

Before Starting the CoC Application

You must submit all three of the following parts in order for us to consider your Consolidated Application complete:

1. the CoC Application,
2. the CoC Priority Listing, and
3. all the CoC's project applications that were either approved and ranked, or rejected.

As the Collaborative Applicant, you are responsible for reviewing the following:

1. The FY 2026 CoC Program Competition Notice of Funding Opportunity (NOFO) for specific application and program requirements.
2. The FY 2026 CoC Application Detailed Instructions which provide additional information and guidance for completing the application.
3. All information provided to ensure it is correct and current.
4. Responses provided by project applicants in their Project Applications.
5. The application to ensure all documentation, including attachment are provided.

Your CoC Must Approve the Consolidated Application before You Submit It

- 24 CFR 578.9 requires you to compile and submit the CoC Consolidated Application for the FY 2026 CoC Program Competition on behalf of your CoC.
- 24 CFR 578.9(b) requires you to obtain approval from your CoC before you submit the Consolidated Application into e-snaps.

1A. Continuum of Care (CoC) Identification

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants; and
- Frequently Asked Questions

1A-1. CoC Name and Number: CA-604 - Bakersfield/Kern County CoC

1A-2. Collaborative Applicant Name: Bakersfield-Kern County CoC (CA-604)

1A-3. CoC Designation: CA

1A-4. HMIS Lead: Bakersfield-Kern County CoC

1B. Coordination and Engagement–Accountable Structure and Participation

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

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- Frequently Asked Questions

1B-1.	Accountable Structure and Participation.	
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In the chart below for the period from June 1, 2025 to May 31, 2026:

1.	select 'Yes' or 'No' in the chart below if the entity listed participated in CoC meetings or select 'Nonexistent' if the entity does not exist in your CoC's geographic area, and
2.	enter the number of persons on the board for each category where you answered 'Yes' in the Participated in CoC Meetings column.

You must click Save at the bottom of the form before entering the number of persons for each category where you answered 'Yes'.

	Entity	Participated in CoC Meetings	Number of Board Members
1.	Affordable Housing Developer(s)	Yes	1
2.	CDBG/HOME/ESG Entitlement Jurisdiction(s)	Yes	4
3.	Certified Community Behavioral Health Clinic (CCBHC)	No	
4.	Community Mental Health Center (CMHC)	Yes	1
5.	Disability Advocate(s)	Yes	1
6.	Disability Service Organization(s)	Yes	1
7.	Emergency Medical Services (EMS)/Crisis Response Team(s)	Yes	1
8.	Employment Assistance Program(s) (e.g., Local Workforce Development, American Job Center)	Yes	1
9.	Faith-based Organization(s)	Yes	2
10.	Homeless or Formerly Homeless Person(s)	Yes	2
11.	Hospital(s)	Yes	0
12.	Other Primary Healthcare Provider(s) (e.g., Federally Qualified Health Center, Healthcare for the Homeless)	Yes	1
13.	Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)	Yes	1
14.	Law Enforcement	Yes	2
15.	Local Court Systems, Including Specialty Courts (e.g., Mental Health Court, Drug Court, Care Court)	Yes	1
16.	Local Government Staff/Official(s)	Yes	2

17.	State Government Staff/Official(s)	Yes	
18.	State or Local Elected Public Official(s)	Yes	3
19.	Local Jail(s)	No	
20.	Mental Health Service Organization(s)	Yes	2
21.	Mental Illness Advocate(s)	Yes	5
22.	Organization(s) led by and serving people with disabilities	Yes	1
23.	Other homeless subpopulation advocate(s)	Yes	6
24.	Other nonprofit homeless assistance provider(s)	Yes	8
25.	Other social service provider(s)	Yes	9
26.	Public Housing Agencies	Yes	1
27.	Recovery Housing or Sober Living Provider(s)	Yes	1
28.	School Administrators/Homeless Liaison(s)	Yes	1
29.	School District(s)	Yes	1
30.	Street Outreach Team(s)	Yes	4
31.	Substance Abuse Advocate(s)	Yes	2
32.	Substance Abuse Service Organization(s)	Yes	2
33.	Universities	Yes	0
34.	Veteran Serving Organization(s)	Yes	1
35.	Agencies Serving Survivors of Human Trafficking	Yes	2
36.	Victim Service Provider(s)	Yes	2
37.	Domestic Violence Advocate(s)	Yes	2
38.	Other Victim Service Organization(s)	Yes	2
39.	State Domestic Violence Coalition	No	
40.	State Sexual Assault Coalition	No	
41.	Youth Advocate(s)	Yes	2
42.	Youth Homeless Organization(s)	Yes	1
43.	Youth Service Provider(s)	Yes	2
44.	Other Homeless Assistance Provider(s)	Yes	6
45.	Local Business or Chamber of Commerce or a Member of a Business Improvement District	Yes	1
	Other: (limit 50 characters)		
46.	HMIS Lead Agency Representative	Yes	1
47.	CES Lead Agency Representative	Yes	1

1B-2.	Open Invitation for New Members.	
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Describe your CoC's transparent process (e.g., communicated to the public on the CoC's website) to invite new members to join the CoC at least annually.

(limit 2,500 characters)

The CoC maintains an open, transparent, and inclusive membership process and, at least annually, publicly invites new organizations and individuals throughout Kern County to join the Collaborative. The annual invitation is communicated through the CoC's publicly accessible website, email communications, social media, community and partner networks, public meetings, presentations, and outreach events to ensure membership opportunities are broadly available throughout the CoC's geographic area.

As part of this process, the CoC hosts an annual Full Membership Meeting that is open to current and prospective members, community partners, and the public. The meeting provides information about the CoC, membership process, services, and opportunities to participate. The CoC website also maintains publicly available "Get Involved" and "Sign Up for Updates" options to provide ongoing opportunities for individuals and organizations to connect with and participate in the Collaborative.

Membership is open to organizations and individuals throughout Kern County, with outreach designed to encourage participation from populations, geographic areas, and sectors that are not currently represented or are underrepresented within the CoC.

1B-3.	CoC's Strategy to Solicit and Consider Opinions on Preventing and Ending Homelessness.	
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Describe your CoC's transparent process (e.g., communicated to the public on the CoC's website) to solicit and consider opinions regarding the CoC's general performance, strategies, and priority setting process from a broad array of individuals and organizations that have knowledge of homelessness or an interest in preventing or ending homelessness in the CoC's geographic area.

(limit 2,500 characters)

The CoC maintains a transparent and inclusive process to solicit and consider input regarding its general performance, strategies, and priorities from individuals and organizations throughout Kern County with knowledge of or an interest in preventing and ending homelessness. The CoC engages a broad range of stakeholders, including people with lived experience of homelessness, homeless service and housing providers, faith-based organizations, city and county agencies, healthcare and behavioral health providers, neighborhood organizations, businesses, and members of the public.

Input is solicited through publicly noticed Governing Board and standing committee meetings, community roundtables, stakeholder meetings, surveys, presentations, public comment, and other community engagement activities. Meeting notices, agendas, and materials are publicly available on the CoC website in accordance with applicable Brown Act requirements. Opportunities to participate and provide feedback are also communicated through the CoC website, email distribution lists, newsletters, and social media. Individuals may also submit feedback by email, telephone, website, or mail.

The CoC uses these opportunities to gather feedback on system performance, community needs, service gaps, funding priorities, and strategies for preventing and ending homelessness. Feedback is considered by the Governing Board and appropriate standing committees when evaluating performance, establishing priorities, developing strategies, and making program and funding decisions. Input may be addressed during public meetings, referred to a committee or workgroup for further review, or placed on a future Governing Board agenda for consideration.

1B-4.	Public Notification for Proposals from Organizations Not Previously Awarded CoC Program Funding.	
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Describe your CoC's transparent process to accept and consider proposals from organizations that have not previously received CoC Program funding including faith-based organizations.

(limit 2,500 characters)

The CoC maintains an open and transparent process to solicit, accept, and consider proposals from organizations that have not previously received CoC Program funding, including faith-based organizations. The Governing Board approves the Notice to Potential Applicants, Letter of Intent (LOI) template and instructions, and local NOFO competition timeline. Funding opportunities are publicly advertised through the CoC website, email distribution lists, social media, local newspapers, and outreach to a broad array of community stakeholders and potential applicants. The City of Bakersfield and County of Kern also share notices through their communication channels to broaden outreach throughout the CoC's geographic area. The solicitation is open to all eligible organizations, regardless of whether they have previously received CoC Program funding, including eligible faith-based organizations.

The CoC provides training and technical assistance to ensure new applicants understand the local competition. A training webinar explains the LOI, threshold requirements, project application, ranking criteria, and submission process. Training materials, recordings, application resources, and Frequently Asked Questions (FAQ) are publicly available on the CoC website.

The Collaborative Applicant reviews all LOIs received by the established deadline using published threshold requirements. New applicants who meet threshold requirements are invited to submit a project application and Ranking Packet. Eligible proposals are reviewed and scored using the CoC's established ranking criteria by a non-conflicted Ranking Panel, which develops a recommended Priority Listing for Governing Board review and approval. This process provides first-time applicants, including faith-based organizations, an opportunity to submit proposals and compete for CoC Program funding through the same publicly communicated review and ranking process.

1B-5	Plan for Comprehensive Strategies for Reducing Homelessness.
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Describe how your CoC will incorporate comprehensive strategies for reducing homelessness, including interventions in 42 U.S.C. 11386b(d) and other targeted projects for specific subpopulations, by providing a plan to address a gap in the CoC's current homelessness system.

(limit 2,500 characters)

The CoC adopted its comprehensive Strategic Action Plan in 2024 with input from both the City, County and other community partners. The CoC identified through the 2026 PIT Count, HMIS/System Performance Measures, Coordinated Entry data, and stakeholder feedback a continued gap in housing and service pathways for people experiencing unsheltered and chronic homelessness. The 2026 PIT Count identified 2,661 people experiencing homelessness, including 1,465 people experiencing unsheltered homelessness. Rural communities also experienced increases, demonstrating the need for geographically responsive outreach and housing interventions.

Through the gap identified in the Strategic Action Plan, the CoC will strive to strengthen connections between street outreach, Coordinated Entry, interim and transitional housing, rapid rehousing (RRH), permanent supportive housing (PSH), and supportive services – specifically intensive case management. Consistent with 42 U.S.C. 11386b(d), strategies include PSH for individuals and families experiencing chronic homelessness and RRH for families, including flexible assistance, housing stabilization, employment and income supports, and connections to mainstream services. Targeted strategies will address relevant subpopulations, including youth and young adults, survivors of domestic violence, families with children, veterans, individuals with disabilities, and people with behavioral health or substance use needs.

During FY 2026-27, the CoC will implement and monitor these strategies with the goals of reducing unsheltered homelessness, increasing exits to permanent housing, reducing returns to homelessness, reducing length of time homeless, and increasing employment and income. Progress will be measured through PIT, HMIS, Coordinated Entry, and System Performance Measures, with project-level performance reviewed at least annually. Activities will be supported through CoC Program, YHDP, HHAP, ESG, PLHA, and local government funding, supplemented by mainstream housing, healthcare, behavioral health, and social service resources.

The BKRHC Governing Board, supported by the Planning & Performance Committee, CoC staff, HMIS Lead, and appropriate standing committees, will oversee implementation and review performance. During FY 2026-27, performance data and stakeholder feedback will be reviewed to identify gaps, evaluate progress, and adjust strategies and funding priorities as necessary.

1B-5a Confirmation of Plan Coverage.

Select 'Yes' or 'No' in the chart below to indicate whether your narrative in question 1B-5 addresses the following aspects of your plan to address a gap in the CoC's current homelessness system.

1. Identifies the gap, using data or stakeholder feedback	Yes
2. The strategy to address the needs of all relevant subpopulations	Yes
3. Sets quantifiable performance measures	Yes
4. Identifies timelines for the completion of specific tasks	Yes

5. Identifies specific funding sources for planned activities	Yes
6. An individual or body responsible for overseeing implementation of specific strategies	Yes

1C. Coordination and Engagement

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	1C-1. Treatment and Recovery Services—On-site Substance Use Treatment Availability.	
	You must upload the List of TH/RRH/PSH Projects and Treatment Providers with On-Site Substance Use Treatment attachment to the 4A. Attachments Screen.	
	What percent of your TH/RRH/PSH projects have substance use treatment available on site?	57%

If you are a rural CoC, describe what substance use treatment is available in your CoC and how people you serve access those services.

(limit 2,500 characters)

Not Applicable (N/A)

1C-1a. Treatment and Recovery Services—Outpatient Treatment for Mental Health and Substance Use Disorders.

Describe how your CoC partners with, or has projects that provide, outpatient treatment for mental health and substance use disorders with a range of appropriate levels of care, psychosocial interventions, medication management, suicide prevention, and recovery supports.

(limit 2,500 characters)

Kern County has more than 70 outpatient treatment clinics operated by Kern Behavioral Health and Recovery Services (KernBHRS) and its provider network. Services span multiple levels of mental health and substance use disorder (SUD) care, including psychosocial interventions, medication management, suicide prevention, treatment, and recovery supports.

KernBHRS, a CoC member and the County's largest behavioral health provider, serves as Kern County's Mental Health Plan under contract with the California Department of Health Care Services (DHCS). KernBHRS actively participates in the CoC through the Governing Board and Executive Committee and coordinates with community providers to connect individuals experiencing homelessness to appropriate behavioral health care.

****KernBHRS partners with homeless shelter programs throughout the CoC to provide onsite behavioral health and SUD services, improving access to care for individuals experiencing homelessness. In addition to conducting its own outreach, KernBHRS partners with other operational homeless outreach providers to coordinate engagement, referrals, and connections to behavioral health and SUD services.****

Three Managed Care Plans (MCPs) provide non-specialty mental health services for mild-to-moderate conditions. Individuals requiring a higher level of care may be referred to KernBHRS as their needs change. KernBHRS also uses specialized programs to engage individuals who have not successfully connected to treatment through traditional outreach.

Assisted Outpatient Treatment (AOT) combines court oversight with intensive, community-based services for individuals who have experienced difficulty engaging in treatment. Referrals are primarily received through the courts, with treatment provided through the Assertive Community Treatment (ACT) Team, a Full-Service Partnership serving individuals with severe and persistent mental illness.

KernBHRS also operates the SUD Access Line, which connects individuals to Medi-Cal-covered SUD treatment. Callers are screened for the appropriate level of care, including outpatient, intensive outpatient, residential, and Narcotic Treatment Programs, and receive referrals and appointments based on need, including urgent appointments within 48 hours or routine appointments within 10 business days.

1C-1b. Treatment and Recovery Services—Peer Support and Recovery Navigation.

Describe how your CoC partners with, or has projects that provide access to, peer recovery specialists or other forms of peer support and recovery navigation.

(limit 2,500 characters)

Peer-led recovery and mental health services provide shared, non-clinical support from individuals with personal lived experience with mental health conditions or substance use disorders. Kern County is committed to recovery-oriented principles and supporting individuals throughout their behavioral health recovery.

To support individuals in recovery, local Learning Centers provide services designed to empower individuals with lived experience who are actively working toward behavioral health recovery, as well as their adult family members and support persons. Learning Centers are member- and consumer-centered and grounded in the Recovery Model, with services developed based on the expressed priorities and needs of members themselves.

Peer engagement services include individual and group peer support, recovery-focused engagement, and de-escalation of members, consumers, and visitors when safe and appropriate. Peer staff are trained in crisis intervention, trauma-informed engagement, de-escalation techniques, and hands-off approaches to crisis response.

Peer-based services are also integrated throughout the CoC's homeless response system. Most shelter and outreach providers utilize peer recovery specialists, peer support services, and recovery navigation as part of their ongoing service delivery. These practices further expand access to lived-experience-informed support and help individuals experiencing homelessness engage in services, navigate behavioral health and recovery resources, and maintain connections to appropriate care.

1C-1c. Treatment and Recovery Services—Connecting Individuals Experiencing Serious Mental Illness with the Services Necessary to Promote Stability.

Describe how your CoC identifies individuals experiencing Serious Mental Illness and connects them with the services necessary to promote stability, such as Assertive Community Treatment teams and other models that combine intensive care coordination and assertive outreach with comprehensive treatment.

(limit 2,500 characters)

Through the CoC provider network, HMIS, and Coordinated Entry System (CES), individuals are connected to KernBHRS' Specialty Mental Health Services network for assessment, care planning, and treatment. Individuals with high-acuity needs may be referred to Assertive Community Treatment (ACT), which provides intensive, community-based services for individuals with severe and persistent mental illness and/or substance use disorders.

ACT Full-Service Partnership teams use a multidisciplinary approach that includes physicians, therapists, case managers, nurses, and other specialists. Services are provided in homes and community settings when appropriate and focus on treatment engagement, symptom management, daily living skills, and long-term recovery. Individuals may be referred to ACT through outpatient mental health teams when a higher level of care is needed.

