

SONOMA COUNTY CONTINUUM OF CARE
EMERGENCY SHELTER STANDARDS OF CARE

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Rationale:

The CoC Program Interim Rule requires CoCs to establish and follow written standards for providing CoC assistance in consultation with recipients of the Emergency Solutions Grants (ESG) program (24 CFR 578.7(9)). The ESG Program Interim Rule requires the ESG recipient to establish and consistently follow written standards for providing assistance with ESG funds (24 CFR 576.400 (e)). At a minimum, these written standards must include:

- Policies and procedures for evaluating individuals' and families' eligibility for assistance in the CoC and ESG Program;
- Policies and procedures for determining and prioritizing which eligible individuals and families will receive assistance for Street Outreach, Emergency Shelter, Homelessness Prevention (HP), Permanent Supportive Housing (PSH), Transitional Housing (TH), and Rapid Re- Housing (RRH);
- Standards for determining what percentage of rent a program participant must contribute while enrolled in a RRH or HP project.

The County of Sonoma Continuum of Care has adopted the following Standards of Care for Emergency Shelters. Emergency shelters are safety net facilities for people experiencing housing crisis. They provide an entry point into stabilization services leading as quickly as possible to permanent housing. Because participants are in crisis, entry requirements and documentation are minimal and regardless of ability to pay. Programs involve congregate living; therefore, basic community rules ensure a safe and healthy environment in which participants can progress in resolving their housing crisis.

Program Standards serve as a common policy framework and the minimum standards for Sonoma County's Emergency Shelters. All projects funded under the CoC program, Emergency Solutions Grant (ESG) Program, shall apply the following standards consistently for the benefit of all program participants. The CoC strongly encourages projects that do not receive the above-mentioned funds to accept and utilize these standards. These policies have been developed through a working consensus process. While the Emergency Shelter Program standards are not policies and procedures, they may be used as an outline for local agency policies, procedures, and adopted policies should be incorporated into local manuals.

GUIDING PRINCIPLES/PROGRAM ELEMENTS

HOUSING FIRST

On September 29, 2016, Governor Jerry Brown signed Senate Bill 1380, making California a Housing First state. This requirement applies to any program providing housing or housing-based services to people experiencing homelessness or at risk of experiencing homelessness, whether the program was designed to address homeless or not.

The Housing First model is an approach to serving people experiencing homelessness that recognizes a homeless person must first be able to access a decent, safe place to live, that does not limit length of stay (permanent housing), before stabilizing, improving health, reducing harmful behaviors, or increasing income.

Under the Housing First approach, anyone experiencing homelessness should be connected to a permanent home as quickly as possible, and programs should remove barriers to accessing the housing, like requirements for sobriety or absence of criminal history. It is based on the “hierarchy of need:” people must access basic necessities—like a safe place to live and food to eat—before being able to achieve quality of life or pursue personal goals.

PROGRAM ELEMENTS

STABILIZATION AND BASIC ORIENTATION TO PROGRAM:

Shelters should ensure personal contact is made to acclimate new participants to the facility and help them establish a sense of safety. A one-to-one meeting should take place within the first week to build rapport and offer support in resolving housing crises.

HOUSING FOCUSED:

Emergency shelter programs should direct their services to resolving the individual’s housing crisis. Participants should be referred to Coordinated Entry within 5 days of entering a shelter program. When able, shelter providers will enroll client into Coordinated Entry. Shelters will offer non-mandatory case management services to clients. Case management is always voluntary and not a requirement of the shelter. A Housing First model case management should create a dialog focused on addressing barriers to housing. Individual activities should be compiled in an Individual Action Plan or equivalent, with review with the case manager. Seasonal shelters generally do not provide case management services due

to their operating hours. If able, seasonal shelters will refer clients to CES or other community services.

SERVICES:

With the understanding that each participant's needs are individual, as a system of care the CoC seeks to make the following services available to all shelter participants. These services may be provided by the shelter or the shelter may refer clients to these services if/when they are available. These services are not mandated parts of the shelter program and the acceptance of these services or referrals is up to the client.

