refuse reasonable accommodations, aids, services, and/or benefits.¹⁰⁰ If an applicant or client refuses to disclose a disability to a CES provider, then the provider may have difficulty serving the individual and the individual may have difficulty complying with program requirements.¹⁰¹ If the individual does not comply with program requirements, then the provider may be forced to close the person's case.¹⁰² Similarly, if an individual refuses a reasonable accommodation offered by the provider and the person cannot comply with the program requirements as a result, then the provider may take adverse action against the individual due to the person's failure to meet program requirements.¹⁰³

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Continuity of Reasonable Accommodations: *Before* a CES provider takes an adverse action against an applicant or client for non-compliance with a program requirement and even after the applicant or client has refused an accommodation, the provider should again offer a reasonable accommodation.¹⁰⁴ Individuals may have disabilities that affect their decision-making ability (e.g., a cognitive or mental health disability) and this may cause them to refuse assistance when it is first offered.¹⁰⁵ However, an individual may be more receptive to an accommodation when it is offered again or when it is presented as a means of preventing or possibly avoiding case closure or application denial.¹⁰⁶

H. Physical Accessibility Requirements

The needs of all disabled individuals, including people with physical or sensory (i.e., vision or hearing) disabilities, must be considered at all locations of and at all points in the CES program—from initial assessment to housing placement.¹⁰⁷ This includes the physical accessibility of offices, entry points, shelters, all types of housing options, and transportation, as well as the consideration of the proximity and accessibility of these locations to the nearest transit routes.

Information regarding the accessibility and reasonable accommodation needs of the individual should be gathered during outreach and entry activities. Accessibility needs may include a meeting place, office, shelter, or housing that is fully wheelchair accessible and/or has accessibility features for people who are deaf or blind.

In developing housing and shelter resources, housing units that are fully accessible should be identified, and priority for those units should be given to the individuals who need them.¹⁰⁸ A separate list or other means of identifying individuals who need accessible features should be maintained so that they can be given this priority. The Homeless Management Information System (“HMIS”)¹⁰⁹ should also have fields that allow for the collection and tracking of these accessibility requests.

CES providers may not choose a location for a site or facility that, because of its lack of accessibility, causes disabled individuals to be excluded from its programs or otherwise discriminated against.¹¹⁰ CES providers must ensure that interested individuals, including people with vision and/or hearing disabilities, can obtain information about the existence and location of the entity’s accessible services, activities, and facilities.¹¹¹

Entities must post signage at each entrance to its facilities.¹¹² If the entrance is **inaccessible**, then the signage must describe the location of the accessible entrance or where information can be obtained about accessible facilities.¹¹³ If the entrance is **accessible**, then the international symbol for accessibility (Image 2) must be posted.¹¹⁴



Image 2. The international symbol for accessibility. A blue square with the outline of a person with a wheelchair inside of it.

The written policies and procedure of CESs must provide that the physical accessibility of entry points, shelters, shelter beds, rapid rehousing placement, and permanent supportive housing placement is required.¹¹⁵ Applicants and clients should be informed that their accessibility needs do not preclude them from being informed about the

availability of and having the freedom to choose any placement, regardless of its accessibility.

IN PRACTICE

CoCs must coordinate and integrate with programs using Emergency Solutions Grant (“ESG”) funding and they are required to comply with Shelter and Housing standards, to the maximum extent possible.¹¹⁶

II. TRAINING, OUTREACH, AND REFERRALS

A. Training

CoCs must provide training opportunities at least once a year to organizations that serve as an access point or administer assessments to people with housing needs.¹¹⁷ Because disability is a common characteristic among the population interacting with CESs, all staff members, including community-based organizations and shelter providers, should be trained on how to assist individuals with disabilities.

Disability competency trainings should include information about the accessibility requirements of the FHA, Section 504, and Title II of the ADA and guidance on how to meaningfully engage this population of clients. It should also serve to familiarize staff with the ADA Notice of Rights, the ADA Grievance process, the process for providing effective communication, and the process for determining, providing, and meeting reasonable accommodation needs.

B. Outreach

CES outreach staff must offer individuals the same standardized assessment that would be offered at site-based access points.¹¹⁸ This process must be memorialized in CES written policies and procedures.¹¹⁹

IN PRACTICE

If an individual is interested in applying for and potentially receiving other services, the Outreach or Intake Specialist with the team should be equipped and trained to conduct the screening and intake on the spot.

An individual may need an interpreter or other assistive technology to engage with the outreach team members. Team members should be trained on how to facilitate such requests.

Outreach teams should provide the applicant or client with ADA Notice of Rights, the ADA Grievance Form, and the ADA Reasonable Accommodation Request and Plan Form. See Appendix 1.

C. Referrals

Referrals are vital to the CES process. Regardless of priority, staff should make every effort to provide a wide-range of necessary referrals for housing insecure, homeless, and chronically homeless individuals and families, and they should assist potential and eligible clients in accessing referral services. To that end, any referral system must coordinate with all participating projects to maximize the use of all beds, units, and services available.¹²⁰

A clear and exhaustive list of referrals should be established and used appropriately (for example, it should be kept in mind that an applicant or client may need accommodations to ensure access to the referral). Communities should consider maintaining a database or other uniform information system that contains provider names, locations, hours of operation, and services provided, and they should ensure that existing information is accurate.¹²¹

CES written policies and procedures must include the following information related to referrals:

- “A uniform referral process, including standardized criteria by which a participating project may justify rejecting a referral; and
- In instances of rejection, the protocol that participating projects must follow to reject a referral and the protocol that the coordinated entry process must follow to connect the rejected individual or family with a new project.”¹²²

Additionally, people interfacing with CESs must be able to access homelessness prevention services that are funded through ESG programs.¹²³ These programs include Healthcare for the Homeless,¹²⁴ the Emergency Food and Shelter Program,¹²⁵ and the Education for Homeless Children and Youth Grants for State and Local Activities,¹²⁶ among others.¹²⁷

Referrals for applicants and clients should be optimized to take a “Whole Person” approach. To that end, referrals should include the following programs and services, as appropriate:

- SSI advocacy and representative payee;
- General Assistance;
- Medi-Cal or Indigent Health programs;

- Healthcare for Homeless Mobile Programs and sites;
- Free clinics and/or needle exchanges;
- Meal programs, including CalFresh (federally known as the Supplemental Nutrition Assistance Program (“SNAP”));
- CalWORKs (federally known as Temporary Assistance to Needy Families (“TANF”));
- Food Bank information;
- Senior Services information;
- Identification Card, Social Security Card, or Birth Certificate replacement (including fee waiver application assistance);
- Clean Slate;
- Housing and Disability Advocacy Program (“HDAP”);
- Whole Person Care Pilot; and
- Paratransit.

IN PRACTICE

Continuity of Reasonable Accommodations: In a warm hand-off,¹²⁸ staff should inform the site or provider that is accepting a referral if and what reasonable accommodations were requested by the individual. Remember: some people may not be able to follow through with their referral due to their disability, and they may need accommodations to access these services.

Referral Resources: Persons who receive referrals should also be given the ADA Notice of Rights, the ADA Grievance Form, and the ADA Reasonable Accommodation Request and Plan Form. See Appendix 1.

Written Policy Example: The following is an example of a policy outlining the process for denied referrals:

1. Receiving programs may only deny CES-eligible individuals and families who are referred by the CES under limited circumstances. Good cause for denied referrals includes:

- There is no vacancy available;
- The individual or family missed two (2) intake appointments without notifying the Housing Navigator or Case Manager;
- The Receiving Program has been unable to contact the individual or family for seven (7) standard business days; or

- The household presents with more people than were referred by the Housing Navigator and the Receiving Program cannot accommodate the increase.
2. The Receiving Program must update the referral outcome in HMIS with any decision to accept or reject a household.
 3. Written denial decision letters must be submitted to the client the same day the decision is made, if possible.¹²⁹

Freedom to Refuse Mental Health Services: Programs may not refuse to serve people with psychiatric disabilities because that person refused to receive mental health services.¹³⁰

III. ACCESS TO EMERGENCY SERVICES AND EMERGENCY SHELTERS

Emergency shelters and emergency services are required to operate with as few accessibility barriers as possible.¹³¹ People must be able to access emergency services at any time—including outside the operating hours of the CES' intake and assessment process.¹³² Emergency services include domestic violence and emergency services hotlines, drop-in service programs, emergency shelters, domestic violence shelters, and other short-term crisis residential programs.¹³³

A. Written Policies and Procedures

Emergency shelters and CES programs must have written or otherwise documented policies describing how people can access emergency services during the non-operating hours of the CES' intake and assessment process.¹³⁴ The policy must also describe how individuals will be connected to the CES when it does open.¹³⁵

These written policies and procedures must also clearly illustrate which services require prioritization based on severity of need (e.g., Permanent Supportive Housing (“PSH”) should be prioritized) and which services are available to a more general population (e.g., emergency shelters).¹³⁶ This organization allows for an immediate crisis response.¹³⁷

CES can also be used to prioritize emergency shelter beds. However, when this process creates a bottleneck or results in empty crisis beds, then it fails to operate in the true intent of coordinated entry.¹³⁸

IV. CES INTAKE PROCESS

A. Initial Considerations

As previously stated, the primary goals of a CES are to assess the needs of people who are homeless or at risk of homelessness in our communities and to prioritize individuals who need long-term housing and supports the most. The recordkeeping requirements of a CES program assist with reaching these goals—they establish HUD’s preferred order of eligibility documentation, provide clarity about how the length of time of homelessness must be documented, and provide standards for documenting disability.¹³⁹

Because there is insufficient permanent supportive housing to meet the needs of everyone, individuals must also have access to ESG-funded homelessness prevention services through the CES process.¹⁴⁰ Such services may include separate access point(s) for homelessness prevention, which are important so that people at risk of homelessness can receive urgent services when and where they need them.¹⁴¹

IN PRACTICE

Minimizing Barriers: Diversion and homelessness prevention efforts should include efforts to ensure that a person has access to basic income, food, and health services. These are essential to staying housed.