KernBHRS also connects eligible individuals to Assisted Outpatient Treatment (AOT) and Community Assistance, Recovery, and Empowerment (CARE) Court. AOT combines court oversight with intensive community-based behavioral health services for individuals who have experienced difficulty engaging in treatment. CARE Court provides another pathway for eligible individuals with qualifying behavioral health conditions. KernBHRS coordinates with courts and community partners to assess individuals, connect them to the appropriate program and treatment, and support ongoing care.

KernBHRS' Kern ROEM team provides field-based outreach, engagement, care coordination, and treatment to people experiencing homelessness or housing instability with mental health and/or substance use disorders, prioritizing unserved and underserved individuals.

The Mobile Clinic with Street Psychiatry (MCSP) further reduces barriers by bringing psychiatric, behavioral health, medical, and supportive services directly to people experiencing homelessness and connecting them to ongoing care and housing resources.

Kern County also has a network of homeless shelters and transitional housing programs, including two low-barrier navigation centers. These centers provide on-site access to mental health and SUD services, strengthening connections among shelter, treatment, and the broader homeless response system.

1C-1d. Treatment and Recovery Services—Coordination with Providers in Connection with Drug or Other Specialty Courts.

Identify at least one partnership the CoC has with a provider or entity providing services in connection with Drug Courts and other specialty courts serving individuals with mental and substance use disorders, Assisted Outpatient Treatment (AOT) programs, and inpatient civil commitment.

(limit 500 characters)

KernBHRS' Assisted Outpatient Treatment (AOT) team engages individuals who have been unsuccessful connecting to treatment. Primarily serving court-referred individuals, AOT combines court supervision with intensive, community-based behavioral health services. Using a preventive, less-restrictive approach, AOT connects individuals to appropriate mental health treatment and supports continued engagement in care.

Describe how your CoC coordinates with the provider or entity identified above to support housing stability and movement towards independence, including by leveraging court orders.

(limit 2,500 characters)

The CoC of Kern, through a broad base of community wide partnerships, provides a network to support housing stability and movement towards independence in addition to leveraging court orders. Through the provider referenced above, KernBHRS has access to a network of various housing providers operating Sober Living Environments, Room and Boards, and Permanent Supportive Housing throughout the community. Kern BHRS, Housing Services Team (HST) serves as a liaison within the system of care, community-based organizations, CoC member providers and partner agencies to support placement of clients into safe, stable, recovery-oriented, and supportive housing. HST serves as a resource and collaborates with treatment teams and community organizations to identify and support opportunities for housing and supportive services, thereby reducing a client's risk of homelessness, remove barriers to access and promote retention in stable housing.

Through CARE Court, eligible individuals may receive housing supports in addition to mental health treatment and supportive services with medication, case management and ongoing court oversight to help ensure follow-through. Care Court, functions to connect individuals struggling to engage in treatment or experiencing repeated hospitalizations increasing the risk of homelessness, incarceration, or worsening symptoms

The Kern New Beginnings (KNB) program, funded through Prop 47 treats eligible individuals by providing a substance use disorder (SUD) and/or mental health (MH) treatment alternative to felonies for certain drug related crimes. KNB provides brief evaluations, treatment referrals, case management, and housing resources. SUD treatment providers provide a referral to MH services if needed. KernBHRS and network providers use evidence-based practices, incorporating trauma informed care and restorative justice principles. Treatment providers inform referring courts of treatment progress. Individuals successfully completing treatment may have their charges dismissed. Collaboration with stakeholders (Superior Court, District Attorneys, Public Defenders, Sheriff's Office, Probation, and treatment providers)

The CoC recently appointed a Local Court System representative to the Governing Board from a local court system, managing Assisted Outpatient Treatment and/or other civil committee processes to enhance these collaborative efforts.

1C-1e. Treatment and Recovery Services—Partnership with Local Crisis System of Care.

Identify at least one partnership the CoC has with the local crisis system of care including 988 and crisis contact centers, mobile crisis and outreach services, and crisis stabilization services.

(limit 500 characters)

Kern County's crisis system includes 988, two Crisis Stabilization Units (CSUs), and two mobile crisis units providing countywide crisis response, outreach, stabilization, and connections to care. The 24-hour Crisis Hotline provides immediate support, while CSUs in Bakersfield and Ridgecrest provide psychiatric evaluation and stabilization for adults and minors experiencing a mental health crisis.

1C-1f.	Treatment and Recovery Services—Availability of Units for Persons Reporting Chronic Substance Use.	
	You must upload the List of CoC Program Projects and the Number of Units that require Substance Abuse Treatment attachment to the 4A. Attachments Screen.	
	Identify the number of CoC Program-funded units that require program participant engagement in substance abuse treatment services as a condition of continued participation in the program in accordance with 24 CFR 578.75.	320

1C-1g.	Treatment and Recovery Services—24/7 Access to Detox, Residential, or Inpatient Treatment.	
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Is there 24/7 access to detox, residential, and inpatient behavioral health treatment within the geographic area of your CoC?	Yes
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1C-1h. Treatment and Recovery Services—Formal Partnership with Behavioral and Mental Health Facilities.

Identify at least one formal partnership the CoC has with a Certified Community Behavioral Health Clinic (CCBHC), Community Mental Health Center (CMHC), SAMHSA Projects for Assistance in Transition from Homelessness (PATH) provider, Grants for the Benefit of Homeless Individuals (GBHI) provider, or a similar facility if none of the above are located in the geographic area.

(limit 500 characters)

Within Kern County, Kern BHRS has three teams partially funded by the SAMHSA Projects for Assistance in Transition from Homelessness (PATH) Grant. The teams include Justice Involved and Community Care Services (JICCS) Justice Integrated Support Program (JISP) formerly known as the Homeless Adult Team (HAT), Relational Outreach and Engagement Model (ROEM) Team and Mobile Clinic Services with Psychiatric (MCSP) Team. All teams enter their data into HMIS.

1C-1i. Treatment and Recovery Services—Sober Housing Availability.

Identify at least one new or existing CoC Program-funded project that operates sober housing in accordance with 24 CFR 578.93(b)(5).

(limit 500 characters)

CA-604 does not currently have a CoC-funded sober housing project under 24 CFR 578.93(b)(5); however, recovery-focused housing is available through community partners. The CoC supports referrals to these resources and has designated a sober living representative seat on its Governing Board to strengthen partnerships, incorporate recovery housing expertise, and encourage development of eligible sober housing projects.

1C-1j. Treatment and Recovery Services—Warm Hand-Offs to Stable Housing Providers.

Describe how your CoC coordinates with the programs named in questions 1C-1a through 1C-1i to facilitate warm hand-offs to stable housing providers and prevent entry into homelessness.

(limit 2,500 characters)

The CoC coordinates with the programs identified in Questions 1C-1a through 1C-1i through its Coordinated Entry System (CES), 2-1-1 Kern, street outreach, behavioral health and healthcare partners, housing providers, and community-based organizations. Partners collaborate to identify individuals and families experiencing or at risk of homelessness and connect them to appropriate housing, treatment, and supportive services.

Warm hand-offs include direct coordination between behavioral health, substance use treatment, recovery, healthcare, institutional, and homeless service providers and the CoC's CES and housing providers. Rather than providing referral information alone, partners assist with eligibility and documentation, facilitate enrollment and appointments, communicate directly with receiving providers, and follow up to ensure successful connections to services and housing.

For households at risk of homelessness, partners coordinate with CES, 2-1-1 Kern, and mainstream systems to connect households to prevention resources, rental assistance, benefits, behavioral health services, and other supports that can preserve existing housing. For individuals exiting healthcare, behavioral health, substance use treatment, recovery programs, or other institutions, partners coordinate discharge planning and housing referrals to prevent discharge to homelessness.

The CoC also utilizes multidisciplinary coordination, case conferencing, outreach, and ongoing communication among providers to address barriers and connect participants to appropriate housing options, including interim housing, rapid rehousing, permanent supportive housing, transitional housing, and other permanent housing resources. This coordinated approach strengthens continuity of care, reduces gaps between systems, and helps prevent individuals from entering or returning to homelessness.

1C-2.	Supportive Services Investment.	
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	Number
1. Enter your CoC's FY 2026 Annual Renewal Demand (ARD).	\$7,785,434
2. Of projects your CoC proposed to be funded in the FY 2026 CoC Program Competition, enter the total amount of funding for the supportive services budget line items.	\$2,871,524
3. Percent of your CoC's FY 2026 ARD (from element 1 above) that is supportive services funding (from element 2 above).	37%
4. Enter the amount of funding, leverage, match, and funding commitment from other formal partnerships in supportive services for the projects included in your CoC's FY 2026 ARD.	\$2,288,867
5. Percent of your CoC's FY 2026 ARD (from element 1 above) that is the supportive services funding in proposed projects (from element 2 above) plus the amount of funding, leverage, match, and funding commitment from other formal partnerships in supportive services (from element 4 above).	66%

1C-3.	Participation Requirements for Supportive Services.
	You must upload the Language from Project Supportive Service Agreements attachment to the 4A. Attachments Screen.

What percent of your housing projects (TH, PH-PSH, PH-RRH, and Joint projects) require program participants to take part in supportive services (e.g. case management, employment training, substance use disorder treatment) in line with 24 CFR 578.75(h)?	100.00%
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1C-4. Consulting with ESG Recipients.

Describe how your CoC has and will continue to consult with ESG recipients in the planning and allocation of ESG funds.

(limit 2,500 characters)

The CoC regularly consults and coordinates with Emergency Solutions Grants (ESG) recipients and administering entities in the planning and allocation of ESG resources. This coordination is integrated into the CoC's broader community planning process to ensure ESG investments complement CoC Program funding and other federal, state, and local resources.

BKRHC works closely with the California Department of Housing and Community Development, which administers State ESG funding, and the City of Bakersfield, which directly administers federal ESG funding, as well as ESG-funded service providers and other community partners. Consultation and coordination occur through CoC Governing Board and committee meetings, funding and program planning discussions, review of system needs and performance data, and ongoing communication among CoC staff, ESG administrators, and funded providers.

ESG coordination is also incorporated into the CoC's local funding competition. A representative from an ESG administrative entity participates on the CoC's Ranking Panel, providing ESG expertise and perspective during the review and ranking of CoC project applications. This participation strengthens coordination between ESG and CoC Program resources and supports funding decisions that consider the broader homeless response system.

Consultation helps identify community needs and funding priorities, including emergency shelter, rapid rehousing, homelessness prevention, outreach, and other eligible activities. HMIS, Coordinated Entry System (CES), Point-in-Time (PIT) Count, Housing Inventory Count (HIC), system performance, and provider-level data are used to identify gaps, assess emerging needs, and inform funding priorities.

The CoC will continue consulting with ESG recipients and administering entities throughout future funding cycles through participation in CoC planning, committees, and funding processes; sharing system and performance data; and coordinating priorities, service gaps, and emerging needs. This ongoing consultation will help ensure ESG resources remain aligned with CoC priorities and integrated into the broader homeless response system serving Bakersfield and Kern County.

1C-4a. Coordination with Emergency Shelter Providers.

Describe how your CoC coordinates with shelter providers to connect individuals and families with CoC assistance.

(limit 2,500 characters)

The CoC coordinates with emergency and interim shelter providers throughout Kern County to ensure individuals and families experiencing homelessness are connected to CoC assistance and the broader homeless response system. Shelter providers participate in the CoC, Coordinated Entry System (CES), HMIS, and CoC committees and regularly coordinate with BKRHC and community partners regarding housing resources, service needs, and barriers to permanent housing.

Shelter providers connect individuals and families to CES for standardized assessment, prioritization, and referral to available housing resources. The CoC's CES Rapid Response system, operated through 2-1-1 Kern, provides a centralized access point for individuals and families seeking housing assistance and supports connections to housing navigation and other resources. Shelter staff also assist clients with obtaining documentation, addressing housing barriers, accessing mainstream benefits and supportive services, and preparing for housing referrals.

Participating shelter providers use HMIS, consistent with the CoC's HMIS Privacy Notice, privacy and security plans, and applicable client consent requirements, to document enrollment, services, housing needs, and program outcomes. Information is accessed and disclosed only as permitted under these requirements. Through CES, eligible households are prioritized, matched, and referred to appropriate CoC-funded Permanent Supportive Housing, Rapid Rehousing, and other housing resources based on established eligibility and prioritization requirements.

Coordination also occurs through case conferencing, CoC committee and provider meetings, and direct communication among shelter, outreach, housing, behavioral health, and supportive service providers. When permitted, these processes facilitate warm handoffs and help address barriers that may delay housing placement while protecting client privacy and confidentiality. The CoC will continue strengthening coordination with shelter providers through CES participation, HMIS data quality, housing navigation, and cross-provider collaboration to connect individuals and families in shelter to appropriate CoC assistance and permanent housing resources.

1C-5. Data Sharing to Inform the Homelessness Response System.

Describe how your CoC has or will share PIT, HIC, HMIS, and System Performance data with state and local government as permitted by law in order to inform the homelessness response system.

(limit 2,500 characters)

The CoC regularly shares Point-in-Time (PIT) Count, Housing Inventory Count (HIC), HMIS, and System Performance data with state and local government partners to inform planning, funding decisions, resource allocation, and strategies to address homelessness throughout Kern County. Data is shared in accordance with applicable federal and state law and the CoC's HMIS Privacy Notice, privacy and security plans, and data-sharing requirements. PIT and HIC results are shared with Kern County, the City of Bakersfield, other local jurisdictions, and community partners to provide information on the number, characteristics, and geographic distribution of people experiencing homelessness and the capacity of the community's housing and shelter system. The CoC uses this information with local government partners to identify trends, geographic and service gaps, and populations with emerging needs and to inform investments in shelter, outreach, housing, and supportive services. The CoC and its HMIS Lead also use HMIS and HUD System Performance Measure data to evaluate system performance, including housing outcomes, returns to homelessness, length of time homeless, and other system-level measures. Aggregate data and reports are shared with state and local partners, CoC committees, and decision-makers to support program planning, evaluate performance, identify areas for improvement, and coordinate resources across the homeless response system. The CoC also coordinates with the California Department of Housing and Community Development (HCD) to meet state data and reporting requirements, including reporting through the Homeless Data Integration System (HDIS). This coordination supports statewide analysis while allowing the CoC to use state data-quality and performance information to improve local HMIS practices and program performance. The CoC will continue sharing appropriate aggregate and system-level data with state and local government partners and using PIT, HIC, HMIS, and System Performance data to support data-informed policy, funding, program development, and continuous improvement. Any disclosure of client-level information will occur only when authorized and permitted by applicable law and HMIS privacy and security requirements.

1C-5a. Using Other Data Sources Alongside HMIS to Improve Care.

Describe how your CoC utilizes other data sources alongside HMIS to improve care (e.g., health care utilization and claims data, electronic health care record data; admission, discharge, and transfer data; and law enforcement and corrections system data).

(limit 2,500 characters)

The CoC bridges the gap between housing and healthcare systems by pairing HMIS data with the Coordinated Entry System and various local healthcare Electronic Health Records (EHR and Admission Discharge and Transfer (ADT) data feeds. Through data sharing agreements, hospital discharge planners can cross-reference our community's by-name list to identify matched clients. This ensures that high-acuity individuals transitioning out of inpatient or emergency care are immediately connected to housing, dedicated case management, and effectively mitigating unsafe medical discharges to the streets. Through Informed Consent and ROI before any personal data is entered or shared across the network, participants must sign an HMIS Release of Information authorizing specific agencies to view and coordinate their information and care. Release of Information (ROI) in healthcare is the formal governed process of disclosing a patient's Protected Health Information (PHI) to an authorized person, external agency or organization. The legal workflow process ensures patient data stays private while meeting legal, insurance or clinical needs under regulations such as HIPAA. The release of information is restricted to the scope of the absolute minimum amount of data required to fulfill the specific stated purposes.

1C-6. Employment and Workforce Development Partnership.

Identify at least one partnership the CoC has with employment and workforce development programs and organizations such as the Local Workforce Development Board, State Workforce Agency, American Job Center (also known as One-Stop Career Centers), registered apprenticeship program, community and technical college, union training program, adult education provider, or State Vocational Rehabilitation agency.

(limit 2,500 characters)

The CoC partners with the Kern County Employers' Training Resource (ETR) Department, the local workforce development agency, to connect individuals experiencing homelessness with employment, education, training, and workforce development resources. Through coordination between ETR and CoC homeless service providers, individuals can be connected to employment assessments, job search and placement assistance, résumé development, career counseling, skills training, and other workforce services that support increased income and long-term housing stability.

To further strengthen and institutionalize this partnership, the CoC Governing Board has designated a seat specifically for representation from a workforce development agency. This ensures workforce development expertise is incorporated into CoC planning, policy discussions, system coordination, and strategies for addressing employment and income barriers experienced by people experiencing homelessness.

CoC-funded and participating providers also incorporate employment and income goals into housing-focused case management and connect participants to ETR and other workforce resources based on individual needs and employment readiness. The CoC will continue strengthening this partnership through Governing Board participation, cross-system coordination, referrals, and connections to employment and training opportunities that support increased income, self-sufficiency, and long-term housing stability.

1C-7. Street Outreach—Cooperation with First Responders and Law Enforcement.