- i. Health Assessment, establishment of primary care home and health coverage, and access to behavioral health treatment as needed.
- ii. Financial education, Money Management & Savings Programs, including tenancy education and credit clean-up.
- iii. SSI/SSDI Outreach, Access, and Recovery (SOAR) benefits assistance; a program designed to increase access to Social Security Administration (SSA) disability benefits for eligible individuals who are experiencing or at risk of homelessness and have a mental illness, medical impairment, and/or a co-occurring substance use disorder.
- iv. Legal services: record expungement, addressing pending charges, and legal services for those fleeing domestic violence.
- v. Other Mainstream resources: i.e. MediCal, Temporary Assistance for Needy Families, Cal Fresh, substance abuse services.

TRAUMA INFORMED CARE

Sonoma County shelters seek to provide a trauma-informed system of care. All shelters should work to bring *Seeking Safety* evidence-based practice into their programs. Trauma-informed services should include case management; onsite integrated health resources; ACEs-based programs; living skills programs focused on communication skills, grief/loss, and well-being.

Shelter operations:

ELIGIBILITY

TARGET GROUPS: This document establishes minimum standards for shelters serving single adults, families with children, Transitional Aged Youth, and other specialized populations. *Individual shelters may establish standards for more specialized practice.*

All shelters receiving ESG or CoC funds must serve only clients who meet federal definitions of homelessness (and in limited cases, those “at-risk” of homelessness). Homeless status is verified at intake for all incoming shelter residents.

https://files.hudexchange.info/resources/documents/HomelessDefinition_Recordkeeping_RequirementsandCriteria.pdf

- a. **Documentation:** Please see the chart on page 16-17 for acceptable forms of documentation. Shelters should make every effort to meet federal standards of documentation. The preference is for 3rd party documentation. 2nd party documentation (observation by a homeless services provider) is acceptable if 3rd party documentation is not available. At a minimum, client self- certification will be accepted. Lack of 3rd party documentation must not prevent an individual or family from being immediately admitted to emergency shelter. Records contained in an HMIS or comparable database used by victim service or legal service providers are acceptable evidence of 3rd party documentation and intake worker observations.

- b. **Income Levels:** *There is no fee for using emergency shelter services.* However, all shelter participants will be required to certify their income level.

ADMISSIONS

POLICIES AND PROCEDURES:

Shelters are required to create policies and procedures for accepting individuals into their shelter programs for those clients not covered in the Unified Shelter Intake Policy below.

SHELTER INTAKE

Shelters must provide access to all individuals who wish to access shelter and they must provide accommodations to those who may not otherwise be able to access shelter. See the Reasonable Accommodation policy. Providers must actively seek to engage and offer shelter services to those who normally are unable to access shelter services.

Shelter providers will conduct intakes for 75% of their beds on a first come-first served basis. If beds are not available, the shelter will develop a waitlist and contact the client when their name has been reached.

Shelter providers will maintain a minimum of 25% of their beds for vulnerable individuals who may be referred from outreach teams and emergency service providers including community mental health response teams. Additionally, individuals who are at the top of the by names list who are waiting on imminent placement into a permanent supportive housing project may be referred by CES to this 25% set aside. Shelters will keep a mixture of top and

bottom beds available for this set aside. These beds are to be filled on a first come, first served basis.

When an individual expresses interest in shelter, outreach workers or other service providers, will determine which shelter best meets an individual's needs based that client's needs and preferences. When a shelter option is determined, the shelter will be contacted to check the availability of their set aside beds by calling a designated phone number for the shelter. If a bed is available, the outreach worker will assist the individual in getting to the shelter. If no immediate shelter placements are available, the outreach worker will offer assistance connecting the client to the agency's first come, first serve waitlist and provide the client with information on other options for emergency shelter/services referrals.

Individuals accepted into these set aside beds will be expected to arrive at the shelter during the agencies intake hours of operation as directed by the shelter. If an individual is unable to arrive during the agency's hours of operation, the outreach/emergency services worker will make another inquiry the following day.

Shelter providers will develop affirmative marketing strategies for bringing individuals into the shelter who would not normally choose to be served in a shelter. Shelter providers must have policies and procedures in place to make accommodations to the shelter environment to allow those individuals to access the shelter's services.

REQUIRED INTAKE DOCUMENTS:

The following documents may be required of individuals who are seeking access to emergency shelters however, documents should not constitute a barrier to accessing emergency shelter services. If the participant is unable to produce any of the following documents, the shelter may make a local decision about the necessity of pursuing them.