Continuity of Reasonable Accommodations: When assessing an applicant’s needs, whether for diversion from CES (because of, e.g., ineligibility or other potential housing solutions), homelessness prevention services, or an application for permanent supportive housing resources, staff should document in the case file any accommodations requested, accommodations provided, and/or accommodations that will be needed to access any referral. This documentation is important so that a truly warm hand-off can be achieved.

Additional Resources: People who receive intake and/or diversion services should also be given the ADA Notice of Rights, the ADA Grievance Form, and the ADA Reasonable Accommodation Request and Plan Form. See Appendix 1.

B. Overview of Assessment

Per statute, people who are “chronically homeless”¹⁴² are prioritized for CES services. A “chronically homeless” individual is someone with a disability who “lives either in a place not meant for human habitation, a safe haven, or in an emergency shelter, or in an institutional care facility if the individual has been living in the facility for fewer than 90 days and had been living in a place not meant for human habitation, a safe haven, or in an emergency shelter immediately before entering the institutional care facility.”¹⁴³

Additionally, to qualify as “chronically homeless,” the individual must “have been living as described above continuously for at least 12 months, or on at least four separate occasions in the last 3 years, where the combined occasions total a length of time of at least 12 months.”¹⁴⁴

CoCs must have written policies and procedures for CESs describing the standardized assessment process. This process must include “assessment information, factors, and documentation of the criteria used for uniform decision-making across access points and staff.”¹⁴⁵ Assessment information should include a determination of whether an individual needs particular accessibility features, as discussed in Section I.H.

IN PRACTICE

Documentation for Transition-Aged Youth: CoCs must also create and implement a policy for assisting transition-aged youth—youth transitioning out of foster care or juvenile detention facilities—who are often screened out of CESs for not meeting length-of-homelessness criteria.

Providing Documentation to Applicants on Adverse Decisions: If applicable, documentation of the adverse outcome of the intake and information on the right to appeal any adverse decision should be provided to the applicant or client.

Providing Documentation about Eligibility Criteria: If applicable, information about the impact that a successful eligibility determination will have on an individual’s services should be provided to the applicant or client.

Additional Resources: Regardless of priority, consumers should be given the ADA Notice of Rights, the ADA Grievance Form, and the ADA Reasonable Accommodation Request and Plan Form. See Appendix 1.

C. Prioritization

Grantees of CoC program funds are required to maintain and follow written intake procedures to ensure compliance with the “chronically homeless” definition and

correlated prioritization.¹⁴⁶ In making a determination of whether an individual is “chronically homeless,” grantees must consider the follow evidence, weighted in this order:

1. Third-party documentation;
2. Intake worker observations; and
3. Certification from the individual seeking assistance.¹⁴⁷

Additionally, the following factors may be considered in determining whether an individual should be prioritized as “chronically homeless”:

- The individual has significant challenges or functional impairments, e.g., a physical, mental, developmental, or behavioral health disability that requires a significant level of support in order for the individual to maintain permanent housing;
 - NOTE: This factor focuses on the *level of support needed*, not the type of disability a person has.
- High utilization of crisis or emergency services (e.g., emergency rooms, jails, or psychiatric facilities) to meet basic needs;
- The extent to which an individual, especially a youth and child, is unsheltered;
- The individual’s vulnerability to illness or death;
- The individual’s risk of continued homelessness;
- The individuals’ vulnerability to victimization (e.g., physical assault, trafficking or sex work); or
- Other factors affecting severity of need, as determined by the community.¹⁴⁸

CoCs are prohibited from using any assessment tool or prioritization process, including any of the factors listed above, if its use would discriminate on the basis of race, color, religion, national origin, sex, age, familial status, disability, type or severity of disability, or degree of need for disability-related services or supports.¹⁴⁹

IN PRACTICE

Additional Resources: Before being screened, all should be given the ADA Notice of Rights, the ADA Grievance Form, and the ADA Reasonable Accommodation Request and Plan Form. See Appendix 1.

D. The Screening Tool

Screening tools that include questions about functional impairment will help CES' identify and prioritize people with the greatest service needs. Effective screenings will also help prevent discrimination under the FHA, which can occur when a CES applies disability criteria too narrowly. For examples of effective screening tools, see the resources in Appendix 2.A.

CoC programs and recipients of CoC program-funded permanent supportive housing are also encouraged to take other factors, including vulnerability, into account when prioritizing households for permanent supportive housing.¹⁵⁰

E. Shelter Bed Referrals (City and County)

A "shelter bed referral" is a referral to a transitional shelter bed controlled by a CES. Individuals who are eligible for placement in CES shelters may need to request an accessible sleeping space, bed, bathroom, and/or shower.

To be accessible, CES sleeping arrangements should adhere to the following specifications:

- Access aisles should be at least 4 feet in width;
- The bed or cot should be movable, so as to provide additional maneuverability space and facilitate transfers;
- The mattress should be a minimum of 36" wide, with a height of 17" to 19" above the floor;
- The mattress and box spring, if provided, should be firm enough to provide a reasonably stable surface for transfer to and from wheelchair; and
- Additional storage, if provided, should be located on an accessible route, with clear floor space to allow for a forward or parallel approach.¹⁵¹

The process by which an applicant or client may request accessible sleeping arrangements should be outlined for CES staff. The applicant or client may request accommodations from staff in order to make such a request.

Staff should make every effort to offer accessible sleeping arrangements to disabled individuals who have identified a need or preference for such an arrangement. It should be made clear that a request for an accessible shelter bed will not preclude the client from being informed of or placed in a non-accessible bed.

IN PRACTICE

Written Confirmation of Receipt of Shelter Bed: If a person does receive a shelter bed, staff should provide that person with written confirmation (or preferred accessible format, if possible) that includes the time the person must arrive at the shelter, the shelter address, directions for the shelter, if needed, and available transportation assistance.

Disability and Tardiness: If the person has a disability that interferes with their ability to keep appointments and/or travel, then that person should not be penalized for tardiness (e.g., missing shelter closing time), to the extent possible.

Staff Training: Each shelter program and all of its staff members should know who is responsible for providing case management (city or county) and that those eligible to receive case management must be able to access it in a timely fashion.

Additional Resources: People receiving shelter through CES, as well as other interested individuals, should be given the ADA Notice of Rights, the ADA Grievance Form, and the ADA Reasonable Accommodation Request and Plan Form. See Appendix 1.

V. ELIGIBILITY VERIFICATIONS

A. Proving Chronic Homelessness

As described in Part IV of this guide, in order to establish eligibility for certain CES services and permanent supportive housing, each individual must present and each CES or entry point must collect proof of the individual's disability (including, if applicable, the need for accessible housing), current living situation, and the length of time the individual or head of household was living in an emergency shelter, safe haven, or place not meant for human habitation.¹⁵² This documentation generally must be collected at intake.¹⁵³

IN PRACTICE

Continuity of Reasonable Accommodations: Although the HUD regulations require the collection of documentation of eligibility at CES intake,¹⁵⁴ further HUD guidance suggests that documentation does *not* have to be acquired at intake for permanent supportive housing.¹⁵⁵ Therefore, if the individual is likely only eligible for PSH, then there is a valid argument for flexibility in the timing of collection of documentation at intake.

Staff Training on Verifying Disability: It is very important for staff to be trained on the different acceptable means of verifying an individual's disability, current living situation, and length of homelessness. This training should include information about the timing in which verifications should be obtained.

i. Disability Verifications

In order to establish eligibility for certain CES services and placements, an individual must prove that they are a "homeless individual with a disability," as defined under the McKinney-Vento Homeless Assistance Act.¹⁵⁶ Therefore, the individual must present (or have assistance with presenting) some evidence of their qualifying disability.¹⁵⁷

"Disability" is interpreted broadly¹⁵⁸ and includes any disability that:

- Is expected to be long-continuing or of indefinite duration;
- Substantially impedes the individual's ability to live independently;
- Could be improved by the provision of more suitable housing conditions;
- Is a physical, mental, or emotional impairment, including an impairment caused by alcohol or drug abuse, post-traumatic stress disorder, or brain injury;
- Is a developmental disability¹⁵⁹; or

- Is the disease of acquired immunodeficiency syndrome or any condition arising from the etiologic agency for acquired immunodeficiency syndrome.¹⁶⁰

Acceptable evidence of disability includes:

- A written verification of the disability from a professional licensed by the state to diagnose and treat the disability, including the client’s or applicant’s certification that the disability is expected to be long-continuing or of indefinite duration and substantially impedes the individual’s ability to live independently;
- A written verification of disability from the Social Security Administration (“SSA”);
- A receipt of disability benefits, insurance, or compensation (e.g., a Social Security Disability Insurance (“SSDI”) check or a Veteran Disability Compensation check);
- The recorded observations of CES intake staff related to an individual’s disability, provided it is confirmed with appropriate evidence within 45 days of the date of application; or
- Any other documentation approved by HUD.¹⁶¹

Each CES or entry point must keep evidence of an individual’s disability on file for at least 5 years after the end of the entity’s grant term.¹⁶²

IN PRACTICE

Continuity of Reasonable Accommodations: As a part of the reasonable accommodation process, CES staff members should assist individuals with collecting verification documentation, as necessary.

ii. Homelessness Verifications

In order to establish eligibility for certain CES services and placements, an individual must also prove that they are “chronically homeless.” The definition of chronic homelessness includes the requirement that the individual currently lives in a place not meant for human habitation, a safe haven, or an emergency shelter.