Describe in the field below how your CoC's street outreach projects (including co-response) cooperate with first responders and law enforcement to increase positive interactions in order to increase housing and service engagement and promote use of CoC services.

(limit 2,500 characters)

The CoC's street outreach projects coordinate with first responders, law enforcement, Code Compliance, behavioral health, and other community partners to improve interactions with people experiencing unsheltered homelessness and connect them to housing, shelter, and supportive services. The CoC promotes a service-centered approach in which outreach providers engage individuals, build trust, assess needs, and facilitate connections to the Coordinated Entry System (CES) and appropriate resources. A key example is the Oildale Outreach Program, operated by The Open Door Network, which includes formal coordination with Kern County departments and law enforcement. Outreach staff participate in coordinated field engagements and interagency meetings with Behavioral Health and Recovery Services, Human Services, Code Compliance, law enforcement, and other partners. When encampments or individuals experiencing homelessness are identified, outreach staff can respond alongside or in coordination with these agencies to conduct engagement, offer services, and connect individuals to CES, shelter, housing navigation, behavioral health services, benefits, and other resources. This same coordinated, service-centered approach is used with the CoC's other street outreach providers throughout Kern County. The CoC facilitates coordination among outreach teams, first responders, law enforcement, local jurisdictions, and service providers to support consistent referral and engagement practices. Outreach providers communicate and coordinate in the field to reduce duplication, facilitate warm handoffs, and ensure individuals encountered by public agencies have opportunities to engage with homeless services. Outreach workers serve as a bridge between individuals experiencing homelessness and public agencies, helping shift interactions toward engagement and voluntary connections to services whenever possible. Teams use repeated engagement to build rapport with individuals who may initially decline assistance and coordinate connections to CES, shelter, housing, health, behavioral health, and supportive services. The CoC will continue strengthening these partnerships through joint field coordination, interagency meetings, referral and response protocols, and ongoing communication to increase positive interactions, service engagement, and pathways from unsheltered homelessness to permanent housing.

1C-8. Family or Support Network Reunification.

Describe how your CoC, or your recipients, assist with family or support-network reunification efforts for individuals experiencing homelessness or living in CoC Program-funded housing (e.g., case management, travel costs, arrangement of assistance in another geographic area).

(limit 2,500 characters)

The CoC coordinates with the City of Bakersfield, County of Kern, street outreach providers, and shelter providers to assist individuals experiencing homelessness with family and support-network reunification when a safe and stable placement is available. Both the City and County support Homeward Bound/family reunification services through street outreach providers, creating an additional pathway from homelessness to stable housing with family, friends, or other natural supports.

Through Homeward Bound, street outreach providers identify individuals who have family members, friends, or other support networks willing to receive them locally or in another geographic area. Staff screen participants, verify the destination and receiving party, and coordinate transportation to help ensure the individual has an appropriate and stable destination. Outreach staff may also provide case management, service coordination, and follow-up to support a successful transition. The CoC coordinates with these programs through its broader homeless response system and promotes family reunification as a housing-focused strategy when appropriate and chosen by the participant. The CoC's street outreach providers coordinate referrals and reunification opportunities across agencies so individuals encountered through outreach can be connected to available Homeward Bound resources regardless of which participating outreach team initially engages them.

Homeward Bound and family reunification assistance are also made available to individuals staying in local emergency shelters and navigation centers.

Shelter case managers and housing navigators can identify participants for whom reunification may provide a safe housing option and coordinate with outreach and reunification providers to verify the placement, arrange transportation, and facilitate the transition. Through this coordinated approach, the CoC, City, County, shelters, and street outreach providers use family and natural supports as part of the community's broader range of housing solutions and will continue coordinating reunification services as a participant-driven pathway out of homelessness.

1C-9	Partnering with Public Housing Agencies—Agreement to Enable Transition to HUD Assisted Housing.		
	Does your CoC have an agreement with at least one public housing agency to enable participants to transition from Transitional Housing, Rapid Re-Housing, and Permanent Supportive Housing to HUD assisted housing?	Yes	

1C-10. Protecting Public Safety—Cooperation with Law Enforcement.

You must upload the Evidence of Coordination and Non-Interference with Local Efforts to Advance Protecting Public Safety attachment to the 4A. Attachments Screen.

Describe how your CoC cooperates and does not interfere with or impede local efforts to advance the objectives below, and assists first responders in providing services to homeless individuals.

(limit 2,500 characters)

he CoC cooperates with the County of Kern, City of Bakersfield, first responders, law enforcement, Code Compliance, behavioral health agencies, and other public partners to advance local public safety and homelessness response objectives. The CoC does not interfere with or impede lawful local actions or the responsibilities of first responders. Rather, the CoC supports these efforts by coordinating street outreach, shelter, housing navigation, Coordinated Entry System (CES), behavioral health, and other supportive services so individuals encountered by public agencies have pathways to appropriate assistance.

The CoC maintains regular coordination with local jurisdictions and participating street outreach providers to establish clear roles and facilitate service-centered responses. When first responders, law enforcement, or Code Compliance encounter individuals experiencing homelessness, outreach providers can assist with engagement, assessment of needs, CES connection, shelter referrals, housing navigation, behavioral health services, benefits, transportation, family reunification, and other resources. Outreach teams also conduct repeated engagement when appropriate and facilitate warm handoffs to providers to increase the likelihood that individuals remain connected to services.

The County's Oildale Outreach Program demonstrates this coordinated approach through joint field engagement and regular coordination among street outreach, Code Compliance, law enforcement, Behavioral Health and Recovery Services, Human Services, and other partners. Similar coordination occurs with the CoC's other street outreach providers and the City of Bakersfield to support consistent engagement and referrals throughout the CoC's geographic area.

The CoC also uses PIT, HMIS, CES, street outreach, and provider information to identify needs, service gaps, and areas of unsheltered homelessness and to help partners coordinate resources. By maintaining distinct but complementary roles, local jurisdictions and first responders can carry out their lawful public safety and public-space responsibilities while the CoC and its providers focus on engagement, service connections, shelter, and pathways to permanent housing.

1C-10a. Protecting Public Safety—Plan to Quickly Clear Tents and Encampments.

Identify local laws, policies, or other practices that help or hinder the CoC's ability to quickly clear tents and encampments on public property and connect individuals who are camping in public with appropriate services and provide a plan explaining how the CoC will leverage beneficial policies while overcoming the harmful effects of restrictive ones. If you cannot provide any mitigating steps, please explain why.

(limit 2,500 characters)

Kern County Ordinance Code Chapter 8.30, “Camping and Placing Personal Effects in Public Areas,” as amended by Ordinance G-9368 effective January 6, 2026, is a key local policy governing encampments. Section 8.30.040 restricts camping on public property, including camping for more than three consecutive days/nights in the same location. Section 8.30.060 establishes enforcement procedures, including efforts to offer available shelter, navigation center placement, or supportive services and generally providing 48-hour notice before enforcement. Section 8.30.080 establishes procedures for removal, storage, and retrieval of personal property.

The CoC leverages beneficial provisions by coordinating street outreach with the County, City of Bakersfield, Code Compliance, law enforcement, and first responders so encampment responses also create opportunities for service engagement. The County’s Oildale Outreach Program formalizes this practice through emergency encampment response, sanitation/cleanup coordination, and joint engagement with Code Compliance and law enforcement. Individuals are connected to CES, shelter, housing navigation, behavioral health care, benefits, transportation, and other services.

Restrictive policies can also have unintended effects when individuals relocate before shelter or housing is secured, disrupting outreach relationships or service connections. The CoC mitigates these effects through outreach before and during encampment responses when feasible, repeated engagement, CES enrollment, warm handoffs, documentation of needs, and continued outreach following relocation.

Quantitatively, the 2026 PIT Count identified 1,465 people experiencing unsheltered homelessness countywide, demonstrating the scale of need and informing geographic deployment of outreach resources. Qualitatively, street outreach teams report barriers including reluctance to engage, behavioral health needs, lack of documentation, transportation needs, and limited appropriate shelter or housing options. Outreach observations, case conferencing, and interagency meetings are used alongside PIT and HMIS data to adjust responses. The CoC will continue using these data and coordinated protocols to support timely encampment resolution while minimizing service disruption and increasing connections to shelter and permanent housing.

1C-10b. Protecting Public Safety—Current Status of Tents and Encampments.

Describe the current status of tents and encampments in the CoC’s geographic area.

(limit 2,500 characters)

Tents and encampments remain an ongoing concern throughout the CoC's geographic area, particularly in Bakersfield and surrounding unincorporated communities, while also occurring in rural areas of Kern County. Encampments are dynamic and may form, relocate, disperse, and re-form in response to outreach, enforcement and cleanup activities, weather, and the availability of shelter, housing, and services. The 2026 Point-in-Time (PIT) Count provides the CoC's most current countywide measure of unsheltered homelessness. It identified 1,465 individuals experiencing unsheltered homelessness in Kern County, approximately 55% of the 2,661 individuals counted. While PIT data do not represent a count of individual tents or encampments, they demonstrate the continued scale of unsheltered homelessness and need for coordinated encampment response.

Local jurisdictions continue to actively identify and address encampments. Both Kern County and the City of Bakersfield Public Works departments track encampment locations and cleanup activities and maintain initiatives to address encampments and related public health, sanitation, and safety concerns. This information provides an additional operational picture of where encampments are occurring and where repeated responses may be necessary.

A significant challenge is the recurrence of encampments. Individuals may return to previously cleared locations or establish encampments in new areas when underlying housing and service needs remain unresolved. As a result, the same locations and individuals may require repeated outreach and response. This reinforces the need to pair encampment resolution efforts with persistent engagement and meaningful pathways to shelter, services, and permanent housing.

Because encampment locations and conditions change frequently, the CoC supplements PIT data with information from City and County Public Works, street outreach providers, local jurisdictions, Code Compliance, law enforcement, first responders, service providers, and people with lived experience. Together, these data help identify recurring and emerging encampments, coordinate responses, and connect individuals to CES, shelter, housing navigation, behavioral health care, and other supportive services.

1C-10c. Protecting Public Safety—Plan to Decrease the Public Use of Illicit Drugs.

Identify local laws, policies, or other practices that help or hinder the CoC's ability to decrease the public use of illicit drugs and quickly connect individuals who are using illicit drug in public with appropriate services and/or law enforcement and provide a plan explaining how the CoC will leverage beneficial policies while overcoming the harmful effects of restrictive ones. If you cannot provide any mitigating steps, please explain why.

(limit 2,500 characters)

California Proposition 36, the Homelessness, Drug Addiction, and Theft Reduction Act, and Kern County's local implementation affect the response to public illicit drug use. Proposition 36 increases consequences for certain repeat drug offenses while providing eligible individuals a pathway to substance use disorder (SUD) treatment. Kern County implements Proposition 36 through coordination among law enforcement, courts, and Kern Behavioral Health and Recovery Services (KernBHRS), including a Treatment Court process. KernBHRS conducts assessments, coordinates with the courts, and connects eligible individuals to SUD and behavioral health treatment. In 2026, the County accepted approximately \$1.5 million in State funding to support assessments, court coordination, and treatment services.

The CoC leverages this treatment pathway through coordination among street outreach providers, law enforcement, first responders, KernBHRS, shelters, and other service providers. Individuals experiencing homelessness who are encountered using illicit substances in public can be connected to assessment and treatment, behavioral health care, shelter, Coordinated Entry (CES), housing navigation, and supportive services. Outreach providers facilitate warm handoffs and continued engagement.

Enforcement may disrupt service connections when individuals are arrested, cited, displaced, or lose contact with outreach and housing providers before treatment or housing connections are completed. The CoC mitigates these impacts through repeated outreach, coordinated referrals, warm handoffs, documentation of housing and service needs, and reconnection to CES, treatment, shelter, and housing following law enforcement encounters.

The 2026 PIT Count identified 1,465 people experiencing unsheltered homelessness, demonstrating the scale of the population potentially requiring intensive outreach and service connections. Outreach providers also encounter individuals with SUD and co-occurring behavioral health needs, reluctance to engage, and other barriers requiring repeated engagement. The CoC uses outreach observations, case conferencing, HMIS data, and coordination with KernBHRS and first responders to adjust its response and help turn public-system encounters into opportunities for treatment, housing, and long-term stability.

1C-10d. Protecting Public Safety—Current Status of Overdoses and Illicit Drug Use in Public Spaces.

Describe the current status of overdoses and illicit drug use in public spaces in the CoC's geographic area.

(limit 2,500 characters)

Accessible substance use disorder (SUD) treatment is critical to reducing overdoses, addressing stigma, and connecting individuals to appropriate care. Kern County, in coordination with Managed Care Plans (MCPs), provides outreach and treatment connections through the SUD Access Line, including for individuals who have experienced an overdose.

Kern County's SUD provider network includes 30 treatment sites offering a continuum of care, including outpatient, intensive outpatient, residential, and Narcotic Treatment Programs. Rural communities have historically experienced greater barriers to treatment and overdose prevention resources. These disparities are being addressed through increased education and outreach and expanded availability of Naloxone and addiction treatment.

Kern County recorded 321 opioid-related overdose deaths in 2023, a rate of 36.99 per 100,000 residents. In 2024, deaths declined to 209, or 24.14 per 100,000, representing an approximately 35% decrease. Local strategies include community education, expanded Naloxone/Narcan availability, increased treatment access, and strengthened behavioral health and harm-reduction resources.

The CoC leverages these resources through coordination among street outreach teams, shelters, navigation centers, KernBHRS, SUD treatment providers, and first responders. Individuals experiencing homelessness are connected to treatment, overdose prevention resources, behavioral health services, shelter, Coordinated Entry (CES), and housing supports.

The Bakersfield Recovery Station, a sobering center, provides a safe setting for individuals who are acutely intoxicated and offers an alternative diversion option for law enforcement and street outreach teams. Together, these strategies reduce barriers to care and strengthen pathways from outreach and crisis intervention to treatment, recovery, housing, and long-term stability.

1C-10e. Protecting Public Safety—Standards to Address Danger to Self or Others.

Identify local laws, policies, or other practices that help or hinder the CoC's ability to utilize standards that address homeless individuals who are a danger to themselves or others (e.g., involuntary commitment) and provide a plan explaining how the CoC will leverage beneficial policies while overcoming the harmful effects of restrictive ones. If you cannot provide any mitigating steps, please explain why.

(limit 2,500 characters)

The CoC leverages beneficial policies and navigates shifting or adverse ones by using its unified, regional structure and partner relationships to maximize funding, coordinate data, and protect community level resources focused on assisting homeless individuals who are a danger to themselves or others. These policies are intended to streamline access and linkage to the appropriate level of care. Recent local laws adopted by the City and County, including anti-camping and encampments in public spaces, is intended to reduce the impact of homeless encampments on public safety, code enforcement, thereby increasing the quality of life in Kern. The provider agencies within the CoC are collaborating to implement these policies.

In addition, in April, 2026 the Kern County Board of Supervisors implemented a sweeping umbrella ordinance targeting synthetic drugs and kratom. The ordinance legally classifies storefront sales of emerging psychoactive chemicals as a public nuisance. This permits law enforcement to seize products and immediately shut down businesses attempting to circulate new synthetic variants into the community.

In addition, Under California Welfare and Institutions Code section 5150, authorized local personnel can place an individual on an involuntary 72-hours psychiatric hold if a person is deemed to be a danger to themselves or others or gravely disabled due to a mental health disorder, substance use disorder, or personal safety. In Kern County, 5150 holds can be initiated by peace officers and other behavioral health staff approved by the Department.

KernBHRS's Mobile Evaluation Team (MET) is one example of the collaborative partnerships with Flood Ministries and other outreach providers, occurring in the County with law enforcement. Law enforcement at times may not know what circumstances or situations they will encounter on a call, and if officers are faced with a behavioral health emergency, they partner with MET to provide behavioral health care. MET's primary goal is to connect individuals to the appropriate level of local behavioral health services. Additionally, MET has teams in law enforcement communications centers, provides co-response services, and Mobile Crisis Response services.

1C-10f. Protecting Public Safety—Share Information in Accordance with SORNA.

Identify local laws, policies, or other practices that help or hinder the CoC's ability to comprehensively share information, including location information, in accordance with the Sex Offender Registry and Notification Act (SORNA) and provide a plan explaining how the CoC will leverage beneficial policies while overcoming the harmful effects of restrictive ones. If you cannot provide any mitigating steps, please explain why.

(limit 2,500 characters)

California's Sex Offender Registration Act, Penal Code § 290 et seq., California Megan's Law (Penal Code § 290.46), and local registration practices administered by the Kern County Sheriff's Office (KCSO) and Bakersfield Police Department provide the framework for registration and lawful information sharing within the CoC's geographic area. KCSO maintains a Registration Unit for individuals in unincorporated Kern County, while Bakersfield Police processes registrants within its jurisdiction.

These practices are particularly relevant to homelessness. Quantitatively, California requires registrants who become transient to update their registration with local law enforcement within five working days and transient registrants to update at least every 30 days. This creates a recurring mechanism for law enforcement to maintain required information for individuals without a permanent residence. Registration information is transmitted by local law enforcement to the California Department of Justice for the statewide registry.