- a. Personal identification: at least one photo ID is preferred, see attached list for options, page 17-18.
- b. Documentation of Homelessness or At-Risk status per federal guidelines.
- c. Income self-declaration
- d. HMIS intake forms
- e. Signed acknowledgment of receiving program rules or requirements.
- f. Signed acknowledgement of receiving any other participant rights and responsibility

- g. Signed acknowledgement of receiving an agency grievance procedure. All clients will be provided a copy of the procedure.

FAMILY SHELTERS

For purposes of admission into a shelter that serves households with children only a family is defined as;

- A head of household with minor child(ren); and
- Any household made up of two or more adults, regardless of sexual orientation, marital status, or gender identity, presenting with minor child(ren)

EXCLUSIONS:

HOUSEHOLDS WITH CHILDREN:

No one under the age of 18 should be allowed to reside in a single-adult shelter. If a household with minors presents for service at a single-adult shelter, shelter staff with refer the family to more appropriate services.

UNACCOMPANIED MINORS:

Unaccompanied minors may only be served with agreement of the legal guardian or appropriate authorities. Basic Center Programs (BCP) projects serving youth who run away from a foster care, child welfare must create a MOU between their programs and child welfare agencies that clarifies roles, responsibilities, and define the provision of services at the time youth enter the shelter. This MOU should also clarify what financial obligations are associated with the provision of services. This requirement is in accordance with ACT Information Memorandum ACYF-CB/FYSB-IM-14-1 issued on November 4, 2014 available at

https://www.rhyttac.net/index.php?option=com_content&view=article&id=160:foster-care-youth-in-rhy-programs---information-memorandum&catid=26:rhy-news&Itemid=211

BCPs should contact the parents, legal guardians, or other relatives of each youth as soon as feasible, but no later than 71 hours of the youth entering the program

MENTAL HEALTH CRISIS:

If the participant is unstable but not actively violent, they should be immediately referred to Crisis Stabilization Unit (707-576-8181) If safety of self or others is at stake (suicidal, imminent danger to oneself or others), an immediate call should be made to 911.

READMISSION:

People who have been suspended or otherwise exited for egregious behavior may require the approval of the program manager to be readmitted. Agencies will develop their own policies and procedures for determining readmission for individuals who were exited for egregious or dangerous behavior. These policies and procedures will provide individuals an opportunity to appeal these decisions.

It is recognized that each shelter is different. Each situation, the environment it occurs in and antecedent conditions can have an impact on the perceived severity of an action. Shelters are to consider the following definitions when considering granting re-admission to a person that has previously been suspended from services. Egregious behavior is defined as abuse, abandonment, neglect, or any other conduct that is deplorable, flagrant, or outrageous by a normal standard of conduct. Dangerous behavior is defined as the creation of an imminent and unreasonable risk of injury or harm to either persons or property of another or the actor.

SEX OFFENDERS:

Shelter providers will establish policies regarding the admission of sex offenders into their respective shelters considering all funding and local restrictions that may be in place.

MEDICALLY VULNERABLE CLIENTS:

Shelters always seek to screen participants in to their shelter programs. Shelters will make every attempt to serve all who are seeking service however, when a participant's level of care exceeds what can be offered by program staff, or a participant is not able to meet their activities of daily living (ADLs), the client may not be able to access shelter. Agencies will develop their own policies and procedures on how to accommodate medically vulnerable clients or otherwise refer to more appropriate services to help resolve their homelessness.

COORDINATION WITH OTHER PROVIDERS

COORDINATED ENTRY SYSTEM (CES)

Emergency Shelters are considered emergency services and as such must provide access to their shelters and Coordinated Entry without any barriers. This means that all permanent shelters in Sonoma County must operate as Coordinated Entry access points or must provide access to the CES system. Access is defined as providing a pathway to the Coordinated Entry System through direct enrollment and placement or through referral to another CES access point. Individuals who access shelters, must be able to enroll eligible participants directly and into HMIS and the shelter project within 5 business days or make a

referral to an access point within the same period of time. If an individual seeking shelter placement should be served by another shelter (e.g. if a youth is attempting to access a family shelter), the access point must immediately refer the individual to a more appropriate shelter. In addition, shelters which operate as CES access points, must also provide a safety assessment to clients who may be fleeing domestic violence, sexual assault, stalking etc. This assessment is not intended to be comprehensive rather to determine if the person is experiencing a domestic violence, stalking, human trafficking situation and to refer that individual, if applicable, to a provider or service that may better serve them. To the extent possible, a shelter representative should attempt to attend the monthly CES case conferences.