In order to prove “chronic homelessness,” HUD regulations provide that the following evidence is sufficient:

- Records from HMIS or a comparable database;
- The written observations of an outreach worker about the conditions of where the individual was living;

- A written referral by another housing or service provider; or
- When the evidence previously listed is not available, a certification by the individual seeking assistance and the intake worker’s documentation of the individual’s living situation and the steps taken to obtain the evidence previously outlined.¹⁶³

The regulations, however, place a limit on self-certification: Each year, for at least 75 percent of eligible individuals or families, no more than three months of “chronic homelessness” can be documented through self-certification.¹⁶⁴

However, HUD recognizes that it may take more time to obtain third-party documentation for the purposes of permanent supportive housing (“PSH”) placement, and thus the rules are more flexible in this context.¹⁶⁵

IN PRACTICE

Example of PSH Self-Certification: “Henry is a program participant that entered a PSH project on June 1st. He reports that he has been living in a place not meant for human habitation, a safe haven, or an emergency shelter for the last 12 months. At the point of intake, there was only 2 months of third-party documentation of Henry residing in one of these locations. The recipient of PSH may obtain a self-certification from Henry for the remaining 10 months in order to enroll Henry in the program and get him into housing. The recipient then has up to 180 days from the point of his enrollment to obtain at least 7 additional months of third-party documentation (to add to the 2 months that had been obtained at the point of intake) to get to the 9 months of required third-party documentation.”¹⁶⁶

Limited Exception to PSH 180-Day Rule: For PSH placement, there may be a situation where a person has been “unsheltered and out of contact for long periods of time.”¹⁶⁷ In this circumstance, the regulations allow for “the full period of homelessness to be documented by a self-certification by the individual or head of household seeking assistance.”¹⁶⁸ However, this exception is limited and cannot be applied to any more than “25 percent of all chronically homeless individuals and families assisted.”¹⁶⁹

There Are No “Magic Words:” Keep in mind that applicants and clients do not necessarily speak in “the language of law.” In the example above, Henry may not actually report that he has been living “in a place not meant for human habitation” or “in a safe haven.” Instead, he may say he was living at “an emergency shelter,” “under the overpass,” or “in my car.” CES employees must be prepared to recognize when an applicant or client falls within the legal definition of “chronically homeless.”

Continuity of Reasonable Accommodations: HMIS databases should allow for the collection of information about an individual's need for accessible housing units or features, and reasonable accommodations.

B. Documentation Gathering

Gathering the required documentation to prove CES eligibility may be challenging for many disabled clients. As previously described, a public entity must not create or apply eligibility criteria that screen out or tend to screen out an individual with a disability from fully and equally enjoying a service, program, or activity, unless such criteria are necessary for the provision of the service, program, or activity at issue.¹⁷⁰ Thus, in order to avoid “screening out” disabled individuals, assistance with the gathering of necessary materials should be provided to people with qualifying disabilities who need it.

Examples of the types of accommodations that may be appropriate in this context include:

- Providing assistance with reading and understanding forms, including the provision of large print, Braille, or other language materials and other aids or assistive technologies;
- With permission from the applicant or client, making calls to other service providers or agencies or otherwise requesting documentation through any appropriate modality;
- Attending meetings (e.g., at the Social Security office) with the applicant or client, assisting him or her with scheduling, and going with him or her to other third party Community Based Organizations (“CBOs”) to obtain verifications; and
- Assisting with web-based activities if the use of the internet is required for services.

C. Eligibility Determinations

If an applicant or client is eligible for CES programs or services, CES staff members should give that individual a written notice stating eligibility. The decision must also be communicated in the client's preferred format (e.g., verbally or through other modalities), and the staff member should consider where the best place may be to enable effective and timely receipt of communication (e.g., at a third party CBO).

In the event that CES staff is unable to make contact with the client to finalize eligibility, the CES should have procedures in place that outline what steps staff should take. For example, staff may be required to:

- Request assistance with searching for the individual from the outreach teams;
- Contact the current or most recent shelter(s) the individual or household has received services from (per documentation in HMIS);
- Make phone calls to all of the individual's known phone numbers; and
- Post messages on community boards at frequently visited service provider locations.¹⁷¹

IN PRACTICE

Additional Resource: An example of a process for communicating assessment outcomes can be found in the resource section at the end of this guide. See Appendix 2.A.

i. Case Management

All clients found eligible for CES services should have the opportunity to meet with a case manager *immediately* following the eligibility determination, if possible. Every effort should be made by the case manager to meet with the client and initiate the case management process while they are still at the entry point. This is particularly important for people with disabilities, who may have very limited transportation options and find it difficult to meet scheduled appointments.

If a same-day meeting is not possible, a case management appointment should be scheduled within 72 hours or clients should be informed of when they can return to meet with someone within that time frame. If a client shows up to a scheduled appointment with their case manager and they are not available, then the case manager should make every effort to meet the client at a place of their convenience.

IN PRACTICE

Continuity of Reasonable Accommodations: Staff should be prepared to assist clients with paratransit applications. Notification of the availability of this service is particularly important for people who do not know that their disability qualifies them for services like transportation assistance (e.g., a person with a medical condition that affects endurance and thus limits their ability to use general public transit).

VI. HOUSING ASSISTANCE

A. Participant Autonomy

As discussed in Section I.G.5 of this guide, coordinated entry incorporates ADA and Section 504 mandates on freedom of choice—i.e., the requirement that the CES process must allow applicants and clients “autonomy to freely refuse to answer assessment questions and to refuse housing and service options without penalty or limiting their access to assistance.”¹⁷² Autonomy also includes the statutory right to refuse accommodations.

The CES’ written policies and procedures must memorialize the process by which a client will “maintain their place in the coordinated entry priority list,” even when they refuse their housing and service options.¹⁷³

B. Accessibility of Housing Options

When developing and discussing the client’s housing goals, the CES case manager and/or housing navigator should consider the client’s accessibility needs and the availability of accessible housing. For example, a disabled individual may need a unit without stairs, a unit that is fully accessible for power wheelchairs (i.e., level entries, accessible routes and common areas, adequate turning areas in living areas, accessible bathrooms and kitchens, lower counters, etc.), or accessible features for people with hearing and/or vision disabilities (e.g., Brailled signage or blinking doorbells).¹⁷⁴

As discussed in Section I.G of this guide, people who need accessible features should be given priority for units with those features; otherwise, the individual may not be able to access a shelter or housing at all.

C. Housing First

“Housing First” is an approach that works to “quickly connect individuals and families experiencing homelessness to permanent housing without preconditions and barriers to entry, such as sobriety, treatment or service participation requirements.”¹⁷⁵ Supportive services are supposed to be voluntary, and they are offered to help maintain housing stability and minimize returns to homelessness¹⁷⁶—not to, e.g., screen for sobriety and impose other paternalistic requirements.

Ultimately, PSH admissions procedures are “designed to ‘screen-in’ rather than ‘screen-out’ applicants with the greatest barriers to housing” (e.g., rental or criminal history).¹⁷⁷ In particular, sometimes people with disabilities are screened out of housing based on

behavior that may be related to their disabilities. Providers need to be aware of this discriminatory treatment and consciously avoid it.

D. Tenant's Rights

When tenants are placed in housing, the entity must provide a lease that “includes the full rights, responsibilities, and legal protections available under federal, state, and local housing laws.”¹⁷⁸ Additionally, CoCs, CESs, and housing providers should help ensure that tenants “understand their lease terms, that they can access legal assistance, and [that they] are encouraged to exercise their full legal rights and responsibilities.”¹⁷⁹

E. Preventing Lease Violations and Evictions

CoC and CES providers should also ensure that supportive housing programs have policies and practices in place to prevent “lease violations and evictions among tenants.”¹⁸⁰ For example, housing programs incorporating the Housing First approach should have policies that specify that alcohol or drug use is not, in itself, a lease violation; rather, there is only a lease violation if the alcohol or drug use “results in disturbances to neighbors or is associated with illegal activity (e.g. selling illegal substances).”¹⁸¹

Housing policies and practices should also address flexibility around the payment of rent. For example, rather than pursuing eviction proceedings when a person misses a rent payment, housing programs should have a process in place to allow a tenant to establish a payment plan, and the program should offer money management assistance.¹⁸²

Additionally, CES providers should be aware that formerly homeless people with disabilities are sometimes evicted from their permanent housing placements based on disability-related behavior.¹⁸³ Providers should actively try to avoid these types of evictions, and CESs should work with housing providers to educate them about the disability-related needs of the populations they serve. CESs should also have protocol in place that allows for assistance, education, and/or referrals to legal service or other community advocates for evictions based on disability.

IN PRACTICE

Continuity of Reasonable Accommodations: If a client repeatedly violates their lease and is in danger of being evicted, the housing case manager should work with the client and the landlord to try to resolve the situation without the client being evicted. Requests for reasonable accommodations in housing should be considered here as a potential remedy.

VII. PROGRAM TERMINATION

A. Due Process

When program participation is terminated, the public entity must have a process in place to inform clients of their rights under the law.¹⁸⁴ At a minimum, this process must include:

- Providing the applicant or client with a written notice of the program rules and the termination process;
- Providing the client with a written notice containing a clear statement of the reasons for the termination;
- Providing mechanisms to review the decision and an opportunity for the client to present objections before an impartial decision-maker; and
- Providing the client with a prompt, written notice of the final decision.¹⁸⁵

IN PRACTICE

Additional Resources: People who are terminated from the program should also be given the ADA Notice of Rights, the ADA Grievance Form, and the ADA Reasonable Accommodation Request and Plan Form. See Appendix 1.