The CoC leverages this established system by coordinating, as legally permitted, with law enforcement, street outreach, shelters, and housing providers. Providers can assist individuals experiencing homelessness in understanding registration requirements, identifying the appropriate registering agency, maintaining service engagement, and addressing housing barriers that affect stability and compliance. Restrictive disclosure and privacy requirements can limit what client-level or location information the CoC and its providers may independently share. Qualitatively, homelessness also presents challenges because individuals may frequently change sleeping locations, lack a fixed address, and experience housing barriers related to registration requirements. The CoC mitigates these challenges through continued outreach, case management, housing navigation, and referrals to the appropriate law enforcement registration authority rather than establishing a separate disclosure system.

The CoC will continue relying on KCSO, Bakersfield Police, and the California Department of Justice for legally authorized registration and disclosure while sharing HMIS information only as permitted by law and HMIS privacy and security requirements. This approach supports public safety and lawful information sharing while maintaining engagement and pathways to housing.

1C-11. Outreach Strategy.

Describe your CoC's strategy to outreach to all individuals and families experiencing homelessness across your geographic area.

(limit 2,500 characters)

The CoC's strategy to reach individuals and families experiencing homelessness throughout Kern County is guided by the BKRHC Strategic Action Plan (SAP), which establishes a coordinated, systemwide approach to reducing homelessness and improving access to housing and services. Consistent with the SAP, the CoC uses multiple access points, coordinated street outreach, CES, cross-agency partnerships, and data to identify and engage people experiencing homelessness across Bakersfield, unincorporated communities, and rural areas.

Street outreach providers conduct field-based engagement in locations where people experiencing unsheltered homelessness reside, including streets, encampments, public spaces, rural communities, and other locations not meant for habitation. Outreach teams use repeated, relationship-based engagement to build trust, assess needs, connect individuals to the Coordinated Entry System (CES), and facilitate access to shelter, housing navigation, behavioral health care, benefits, transportation, family reunification, and other supportive services.

The CoC also uses targeted strategies to address geographic needs identified through the SAP and ongoing system data. The County's Oildale Outreach Program provides recurring outreach, emergency encampment response, and coordinated engagement with County departments, Code Compliance, and law enforcement. Outreach providers and community partners also serve rural and outlying communities where individuals may be geographically isolated and face limited access to services.

CES provides an additional countywide access point. Through 2-1-1 Kern and CES Rapid Response, individuals and families can access housing navigation and homeless services regardless of where they initially seek assistance. Shelters, first responders, law enforcement, behavioral health providers, hospitals, local jurisdictions, and community organizations also refer individuals to outreach and CES. Consistent with the SAP's emphasis on coordinated and data-informed system improvement, the CoC uses PIT, HMIS, CES, outreach and encampment information, and input from local jurisdictions and people with lived experience to identify underserved areas and emerging needs. These data inform outreach deployment, partnerships, and resource coordination so individuals and families throughout the CoC's geographic area have multiple pathways into the homeless response system.

1C-12.	Collaboration Related to Children and Youth–Written Agreements with Early Childhood Services Providers.	
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Select 'Yes' or 'No' in the chart below to indicate whether your CoC or HUD-funded projects in the CoC have written agreements with the listed providers of educational supports and services for children ages 0-5:

		Written Agreement
1.	Child Care (including Child Care and Development Fund)	Yes
2.	Early Childhood Providers	Yes
3.	Early Head Start	Yes
4.	Home Visiting Program (including Maternal, Infant and Early Childhood Home and Visiting or MIECHV)	Yes

5.	Head Start	Yes
6.	Healthy Start	Yes
7.	Public Pre-K	Yes
8.	Tribal Home Visiting Program	No
	Other (limit 150 characters)	
9.		

1C-12a.	Collaboration Related to Children and Youth—Formal Partnerships with Schools and Youth Education Providers.	
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Select 'Yes' or 'No' in the chart below to indicate the youth education providers your CoC has a formal partnership with:

1.	McKinney-Vento Liaison(s) (including State Education Agency (SEA) or Local Education Agency (LEA))	Yes
2.	School District(s)	Yes
3.	General Education Development (GED) Program(s)	Yes
4.	Community College(s)	Yes
5.	Technical College(s)	Yes
6.	Other Post-Secondary Education Provider(s)	Yes

1C-12b. Collaboration Related to Children and Youth—Informing Individuals and Families who Become Homeless about Eligibility for Educational Services.

Describe your CoC's written policies and procedures to inform individuals and families who become homeless of their eligibility for educational services.

(limit 2,500 characters)

The CoC uses its Coordinated Entry System (CES) procedures and the written eligibility and referral procedures of participating providers to identify individuals and families who may be eligible for educational services and inform them of available educational resources. This includes CAPK, which operates 2-1-1 Kern/CES Rapid Response and Head Start/State Child Development programs.

CAPK's written Head Start/State Child Development eligibility procedures specifically identify children and families experiencing homelessness under the McKinney-Vento definition as categorically eligible for Head Start and prioritize these families for services. CAPK's written eligibility procedures also establish methods for documenting homelessness, including verification from homeless service providers, school personnel, other service agencies, enrollment information, or staff interviews.

Through 2-1-1 Kern/CES Rapid Response, individuals and families experiencing homelessness are also informed of and referred to appropriate community resources. CAPK's published 2-1-1 Education Services resources include Head Start, Early Head Start, school districts, preschool, special education, migrant education, adult education, and other educational programs.

During CES assessment, shelter or program intake, outreach, and case management, providers identify households with children and youth and inform families of applicable educational resources and rights. When educational needs are identified, staff connect families and youth to the appropriate school district, McKinney-Vento liaison, CAPK Head Start/Early Head Start, or other educational resource. These written CES and provider procedures establish multiple opportunities for individuals and families who become homeless to be informed of their eligibility and rights and connected to the appropriate educational system for assistance.

1C-12c. Collaboration Related to Children and Youth—Coordination with Foster Care or Child Welfare Services.

Describe how your CoC coordinates with foster care or child welfare services to assist youth transitioning from public systems of care.

(limit 2,500 characters)

The CoC coordinates with the Kern County Department of Human Services (DHS), local youth-serving organizations, housing providers, and other community partners to assist youth transitioning from foster care and other public systems of care and reduce the risk of homelessness. DHS participates in the CoC's planning and coordination activities, providing an important connection between the homeless response and child welfare systems.

This coordination was further strengthened through the CoC's Youth Homelessness Demonstration Program (YHDP) planning process and Coordinated Community Plan (CCP). Child welfare representatives, youth-serving organizations, the Youth Action Board, education partners, behavioral health providers, and other community stakeholders participated in identifying system gaps and developing strategies to improve housing and service pathways for youth experiencing or at risk of homelessness, including youth transitioning from foster care.

At the individual level, youth who are exiting or have recently exited foster care and are experiencing or at risk of homelessness can be connected to the CoC's Coordinated Entry System (CES) and youth-specific resources. DHS, CES, street outreach, shelters, and youth-serving providers coordinate referrals and warm handoffs so youth can be assessed for housing needs and connected to appropriate housing, supportive services, benefits, behavioral health care, education, employment, and other resources.

The CoC's youth response emphasizes early identification and coordinated transition planning to reduce the likelihood that youth exit a public system directly into homelessness. Providers work across systems to identify housing barriers, establish connections before or following discharge, and maintain engagement with youth as they transition to community-based services and housing.

Through YHDP implementation, CES, ongoing coordination with DHS, and partnerships with youth-serving organizations, the CoC continues strengthening cross-system referral and transition practices so youth leaving foster care and other public systems have connections to housing and supportive services and are not discharged into homelessness.

1C-12d. Collaboration Related to Children and Youth—Coordination with Runaway and Homeless Youth (RHY)-funded Providers.

Describe how your CoC coordinates with RHY-funded providers including Street Outreach Programs, Basic Center Programs, Transitional Living Programs, and Maternity Group Homes where such providers exist.

(limit 2,500 characters)

The Bakersfield/Kern County Continuum of Care (CA-604) does not currently have any U.S. Department of Health and Human Services (HHS) Runaway and Homeless Youth (RHY)-funded Street Outreach Programs, Basic Center Programs, Transitional Living Programs, or Maternity Group Homes operating within the CoC's geographic area.

Although HHS RHY-funded programs are not currently available within the CoC, BKRHC coordinates with local youth-serving organizations and public agencies through the Coordinated Entry System (CES), Youth Action Board (YAB), youth-focused outreach, and implementation of the Youth Homelessness Demonstration Program (YHDP) Coordinated Community Plan (CCP). These partnerships help connect youth experiencing or at risk of homelessness to available housing, outreach, education, employment, behavioral health, child welfare, and other supportive services.

The CoC will continue coordinating with youth-serving organizations and monitoring available resources and partnerships to strengthen the community's response to youth homelessness.

1C-13. Collaboration Related to Families with Children—TH or RRH Project Dedicated to Serving Families with Children.

Identify at least one Rapid Rehousing (RRH) or Transitional Housing (TH) project in the CoC that primarily or exclusively serves families with children experiencing homelessness in accordance with 24 CFR 578.93(b).

(limit 500 characters)

Kern County Department of Human Services operates Building and Leading Youths to Self-Sufficiency (B.L.Y.S.S.), a YHDP-funded Rapid Rehousing project serving youth families with children experiencing homelessness. The 2026 HIC identifies the project with 10 beds for households with at least one adult and one child and no adult-only beds. The project provides rental assistance and supportive services to help families obtain and maintain permanent housing.

1C-13a. Collaboration Related to Families with Children—Supportive Services to Improve Income to Pay Rent.

Describe how the project(s) identified in 1C-13 provides supportive services focused on improving incomes to pay rent, such as workforce development, job training, or registered apprenticeship programs.

(limit 2,500 characters)

The Building and Leading Youths to Self-Sufficiency (B.L.Y.S.S.) Rapid Rehousing project, operated by the Kern County Department of Human Services, combines housing assistance with supportive services designed to help participating youth families increase income, strengthen self-sufficiency, and maintain housing after time-limited rental assistance ends.

Participants receive individualized case management that identifies employment, education, income, and other barriers affecting long-term housing stability. Based on each participant's needs and goals, case managers connect families to employment opportunities, education and vocational training, job-readiness services, public benefits, and other resources that can increase earned and household income.

The project also leverages the CoC's partnership with Kern County Employers' Training Resource (ETR), the local workforce development agency. Participants can be connected to workforce services such as employment assessments, job-search and placement assistance, résumé development, career counseling, skills development, occupational or vocational training, and other employment programs for which they are eligible. Participants may also be connected to education, certification, or training opportunities that provide pathways to higher-wage and sustainable employment.

Employment and income goals are incorporated into housing-focused case management and are reviewed as participants progress through the program. Case managers help participants address barriers that may interfere with employment, including transportation, childcare, education, documentation, and access to benefits or other supportive resources.

By combining Rapid Rehousing assistance with individualized case management and connections to workforce development, education, training, employment, and income supports, B.L.Y.S.S. helps participating families increase their ability to independently pay rent, maintain permanent housing, and achieve long-term housing and economic stability.

1C-13b. Collaboration Related to Families with Children—Leveraging Funding from Mainstream Family Service Systems.

Describe how the project(s) identified in 1C-13 leverages funding from mainstream family service systems, such as Temporary Assistance for Needy Families (TANF).

(limit 2,500 characters)

The B.L.Y.S.S. Rapid Rehousing project leverages mainstream family service systems through its operation by the Kern County Department of Human Services (DHS), which also administers and connects eligible families to programs including CalWORKs, California's Temporary Assistance for Needy Families (TANF) program, CalFresh, Medi-Cal, childcare assistance, employment services, and other family supports. Because B.L.Y.S.S. is operated within DHS, project staff can coordinate housing-focused case management with mainstream benefits and services for which participating families may be eligible. Families are screened for available benefits and connected to appropriate DHS programs to increase household income, reduce household expenses, and address barriers that could otherwise affect housing stability. CalWORKs/TANF is particularly important for eligible families because cash assistance and employment services can supplement household income while participants work toward greater financial independence. Families may also access CalFresh to offset food expenses, Medi-Cal for health coverage, childcare assistance to support employment or education, and employment and training resources that help participants increase earned income. By leveraging these existing mainstream family service systems alongside YHDP-funded Rapid Rehousing assistance, B.L.Y.S.S. can reserve housing resources for eligible housing costs while connecting families to other publicly funded programs for income, food, health care, childcare, employment, and supportive needs. This coordinated approach helps families maximize available resources, increase financial stability, and strengthen their ability to maintain housing after time-limited Rapid Rehousing assistance ends.

1C-13c. Collaboration Related to Families with Children—Combining Housing Assistance with Parental Support.

Describe how the project(s) identified in 1C-13 combines housing assistance with childcare, parenting support, pregnancy-related and child healthcare, and education.

(limit 2,500 characters)

The Kern County Department of Human Services (DHS) B.L.Y.S.S. Rapid Rehousing project combines housing assistance with individualized case management and connections to mainstream family, health, education, and supportive service systems. This approach helps parenting youth and families address needs that affect both housing stability and the well-being of their children.

B.L.Y.S.S. provides time-limited rental assistance and housing-focused case management while leveraging DHS and community resources to address family needs. Case managers assess each household's needs and connect eligible families to childcare assistance and other family supports that allow parents to pursue employment, education, and training while maintaining stable housing. Parenting youth are connected to parenting education, family support, and other resources based on their individual needs. Pregnant and parenting participants are also connected to appropriate prenatal, maternal, infant, and child healthcare through Medi-Cal and local healthcare and public health providers. Case managers assist participants in accessing health coverage and navigating referrals when needed.

Education is incorporated into individualized case planning for both parents and children. Participants can be connected to high school completion, postsecondary education, vocational training, and workforce development opportunities, while families with school-age children are connected to local educational resources and McKinney-Vento supports when applicable. Because B.L.Y.S.S. is operated by DHS, the project can coordinate housing assistance with mainstream family service systems and connect eligible participants to CalWORKs/TANF, CalFresh, Medi-Cal, childcare assistance, employment services, and other supports. Through these coordinated resources, B.L.Y.S.S. addresses housing and family needs together, helping parents maintain housing while supporting healthy child development, education, employment, and long-term family stability.

1C-14. Collaboration with Veteran Serving Organizations—Partnership with the U.S. Department of Veterans Affairs or Veteran Serving Organization.

Identify at least one partnership the CoC has with the Department of Veterans Affairs or other Veteran Serving Organizations.

(limit 500 characters)

The CoC partners with the U.S. Department of Veterans Affairs (VA) and CAPK Veterans and Supportive Services. Through these partnerships, Veterans experiencing homelessness are connected through outreach, CES, and coordinated referrals to Veteran-specific housing, VA benefits, healthcare, employment, and supportive services.

1C-14a	Collaboration with Veteran Serving Organizations.	
	Select 'Yes' or 'No' in the chart below to indicate whether the partnership(s) identified in 1C-14 does the following:	

1.	Refers veterans identified by the CoC to VA or other Veteran Serving Organizations for assistance?	Yes
2.	Coordinates the provision of emergency shelter, supportive services, and housing for veterans?	Yes
3.	Ensures access to a full spectrum of employment and career pathway opportunities?	Yes
4.	Shares data with the Department of Veterans Affairs as appropriate?	Yes
5.	Identifies service gaps for veterans?	Yes
6.	Fills service gaps for veterans?	Yes

1C-15. Collaboration with Organizations who Address the Needs of Survivors of Domestic Violence, Dating Violence, Sexual Assault, and Stalking.

Identify at least one partnership your CoC has with victim service providers, state domestic violence coalitions, state sexual assault coalitions, anti-trafficking service providers or other organizations who help provide shelter, housing, and services to individuals and families of persons experiencing trauma or a lack of safety related to fleeing or attempting to flee domestic violence, dating violence, sexual assault, and stalking.

(limit 500 characters)

The CoC partners with The Open Door Network and Women's Center–High Desert, victim service providers supporting survivors of domestic violence, sexual assault, trafficking, stalking, and abuse. Both hold designated CoC Governing Board seats, ensuring survivor needs inform planning and coordination. They connect survivors to confidential shelter, housing, advocacy, safety planning, and supportive services.

1C-16. Collaboration with Justice System Re-entry Partners.

Identify at least one partnership your CoC has to prevent homelessness among people transitioning from prisons, jails, or court-ordered programs.

(limit 500 characters)

City Serve RESPECT Program provides services for newly released incarcerated individuals to successfully transition back into the community and reduce recidivism including, pre-release support, family counseling, intensive case management, housing, job support, and substance abuse treatment. Garden Pathways offers comprehensive re-entry and mentoring programs. Prop 47 grants provide funding to support homeless outreach, intense case management, housing stabilization and SUD services.

1C-17. Collaboration with Partners to Address High Utilizers of Healthcare Systems.

Identify at least one partnership or project your CoC has to provide specialized supportive services for homeless individuals with a high level of medical needs.