STREET OUTREACH

Outreach workers will refer unsheltered persons to into Coordinated Entry as quickly as possible, conducting the VI-SPDAT screening as possible and assisting them to access Coordinated Entry. If clients are interested in emergency shelter, outreach workers will refer clients to shelters and explain shelters' intake process

RAPID RE-HOUSING (RRH) PROVIDERS

Emergency Shelter providers will connect clients with CES so that they can access RRH programs.

PERMANENT SUPPORTIVE HOUSING PROVIDERS:

Shelter providers will work with Coordinated Entry and PSH providers to locate clients and to assist in documentation of chronic homelessness. Additionally, PSH providers will coordinate shelter placement if a person loses PSH assistance. However, prior to exiting a client from a PSH program, providers should coordinate with CES to see if they can facilitate a transfer to another PSH program that would better serve the client.

PARTICIPANT'S RIGHTS AND RESPONSIBILITIES

Shelter operators will develop their own participant rights and responsibilities and provide them to shelter participants upon entry. Additionally, these rights and responsibilities will be posted in common areas of the shelter. These rights will all contain the following:

- The right to be treated with dignity and respect
- The right to privacy within the constraints of a shelter environment.
- The right to reasonable accommodations
- The right to self-determination in participation in case management and services including the right to decline to participate in supportive services.

- The right to confidentiality and to be informed how that information will be used.
- The right to reside in a safe environment that is free from physical and emotional abuse.

The Client responsibilities will be developed by shelter operators but will contain the following:

- Participants are expected to maintain the confidentiality of other shelter participants.
- Participants are expected to follow the guidelines outlined by shelter operators.
- Participants are expected to respect others' right to quiet enjoyment of the premises (to the extent that this is possible in a communal environment), safety, and to help maintain a clean and safe environment.
- Participants are expected to respect the property rights of others.

EXITS FROM SHELTER

TIME LIMITS:

Shelters provide a safe temporary housing for individuals experiencing homelessness for up to 180 days within 1 shelter stay. Shelter operators will track the number of days a participant has accessed the shelter to ensure participants are not exceeding 180 days in one stay. Extensions beyond 180 days are possible under limited circumstances. Shelters will develop their own policies and procedures for considering extensions.

EMERGENCY EXITS:

Peaceful enjoyment of the premises: Shelter environments are communal living environments that often strain the ability to maintain a peaceful or quiet environment. To the extent that is possible in a communal shelter, participants will respect others right to the peaceful enjoyment of the premises. Violations of quiet enjoyment of the premises include derogatory language, loud outbursts, use of personal electronic devices to a level that disturbs others and any other action that disrupts others' quiet enjoyment of the premises. These may be treated with verbal or written warnings and support for behavioral change initially but can result in exit from the shelter.

Violations of safety: Shelter participants are expected to maintain a safe physical environment. This includes refraining from bringing dangerous objects/drugs into the shelter environment as well as keeping and using personal belongings or shelter property in a safe manner. Shelter providers can develop policies and procedures for the safe storage of items that may be considered dangerous and are not otherwise permitted in a shelter environment. Violations of safety also includes a failure to maintain a safe environment

through neglect of personal health and hygiene, proper use or storage of personal medications or hoarding of belongings to the point that it substantially impacts the safety of other participants and staff. If a participant is unable to maintain the safety of themselves or others, either through dangerous activities or through neglect, participants may be exited from the shelter and a suspension of further services may be imposed depending on the severity of the safety violation. Providers will work with the client to identify any safety related concerns and attempt to resolve the issue, when possible, prior to any decisions pertaining to exit of the participant.

Violence: Verbal and physical violence, including threats of violence, is considered to be an egregious violation of safety. If a participant is engaged in threats or acts of violence, they can be subject to exit and a further suspension of services may be imposed. However, shelter staff are expected to consider any antecedent conditions that may have caused the threats or acts of violence and keep these in mind when imposing a suspension of services.

If an exit is required to ensure safety, the client will be informed of the reason and duration of the exit. Additionally, every effort will be made to connect the participant with more appropriate resources, and to identify a way to ensure the participant's safe transport to alternate services (e.g., detox). Whenever possible, shelter staff will elevate the case to a higher level of care, including case conferences with the Coordinated Entry.