B. Hard-to-House Populations

Because PSH providers primarily house so-called “hard-to-house populations,” the provider must consider “all extenuating circumstances” when determining whether to end the client’s services.¹⁸⁶ Leases should be terminated only in the “most severe cases.”¹⁸⁷

Additionally, like for all populations, the CoC’s written policies and procedures must include a process for individuals and families to appeal coordinated entry decisions.¹⁸⁸

VIII. PLANNING FOR CES APPLICANTS AND CLIENTS POST-DISASTER

Cities and counties are obligated to provide assistance to and account for people with disabilities, including disabled individuals applying for or participating in CoC programs, in the event of a man-made or natural disaster.¹⁸⁹ Cities and counties must have an emergency plan in place to ensure that the lives and safety of disabled individuals—just like any other person—are protected and accounted for in such an event. To that end, CES staff should coordinate with their local Office of Emergency Services and/or their ADA or Access and Functional Needs Coordinator¹⁹⁰ to ensure that applicants or clients in the HMIS system are able to be assisted and accounted for post-disaster.

APPENDICES

APPENDIX 1: ADA Forms and Documents

Appendix 1.A: ADA Notice of Rights

ADA Notice of Rights¹⁹¹

NEED EXTRA HELP?

In accordance with the requirements of Title II of the Americans with Disabilities Act of 1990 ("ADA"), the **[name of public entity]** will not discriminate against qualified individuals with disabilities on the basis of disability in its services, programs, or activities.¹⁹²

This means that if you are a person with a qualifying disability, you are entitled to effective communications and reasonable accommodations at no cost, to ensure that you have an equal opportunity to access this program.

Information obtained from disclosure of a disability is confidential and will be used to determine if you are entitled to some type of change in program rules or requirements, or another form of reasonable accommodation or aid.

Do you need any particular accommodation or accessibility feature?

Do any of these apply to you?

- Have a visual, hearing, or speaking disability
- Have a mental health disability
- Have a medical condition like, for example, diabetes or high blood pressure
- Have a learning disability
- Have a mobility disability
- Have difficulty walking, sitting, or standing for a long time
- Have difficulty climbing stairs
- Need help filling out or understanding forms or complicated instructions
- Need a sign language interpreter

If you don't know, you can talk about it with us. You have the right to equal access to programs and services.

If you tell us you need help, we will work with you to find a way to help you.

If denied an accommodation, you may file a grievance (staff will provide you a form upon request) or a civil rights complaint.

Complaints that a program, service, or activity of ***[name of public entity]*** is not accessible to persons with disabilities should be directed to ***[name and contact information for ADA Coordinator]***.¹⁹³

ADA REASONABLE ACCOMMODATION REQUEST AND PLAN¹⁹⁴

HOW CAN WE HELP YOU?

If you have a disability (physical, mental/emotional or learning difficulty), you have the right to get help from us to get and keep the services you need.

For example, you can get help with filling out forms, getting documents, having special appointments, being reminded about things, extra time to do things, having things read to you, and many other forms of help. Please ask for help.

This form lets us know whether you need help, also called a “Reasonable Accommodation.”

REMEMBER: A person with a disability is not just someone who is in a wheelchair or who may be blind. Under the ADA, anyone who has a medical condition is covered. Also, if you have difficulty doing things our programs require because of a disability, like reading or paying attention, you are protected.

Tell us if you need any help by answering the following questions for us. We will help you fill out this form, if you want.

Circle Yes or No:

1. Do you have a hard time walking, sitting, or standing for a long time?
Yes No
2. Do you have trouble talking or hearing?
Yes No
3. Is it hard to understand complicated information or instructions?
Yes No
4. Do you have difficulty seeing?
Yes No
5. Do you need help filling out or understanding forms?
Yes No
6. Do you need forms or other things read to you?
Yes No

7. Do you have a hard time remembering deadlines?

Yes No

8. Do you have difficulty in doing other things our program needs you do to get services?

Yes No

9. Please explain below what is hard for you to do:

10. How can we help you do this? If you aren't sure, you can talk about it with us.

ADA ACCOMMODATION PLAN¹⁹⁵

I. FOR CES STAFF TO FILL OUT:

Client and staff have agreed to the following accommodations (please check and add notes):

1. Read forms and notices out loud so they are understood _____

2. Help fill out forms _____

3. Remind client of appointments and requirements for participation, including submitting docs _____

How? _____

4. Documents and notices provided in Braille, large print or audio data, CD, or other alternative format _____

Specify: _____

5. Break information down and present it in small chunks _____

How? _____

6. Help to make sure information is clearly understood. _____

How? _____

7. Repeating information

Specify: _____

8. Sign language interpreter _____

What type? _____

9. Flexibility with appointments/special appointments _____

How? _____

10. Bringing another person with you, if it makes you comfortable _____

Specify: _____

11. More time to meet deadlines for meetings, turning in documents, etc. _____

How? _____

12. Physically accessible shelter or housing placement _____

Specify: _____

13. Other accommodations:

Referral(s) made: Yes No

Assistance needed to access referral: Yes No

Specify: _____

Staff's Signature: _____

Date _____ *Staff's #* _____

NOTE: This form is not complete until the remaining sections are filled out.

II. FOR INDIVIDUALS TO FILL OUT (with help if needed):

_____ Please initial here if you *agree to this plan and have been provided with a copy of it.*

_____ Please initial here if you *do not need accommodations at this time.*

_____ Please initial here if you *do not agree to this plan and have been provided with a copy of it.* Explain accommodations you want that are not in above plan:

If you do not agree to this plan, you can file a grievance with the ADA Coordinator, but first, your request will be reviewed by a supervisor and the ADA Coordinator (if necessary) and a decision will be provided to you within 9 business days.

_____ Please check here if you have been given a copy of the form to file a grievance with the Department's ADA Coordinator.

Signing means you have read and been given this form and have been given a copy of CESs handout ADA Notice of Rights - "NEED EXTRA HELP?"

Name (please print): _____

Date: _____ Signature: _____

III. FOR CES USE ONLY:

_____ [DATE] Accommodation issue referred to supervisor [within two (2) business days]

Specify issue:

_____ [DATE] Approved by supervisor [within two (2) business days]

OR

_____ [DATE] Referred to ADA Coordinator [within two (2) business days].

_____ [DATE] Decision by ADA Coordinator [within five (5) business days]

Specify decision:

_____ [DATE] Written notice of decision provided [same date as decision]

Appendix 1.C: Grievance Form

GRIEVANCE FORM¹⁹⁶

This Grievance Form is established to meet the requirements of the Americans with Disabilities Act of 1990 ("ADA").¹⁹⁷

If you have a complaint about how you were treated due to your disability, or that you were denied a reasonable accommodation, you can let us know on this form. Answers in this questionnaire will be kept as private as possible and will become part of your grievance record with the Coordinated Entry System.¹⁹⁸

Today's Date: _____

Date That Your Needs Were Not Met: _____

Name of Person Filing Grievance: _____

(Please Print)

Address (shelter or encampment description):

Phone Number Where We Can Reach You: _____

Are You: Recipient / Applicant / Relative / Friend (Please Circle)

Other (specify): _____

What kind of help do you need that wasn't available?

- | | |
|--|--|
| <input type="checkbox"/> Sight or Hearing | <input type="checkbox"/> Help with forms/paperwork |
| <input type="checkbox"/> Mobility | <input type="checkbox"/> Medical Condition |
| <input type="checkbox"/> Help in Accessing Service locations | |
| <input type="checkbox"/> Experienced discrimination | |
| <input type="checkbox"/> Other: _____ | |

Please describe what you were trying to do with/at the Program and how your disability made it difficult or not possible:

(Attach extra sheets of paper if necessary)

How can we help you do what you need and want to do at the Program?

(Attach extra sheets of paper if necessary)

Signature of Person Filing Grievance: _____

The ADA Coordinator or designated employee who will be handling this grievance is:

[Insert ADA Coordinator's name]
ADA Coordinator [and other title if appropriate]
[Insert ADA Coordinator's mailing address]¹⁹⁹

Within ***[x]*** calendar days after receipt of the complaint, ***[ADA Coordinator's name]*** or ***[his/her]*** designee will meet with the complainant to discuss the complaint and the possible resolutions.

Within ***[x]*** calendar days of the meeting, ***[ADA Coordinator's name]*** or ***[his/her]*** designee will respond in writing, and if needed, in a format accessible to the complainant, such as large print, Braille, or audio tape. The response will explain the position of the ***[name of public entity]*** and offer options for substantive resolution of the complaint.²⁰⁰

If the response by ***[ADA Coordinator's name]*** or ***[his/her]*** designee does not satisfactorily resolve the issue, the complainant and/or his/her designee may appeal the decision within ***[x]*** calendar days after receipt of the response to the ***[name of City Manager, County Commissioner, or other appropriate high-level official]*** or ***[his/her]*** designee.²⁰¹

Within ***[x]*** calendar days after receipt of the appeal, the ***[name of City Manager, County Commissioner, or other appropriate high-level official]*** or ***[his/her]*** designee will meet with the complainant to discuss the complaint and possible resolutions.