(limit 500 characters)

Clinica Sierra Vista Medical Mobile units provide outreach and specialized care for homeless individuals through street medicine and mobile health programs. Outreach teams travel directly to encampments, riverbeds and city streets to deliver urgent care, necessities and health evaluations. The multi-disciplinary team provides addiction treatment; medical services, case management, and patient advocacy and are actively engaged in providing care and meeting these individuals in their environments

1C-18. Collaboration with Partners to Address the Needs of Aging and Elderly Individuals Experiencing Homelessness.

Identify at least one partnership or project your CoC has to serve aging and elderly individuals experiencing homelessness, such as with a provider of residential care, assisted living, or medical respite services.

(limit 500 characters)

Aging and Adult Services supports the independence, safety, and dignity of older adults. The Home Safe program utilizes State funding for the purpose of quickly placing homeless seniors or who are suffering abuse into stable housing. The Housing Authority manages several affordable senior housing units, PSH sites and shelter-plus care programs for disabled or homeless individuals. CAPK, through 2-1-1 connects local residents including older adults to community health and services.

1C-19. Permanent Supportive Housing for Chronically Homeless Individuals and Families—Project that Prioritizes Individuals Experiencing Chronic Homelessness.

Identify at least one Rapid Rehousing (RRH) or Permanent Supportive Housing (PSH) project that prioritizes individuals experiencing chronic homelessness.

(limit 500 characters)

The Housing Authority of the County of Kern operates Dulce and Green Gardens, Permanent Supportive Housing (PSH) projects serving persons experiencing chronic homelessness. The 2026 HIC identifies Dulce with 295 beds dedicated to persons experiencing chronic homelessness. Green Gardens provides PSH for formerly homeless individuals with disabilities and pairs permanent housing with on-site supportive and behavioral health services.

1C-19a. Permanent Supportive Housing for Chronically Homeless Individuals and Families—On-site Behavioral Healthcare.

Describe how the project(s) identified in 1C-19 provides on-site behavioral healthcare.

(limit 2,500 characters)

The Housing Authority of the County of Kern's Green Gardens Permanent Supportive Housing project combines permanent housing with on-site behavioral healthcare and supportive services for formerly homeless individuals with disabilities. Kern County Behavioral Health and Recovery Services (BHRS) provides behavioral health services directly at the Green Gardens site in coordination with housing and supportive service partners.

Kern BHRS operates an outpatient mental health provider site at Green Gardens, allowing residents to access behavioral healthcare where they live and reducing common barriers such as transportation, difficulty navigating healthcare systems, and maintaining appointments. Available behavioral health services include mental health services, crisis intervention, medication support services, and targeted case management. BHRS also provides evidence-based treatment approaches, including Dialectical Behavior Therapy (DBT), Seeking Safety, and Solution-Focused Brief Therapy.

The on-site model allows behavioral health staff and supportive service partners to maintain regular engagement with residents, identify emerging behavioral health needs, coordinate treatment and supportive services, and assist participants in maintaining housing stability. When residents require services beyond those available on-site, staff can coordinate connections to other BHRS and community-based treatment resources.

By integrating permanent supportive housing with accessible on-site behavioral healthcare and case management, Green Gardens addresses both housing and behavioral health needs and helps formerly homeless residents maintain permanent housing and improve long-term stability.

1C-19b. Permanent Supportive Housing for Chronically Homeless Individuals and Families—Assesses Need for Higher Level of Care.

Describe how the project(s) identified in 1C-19 has a policy for assessing program participant need for higher level of care (i.e., assisted living, residential treatment).

(limit 2,500 characters)

Green Gardens maintains a coordinated supportive housing approach for assessing when a participant's behavioral health, medical, functional, or substance use needs may exceed the level of care that can safely and effectively be provided within Permanent Supportive Housing. The Housing Authority of the County of Kern coordinates with Kern Behavioral Health and Recovery Services (BHRS), which provides on-site behavioral health services at Green Gardens, and other healthcare and supportive service partners to identify changes in participant needs.

Through ongoing case management, behavioral health assessment, observation, and participant engagement, staff monitor factors that may indicate a need for a higher level of care. These may include significant deterioration in behavioral or physical health, increased difficulty completing activities of daily living, repeated behavioral health crises, medication or treatment needs that cannot be appropriately managed in the PSH setting, or the need for more intensive substance use disorder treatment.

When a higher level of care may be appropriate, BHRS and supportive service staff work with the participant to assess needs and coordinate referrals to the appropriate system of care. Depending on the participant's needs, this may include residential behavioral health or substance use disorder treatment, crisis stabilization, skilled nursing or assisted living, recuperative care, or other licensed residential or healthcare settings.

The process emphasizes coordination and continuity of care. Housing and service staff work with healthcare providers, BHRS, the participant, and other appropriate partners to facilitate referrals and transitions and, when possible, prevent participants from losing connection to services during a transition to a higher level of care.

This ongoing assessment and coordinated referral process allows Green Gardens to respond when a participant's needs exceed the services available within PSH while supporting participant safety, continuity of care, and long-term housing stability.

1C-19c. Permanent Supportive Housing for Chronically Homeless Individuals and Families—Assesses Readiness for Moving On.

Describe how the project(s) identified in 1C-19 has a policy for assessing program participant readiness for moving on to unsubsidized or other permanent housing.

(limit 2,500 characters)

The Housing Authority of the County of Kern's Dulce and Green Gardens Permanent Supportive Housing (PSH) projects use ongoing case management and individualized housing planning to assess whether participants are interested in and ready to transition from PSH to unsubsidized or other permanent housing. The process is participant-centered and considers each household's preferences, housing stability, income, health and supportive service needs, and ability to maintain housing with a reduced level of assistance.

Housing and supportive service staff regularly assess participant progress and discuss long-term housing goals as part of case management. Factors considered when evaluating readiness to move on include housing stability, increased earned or benefit income, ability to independently manage rent and household expenses, connection to healthcare and community-based supports, progress toward individualized goals, and whether the participant continues to require the intensive housing and supportive services available through PSH.

When a participant expresses an interest in moving and is assessed as ready for another permanent housing option, staff assist with developing a transition plan. Depending on the participant's circumstances, this may include identifying affordable rental housing, determining eligibility for other rental assistance or housing programs, completing housing applications, addressing documentation or financial barriers, and coordinating continued community-based services.

The assessment process recognizes that PSH is permanent housing and participants are not required to move solely because their circumstances improve. Decisions are based on participant choice, individual needs, housing preferences, and the availability of an appropriate permanent housing alternative.

By routinely incorporating housing goals and readiness into case management, Dulce and Green Gardens can support participants who are able and interested in moving to less service-intensive or unsubsidized permanent housing while maintaining PSH for participants who continue to need its long-term housing and supportive services.

1D. Project Capacity, Review, and Ranking–Local Competition

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- Frequently Asked Questions

1D-1.	Project Review and Ranking Process Your CoC Used in Its Local Competition. We use the response to this question along with the required attachment as a factor when determining your CoC's eligibility for bonus funds and for other NOFO criteria below.	
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You must upload the Local Competition Scoring Tool attachment to the 4A. Attachments Screen.

Select 'Yes' or 'No' in the chart below to indicate how your CoC reviewed, rated, and ranked project applications during your local competition:

1.	Established total points available for each project application type.	Yes
2.	At least 50 percent of the total available points were based on objective criteria to review, rate, and rank project applications.	Yes
3.	At least 25 percent of the total available points were based on system performance measures to review, select and rate project applications.	Yes
4.	Considered returns to homelessness in reviewing, rating, and ranking housing projects (TH, PH-PSH, PH-RRH).	Yes
5.	Considered employment income in reviewing, rating, and ranking housing projects (TH, PH-PSH, PH-RRH).	Yes
6.	Considered supportive service participation requirements in reviewing, rating, and ranking housing projects (TH, PH-PSH, PH-RRH).	Yes

1D-2.	New Proposals.	
	Does your CoC invite new proposals from entities that have not previously received funding, if such eligible entities exist?	Yes

1D-2a.	Web Posting of CoC-Approved Consolidated Application Before the CoC Program Competition Application Submission Deadline.	
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	Enter the date your CoC posted all parts of the CoC-approved Consolidated Application on the CoC's website or partner's website—which included: 1. the CoC Application, and 2. Project Priority Listings.	09/30/2026
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1D-2b.	Notification to Community Members and Key Stakeholders by Email that the CoC-Approved Consolidated Application is Posted on the Website.	
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	Enter the date your CoC notified community members and key stakeholders that the CoC-approved Consolidated Application was posted on your CoC's website or partner's website.	09/30/2026
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1D-2c.	Local Competition Selection Results for All Projects.	
	You must upload the Local Competition Selection Results attachment to the 4A. Attachments Screen.	

	Does your attachment include: 1. Project Names, 2. Project Scores, 3. Project Rank, 4. Project Status—Accepted, Rejected, Reduced Reallocated, Fully Reallocated, 5. Amount Requested from HUD, and 6. Reallocated Funds +/-.	Yes
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1D-2d.	Projects Rejected/Reduced—Notification Outside of e-snaps.	
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1.	Did your CoC reject or reduce any project application(s) submitted for funding during its local competition?	Yes
2.	If you selected 'Yes' for element 1 of this question, enter the date your CoC notified applicants that their project applications were being rejected or reduced, in writing, outside of e-snaps.	09/24/2026
3.	Did your CoC inform applicants why your CoC rejected or reduced their project application(s) submitted for funding during its local competition?	Yes

1D-2e.	Projects Accepted—Notification Outside of e-snaps.	
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	Enter the date your CoC notified project applicants that their project applications were accepted and ranked on the New and Renewal Priority Listings in writing, outside of e-snaps.	09/24/2026
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1D-3.	Reallocation—Reviewing Performance of Existing Projects.	
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	Describe:
1.	your CoC's reallocation process to reallocate from lower performing projects to create new high performing projects, including how your CoC determined which projects are candidates for reallocation because they are low performing or less needed,
2.	whether your CoC identified any low performing or less needed projects through the process described in element 1 of this question during your CoC's local competition this year,
3.	whether your CoC reallocated any low performing or less needed projects during its local competition this year; and
4.	why your CoC did not reallocate low performing or less needed projects during its local competition this year, if applicable.

(limit 2,500 characters)

The CoC follows its Governing Board-approved Ranking Policy and Reallocation Policy, publicly available on the BKRHC website, to determine whether renewal funding should be reallocated from lower-performing or less-needed projects to new projects that better address community needs. For FY 2026, the Planning and Performance Committee also convened a Reallocation Working Group to review renewal projects and potential reallocation opportunities.

Projects are reviewed using established criteria, including outstanding HUD obligations; overdue or unsatisfactory HUD monitoring findings; inadequate financial management practices; untimely expenditures or failure to expend prior awards within required timeframes; significant organizational capacity concerns affecting project performance; serving ineligible participants or charging ineligible costs; project utilization and continued community need; and HMIS data quality and impact on system performance. Programs are expected to have no greater than 10% missing values for universal data elements and are provided opportunities to correct incomplete data. Performance information is reviewed through Quarterly Performance Reports, APRs, monitoring information, and project ranking materials.

The CoC's independent Ranking Panel further evaluates renewal projects using the Governing Board-approved Ranking Policy, including project performance, cost effectiveness, populations served, CES and HMIS participation, monitoring findings, alignment with HUD requirements and the CoC Strategic Action Plan, and other approved competition criteria.

Unlike the prior competition, during which the CoC did not identify lower-performing or less-needed projects for reallocation, the FY 2026 review identified existing project funding appropriate for reallocation. The CoC therefore made reallocated funding available through the local competition for new and transition projects addressing identified community needs.

New, renewal, expansion, and transition applications were competitively reviewed and incorporated into the Priority Listing using the approved ranking methodology. Through this process, the CoC reallocated existing funding during FY 2026, redirecting resources identified through its established review process toward projects intended to better address current community needs and strengthen system performance.

1D-3a.	Reallocation Between FY 2021 and FY 2026.	
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	Did your CoC cumulatively reallocate at least 20 percent of its ARD between FY 2021 and FY 2026?	No
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2A. Homeless Management Information System (HMIS) and System Performance

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants; and
- Frequently Asked Questions

2A-1.	HMIS Vendor.	
	Not Scored–For Information Only	

	Enter the name of the HMIS Vendor your CoC is currently using.(limit 75 characters)	Bitfocus
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2A-2.	HMIS Implementation Coverage Area.	
	Not Scored–For Information Only	

	Select from dropdown menu your CoC's HMIS coverage area.	Single CoC
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2A-3.	PIT Count–Methodology Change.	
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	Describe:
1.	any changes your CoC made to your unsheltered PIT count implementation, including methodology or data quality changes between 2025 and 2026, if applicable, and
2.	how the changes affected your CoC's PIT count results.

(limit 2,500 characters)

Between the 2025 and 2026 PIT Counts, the CoC maintained its core methodology while strengthening implementation, geographic coverage, coordination, and data-quality review. The 2026 sheltered count was conducted January 27, 2026, and the unsheltered count January 28, 2026, with ArcGIS Survey123 used to collect standardized field data. For 2026, the CoC continued emphasizing countywide coverage, including Bakersfield, unincorporated communities, and rural areas where homelessness may be less visible. Outreach providers, community partners, volunteers, and local jurisdictions assisted with identifying known locations and areas where people experiencing homelessness were likely to be located. This supported deployment of counting teams across the CoC's large and geographically diverse area.

The CoC also strengthened data-quality review and deduplication. Survey records were reviewed using identifying and location information, including name, date of birth, and location when available, to identify potential duplicate records. Observational counts were maintained for individuals who could not be surveyed, and the CoC did not extrapolate demographic or other information when characteristics were unknown. The total PIT Count increased from 2,606 persons in 2025 to 2,661 persons in 2026, an increase of 55 persons, or approximately 2.1%. While the overall count remained relatively stable, geographic changes were observed, including increases in several unincorporated and rural communities.

The CoC does not attribute the increase solely to methodology. The change may reflect actual changes in homelessness, movement between communities, improved identification of known locations and rural coverage, and other local conditions. Maintaining a consistent core methodology while strengthening geographic coordination and data-quality review improves year-to-year comparability and the CoC's ability to identify emerging trends throughout Kern County.

2A-4. Reduce Encampments—Actions to Reduce Encampments.

Describe in the field below the actions your CoC took to reduce the number of encampments or the number of people residing in encampments during your evaluation period.

(limit 2,500 characters)

The CoC selected January 1, 2025 through December 31, 2025 as its 12-month evaluation period. During this period, the CoC worked with Kern County, the City of Bakersfield, street outreach providers, Kern Behavioral Health and Recovery Services (BHRS), Public Works, Code Compliance, law enforcement, and other community partners to reduce encampments and the number of people residing in them by pairing encampment response with outreach, shelter, behavioral healthcare, housing navigation, and supportive services.

Street outreach providers conducted recurring engagement at known encampments and other locations not meant for habitation throughout Kern County. Outreach teams assessed individual needs, connected people to the Coordinated Entry System (CES), and facilitated access to emergency and interim shelter, housing navigation, behavioral health and substance use treatment, benefits, transportation, family reunification, and other resources. Repeated engagement was used to build trust with individuals who initially declined assistance.

The CoC also coordinated with the Kern BHRS ROAM (Recovery, Opportunity, Access, and Motivation) Team, which provides field-based outreach and engagement to people experiencing homelessness who have behavioral health needs. ROAM works in community settings, including encampments, to engage individuals who may otherwise be disconnected from behavioral healthcare and connect them to mental health, substance use disorder treatment, crisis services, and other appropriate resources. Coordination between ROAM, homeless outreach providers, and other partners helps address behavioral health barriers that may prevent individuals from successfully transitioning out of encampments.

The CoC coordinated with City and County Public Works and other local agencies that track and respond to encampments and associated health, sanitation, and safety concerns. Outreach providers coordinated with these agencies when feasible so individuals affected by encampment responses could be offered connections to services and housing resources.

The CoC used PIT, HMIS, CES, outreach, and local jurisdiction information to identify known and recurring encampments and target outreach resources. Recognizing that encampments may relocate or re-form when underlying needs remain unresolved, the CoC emphasized persistent outreach, warm handoffs, behavioral health engagement, and shelter and permanent housing rather than relying solely on abatement.

2A-4a.	Reduce Encampments—Number of Encampments.	
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1. Enter the estimated number of encampments in the beginning of your evaluation period.	171
2. Enter the reduction in the number of encampments during your evaluation period.	166

2A-4b.	Reduce Encampments—Number of People in Encampments.	
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1. Enter the estimated number of people in encampments in the beginning of your evaluation period.	1,393
2. Enter the reduction in the number of people in encampments during your evaluation period.	0

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2A-4c.	Reduce Encampments—Plans to Reduce Encampments.
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If there has been no reduction in encampments or persons in encampments in your CoC, describe the plans your CoC has to participate in efforts to reduce these numbers.

(limit 2,500 characters)

Although the CoC did not document a reduction in the number of people residing in encampments during the evaluation period, BKRHC is actively implementing and strengthening coordinated efforts to reduce unsheltered homelessness and encampments throughout Kern County.