INELIGIBLE CLIENTS:

Clients must meet the eligibility requirements to receive assistance. Clients must meet categories 1,2,3 & 4 of HUD's homeless definitions. Additionally, clients must be able to meet their own activities of daily living. Homeless definitions can be found here: https://files.hudexchange.info/resources/documents/HomelessDefinition_Recordkeeping_RequirementsandCriteria.pdf

MEDICATION STORAGE

Shelter providers will establish policies regarding the storage of participants' medication. The policy will address the storage and refrigeration of medication. Shelters will provide locked storage of medications for clients. The shelter provider will not administer or dispense medication. Shelter participants are expected to manage their medications without any assistance from staff. If a participant abuses their medication to the point of endangering themselves or others, they may be exited from the shelter.

GRIEVANCE PROCEDURE

Shelter operators will develop their own policies and procedures for participant grievances. Grievances include: appeals of decisions that impact shelter participants (exits, extensions etc.) and grievances of shelter policies or perceived unfair/unequitable treatment by agency

staff. Participants should inform clients about their grievance policy upon intake or orientation. Copies of the grievance policy should be posted in the shelter and staff will make grievance forms available to clients upon request. Clients should be informed of how their grievance will be handled and will be given a timeframe for completion of each step of the process.

REASONABLE ACCOMMODATIONS

The Sonoma County Continuum of Care is committed to providing equal opportunity and reasonable accommodations to participants with disabilities to allow them to better access shelter services. Shelter operators must develop their own reasonable accommodation policies and this policy will be clearly communicated to shelter participants upon entry.

A reasonable accommodation is a change, exception or adjustment to a program, service, building or dwelling unit that will allow a qualified person with a disability to

- Participate fully in a program;
- Take advantage of a service;
- Live in a dwelling

To show that a requested accommodation may be necessary, there must be an identifiable relationship, or nexus, between the requested accommodation and the individual's disability. When a client requires an accessible feature(s), policy modification, or other reasonable accommodation, the program must provide the requested accommodation unless doing so would result in a fundamental alteration in the nature of the program or an undue financial and administrative burden. A fundamental alteration is a modification that is so significant that it alters the essential nature of the program. In such a case, if possible, the program will offer an alternative solution that would not result in fundamental alteration of the program or a financial or administrative burden.

SERVICE ANIMALS

Shelter providers will develop policies and procedures regarding access for individuals with service animals. Shelter providers must admit participants and their service animals regardless of documentation. Shelter providers must not ask what disability necessitates the service animal.

CLIENT FEEDBACK

Shelter providers must develop policies for soliciting and receiving feedback from shelter participants. Feedback can be elicited through exit interviews, surveys, focus groups etc. Shelters will utilize this feedback to assess program performance and inform shelter policies.

LIMITS TO SERVICE (TIME LIMITS) AND EXTENSIONS

Emergency shelter stays are limited to 180 days in a one shelter stay unless an extension is granted by the shelter operator. Extensions are granted on a case by case basis. Shelter operators will develop their own policies and procedures for considering extensions.

There is no limit to the maximum number of times a person can access shelter services with the exception of those whose services have been suspended due to an egregious violation of the rules.

SEASONAL SHELTERS

Seasonal shelters are designed to address the public health risk of cold or wet winter weather to unsheltered people. Shelter operators will input client data into the Homeless Management Information System (HMIS), following all relevant data quality standards, and will refer all participants to appropriate City, County, State, and other local services if able. Seasonal shelters do not offer the same supportive services to individuals that may be found in other shelters. Additionally, seasonal shelters may or may not be able to offer other amenities such as storage and food service depending on their facility and funding.

EMERGENCY PREPAREDNESS/NATURAL DISASTERS

Shelter operators must develop policies and procedures for emergency situations with relation to staff and participant safety and security. These policies and procedures should include plans for the safe evacuation of a shelter participants and staff to alternative locations in the case of a natural disaster. Staff should be trained and well versed on these policies and procedures.

COMMUNICABLE DISEASES

Shelter providers will develop policies and procedures for providing services in an environment of communicable diseases, including policies and procedures for social distancing and screening. Policies will comply with any federal, state and local public health measures. These policies and procedures should be flexible and regularly updated to comply with changing conditions and public health orders.