Within ***[x]*** calendar days after the meeting, the ***[name of City Manager, County Commissioner, or other appropriate high-level official]*** or ***[his/her]*** designee will respond in writing, and, if needed, in a format accessible to the complainant, with a final resolution of the complaint.²⁰²

All written complaints received by ***[ADA Coordinator's name]*** or ***[his/her]*** designee, appeals to the ***[name of City Manager, County Commissioner, or other appropriate high-level official]*** or ***[his/her]*** designee, and responses from these two offices will be retained by the ***[public entity]*** for at least three years.²⁰³

APPENDIX 2: Resources and Definitions

Appendix 2.A: Resources

1. U.S. DEP'T OF HOUSING & URBAN DEV., *Section 504 Notices, Regulations, and Supportive Documents*,
https://www.hud.gov/program_offices/fair_housing_equal_opp/disabilities/sect504docs (this resource can be used to inform CES providers of their affirmative obligations, including those related to physical accessibility standards and non-discrimination provisions, towards disabled individuals who are interfacing with these programs).
2. U.S. DEP'T OF HOUSING & URBAN DEV., NOTICE ESTABLISHING ADDITIONAL REQUIREMENTS FOR A CONTINUUM OF CARE CENTRALIZED OR COORDINATED ASSESSMENT SYSTEM (2017),
<https://www.hudexchange.info/resources/documents/Notice-CPD-17-01-Establishing-Additional-Requirements-or-a-Continuum-of-Care-Centralized-or-Coordinated-Assessment-System.pdf>.
3. NAT'L CTR. FOR LAW & ECONOMIC JUSTICE, USING THE AMERICANS WITH DISABILITIES ACT TO PROTECT THE RIGHTS OF INDIVIDUALS WITH DISABILITIES IN TANF PROGRAMS: A MANUAL FOR NON-LITIGATION ADVOCACY (2011), *available at* www.nclej.org.
 - **Copyright Notice:** Copyright 2004 Welfare Law Center, Inc.; Copyright 2010, 2011, National Center for Law and Economic Justice, Inc., 275 Seventh Avenue, Suite 1506, New York, NY 10001-6860. Phone: (212) 633-6967, Email: info@nclej.org. You may make copies of the entire manual, or excerpts from the manual, for free distribution, provided you clearly identify the author of the manual, National Center for Law and Economic Justice, contact information for the National Center for Law and Economic Justice, the date of publication, the copyright notice (including this notice), and the fact that the manual in its entirety is available on the National Center for Law and Economic Justice's web site: (www.nclej.org). If you copy and distribute excerpts of the manual, you must also indicate that it is an excerpt and not the complete manual. No changes may be made in the manual without the author's permission. We request that you notify us of any further distribution of the manual, and provide us with comments and suggestions, so that we may evaluate the usefulness of the manual.
4. DISABILITY RIGHTS EDUC. & DEFENSE FUND, *2016 Model California County Department of Social Services Americans with Disabilities Act Policy* (2016),

<https://dredf.org/2012/07/13/dredf-files-administrative-complaint-with-hhs-and-ocr/>.

5. U.S. DEP'T OF JUSTICE, CIVIL RIGHTS DIVISION, *ADA Coordinator, Notice & Grievance Procedure: Administrative Requirements Under Title II of the ADA*, in ADA BEST PRACTICES TOOL KIT FOR STATE AND LOCAL GOVERNMENTS ch. 2 (2006), available at <https://www.ada.gov/pccatoolkit/chap2toolkit.htm>.
6. U.S. DEP'T OF JUSTICE, CIVIL RIGHTS DIVISION, DISABILITY RIGHTS SECTION, *ADA Update: A Primer for State and Local Governments*, available at https://www.ada.gov/regs2010/titleII_2010/title_ii_primer.html.
7. U.S. DEP'T OF JUSTICE, CIVIL RIGHTS DIVISION, DISABILITY RIGHTS SECTION, *Effective Communication*, available at <https://www.ada.gov/effective-comm.htm>.
8. U.S. DEP'T OF JUSTICE, CIVIL RIGHTS DIVISION & U.S. DEP'T OF HOUSING & URBAN DEV., OFFICE OF FAIR HOUSING & EQUAL OPPORTUNITY, *Joint Statement of the Department of Housing and Urban Development and the Department of Justice: Reasonable Accommodations Under the Fair Housing Act* (May 2004), https://www.justice.gov/sites/default/files/crt/legacy/2010/12/14/joint_statement_r a.pdf.
9. U.S. DEP'T OF JUSTICE, CIVIL RIGHTS DIVISION & U.S. DEP'T OF HOUSING & URBAN DEV., OFFICE OF FAIR HOUSING & EQUAL OPPORTUNITY, *Joint Statement of the Department of Housing and Urban Development and the Department of Justice: Reasonable Modifications Under the Fair Housing Act* (Mar. 2008), https://www.hud.gov/sites/documents/reasonable_modifications_mar08.pdf.
10. U.S. DEP'T OF JUSTICE, CIVIL RIGHTS DIVISION & U.S. DEP'T OF HOUSING & URBAN DEV., OFFICE OF FAIR HOUSING & EQUAL OPPORTUNITY, *Joint Statement of the Department of Housing and Urban Development and the Department of Justice: Accessibility (Design and Construction) Requirements for Covered Multifamily Dwellings Under the Fair Housing Act* (Apr. 2013), https://www.justice.gov/sites/default/files/crt/legacy/2013/05/03/jointstatement_a ccessibility_4-30-13.pdf.
11. U.S. DEP'T OF JUSTICE, CIVIL RIGHTS DIVISION, DISABILITY RIGHTS SECTION, *Frequently Asked Questions about Service Animals and the ADA* (2010), https://www.ada.gov/regs2010/service_animal_qa.html.
12. U.S. DEP'T OF HOUSING & URBAN DEV., OFFICE OF FAIR HOUSING & EQUAL OPPORTUNITY, *FHEO Notice, Service Animals and Assistance Animals for*

- People with Disabilities in Housing and HUD-Funded Programs* (Apr. 2013), https://www.hud.gov/sites/documents/SERVANIMALS_NTCFHEO2013-01.PDF.
13. DOWNTOWN EMERGENCY SERVICE CENTER, *Vulnerability Assessment Tool* (2018), <https://www.desc.org/what-we-do/vulnerability-assessment-tool/> (an example of a helpful functional limitations based assessment tool).
 14. COORDINATED ASSESSMENT AND REFERRAL SYSTEM, MONTEREY AND SAN BENITO COUNTIES, *Policies and Procedures Manual* (Sept. 2016), at 18, <http://www.chspmontereycounty.org/wp-content/themes/chsp/img/CARS-Policies-and-Procedures-September-2016.pdf> (an example of process for communicating eligibility outcomes to a client).
 15. JUDGE DAVID L. BAZELON CTR. FOR MENTAL HEALTH LAW, *What “Fair Housing” Means for People with Disabilities* (Apr. 2011), <http://www.bazelon.org/wp-content/uploads/2017/01/What-Fair-Housing-Means.pdf>.
 - **Copyright Notice:** Copyright 1999, 2003, 2011 Judge David L. Bazelon Center for Mental Health Law, Washington D.C. Reproduction is permitted only for educational or advocacy purposes.
 16. U.S. DEP’T OF HOUSING & URBAN DEV. EXCHANGE, *Disaster Recovery Homelessness Toolkit: Local Planning Guide* (2018), <https://www.hudexchange.info/homelessness-assistance/disaster-recovery-homelessness-toolkit/local-planning-guide/>.

*Appendix 2.B: Definitions of Key Terms*²⁰⁴

Coordinated Entry Systems (“CESs”) are established and operated by Continuums of Care and local entities to increase the efficiency of local crisis response systems and improve fairness and ease of access to resources, including mainstream resources. They are intended to help communities prioritize people who are most in need of assistance.²⁰⁵

Chronically Homeless Individual refers to an individual with a disability who has been continuously homeless for one year or more or has experienced at least four episodes of homelessness in the last three years where the combined length of time homeless in those occasions is at least 12 months. To be considered chronically homeless, a person must have been sleeping in a place not meant for human habitation (e.g., living on the streets) and/or in an emergency homeless shelter during that time.

Chronically homeless families are families with adult heads of household who meet the definition of a chronically homeless individual. If there is no adult in the family, the family would still be considered chronically homeless if a minor head of household meets all the criteria of a chronically homeless individual.

Client Intake is the process of collecting client information upon entrance into a program.

Community Development Block Grant (“CDBG”) is a flexible program that provides communities with resources to address a wide range of unique community development needs. Beginning in 1974, the CDBG program is one of the longest continuously run programs at HUD. The CDBG program provides annual grants on a formula basis to 1,180 general units of local and State governments.

Continuums of Care (“CoC”) are local planning bodies and programs responsible for coordinating the full range of homelessness services in a geographic area, which may cover a city, county, metropolitan area, or an entire state. HUD funds many homeless programs and HMIS implementations through CoC grants.

Emergency Shelter is a facility with the primary purpose of providing temporary shelter for homeless people or for specific populations of the homeless.

Emergency Shelter Grants (“ESGs”) are federal grants designed to help improve the quality of existing emergency shelters for the homeless, to make available additional shelters, to meet the costs of operating shelters, to provide essential social services to homeless individuals, and to help prevent homelessness.

Homeless Management Information System (“HMIS”) is a local information technology system used to collect client-level data and data on the provision of housing and services to homeless individuals and families and people at risk of homelessness. Each CoC is responsible for selecting a HMIS software solution that complies with HUD's data collection, management, and reporting standards.

Individual refers to a person who is not part of a family with children during an episode of homelessness. Individuals may be homeless as single adults, unaccompanied youth, or in multiple-adult or multiple-child households.

The McKinney-Vento Homeless Assistance Act was signed into law by President Ronald Reagan on July 22, 1987. The Act funds numerous programs providing a range of services to homeless people, including the CoC programs: the Supportive Housing Program, the Shelter Plus Care Program, the Single Room Occupancy Program, and the Emergency Shelter Grant Program.

Other Permanent Housing is housing, with or without services, that is specifically designed for formerly homeless people but that does not require people to have a disability.

Point in Time (“PIT”) is a snapshot of the homeless population taken on a given day. Since 2005, HUD requires all CoC applicants to complete this count every other year in the last week of January. This count includes a street count in addition to a count of all clients in emergency and transitional beds

Permanent Supportive Housing (“PSH”) is a housing model designed to provide housing assistance (both project- and tenant-based) and supportive services on a long-term basis to formerly homeless people. HUD's CoC program, authorized by the McKinney-Vento Act, funds PSH and requires that the client have a disability for eligibility. Permanent housing can be provided in one structure, in several structures at one site, or in multiple structures at scattered sites.