In 2026, Kern County implemented the Oildale Outreach Program, operated by The Open Door Network, to provide targeted and recurring outreach in Oildale, where PIT data identified an increase in homelessness. The program provides scheduled street outreach, emergency encampment response, case management, CES enrollment, and coordinated engagement with County departments, Code Compliance, law enforcement, Behavioral Health and Recovery Services (BHRS), Human Services, and other partners. The CoC also coordinates with the City of Bakersfield and its street outreach programs to engage people experiencing unsheltered homelessness and residing in encampments within the City. City and County outreach efforts complement the work of other CoC partners and provide ongoing field-based engagement, connections to shelter and housing, CES access, transportation, supportive services, and follow-up with individuals who may initially decline assistance.

BKRHC is also strengthening coordination with the Kern BHRS ROAM Team, homeless outreach providers, Public Works, law enforcement, and other first responders. These partnerships allow teams to identify behavioral health and housing needs and facilitate warm handoffs to CES, shelter, behavioral health and substance use treatment, benefits, and housing resources.

BKRHC will continue using PIT, HMIS, CES, street outreach, and local jurisdiction information to identify recurring and emerging encampments and target resources where needs are greatest. The CoC will continue coordinating outreach with agencies responsible for encampment response so service connections can occur before and during encampment-related activities whenever feasible. The CoC's strategy emphasizes persistent, housing-focused engagement rather than encampment removal alone. Through coordinated City and County street outreach, repeated engagement, CES enrollment, behavioral health services, interim housing, housing navigation, and connections to permanent housing, BKRHC will continue working to reduce both encampments and the number of people residing in them.

2A-5. Reducing the Number of First Time Homeless—CoC's Plan.

Describe your CoC's plan to decrease the number of individuals and families becoming homeless for the first time.

(limit 2,500 characters)

BKRHC's plan to decrease the number of individuals and families experiencing homelessness for the first time is guided by the BKRHC Strategic Action Plan (SAP), which establishes a systemwide approach to preventing and reducing homelessness through coordinated services, stronger cross-system partnerships, improved access to housing resources, and data-informed decision-making.

Consistent with the SAP, the CoC focuses on early identification, homelessness prevention, and diversion so households experiencing housing instability can receive assistance before entering homelessness. Through 2-1-1 Kern, the Coordinated Entry System (CES), homeless service providers, and community partners, households can be connected to available rental and utility assistance, benefits, employment services, behavioral healthcare, legal and community resources, and other supports that may help stabilize their housing.

The CoC also uses housing problem-solving and diversion strategies to identify safe alternatives to shelter or unsheltered homelessness. Providers work with households to identify immediate housing barriers, natural supports, family reunification opportunities, income and benefits, and other resources that may allow households to remain in their current housing or transition directly to another safe housing option.

Consistent with the SAP's emphasis on a coordinated community response, BKRHC works with Kern County, the City of Bakersfield, Human Services, Behavioral Health and Recovery Services, healthcare providers, schools, workforce development partners, veteran-serving organizations, victim service providers, and community-based organizations. These partnerships help identify housing instability earlier and facilitate warm handoffs to prevention, housing, and supportive resources.

BKRHC also uses HMIS, CES, PIT, System Performance Measures, and other available data to monitor first-time homelessness, identify emerging needs and populations experiencing housing instability, and inform funding and program planning. Through implementation of the SAP, BKRHC will continue strengthening prevention and diversion, cross-system referral pathways, access to mainstream benefits and services, and data-informed targeting of resources to prevent housing crises from becoming a first episode of homelessness.

2A-6. Reducing Length of Time Homeless—CoC's Plan.

Describe your CoC's plan to reduce the length of time individuals and families remain homeless.

(limit 2,500 characters)

BKRHC's plan to reduce the length of time individuals and families remain homeless is guided by the BKRHC Strategic Action Plan (SAP) and focuses on improving coordinated access, accelerating connections to housing, reducing system barriers, and using data to identify and address delays within the homeless response system. The CoC uses the Coordinated Entry System (CES) to connect individuals and families experiencing homelessness to available housing and services based on their needs. Through 2-1-1 Kern and CES Rapid Response, dedicated housing navigators help individuals access CES, complete required assessments and documentation, identify appropriate housing resources, and navigate the steps necessary to move toward permanent housing. Street outreach, shelters, and community partners also connect individuals to CES and housing navigation.

BKRHC works with housing providers to reduce barriers and delays between referral, enrollment, housing search, and placement. Housing navigation and case management assist participants with obtaining identification and eligibility documentation, locating available units, completing applications, addressing housing barriers, accessing benefits and income, and coordinating supportive services. The CoC also works with landlords and housing partners to increase access to available units and strengthen pathways from homelessness to permanent housing.

The CoC coordinates with Kern County, the City of Bakersfield, the Housing Authority of the County of Kern, behavioral health and healthcare providers, Human Services, workforce partners, victim service providers, veteran-serving organizations, and other community partners to address barriers that can prolong homelessness. Warm handoffs help participants access behavioral healthcare, benefits, employment, transportation, and other services needed to obtain and maintain housing. Consistent with the SAP's emphasis on data-informed system improvement, BKRHC uses HMIS, CES, PIT, Housing Inventory Count, and System Performance Measure data to monitor length of time homeless, identify system bottlenecks and service gaps, and inform program and funding decisions. Through improved CES coordination, housing navigation, landlord engagement, cross-system partnerships, and ongoing performance monitoring, BKRHC will continue working to shorten the time between identification of homelessness and placement into stable permanent housing.

2A-7.	Successful Permanent Housing Placement—Exits to Unsubsidized Housing.	
Based on HMIS data, what percent of program participants exited from TH/RRH/PSH collectively to unsubsidized housing?	29.55%	

Describe how you calculated the data for this response.

(limit 2,500 characters)

For the reporting period October 1, 2024, through September 30, 2025, there were 1,012 unduplicated exits from Transitional Housing (TH), Rapid Re-Housing (RRH), and Permanent Supportive Housing (PSH) programs. Of these, 299 individuals exited to the requested destinations, resulting in a rate of 29.55%

The HMIS Lead Agency reviewed all exits from TH, RRH, and PSH programs during the reporting period and deduplicated the data to ensure each client was counted only once. The report was then refined to identify individuals who exited to the requested destinations during the same period and was again deduplicated to prevent duplicate client counts.

Calculation: $299 \div 1,012 = 29.55\%$

2A-8.	Housing Inventory Count (HIC) and Point-in-Time (PIT) Count Date.	
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	Enter the date your CoC conducted its 2026 Housing Inventory Count (HIC) and Point-in-Time (PIT) count.	01/27/2026
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2A-8a.	HIC and PIT Count Data—HDX 2.0 Submission Date.	
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	Did your CoC submit its 2026 Housing Inventory Count (HIC) and Point-in-Time (PIT) count data in HDX 2.0 by April 30, 2026, 8:00 p.m. EDT?	No
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2A-8b.	Longitudinal System Analysis (LSA) Data—HDX 2.0 Submission Date.	
	You must upload your CoC's FY 2026 HDX Competition Report to the 4A. Attachments Screen.	

Did your CoC submit at least two usable LSA data files to HUD in HDX 2.0 by January 16, 2026, 11:59 p.m. EST?	Yes
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2A-8c.	System Performance Measures (SPM) Data—HDX 2.0 Submission Date.	
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	Did your CoC submit its FY 2025 System Performance Measures data in HDX 2.0 by March 4, 2026, 8:00 p.m. EDT?	Yes
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2A-9.	HMIS and Comparable Database Participation—Bed Coverage Rate.	
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Using the FY 2026 HDX Competition Report we issued your CoC, enter data in the chart below by project type:

Project Type	Adjusted Total Year-Round, Current Non-VSP Beds	Adjusted Total Year-Round, Current VSP Beds	Total Year-Round, Current, HMIS Beds and VSP Beds in an HMIS Comparable Database	HMIS and Comparable Database Coverage Rate
1. Emergency Shelter (ES) beds	1,182	40	1,182	96.73%
2. Safe Haven (SH) beds	0	0	0	0.00%
3. Transitional Housing (TH) beds	216	12	184	80.70%
4. Rapid Re-Housing (RRH) beds	97	0	75	77.32%
5. Permanent Supportive Housing (PSH) beds	2,216	0	2,216	100.00%
6. Other Permanent Housing (OPH) beds	831	0	831	100.00%

2A-9a.	Partial Credit for Bed Coverage Rates of 84.99 Percent or Lower for Any Project Type in Question 2A-9.	
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	For each project type with a bed coverage rate that is 84.99 percent or lower in question 2A-9, describe:
1.	steps your CoC will take over the next 12 months to increase the bed coverage rate to at least 85 percent for that project type, and
2.	how your CoC will implement the steps described to increase bed coverage to at least 85 percent.

(limit 2,500 characters)

The CoC's 2026 bed coverage review identified Transitional Housing (TH) at 80.70% and Rapid Re-Housing (RRH) at 77.32% as the only project types below the 85% coverage threshold. Over the next 12 months, BKRHC will work with its HMIS Lead, Kern Health Systems (KHS), and participating providers to increase HMIS or comparable database participation for these project types to at least 85%.

For TH, BKRHC and KHS will identify the projects and beds contributing to the coverage gap and conduct direct outreach to providers regarding HMIS participation requirements. Providers that are eligible to participate in HMIS will receive technical assistance on project setup, user access, training, data entry, and data-quality requirements. For victim service providers (VSPs), BKRHC will work with providers to ensure applicable TH beds are appropriately represented through an HMIS comparable database consistent with HUD requirements.

For RRH, BKRHC and KHS will similarly identify projects and beds not currently represented in HMIS and work directly with providers to address barriers to participation. This will include reviewing project setup, providing HMIS training and technical assistance, establishing appropriate data-entry practices, and ensuring participating projects understand expectations for timely and complete HMIS reporting.

Implementation will include regular coordination between BKRHC and KHS to monitor HMIS participation and data quality, identify projects requiring follow-up, and provide targeted technical assistance. BKRHC will also reinforce HMIS participation and reporting expectations through provider agreements, monitoring, and ongoing CoC coordination, as applicable. Bed coverage will be reviewed throughout the year using HMIS and Housing Inventory Count information rather than waiting until the annual HIC process. BKRHC and KHS will use these reviews to identify remaining gaps, follow up with providers, and address participation or reporting issues before the next HIC. Through direct provider engagement, technical assistance, ongoing monitoring, and coordination with VSPs regarding comparable databases, the CoC will work to increase both TH and RRH bed coverage to at least 85% within the next 12 months.

3A. Policy Initiatives

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- Frequently Asked Questions

3A-1.	Supporting Activities within an Opportunity Zone.	
	You must upload the HUD-2996 Certification for Opportunity Zone Preference Points attachment to the 4A. Attachments Screen.	

1.	Will the proposed activities/projects occur within Opportunity Zone Census Tracts?	Yes
2.	Do you expect to use at least 50% of the proposed activities/projects in Opportunity Zones Census Tracts?	Yes

3A-2	Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes.
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Is your CoC requesting to designate one or more of its SSO, TH, or Joint TH and PH-RRH component projects to serve families with children or youth experiencing homelessness as defined by other Federal statutes? Yes

3A-2a. Cost Effectiveness of Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes.

You must upload the Project List for Other Federal Statutes attachment to the 4A. Attachments Screen.

You must select Save at the bottom of the form before entering a text response for 3A-2a.

If you answered yes to question 3A-2, describe in the field below:

1. how serving this population is of equal or greater priority, which means that it is equally or more cost effective in meeting the overall goals and objectives of the plan submitted under Section 427(b)(1)(B) of the Act, especially with respect to children and unaccompanied youth than serving the homeless as defined in paragraphs (1), (2), and (4) of the definition of homeless in 24 CFR 578.3; and
2. how your CoC will meet requirements described in Section 427(b)(1)(F) of the Act.

(limit 500 characters)

CA-604 has determined that serving families with children and youth experiencing homelessness as defined by other Federal statutes is an equal priority and is cost effective in advancing the CoC's overall goals and objectives. Families and youth experiencing housing instability often face circumstances that place them at significant risk of entering the homeless response system. Providing timely housing assistance and supportive services can prevent prolonged or repeated episodes of homelessness and reduce reliance on emergency shelters, crisis services, health care, behavioral health services, and other costly public systems.

This population is particularly important because housing instability can disrupt children's education, health, development, and family stability and can increase the risk that unaccompanied youth experience chronic homelessness. Serving these households earlier provides an opportunity to stabilize families and youth before their housing crisis becomes more severe. The CoC will coordinate designated SSO, TH, and/or Joint TH and PH-RRH resources with Coordinated Entry, schools and educational partners, youth and family service providers, behavioral health providers, victim service providers, and other community systems to identify eligible households and connect them to appropriate housing and supportive services.

Consistent with Section 427(b)(1)(F) of the Act, CA-604 will ensure that designated projects support individuals and families at greatest risk of homelessness and assist participants in achieving housing stability and independent living in permanent housing. Services will be coordinated based on individual needs and may include housing navigation, case management, employment and income supports, education, behavioral health and substance use services, benefits assistance, and connections to mainstream resources.

Through coordinated assessment, targeted housing interventions, and supportive services, CA-604 will use CoC resources to reduce entries into homelessness, shorten periods of housing instability, and improve long-term housing outcomes for families with children and youth.

4A. Attachments Screen For All Application Questions

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants; and
- Frequently Asked Questions

We have provided the following guidance to help you successfully upload attachments and get maximum points:

1. You must include a Document Description for each attachment you upload; if you do not, the Submission Summary screen will display a red X indicating the submission is incomplete.
2. You must upload an attachment for each document listed where 'Required?' is 'Yes'.
3. We prefer that you use PDF files, though other file types are supported—please only use zip files if necessary. Converting electronic files to PDF, rather than printing documents and scanning them, often produces higher quality images. Many systems allow you to create PDF files as a Print option. If you are unfamiliar with this process, you should consult your IT Support or search for information on Google or YouTube.
4. Attachments must match the questions they are associated with.
5. Only upload documents responsive to the questions posed—including other material slows down the review process, which ultimately slows down the funding process.
6. If you cannot read the attachment, it is likely we cannot read it either.
 - . We must be able to read the date and time on attachments requiring system-generated dates and times, (e.g., a screenshot displaying the time and date of the public posting using your desktop calendar; screenshot of a webpage that indicates date and time).
 - . We must be able to read everything you want us to consider in any attachment.
7. After you upload each attachment, use the Download feature to access and check the attachment to ensure it matches the required Document Type and to ensure it contains all pages you intend to include.
8. Only use the 'Other' attachment option to meet an attachment requirement that is not otherwise listed in these detailed instructions.

Document Type	Required?	Document Description	Date Attached
01. 1C-1. List of TH/RRH/PSH Projects and Treatment Providers with On-Site Substance Use Treatment	Yes	Attach 1C-1	09/29/2026
02. 1C-1f. List of CoC Program Projects and Number of Units that require Substance Abuse Treatment	Yes	Attach 1C-1f	09/29/2026
03. 1C-3. Language from Project Supportive Service Agreements	Yes	Attach 1C-3	09/29/2026
04. 1C-10. Evidence of Coordination and Non-Interference with Local Efforts to Advance Public Safety	Yes	Attach 1C-10	09/28/2026
05. 1D-1. Local Competition Scoring Tool	Yes	Attach 1D-1	09/30/2026

06. 1D-2c. Local Competition Selection Results	Yes	Attach 1D-2c	09/30/2026
07. 2A-8b. FY 2026 HDX Competition Report	Yes	Attach 2A-8b	09/28/2026
08. 3A-1. HUD-2996 Certification for Opportunity Zone Preference Points	No	Attach 3A-1 HUD-2...	09/30/2026
09. 3A-2a. Project List for Other Federal Statutes	No		
10. 3A-DP. Your CoC's Policy or Statement to Advance Recovery	No	Attach 3A-DP	09/28/2026
11. Other	No		

Attachment Details

Document Description: Attach 1C-1

Attachment Details

Document Description: Attach 1C-1f

Attachment Details

Document Description: Attach 1C-3

Attachment Details

Document Description: Attach 1C-10

Attachment Details

Document Description: Attach 1D-1

Attachment Details

Document Description: Attach 1D-2c

Attachment Details

Document Description: Attach 2A-8b

Attachment Details

Document Description: Attach 3A-1 HUD-2996

Attachment Details

Document Description:

Attachment Details

Document Description: Attach 3A-DP

Attachment Details

Document Description:

Submission Summary

Ensure that the Project Priority List is complete prior to submitting.

Page	Last Updated
1A. CoC Identification	09/25/2026
1B. Coordination and Engagement–Accountable Structure and Participation	09/30/2026
1C. Coordination and Engagement	09/30/2026
1D. Project Review/Ranking	09/30/2026
2A. HMIS Implementation	09/30/2026
3A. Policy Initiatives	09/30/2026
4A. Attachments Screen	09/30/2026
Submission Summary	No Input Required



Attachment 1C-1.