FACILITY STANDARDS

All Shelters will comply with the ESG Minimum Habitability Standards for Emergency Shelters and Permanent Housing found in 24 CFR § 576.403- Shelter and housing standards. <https://files.hudexchange.info/resources/documents/ESG-Emergency-Shelter-and-Permanent-Housing-Standards.pdf>

ADMINISTRATION:

RECORD RETENTION AND STORAGE

It is the common practice of Sonoma County homeless service providers to retain paper records for 7 years. The Continuum of Care's preference is that all data be entered into HMIS. HMIS meets all HIPAA, privacy and security requirements, more completely than most paper systems. Private user information can be drawn from the meta-data. Participating providers may scan documents and upload them to HMIS. Under HUD's data standards, the HMIS vendor will be responsible for regular secure storage of data retained beyond the required periods. To the extent possible, providers will move toward such electronic records, with the understanding some agencies will be required to retain paper records for monitoring by their funders

Files containing personal information shall be stored in locked and safe locations to maintain confidentiality. Shelter providers will maintain policies and procedures that detail their agency's retention times and how release information requests are processed.

ELIGIBLE ACTIVITIES

24 CFR § 576.102 states: Subject to the expenditure limit in § 576.100(b), ESG funds may be used for costs of providing essential services to homeless families and individuals in emergency shelters, renovating buildings to be used as emergency shelter for homeless families and individuals, and operating emergency shelters.

For a complete list of eligible activities please see: 24 CFR § 576.102
<https://www.law.cornell.edu/cfr/text/24/576.102>

HMIS

Shelter Providers must actively document within the HMIS and do so within accordance with the HMIS Policies and Procedures. Programs are required to document enrollments and exits in HMIS within a 5-day period for the purpose of live bed management. More information about HMIS data standards can be found at.

<https://files.hudexchange.info/resources/documents/HMIS-Data-Standards-Manual.pdf>

As a requirement from **HUD**, some individuals may not wish to provide their personal identifiable information into the HMIS. An individual or family can refuse to participate in

HMIS, and the provider must still offer all the same services to that household. However, some information may be required by projects to determine eligibility for housing or services, or to assess needed services. Therefore, although program participants are not required to participate in HMIS, they will need to provide personal information in order to be determined eligible for particular resources.

Individuals who refuse to provide their information in the HMIS, will be given a unique code within the HMIS, and providers must explain that this may deem them ineligible for certain projects. For more information on how to enroll clients in the HMIS without identifiable information, please use the following link to access this information: <https://sonomacounty.ca.gov/CDC/Homeless-Services/Sonoma-County-HMIS> (HMIS Forms and Guidelines: [How to Anonymously Enter a Client into HMIS](#))

REPORTING

Programs are required to be timely on any required reporting. If a program is not able to meet the deadline for a required report, the program administration will provide notice of an estimated time from for when reports can be received.

PROGRAM MONITORING

Shelter providers can expect the Sonoma County Community Development Commission to monitor their program annually to ensure adherence to these standards.

RESOURCES

Shelter providers are encouraged to use all of the resources that HUD makes available to providers to better understand program rules and regulations and to better implement programs. Below are resources that can assist providers.

- HUD Exchange: CoC and ESG Virtual Binders: <https://www.hudexchange.info/homelessness-assistance/coc-esg-virtual-binders/>
- HUD Exchange: ESG requirements: <https://www.hudexchange.info/programs/esg/esg-requirements/>
- CoC interim Rule: <https://www.govinfo.gov/content/pkg/CFR-2017-title24-vol3/xml/CFR-2017-title24-vol3-part578.xml>

EXHIBITS

HOMELESSNESS DEFINITIONS

Homelessness in Sonoma County is determined by HUD definition. Please click link for a chart:

https://files.hudexchange.info/resources/documents/HomelessDefinition_Recordkeeping_RequirementsandCriteria.pdf

ACCEPTABLE FORMS OF IDENTIFICATION

- Valid driver's license or identification card issued by DMV
- Valid driver's license or identification card from the state or country of origin
- Birth Certificate
- United States Passport
- Foreign passport
- Verification of citizenship, alienage, or immigration status
 - Permanent Resident Card or Alien Registration Receipt Card
 - Employment Authorization Document (Card) that contains a photograph
 - Green Card
 - Work Visa
- Certificate of Naturalization or Citizenship
- American Indian Card
- Voter's registration card
- US military card
- Military dependent's ID card
- Social Security Card or Tax ID number
- State Benefits Card

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