Privacy Notice is a written, public statement of an agency's privacy practices. A notice informs clients of how personal information is used and disclosed. According to the HMIS Data and Technical Standard, all covered homeless organizations must have a privacy notice.

Rapid Rehousing is a housing model designed to provide temporary housing assistance to people experiencing homelessness, moving them quickly out of homelessness and into permanent housing.

Recipient means the direct recipient of the HUD award.

Safe Havens provide temporary shelter and services to hard-to-serve individuals.

Sheltered Homelessness refers to people who are staying in emergency shelters, transitional housing programs, or safe havens.

Shelter Plus Care (“S+C”) is a program that provides grants for rental assistance for homeless persons with disabilities through four component programs: Tenant, Sponsor, Project, and Single Room Occupancy (“SRO”) Rental Assistance.

Single Room Occupancy (“SRO”) is a residential property that includes multiple single room dwelling units. Each unit is for occupancy by a single eligible individual. The unit need not, but may, contain food preparation, sanitary facilities, or both. It provides rental assistance on behalf of homeless individuals in connection with moderate rehabilitation of SRO dwellings.

Sub-recipient is defined as the organization that is responsible for carrying out the project.

Supportive Services are services that may assist homeless participants in the transition from the streets or shelters into permanent or permanent supportive housing and that assist people with living successfully in housing.

Supportive Services Only (“SSO”) are projects that address the service needs of homeless people. Projects are classified as this component only if the project sponsor is not also providing housing to the same person receiving the services. SSO projects may be in a structure or operated independently of a structure, such as street outreach or mobile vans for health care.

Temporary Assistance for Needy Families (“TANF”) is a public benefit program that provides cash assistance to indigent American families with dependent children and is administered by the United States Department of Health and Human Services.

Transitional Housing Programs provide people experiencing homelessness a place to stay and supportive services for up to 24 months to facilitate the movement of homeless individuals and families to permanent housing.

Unaccompanied Homeless Youth (under 18) are people in households with only children who are not part of a family with children or accompanied by their parent or guardian during their episode of homelessness, and who are under the age of 18.

Unaccompanied Homeless Youth (18–24) are people in households without children who are not part of a family with children or accompanied by their parent or guardian during their episode of homelessness, and who are between the ages of 18 and 24.

Unsheltered Homelessness refers to people whose primary nighttime location is a public or private place not designated for, or ordinarily used as, a regular sleeping accommodation for people (e.g., the streets, vehicles, or parks).

Veteran refers to any person who served on active duty in the armed forces of the United States. This includes Reserves and National Guard members who were called up to active duty.

Warm Hand-Off is a term used to describe an approach to service coordination where the service provider orchestrates a face-to-face or other form of introduction for and with the client with another provider to facilitate referrals.²⁰⁶ A warm hand-off ensures that the receiving provider has all relevant documentation and information to allow minimal disruption of service delivery.²⁰⁷

Endnotes

¹ Reasonable accommodations are discussed in Section I.G of this guide and the term “reasonable accommodations” will be used synonymously with the term “reasonable modifications” throughout, unless otherwise noted.

² U.S. DEP’T OF HOUSING & URBAN DEV., OFFICE OF CMTY. PLANNING & DEV., THE 2010 ANNUAL HOMELESS ASSESSMENT REPORT TO CONGRESS 27 (2010), *available at* <https://www.hudexchange.info/resources/documents/2010HomelessAssessmentReport.pdf>.

³ Acronyms used throughout the document are defined in the Definition of Key Terms in Appendix 2.B of this guide.

⁴ U.S. DEP’T OF HOUSING & URBAN DEV., OFFICE OF CMTY. PLANNING & DEV., *supra* note 2, at 28. Federal disability rights laws contain definitions of “disability” that encompass a wide range of physical and mental impairments and medical conditions. The most detailed federal statutory definitions are the Americans with Disabilities Act (“ADA”) definitions contained at 42 U.S.C. § 12102. Further definitional information is set out in 42 U.S.C. § 12101 (statutory purpose) and 42 U.S.C. § 12210 (illegal use of drugs). Full analysis of disability rights law definitions as they relate to substance use and addiction is beyond the scope of this guide.

⁵ See *Henrietta v. Bloomberg*, 331 F.3d 261 (2d Cir. 2003) (acknowledging that people with disabilities may have functional limitations that make it difficult for them to negotiate social services programs). Here, because individuals who are interacting with their local coordinated entry system may have disabilities including mental health disabilities, among others, their functional limitations may also make it difficult for them to negotiate housing bureaucracies in the same way as people without mental health disabilities.

⁶ 42 U.S.C. § 12132 *et seq.* The ADA’s implementing regulations are found at 28 C.F.R. Part 35.

⁷ 29 U.S.C. § 794. Section 504’s implementing regulations are found at 24 C.F.R. Part 8; 28 C.F.R. §§ 42.501–.540.

⁸ 42 U.S.C. § 3601. The FHAA’s implementing regulations are found at 24 C.F.R. 100 *et seq.*

⁹ See 24 C.F.R. § 8.20 (HUD 504 regulations); 28 C.F.R. § 35.130 (a-b)(1)(i-iii), b(3)(ii-iii) (ADA regulations); 28 C.F.R. § 35.149 (same); 24 C.F.R. § 578.93(d) (HUD Continuum of Care regulations). People with disabilities must not be discriminated against due to a public or federally funded entity’s facilities being inaccessible to or unusable by individuals with disabilities, causing them to be excluded from participation in or be denied the benefits of the services, programs, or activities of a public entity.

¹⁰ 42 U.S.C. § 12201(d) (ADA); 28 C.F.R. § 35.130(d) (ADA); 28 C.F.R. § 42.503 (Section 504); 24 C.F.R. § 8.4(d) (HUD); 24 C.F.R. § 578.93 (HUD Continuum of Care regulations).

¹¹ U.S. DEP'T OF JUSTICE, CIVIL RIGHTS DIVISION, *Statement of the Department of Justice on Enforcement of the Integration Mandate of Title II of the Americans with Disabilities Act and Olmstead v. L.C.* (2011), available at https://www.ada.gov/olmstead/q&a_olmstead.htm.

¹² *Id.*

¹³ 28 C.F.R. pt. 35 app. A

¹⁴ CAL. GOV. CODE §§ 12926–12926.1. See also CAL. GOV. CODE §§ 11135(b)–(d), 12993.

¹⁵ CAL. CODE REGS. tit. 2 § 11140 *et seq.*

¹⁶ See *id.* § 11191. It is discriminatory for qualifying entities to fail to operate each program or activity in such a manner that the program or activity, when viewed in its entirety, is readily accessible to disabled persons. *Id.*

¹⁷ CAL. GOV. CODE § 12955 *et seq.*

¹⁸ *Id.* §§ 12926.1(b)–(d).

¹⁹ *Id.* § 56047.7. “Joint powers authority” are agencies or entities formed pursuant to the Joint Exercise of Powers Act for the performance of local government functions, including the provision of municipal services. *Id.*

²⁰ *Id.* § 16271(d). A “special district” is a separate local government that delivers public services to a particular area. *Id.*

²¹ 28 C.F.R. § 35.130.

²² *Id.*

²³ *Id.* § 42.503; 24 C.F.R. §§ 8.2, 8.4(b)(1).

²⁴ 28 C.F.R. § 42.503; 24 C.F.R. §§ 8.2, 8.4(b)(1).

²⁵ See 24 C.F.R. Part 8.

²⁶ See *id.* Parts 573, 576, 578.

²⁷ *Id.* § 8.50(a).

²⁸ *Id.* § 8.55(b).

²⁹ *Id.*

³⁰ *Id.* § 578.23(c)(8).

³¹ *Id.* § 578.23(c)(11).

³² See *id.* Parts 578, 578.3.

³³ *Id.* § 578.7(a)(8); U.S. DEP'T OF HOUSING & URBAN DEV., NOTICE ESTABLISHING ADDITIONAL REQUIREMENTS FOR A CONTINUUM OF CARE CENTRALIZED OR COORDINATED ASSESSMENT SYSTEM 2 (2017), available at <https://www.hudexchange.info/resources/documents/Notice-CPD-17-01-Establishing->

Additional-Requirements-or-a-Continuum-of-Care-Centralized-or-Coordinated-Assessment-System.pdf.

³⁴ *Id.*

³⁵ See 24 C.F.R. Part 578.

³⁶ 28 C.F.R. pt. 35, app. A.

³⁷ U.S. DEP'T OF HOUSING & URBAN DEV., *supra* note 33, at 11.

³⁸ 28 C.F.R. § 35.106; 24 C.F.R. § 8.54(a).

³⁹ 28 C.F.R. § 35.106; 24 C.F.R. § 8.54(a).

⁴⁰ U.S. DEP'T OF JUSTICE, CIVIL RIGHTS DIVISION, *ADA Coordinator, Notice & Grievance Procedure: Administrative Requirements Under Title II of the ADA*, in ADA BEST PRACTICES TOOL KIT FOR STATE AND LOCAL GOVERNMENTS ch. 2 (2006), *available at* <https://www.ada.gov/pcatoolkit/chap2toolkit.htm>.

⁴¹ *Id.*; 28 C.F.R. §§ 35.106–.107; 24 C.F.R. § 8.53(a).

⁴² The term “Auxiliary Aids and Services” is defined in Section I.F (Effective Communications) of this guide.

⁴³ U.S. DEP'T OF JUSTICE, *supra* note 40.