List of TH/RRH/PSH Projects and Treatment Providers with On-Site Substance Use Treatment

The Bakersfield/Kern County Continuum of Care (CA-604) used its 2026 Housing Inventory Count (HIC) to identify Transitional Housing (TH), Rapid Rehousing (RRH), and Permanent Supportive Housing (PSH) projects operating within the CoC. Each identified project was reviewed to determine whether substance use treatment is available on site and, when applicable, the organization providing the treatment.

For purposes of this assessment, “on-site” means substance use treatment services are available to participants at the project site. Referrals to or coordination with off-site substance use treatment providers are not counted as on-site treatment.

The table below identifies the applicable TH, RRH, and PSH projects from the 2026 HIC, whether on-site substance use treatment is available, and the treatment provider, when applicable.

The percentage of TH/RRH/PSH projects have substance use treatment available on site is **57%** (49 total projects, and 28 of them have onsite substance use treatment access).

Organization Name	Project Name	Project Type	On-Site Substance Use Treatment (Yes/No)	Treatment Provider
The Open Door Network	Aftercare Casa Nueva 2	PSH	Yes	Akido
The Open Door Network	Aftercare Casa Nueva 3	PSH	Yes	Akido
The Open Door Network	City ESG Rapid ReHousing	RRH	Yes	Akido
The Open Door Network	County ESG Rapid ReHousing	RRH	Yes	Akido
The Mission at Kern County	BRM Christian Life Training Men	TH	Yes	Psychiatric Wellness, Kern Behavioral Health and Recovery Services (Kern BHRS), Akido, and Clinica Sierra Vista
The Mission at Kern County	BRM Christian Life Training Women	TH	Yes	Psychiatric Wellness, Kern Behavioral Health and Recovery Services (Kern BHRS), Akido, and Clinica Sierra Vista
The Mission at Kern County	BRM Men's Transitional	TH	Yes	Psychiatric Wellness, Kern Behavioral Health and Recovery Services (Kern BHRS), Akido, and Clinica Sierra Vista

The Mission at Kern County	BRM Women's Transitional	TH	Yes	Psychiatric Wellness, Kern Behavioral Health and Recovery Services (Kern BHRS), Akido, and Clinica Sierra Vista
Flood Ministries	Project Home PSH HUD	PSH	No	N/A
Housing Authority of the County of Kern	Dulce	PSH	No	N/A
Housing Authority of the County of Kern	Vash 1	PSH	No	N/A
Housing Authority of the County of Kern	Vash 2	PSH	No	N/A
Housing Authority of the County of Kern	Vash 3	PSH	No	N/A
Housing Authority of the County of Kern	Vash 4	PSH	No	N/A
Housing Authority of the County of Kern	Vash 5	PSH	No	N/A
Housing Authority of the County of Kern	Vash 6	PSH	No	N/A
Housing Authority of the County of Kern	Vash 7	PSH	No	N/A
Housing Authority of the County of Kern	Vash 8	PSH	No	N/A
Housing Authority of the County of Kern	Vash 9	PSH	No	N/A
Housing Authority of the County of Kern	Vash 10	PSH	No	N/A
Housing Authority of the County of Kern	Casitas de Esperanza	PSH	No	N/A
CAPK - Veteran Supportive Services	CVAF Service Intensive	TH	Yes	Kern BHRS and Kern Medical
CAPK - Veteran Supportive Services	CVAF Bridge	TH	Yes	Kern BHRS and Kern Medical
Womens Center-High Desert	WCHD - XH - CalOES 21 04 1207	TH	No	No

CAPK - Veteran Supportive Services	SSVF 2 - Rapid Re-Housing	RRH	Yes	Kern BHRS and Kern Medical
Housing Authority of the County of Kern	Home First	PSH	No	N/A
Housing Authority of the County of Kern	Green Gardens	PSH	Yes	Kern BHRS
Housing Authority of the County of Kern	Haven Cottages	PSH	Yes	Kern BHRS
Housing Authority of the County of Kern	Park 20th	PSH	No	N/A
Flood Ministries	HDAP Bridge Housing HDAP	TH	No	N/A
Womens Center-High Desert	WCHD - RRH - State #517-2022	RRH	No	No
Housing Authority of the County of Kern	Vash 11	PSH	No	N/A
The Open Door Network	Milestone	PSH	Yes	Akido
Housing Authority of the County of Kern	Pioneer Cottages	PSH	Yes	Kern BHRS
Housing Authority of the County of Kern	Benton Park Cottages	PSH	Yes	Kern BHRS
Housing Authority of the County of Kern	22nd St Lofts	PSH	No	N/A
Housing Authority of the County of Kern	Glennwood	PSH	No	N/A
Housing Authority of the County of Kern	City Serve	PSH	Yes	Kern BHRS
Housing Authority of the County of Kern	6th Street	PSH	Yes	Kern BHRS
Housing Authority of the County of Kern	College Heights Cottages	PSH	Yes	Kern BHRS
Housing Authority of the County of Kern	889 Oak Street	PSH	Yes	Akido
The Open Door Network	College-Focused Rapid Rehousing	RRH	Yes	Akido
The Open Door Network	CA-HCD Rapid Rehousing	RRH	Yes	Akido

Department of Human Services	Building and Leading Youths to Self-Sufficiency (RRH)	RRH	Yes	Kern BHRS
Department of Human Services	Building and Leading Youths to Self-Sufficiency (TH)	TH	Yes	Kern BHRS
Flood Ministries	Flood YHDP TH/RRH Bakersfield	RRH	Yes	Third Tradition
Flood Ministries	Flood YHDP TH/Transitional Housing Bakersfield	TH	Yes	Third Tradition
Flood Ministries	Flood YHDP TH/RRH Rural	RRH	Yes	Third Tradition
Flood Ministries	Flood YHDP TH/Transitional Housing Rural	TH	Yes	Third Tradition



Attachment: 1C-1f.

List of CoC Program Projects and Number of Units that require Substance Abuse Treatment

The Bakersfield-Kern Regional Homeless Collaborative (BKRHC), CA-604, reviewed existing and proposed CoC Program-funded housing projects, including applicable Youth Homelessness Demonstration Program (YHDP) projects, to identify units that require participant engagement in substance use disorder treatment as a condition of continued program participation, consistent with 24 CFR 578.75.

The table below identifies the applicable CoC Program projects and the number of units associated with each project that have this requirement.

COC Renewal and Proposed Projects

Renewal/New Project	Project Type	Recipient	Program Name	Total CoC-Funded Units	Units Requiring SUD Treatment
Renewal	TH	The Open Door Network	Kern DV TH Renewal	4	4
New/Expansion	TH	The Open Door Network	Kern Victim TH Expansion	10	10
New	TH	Casa Esperanza	Journeys of Hope	4	4
New	SO	Flood Ministries	Expedited Outreach & Treatment Access Project	0	0
Renewal	PSH	Housing Authority of the County of Kern	El Programa Dulce Hogar	284	244
New	SSO	Greater Bakersfield Legal Assistance	Safe Futures Youth Legal Initiative	0	0
New/Transition	SSO	The Open Door Network	Casa Nueva III Placement and Supportive Services	0	0
New	TH	Bakersfield Recovery Services	Step Up	2	2
New	SSO	Flood Ministries	Rural Kern ACCESS	0	0
New/Transition	TH	The Open Door Network	Kern Victim TH Transition	12	12
New	SSO	Greater Bakersfield Legal Assistance	Benefits Access Center - Youth Adocacy Program	0	0
New	TH	CityServe Network	Life 180	5	5
New	SSO	The Open Door Network	TODN Youth Supportive Services	0	0
New	TH	Community Action Partnership of Kern	East Kern Housing Connection	10	10
New	TH	The Mission at Kern County	Phase 2 Transitional Housing	23	23
New	TH	Bakersfield Recovery Services	Pathways to Safety	6	6

New/Transition	SSO	Flood Ministries	Encampment Resolution Connection and Support Project	0	0
New	TH	Nova Sorella Sorority Inc	Reset and Restore Initiative	6	0
New	TH	Nova Sorella Sorority Inc	The Bloom Project	6	0
New	TH	Nova Sorella Sorority Inc	The Independence Pathway for Veterans	6	0
New	TH	Nova Sorella Sorority Inc	The Bridge Program	6	0
New	SO	Be Finally Free	Pathways to Hope	0	0

YHDP Existing Projects

Existing YHDP Round 8 Projects	Project Type	Recipient	Program Name	Total CoC-Funded Units	Units Requiring SUD Treatment
	TH/RRH	Flood Ministries	Flood YHDP TH/RRH Bakersfield	25	0
	TH/RRH	Flood Ministries	Flood YHDP TH/RRH Rural	20	0
	TH	Kern County Department of Human Services	BLYSS Project	5	0
	SSO	Hopester Inc	UN//STUCK Program	0	0
	SSO	Kern County Superintendent of Schools	Paving Pathways	0	0



Attachment: 1C-3
Language from Project Supportive Service Agreements

The Bakersfield-Kern Regional Homeless Collaborative (BKRHC), CA-604, reviewed applicable CoC Program-funded Transitional Housing (TH), Permanent Supportive Housing (PH-PSH), Rapid Re-Housing (PH-RRH), and Joint TH-RRH projects to identify projects that require program participants to participate in supportive services consistent with 24 CFR 578.75(h).

The documentation below provides direct language from applicable project supportive service agreements, contracts, occupancy agreements, leases, or equivalent documentation demonstrating supportive service participation requirements. The Service Agreements are attached for reference.

The percent of the CoC's housing projects (TH, PH-PSH, PH-RRH, and Joint projects) require program participants to take part in supportive services (e.g. case management, employment training, substance use disorder treatment) in line with 24 CFR 578.75(h)) is **100% (14 projects and all 14 require clients to engage in supportive services).**

The program participant supportive services agreements are included with this attachment for reference.

COC Renewal and Proposed Projects

Renewal/New Project	Project Type	Recipient	Program Name	Service Required (Yes/No)	Service Agreement Attached (Yes/No)	Service Agreement Attachment #
Renewal	TH	The Open Door Network	Kern DV TH Renewal	Yes	Yes	1
New/Expansion	TH	The Open Door Network	Kern Victim TH Expansion	Yes	Yes	1
New/Transition	TH	The Open Door Network	Kern Victim TH Transition	Yes	Yes	1
New	TH	Casa Esperanza	Journeys of Hope	Yes	Yes	2
Renewal	PSH	Housing Authority of the County of Kern	El Programa Dulce Hogar	Yes	Yes	3
New	TH	Bakersfield Recovery Services	Step Up	Yes	Yes	4
New	TH	CityServe Network	Life 180	Yes	Yes	5
New	TH	Community Action Partnership of Kern	East Kern Housing Connection	Yes	Yes	6
New	TH	The Mission at Kern County	Phase 2 Transitional Housing	Yes	Yes	7
New	TH	Bakersfield Recovery Services	Pathways to Safety	Yes	Yes	8
New	TH	Nova Sorella Sorority Inc	Reset and Restore Initiative	Yes	Yes	9
New	TH	Nova Sorella Sorority Inc	The Bloom Project	Yes	Yes	10

New	TH	Nova Sorella Sorority Inc	The Independence Pathway for Veterans	Yes	Yes	11
New	TH	Nova Sorella Sorority Inc	The Bridge Program	Yes	Yes	`12



Transitional Housing Service Agreement

Purpose

This Supportive Services Agreement outlines the services, expectations, and participation requirements for Participants enrolled in The Open Door Network's Transitional Housing Programs.

Participation in supportive services is a condition of continued enrollment, consistent with 24 CFR 578.75(h).

20 Hour Weekly Service Requirement

As an eligible participant you are required to complete 20 hours per week of customized supportive services as a condition of enrollment.

Hours may be reduced proportionately for participants who are employed, based on verified work schedules.

Exemptions apply to those who:

- Are age 62 or older
- Have a verified physical disability, impairment, or developmental disability (per 24 CFR 582.5), excluding SUD.

Mandatory Participation

You must actively engage in supportive services designed to promote housing stability, safety, employment, and self-sufficiency. Required services may include:

- | | |
|---|---------------------------|
| • Case Management | • Life Skills |
| • Housing Navigation | • Clinical Services |
| • Employment Readiness and Job Training | • Substance Use Treatment |

Weekly Service Plan

At intake, you will complete an assessment and work with staff to develop an Individualized Service Plan. You must attend a weekly case review meeting to assess progress, modify goals, and sign your updated weekly schedule.

Tracking and Verification

Staff maintain a centralized service-hour tracker documenting participant attendance and completion of activities. Employment is verified monthly to adjust service requirements accordingly.

Noncompliance and Progressive Engagement

If a participant misses a scheduled activity, staff will follow up within 24 hours to reschedule or assign an alternative qualifying activity.

If participation concerns continue, staff may issue you a Corrective Action Plan outlining

- Required activities
- Barriers
- Supports provided
- Deadlines and Expectations
- Accommodations
- Follow up dates

The Corrective Action Plant is meant to reengage participants. Continued noncompliance with program requirements and conditions of occupant will result in termination, in accordance with CFR 24 578.91(a).

Termination under this section does not bar you from receiving assistance later.

By signing below you agree to

- Actively participate in required supportive services each week
- Attend weekly case review meetings and sign weekly schedule.
- Communicate promptly regarding barriers or challenges.
- Provide documentation needed for employment, disability, or age accommodations.
- Follow all program guidelines and rules.

I have reviewed and understand the expectations of this Supportive Services Agreement. I agree to participate in required supportive services as a condition of continued enrollment in the Transitional Housing Program.

Participant:

Print: _____

Signature: _____ Date: _____

Staff:

Print: _____

Signature: _____ Date: _____



Casa Esperanza Transitional Homes for Women & Children

HOUSE RULES AND PARTICIPATION AGREEMENT

I _____, ("you" or participant) they commit to abide by and comply with the following rules and expectations ("House Rules") established by the Casa Esperanza Program ("we" or "home"). I further understand and agree that any violation of this House Rules and Program Agreement ("Agreement") is grounds for so that the Home will unsubscribe me from the program.

LIFE PLAN and GOAL SETTING

By working with Casa Esperanza staff members ("Staff"), you agree to develop a Life Plan with achievable goals that will allow you to transition from transitional housing in *the Casa Esperanza Program* to affordable, permanent housing. To achieve these goals, you must engage in verifiable daily activities, including work, job searching, and/or classes and training that are designed to lead to stable employment, a stable income, and permanent housing. Casa Esperanza is a transitional housing program funded under the Continuum of Care Program and is required to offer and strongly encourage ongoing participation in supportive services that promote housing stability, income, and self-sufficiency that meets the supportive services requirement in 24 CFR 578.75(h). Program participants agree, as a condition of continued occupancy, to actively engage in individualized supportive services that are reasonable, appropriate to their needs, and documented in their Life Plan. These services include, but are not limited to, case management, counseling/therapy, savings and budgeting, house meetings, and daily structure activities that support progress toward permanent housing.

You will review your goals weekly with a designated staff member. The length of your stay at the Home will be determined based on the progress made toward meeting the goals, saving money, verifying, and documenting the achievement of the goals, meeting the program rules, and contributing to the social and financial well-being of the Home.

COUNSELING/THERAPY

You must participate in individual counseling/therapy and provide verification of attendance 24 CFR 578.75(h). If you are already attending counseling/therapy, you may continue with those services, otherwise you will meet with a therapist designated by Casa Esperanza. Participants who are recovering from drug or alcohol dependence issues must provide verification that they have been clean and sober for at least two years to be an eligible participant at Casa Esperanza. You agree to remain clean and sober for the entirety of your stay at Casa Esperanza.

60% SAVINGS TARGET

You must participate in a structured savings program (60%-85%) and choose to save money through a program offered by the Casa Esperanza Program. If you choose to save in another account, you must provide documentation each month on the availability of funds/account balances. You should develop



Casa Esperanza Transitional Homes for Women & Children

a monthly budget and keep track of all expenses and income each month, with the goal of saving as much money as possible for your transition to permanent housing.

The staff will review your budget with you each month. The main goal of the *Casa Esperanza Program* is to help you improve your living circumstances so that you can afford to purchase permanent housing. You are required to save at least 60% of your income, which includes wages, earnings, welfare checks, child support payments, social security and disability payments, and any other money you receive. If there are special circumstances that make it not feasible for you to save at least 60% of your income, you should report the circumstances to the staff and create an alternative savings plan. Any alternative plan must be structured to save a minimum of 35% of income.

PROGRAM FEES

You will contribute twenty percent (20%) of your income to housing each month as program fees to help cover operating expenses. Income includes wages, earnings, welfare checks, child support payments, social security and disability payments, and any other money you receive. Staff will help you set up a payment schedule.

HOME MEETINGS

You agree to attend a weekly **house** meeting. These meetings create a supportive environment and provide an opportunity to discuss any issues or concerns related to the governance and running of the house.

MEALS

You agree to be present for the family dinner Monday through Thursday at 5:00 p.m. If for any reason you are unable to be present for dinner, due to school, work, or an appointment, you must inform the staff in advance. You agree to sign on the bulletin board so that the person preparing the food knows how many to expect.