⁴⁴ NAT'L CTR. FOR LAW & ECONOMIC JUSTICE, USING THE AMERICANS WITH DISABILITIES ACT TO PROTECT THE RIGHTS OF INDIVIDUALS WITH DISABILITIES IN TANF PROGRAMS: A MANUAL FOR NON-LITIGATION ADVOCACY 67 (2011) (see full copyright notice in Appendix 2.A (Resources) of this guide).

⁴⁵ 28 C.F.R. § 35.107(b).

⁴⁶ 24 C.F.R. § 8.53-8.54.

⁴⁷ 28 C.F.R. § 35.107(a).

⁴⁸ *Id.*

⁴⁹ *Id.*

⁵⁰ U.S. DEP'T OF HOUSING & URBAN DEV., *supra* note 33, at 14.

⁵¹ U.S. DEP'T OF JUSTICE, *supra* note 40.

⁵² DISABILITY RIGHTS EDUC. & DEFENSE FUND, MODEL CALIFORNIA COUNTY DEPARTMENT OF SOCIAL SERVICES AMERICANS WITH DISABILITIES ACT POLICY (2016), *available at* <https://dredf.org/2012/07/13/dredf-files-administrative-complaint-with-hhs-and-ocr/>.

⁵³ *Id.*; *see also* 24 C.F.R. § 8.53(b).

⁵⁴ DISABILITY RIGHTS EDUC. & DEFENSE FUND, *supra* note 52; *see also* 24 C.F.R. § 8.53(b).

⁵⁵ DISABILITY RIGHTS EDUC. & DEFENSE FUND, *supra* note 52.

⁵⁶ *Id.*

⁵⁷ *Id.*

⁵⁸ 28 C.F.R. § 35.160(a)(1); 24 C.F.R. §§ 8.6(a), 576.407(b).

⁵⁹ U.S. DEP'T OF JUSTICE, CIVIL RIGHTS DIVISION, DISABILITY RIGHTS SECTION, ADA REQUIREMENTS: EFFECTIVE COMMUNICATION (2014), *available at* <https://www.ada.gov/effective-comm.htm>.

⁶⁰ 28 C.F.R. § 35.160(b)(1); 24 C.F.R. § 8.6(a)(1).

⁶¹ U.S. DEP'T OF HOUSING & URBAN DEV., *supra* note 33, at 11.

⁶² 28 C.F.R. § 35.104 (defining auxiliary aids and services). A “qualified interpreter” means “an interpreter who, via a video remote interpreting (VRI) service or an on-site appearance, is able to interpret effectively, accurately, and impartially, both receptively (i.e., understanding what the person with the disability is saying) and expressively (i.e., having the skill needed to convey information back to that person), using any necessary specialized vocabulary.” 28 C.F.R. § 36.104.

⁶³ 28 C.F.R. § 36.104.

⁶⁴ *Id.*

⁶⁵ *Id.*

⁶⁶ DISABILITY RIGHTS EDUC. & DEFENSE FUND, *supra* note 52.

⁶⁷ 28 C.F.R. § 35.160(b)(2).

⁶⁸ 28 C.F.R. § 35.160(b)(2).

⁶⁹ See *Logan v. Matveevskii*, 57 F. Supp. 3d 234, 271 (S.D.N.Y. 2014) (length of the delay in providing an accommodation may be a constructive denial of accommodation).

⁷⁰ 28 C.F.R. § 35.160(b)(2).

⁷¹ 28 C.F.R. pt. 35, app. A. (“Guidance on Revisions to ADA Regulation on Nondiscrimination on the Basis of Disability in State and Local Government Services”).

⁷² NAT’L CTR. FOR LAW & ECONOMIC JUSTICE, *supra* note 44, at 126.

⁷³ NAT’L CTR. FOR LAW & ECONOMIC JUSTICE, *supra* note 44, at 122.

⁷⁴ *Id.*

⁷⁵ *Id.* at 138.

⁷⁶ *Id.*

⁷⁷ 28 C.F.R. § 35.130(b)(7)(i).

⁷⁸ *Id.*

⁷⁹ 28 C.F.R. § 35.164.

⁸⁰ The term “reasonable accommodations” will be used to mean and include reasonable modifications, unless otherwise noted. See Section I.H of this guide for a discussion of physical accessibility and physical modifications.

⁸¹ NAT’L CTR. FOR LAW & ECONOMIC JUSTICE, *supra* note 44, at 56.

⁸² U.S. DEP’T OF HOUSING & URBAN DEV., *supra* note 33, at 8.

⁸³ NEW YORK STATE OFFICE OF TEMPORARY & DISABILITY ASSISTANCE, PROVIDING ACCESS TO TA PROGRAMS FOR PERSONS WITH DISABILITIES AND/OR LIMITED ENGLISH PROFICIENCY 11 (2006), *available at* http://onlineresources.wnylc.net/pb/docs/06_adm-5.pdf.

⁸⁴ *Id.*

⁸⁵ NAT’L CTR. FOR LAW & ECONOMIC JUSTICE, *supra* note 44, at 122.

⁸⁶ *Id.*

⁸⁷ DISABILITY RIGHTS EDUC. & DEFENSE FUND, *supra* note 52.

⁸⁸ Additional resources on the rights of persons with disabilities and service animals can be found in Appendix 2.A. (Resources) of this guide, including information on the questions that a provider can ask about the animal.

⁸⁹ DISABILITY RIGHTS EDUC. & DEFENSE FUND, *supra* note 52.

⁹⁰ *Id.*

⁹¹ *Id.*

⁹² *Id.*

⁹³ *Id.*

⁹⁴ 28 C.F.R. §§ 35.107(a), 35.164.

⁹⁵ *Id.*

⁹⁶ DISABILITY RIGHTS EDUC. & DEFENSE FUND, *supra* note 52.

⁹⁷ *Id.*

⁹⁸ *Id.*

⁹⁹ U.S. EQUAL EMP’T OPPORTUNITY COMM’N, POLICY GUIDANCE ON EXECUTIVE ORDER 13164: ESTABLISHING PROCEDURES TO FACILITATE THE PROVISION OF REASONABLE ACCOMMODATION (2000), *available at* https://www.eeoc.gov/policy/docs/accommodation_procedures.html.

¹⁰⁰ 42 U.S.C. § 12201(d); 28 C.F.R. § 35.130(e)(1).

¹⁰¹ NAT’L CTR. FOR LAW & ECONOMIC JUSTICE, *supra* note 44, at 122.

¹⁰² *Id.*

¹⁰³ *Id.*

¹⁰⁴ *Id.*

¹⁰⁵ *Id.*

¹⁰⁶ *Id.*

¹⁰⁷ See 24 C.F.R. § 8.20 (HUD regulations); 28 C.F.R. §§ 35.130 (a-b)(1)(i-iii), b(3)(ii-iii), b(4), 35.149 (ADA regulations); 24 C.F.R. § 578.93(d) (CoC regulations).

¹⁰⁸ 24 C.F.R. § 8.27 (HUD regulations).

¹⁰⁹ A Homeless Management Information System (“HMIS”) is a local information technology system used to collect client-level data on the provision of housing and services to homeless individuals and families and persons at risk of homelessness. U.S. DEP’T OF HOUSING & URBAN DEV. EXCHANGE, *Homelessness Management Information System* (2018), <https://www.hudexchange.info/programs/hmis/>.

¹¹⁰ 28 C.F.R. § 35.130(b)(4).

¹¹¹ *Id.* § 35.163(a).

¹¹² *Id.* § 35.163(b).

¹¹³ *Id.*

¹¹⁴ *Id.*

¹¹⁵ U.S. DEP’T OF HOUSING & URBAN DEV., *supra* note 33, at 11.

¹¹⁶ See 24 C.F.R. § 576.403.

¹¹⁷ U.S. DEP’T OF HOUSING & URBAN DEV., *supra* note 33, at 14.

¹¹⁸ *Id.* at 12.

¹¹⁹ *Id.*

¹²⁰ *Id.*

¹²¹ NAT’L ALLIANCE TO END HOMELESSNESS, *Webinar: Coordinated Entry and Systems Change* (Sept. 10, 2015), <http://www.endhomelessness.org/library/entry/one-way-in-the-advantages-of-introducing-system-wide-coordinated-entry-for->.

¹²² U.S. DEP’T OF HOUSING & URBAN DEV., *supra* note 33, at 12–13.

¹²³ *Id.* at 12.

¹²⁴ 42 C.F.R. pt. 51(c).

¹²⁵ McKinney-Vento Homeless Assistance Act of 1987 tit. III, 42 U.S.C. §§ 11331 *et seq.*

¹²⁶ McKinney-Vento Homeless Assistance Act tit. VII-B, 42 U.S.C. §§ 11431 *et seq.*

¹²⁷ 24 C.F.R. § 576.400(b).

¹²⁸ This term is used to describe an approach to service coordination where the service provider orchestrates a face-to-face or other form of introduction for and with the client with another provider to facilitate referrals. See Appendix 2.B (Definitions of Key Terms) at the end of this guide for more information.

¹²⁹ TARRANT CNTY. HOMELESS COALITION, COMM. ON COORDINATED ENTRY, COORDINATED ENTRY SYSTEM OPERATIONS MANUAL¹² (2017), *available at* <http://www.ahomewithhope.org/wp-content/uploads/170111-076-CE-Operations-Manual.pdf>.

¹³⁰ *Id.*

¹³¹ U.S. DEP'T OF HOUSING & URBAN DEV., *supra* note 33, at 11–12.

¹³² *Id.* at 12.

¹³³ *Id.*

¹³⁴ *Id.*

¹³⁵ *Id.*

¹³⁶ *Id.*

¹³⁷ *Id.*

¹³⁸ U.S. DEP'T OF HOUSING & URBAN DEV., *Webinar: Notice Establishing Additional Requirements for Coordinated Entry 8* (March 2017), <https://www.hudexchange.info/course-content/coordinated-entry-requirements-webinar/Requirements-for-Coordinated-Entry-Systems-Webinar-Transcript.pdf>.

¹³⁹ 24 C.F.R. § 578.103(a)(4); 24 C.F.R. § 576.500.

¹⁴⁰ U.S. DEP'T OF HOUSING & URBAN DEV., *supra* note 33, at 12.

¹⁴¹ *Id.*

¹⁴² 42 U.S.C. § 11360(2).

¹⁴³ *Id.*

¹⁴⁴ *Id.*

¹⁴⁵ U.S. DEP'T OF HOUSING & URBAN DEV., *supra* note 33, at 9.

¹⁴⁶ 24 C.F.R. § 578.103(a)(4).

¹⁴⁷ *Id.* § 578.103(a)(4).

¹⁴⁸ U.S. DEP'T OF HOUSING & URBAN DEV., *supra* note 33, at 10.

¹⁴⁹ *Id.*

¹⁵⁰ Homeless Emergency Assistance and Rapid Transition to Housing: Defining “Chronically Homeless,” 80 Fed. Reg. 75791, 75797 (Dec. 4, 2015) (codified at 24 C.F.R. pts. 91, 578), *available at* <https://www.hudexchange.info/resources/documents/Defining-Chronically-Homeless-Final-Rule.pdf>.

¹⁵¹ FED. EMERGENCY MGMT. AGENCY, GUIDANCE ON PLANNING FOR INTEGRATION OF FUNCTIONAL NEEDS SUPPORT SERVICES IN GENERAL POPULATION SHELTERS 25 (Nov. 2010), *available at* https://www.fema.gov/pdf/about/odc/fnss_guidance.pdf.

¹⁵² 24 C.F.R. § 578.103(a)(4).

¹⁵³ *Id.*

¹⁵⁴ *Id.*

¹⁵⁵ U.S. DEP'T OF HOUSING & URBAN DEV., *CoC FAQs: For many persons experiencing chronic homelessness, obtaining required third-party documentation can take a long period of time. Are recipients of PSH required to have all third-party documentation at the point of intake and enrollment of a program participant into a project?* (July 2016), <https://www.hudexchange.info/faqs/2872/for-many-persons-experiencing-chronic-homelessness-obtaining-the-required/>.

¹⁵⁶ 42 U.S.C. § 11360(9).

¹⁵⁷ 24 C.F.R. § 578.103(a)(4)(i)(b).

¹⁵⁸ As noted in the Introduction to this guide, federal disability rights laws contain definitions of “disability” that encompass a wide range of physical and mental impairments and medical conditions. The most detailed federal statutory definitions are the ADA definitions contained at 42 U.S.C. § 12102. Further definitional information is set out in 42 U.S.C. § 12101 (statutory purpose) and 42 U.S.C. § 12210 (illegal use of drugs). Full analysis of disability rights law definitions as they relate to substance use and addiction is beyond the scope of this guide.

¹⁵⁹ 42 U.S.C. § 15002(8).

¹⁶⁰ *Id.* § 11360(9).

¹⁶¹ 24 C.F.R. § 578.103(a)(4)(i)(b)(1–5).

¹⁶² *Id.* § 578.103(a)(4)(i)(b).

¹⁶³ 24 C.F.R. § 578.103(a)(4)(ii)(A-D)(b)(1); Homeless Emergency Assistance and Rapid Transition to Housing: Defining “Chronically Homeless,” 80 Fed. Reg. 75791, 75805 (Dec. 4, 2015) (codified at 24 C.F.R. pts. 91, 578), *available at* <https://www.hudexchange.info/resources/documents/Defining-Chronically-Homeless-Final-Rule.pdf>.

¹⁶⁴ 24 C.F.R. § 578.103(a)(4)(iii)(D).

¹⁶⁵ U.S. DEP'T OF HOUSING & URBAN DEV., *CoC FAQs: For many persons experiencing chronic homelessness, obtaining required third-party documentation can take a long period of time. Are recipients of PSH required to have all third-party documentation at the point of intake and enrollment of a program participant into a project?* (July 2016), <https://www.hudexchange.info/faqs/2872/for-many-persons-experiencing-chronic-homelessness-obtaining-the-required/>. HUD has determined that, although a PSH program must follow the regulatory order of priority of evidence (see *supra*), written self-certification (of the full period of time of homeless) is sufficient for enrollment in PSH, provided no other documentation is available at that time and third-party documentation is obtained within 180 days of enrollment.

¹⁶⁶ *Id.*

¹⁶⁷ Homeless Emergency Assistance and Rapid Transition to Housing: Defining “Chronically Homeless,” 80 Fed. Reg. 75791, 75803 (Dec. 4, 2015) (codified at 24 C.F.R. pts. 91, 578), *available at* <https://www.hudexchange.info/resources/documents/Defining-Chronically-Homeless-Final-Rule.pdf>.

¹⁶⁸ *Id.*

¹⁶⁹ *Id.*

¹⁷⁰ 28 C.F.R. § 35.130(b)(8).

¹⁷¹ TARRANT CNTY. HOMELESS COALITION, *supra* note 129, at 11.

¹⁷² U.S. DEP’T OF HOUSING & URBAN DEV., *supra* note 33, at 13.

¹⁷³ *Id.*

¹⁷⁴ U.S. DEP’T OF HOUSING & URBAN DEV., *Accessibility Requirements for Buildings*, https://www.hud.gov/program_offices/fair_housing_equal_opp/disabilities/accessibilityR.

¹⁷⁵ U.S. DEP’T OF HOUSING & URBAN DEV., HOUSING FIRST IN PERMANENT SUPPORTIVE HOUSING 1 (July 2014), *available at* <https://www.hudexchange.info/resources/documents/Housing-First-Permanent-Supportive-Housing-Brief.pdf>. See 24 C.F.R. § 578.3.

¹⁷⁶ U.S. DEP’T OF HOUSING & URBAN DEV., HOUSING FIRST IN PERMANENT SUPPORTIVE HOUSING, *supra* note 175.

¹⁷⁷ *Id.* at 2.

¹⁷⁸ *Id.*

¹⁷⁹ *Id.*

¹⁸⁰ *Id.* at 3.

¹⁸¹ *Id.*

¹⁸² *Id.*

¹⁸³ Meghan P. Carter, *How Evictions from Subsidized Housing Routinely Violate the Rights of Persons with Mental Illness*, 5 NW. J. L. & SOC. POL’Y 118 (2010), *available at* <http://scholarlycommons.law.northwestern.edu/njls/vol5/iss1/5>.

¹⁸⁴ 24 C.F.R. § 578.91(b).

¹⁸⁵ *Id.*

¹⁸⁶ *Id.* § 578.91(c).

¹⁸⁷ *Id.*

¹⁸⁸ U.S. DEP’T OF HOUSING & URBAN DEV., *supra* note 33, at 11.

¹⁸⁹ See *Cmtys. Actively Living Indep. & Free v. City of Los Angeles*, No. CV 09-0287 CBM, 2011 WL 4595993 (C.D. Cal. 2011); CAL. GOV. CODE § 8593.3.

¹⁹⁰ CAL. GOV. CODE § 8593.3(b) (Access and functional needs (“AFN”) populations consist of individuals who have developmental or intellectual disabilities, physical disabilities, chronic conditions, injuries, or limited English proficiency; or individuals who are non-English speaking, older adults, children, people living in institutionalized settings, low income, homeless, or transportation disadvantaged (including, but not limited to, those who are dependent on public transit or those who are pregnant)).

¹⁹¹ DISABILITY RIGHTS EDUC. & DEFENSE FUND, *supra* note 52.

¹⁹² U.S. DEP’T OF JUSTICE, *supra* note 40.

¹⁹³ *Id.*

¹⁹⁴ DISABILITY RIGHTS EDUC. & DEFENSE FUND, *supra* note 52.

¹⁹⁵ DISABILITY RIGHTS EDUC. & DEFENSE FUND, *supra* note 52.

¹⁹⁶ DISABILITY RIGHTS EDUC. & DEFENSE FUND, *supra* note 52.

¹⁹⁷ U.S. DEP’T OF JUSTICE, *supra* note 40.

¹⁹⁸ DISABILITY RIGHTS EDUC. & DEFENSE FUND, *supra* note 52.

¹⁹⁹ U.S. DEP’T OF JUSTICE, *supra* note 40.

²⁰⁰ *Id.*

²⁰¹ *Id.*

²⁰² *Id.*

²⁰³ *Id.*

²⁰⁴ U.S. DEP’T OF HOUSING & URBAN DEV., OFFICE OF CMTY. PLANNING & DEV., THE 2017 ANNUAL HOMELESS ASSESSMENT REPORT (AHAR) TO CONGRESS 2–3 (Dec. 2017), *available at* <https://www.hudexchange.info/resources/documents/2017-AHAR-Part-1.pdf>; U.S. DEP’T OF HOUSING & URBAN DEV., GLOSSARY OF HMIS DEFINITIONS AND ACRONYMS, *available at* <https://www.hudexchange.info/resources/documents/GlossaryofHMISDefinitionsandAcronyms.pdf>.

²⁰⁵ U.S. DEP’T OF HOUSING & URBAN DEV., *supra* note 33, at 2.

²⁰⁶ SAMSA-HRSA CENTER FOR INTEGRATED HEALTH SOLUTIONS, *Glossary*, <https://www.integration.samhsa.gov/glossary>.

²⁰⁷ CTY. OF SAN DIEGO, HHSA, PATHWAYS TO WELL-BEING, *BHS Provider Updates* (Apr. 2015), <https://theacademy.sdsu.edu/pathways-resources/pathways-bulletin-12-warm-handoff.pdf>.