You agree to take your turn preparing dinner Monday through Friday on a rotating basis and participate in the cleanup after each dinner. If you cook, you are responsible for cleaning the stove. You are responsible for preparing your own and your family's breakfast and lunch each day, and your weekend dinners.

Grocery shopping is done each week by staff/volunteers. You agree to note any necessary items on the shopping list. If basic household food is needed at other times (e.g., milk, bread, eggs), you agree to pick up these items if requested and receive reimbursement from the Home. All the food that enters the Home is for everyone who resides in the Home.

HOSPITALITY

Casa Esperanza is a house of hospitality. Everyone who lives and works here is expected to contribute to a welcoming and caring environment for those who come to the house.



Casa Esperanza Transitional Homes for Women & Children

The use of profanity and inappropriate or derogatory language does not contribute to an atmosphere of respect and hospitality and will not be tolerated. You agree to speak and interact respectfully with staff and all participants.

OCCUPANCY AND MAINTENANCE OF THE HOME

You are responsible for keeping your room and the rest of the house in good condition and clean. You agree to be assigned specific household chores each week on a rotating basis. Staff will perform room and task checks on a regular basis. NO FOOD is allowed in the rooms. You agree to be responsible for and repair any property damage caused by you or your family members due to misuse or neglect.

RESPONSIBILITY

You agree that Casa Esperanza is not responsible for any injuries sustained by you, your family members, or any of your guests or property participating in the Casa Esperanza Program, or any guest or property of yours.

RIGHT OF ENTRY

The staff will be respectful of your privacy. You agree that, in the event of an emergency or concerns related to the health and safety of Program participants and their compliance with the House Rules, staff will have immediate access to your room with or without your presence or permission.

CHILD CARE/SUPERVISION

If you are a parent or guardian, you are responsible for the supervision of your children and agree to always know the whereabouts of your children. You agree not to leave your children unattended at any time. Your children under the age of 10 must always be within the sight of an adult. Your children may not be in another family's room without an adult present. Your children over the age of 10 can use the microwave with your permission. Your children over the age of 12 may use the stove with your permission and you agree to ensure that an adult is always present in the kitchen during such use. You agree that your children will be in your room and quiet no later than 9:00 p.m. every night, Monday through Thursday. On Friday and Saturday evenings your children should be in their room and quiet by 10:00 p.m.

SCHOOL/ EDUCATION

You agree that your school-age children will be enrolled in school and attend school on a regular basis. Staff will work with you to arrange resources to help you with tutoring and academic performance if requested.

VISITORS/DINNER GUESTS

Visitors are welcome in the home from 8:00 a.m. to 8:00 p.m. Visitors are only allowed in the main living room, dining room, kitchen, and backyard areas of the facility. If you are inviting guests to dinner, you agree to put your guests' names on the bulletin board in the morning.



Casa Esperanza Transitional Homes for Women & Children

Dinner guests are expected to leave the property by 8:00 p.m. You are responsible for ensuring that your visitors and dinner guests comply with the House Rules.

CURFEW

You are expected to be home at 9:00 p.m. every night, Sunday through Thursday, and at 10:00 p.m. on Friday and Saturday nights. If an emergency causes you to be late, you agree to notify the staff before the curfew time. Coming home late, after curfew, is considered a serious violation of the House Rules and grounds for termination of your participation in the program.

CHECK-IN/CHECK-OUT AND EXTENDED ABSENCES

You agree to log in and log out of the **logout dashboard**. You agree to be home every night. If you must stay out after curfew or overnight for any reason, you agree to complete a "Permission to Stay Late" form and get approval from staff in advance.

SMOKING

Smoking of any kind is prohibited in the home and on the premises. No lit candles, incense, or open flames of any kind are allowed in your room.

DRUGS AND ALCOHOL

Drugs and alcohol are not allowed in the home or on the premises. You will not be allowed to enter the Home and/or remain on the Premises if you exhibit signs of intoxication. Drugs of any kind are not permitted in the Home and on the Premises, except for legally prescribed medications and small amounts of over-the-counter medications. Alcoholic beverages are not permitted on the premises. All participants are subject to random drug testing 24 CFR 578.75(h).

SAFETY

Verbal and physical violence is prohibited in the home and on the premises. Firearms or objects intended to be weapons, including toy guns, swords, etc., are not permitted in the Home or on the Premises. Your children can only play outside in the backyard. You agree to participate in routine fire and earthquake evacuation drills and any other safety-related training provided to participants regarding safe living in the Home.

TERMINATION OF THE PROGRAM

I understand and acknowledge that my failure to comply with the House Rules, and particularly those listed below, is a justification for the Home to terminate my participation in the program.

1. My involvement in verbal violence/abuse against another participant or person in the home or facility.
2. Deliberate destruction or theft of property by me, my family members, or my visitors.



Casa Esperanza Transitional Homes for Women & Children

3. The use or distribution of drugs or alcohol by me, my family members, or my visitors.
4. The possession of weapons or articles of any kind that may create a danger, by me, my family members, or my visitors or guests at the dinner.
5. Intentional threats of violence made by me, my family members, or my visitors or guests at the dinner that Staff believes endanger the life, safety, or welfare of others in the Home or on the Premises.

I have read and understand the Casa Esperanza Program House Rules as listed above. I agree to abide by the House Rules and understand that failure to do so at any time may result in the termination of my participation in the program.

Participant : _____ Date : _____

Personnel : _____ Date : _____

Departure date : _____

Reason for departure: _____

Forwarding address: _____

HOUSING AUTHORITY OF THE COUNTY OF KERN

CERTIFIED STATEMENT OF FAMILY OBLIGATIONS

All information requested by the Housing Authority of the County of Kern (HACK) is required to determine initial and continued eligibility for housing assistance. Participation in the Housing Choice Voucher Program and other HACK housing assistance programs is conditioned upon compliance with all family obligations established by HUD regulations, State regulations, HACK's Administrative Plan, HACK's MTW Supplement, and any other applicable program requirements.

THE FAMILY SHALL:

1. Comply with Program Requirements

Comply with all requirements of the Housing Choice Voucher Program, HACK Administrative Plan, MTW Supplement, Housing Assistance Payments Program requirements, and all applicable federal, state, and local laws and regulations governing participation in the program.

2. Provide Complete and Accurate Information

Provide true, complete, and accurate information to HACK at all times and promptly correct any incomplete or inaccurate information previously provided.

3. Report Required Changes

Report all changes required by HACK policy within the timeframes established by the Administrative Plan and MTW Supplement, including but not limited to:

- a. Birth, adoption, or court-awarded custody of a child;
- b. Addition of any household member;
- c. Removal of any household member;
- d. Changes in household income must be reported within 10 days of the change;
- e. Changes affecting eligibility for deductions, allowances, accommodations, or program participation; and
- f. Any other change required to be reported under HACK policy.

HACK will determine if any changes are required based on applicable regulations and policies. No person may reside in the assisted unit unless approved by HACK, except as otherwise permitted by HACK policy.

4. Provide Documentation and Verification

Provide all information, certifications, declarations, consent forms, releases, authorizations, and supporting documentation requested by HACK or HUD, including information necessary for:

- a. Initial eligibility determinations;
- b. Annual or regularly scheduled reexaminations;
- c. Interim reexaminations;
- d. Quality control reviews or audits;
- e. Verification of income, assets, expenses, deductions, family composition, citizenship status, and other eligibility factors; and
- f. Disclosure and verification of Social Security numbers and other information required by HUD regulations.

5. Cooperate with Reexaminations and HUD Verification Systems

Cooperate fully with all reexaminations, audits, reviews, investigations, and verification activities conducted by HACK or HUD.

The family shall authorize HACK and HUD to obtain and verify information from third-party sources and shall cooperate with all HUD verification systems, including Enterprise Income Verification (EIV) and any successor systems.

6. Homeless Family Reference Service Participation Requirement

Families admitted under a homeless preference, homeless referral program, MTW activity, or any program for which participation in supportive services is a condition of eligibility shall:

- a. Maintain active participation in a HACK-approved Homeless Family Reference Service, supportive service program, case management program, self-sufficiency program, or other service provider identified by HACK;
- b. Cooperate with all required appointments, meetings, assessments, and program activities;
- c. Provide documentation acceptable to HACK verifying active participation whenever requested by HACK and at each regularly scheduled reexamination;
- d. Notify HACK within ten (10) business days if participation in the required service program is discontinued, interrupted, or terminated; and
- e. Maintain compliance with all service participation requirements established by HACK.

Failure to maintain required participation, failure to provide documentation of participation, refusal to cooperate with required services, or termination from a required service program without good cause may result in termination of housing assistance in accordance with HACK policy.

7. Attend Required Appointments and Inspections

Attend all appointments, briefings, conferences, hearings, inspections, counseling sessions, and meetings scheduled by HACK when required.

8. Maintain the Assisted Unit

Maintain the assisted unit in accordance with the lease and applicable HUD inspection standards, including the National Standards for the Physical Inspection of Real Estate (NSPIRE), as applicable.

The family is responsible for violations resulting from:

- a. Failure to pay tenant-supplied utilities;
- b. Failure to provide appliances required to be supplied by the family; and
- c. Damage caused by family members, occupants, guests, or persons under the family's control beyond ordinary wear and tear.
- d. Failure to correct tenant deficiencies within 30 days of notice.

9. Permit Inspections and Access

Permit HACK, HUD, owners, owners' agents, inspectors, contractors, and other authorized representatives to inspect the dwelling unit at reasonable times and after reasonable notice as required by applicable regulations and HACK policy.

The family shall cooperate with inspection scheduling requirements and provide access to the unit for inspections, repairs, maintenance, and other lawful purposes.

10. Comply with the Lease

Comply with all terms and conditions of the lease.

The family shall not commit serious or repeated lease violations.

11. Report Moves and Vacate Properly

Provide written notice to HACK and the owner before vacating a unit in accordance with lease requirements and HACK policy.

The family shall provide HACK with a copy of any eviction notice, termination notice, or legal notice regarding tenancy received from the owner.

12. Cooperate with Subsidy Size Determinations

Cooperate with HACK regarding subsidy standards, voucher size determinations, unit transfers, and occupancy requirements established under HACK policy.

13. Pay Only Approved Rent and Charges

Pay only those amounts authorized by HACK under the approved lease and program rules.

Any side payments, undisclosed rent payments, or unauthorized consideration paid to the owner constitute a violation of family obligations and may result in termination of assistance.

14. Use the Unit as the Principal Residence

Use the assisted dwelling as the family's sole principal place of residence.

The family shall not assign the lease, transfer possession of the unit, sublease the unit, or permit use of the unit by unauthorized persons.

15. Conduct Legal Business Activities Only

Conduct any business activity within the assisted unit only if such activity is incidental to residential occupancy and is permissible under the lease, local ordinances, zoning requirements, and HACK policy.

16. Report Extended Absences

Notify HACK before any absence that exceeds the period permitted under HACK policy.

The family shall comply with all requirements regarding temporary absences and shall provide documentation requested by HACK to determine whether the assisted unit remains the family's principal residence.

17. Respect the Rights of Others

Respect the rights of neighbors and others to peacefully enjoy their housing.

18. Repay Amounts Owed to HACK

Repay amounts owed to HACK pursuant to repayment agreements, settlements, court orders, or other legally enforceable obligations.

Failure to comply with repayment agreement requirements may result in termination of assistance.

THE FAMILY SHALL NOT:

1. Commit Fraud or Misrepresentation

Commit fraud, provide false statements, conceal information, submit false documents, or engage in bribery or any other corrupt act in connection with a housing assistance program.

2. Engage in Prohibited Criminal Activity

Engage in drug-related criminal activity, violent criminal activity, or other criminal activity that threatens the health, safety, or right to peaceful enjoyment of the premises by other residents or persons residing in the immediate vicinity of the premises.

3. Abuse or Threaten Others

Threaten, harass, intimidate, assault, or engage in abusive, violent, or threatening behavior toward HACK staff, contractors, owners, owners' agents, inspectors, or other program participants.

4. Own the Assisted Unit

Own or hold a prohibited ownership interest in the assisted dwelling unit except as expressly permitted by HUD regulations.

5. Receive Duplicate Housing Assistance

Receive housing assistance under this program while simultaneously receiving another housing subsidy for the same or a different unit under any federal, state, or local housing assistance program unless specifically authorized by law.

6. Permit Unauthorized Occupancy

Allow persons not approved by HACK to reside in the assisted unit.

7. Permit Unauthorized Long-Term Guests

Allow guests to remain in the assisted unit longer than permitted under HACK policy without prior approval from HACK and the owner.

CERTIFICATION OF UNDERSTANDING AND COMPLIANCE

By signing below, I certify that:

- I have read, received, and understand the Family Obligations contained in this document.
- I understand that compliance with these Family Obligations is a condition of receiving and continuing to receive housing assistance.
- I agree to comply with all applicable HUD regulations, HACK Administrative Plan requirements, MTW Supplement requirements, Housing Assistance Payments Program requirements, and all family obligations established by HACK.
- I understand that I must provide complete and accurate information and cooperate with all verification, inspection, audit, and reexamination requirements.
- I understand that if participation in supportive services is required as a condition of assistance, I must maintain participation and provide proof of participation whenever requested and at each regularly scheduled reexamination.
- I understand that failure to provide documentation verifying participation in required Homeless Family Reference Services at any regularly scheduled reexamination shall constitute a violation of family obligations and may result in termination of assistance unless I establish good cause in accordance with HACK policy.
- I understand that providing false information, withholding required information, failing to comply with family obligations, failing to provide required documentation, committing fraud, allowing unauthorized occupants, failing to comply with service participation requirements, or otherwise violating program requirements may result in denial of assistance, repayment of improperly received assistance, termination of assistance, or other actions authorized by HACK policy and HUD regulations.
- I certify under penalty of perjury that the information I provide to HACK is true, correct, and complete to the best of my knowledge.

I acknowledge that I have been provided an opportunity to ask questions regarding these obligations and understand my responsibilities as a participant in HACK's housing assistance programs.

Head of Household Name (Print)

Head of Household Name (Signature)

Date

Co-Head Name (Print)

Co-Head Name (Signature)

Date

BRS Step Up Transitional Housing Program

Participant Supportive Services and Occupancy Agreement

Bakersfield Recovery Services, Inc. | Proposed HUD Continuum of Care Transitional Housing Project

Purpose of this Agreement. This Agreement describes the Participant's right to occupy transitional housing, the supportive services available through the Program, participation expectations, and the procedures BRS will use to protect participant rights. It is intended as an application attachment and must be finalized before program enrollment.

1. Parties and Participant Information

Participant name

Program/provider

Bakersfield Recovery Services, Inc. (BRS)

Housing address/unit

Enrollment date

Assigned case manager

Agreement. The Participant and BRS agree to work together toward permanent housing and increased housing stability. Participation is voluntary, subject to the terms below, and does not create a guarantee of permanent housing or continued grant funding.

2. Term and Nature of Occupancy

☐ The initial term is one month beginning _____ and ending _____. It will renew monthly unless ended in accordance with this Agreement and applicable law.

☐ The Participant may remain in the Program only while eligible and for no more than 24 months from the date of project enrollment, unless HUD authorizes a longer period.

☐ This is transitional housing intended to help the Participant move to permanent housing. BRS will begin permanent-housing planning at enrollment and will not delay housing search until the end of the stay.

☐ This Agreement is not intended to waive any right provided by federal, state, or local law. Where applicable law provides greater protection, that law controls.

3. Supportive Services Plan

Individualized planning. Within seven calendar days of enrollment, BRS and the Participant will complete an assessment and a written Supportive Services Plan. The Plan will identify housing barriers, goals, responsible providers, service frequency, target dates, and measurable milestones. The Plan is incorporated into this Agreement and will be reviewed at least monthly and revised as needs or circumstances change.

Services may include: housing-focused case management; housing search and landlord engagement; tenancy preparation; income and benefits assistance; employment and education services; transportation; life-skills

training; peer recovery support; substance use disorder treatment; behavioral health and healthcare coordination; legal referrals; and move-in and post-exit stabilization services.

Service/activity	Provider	Frequency / hours	Target date	Goal or milestone
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4. Weekly Engagement Requirement

Twenty-hour plan. Except as adjusted below, the Participant will engage in at least 20 hours each week of individualized services, treatment, education, training, volunteering, employment, or other approved activities identified in the Supportive Services Plan. Employment hours may count toward the requirement, and required service hours will be reduced proportionately for employed participants.

☐ The weekly requirement does not apply to a Participant who is over age 62 or has a developmental disability as defined in 24 CFR 578.3.

☐ BRS will provide reasonable accommodations and modify schedules when needed because of disability, health, caregiving, transportation, language access, safety, or other documented barriers.

☐ BRS may require participation in non-disability-related supportive services as a condition of continued participation. Disability-related services will not be mandatory solely because of disability. Because this project is designed to provide substance use disorder treatment and recovery support, BRS may require participation in program SUD services consistent with 24 CFR 578.75(h), the approved project design, and applicable law.

☐ Missed hours will trigger outreach, problem-solving, and revision of the Plan. A single missed appointment or temporary inability to participate will not automatically result in termination.

Sample/Initial Weekly Schedule

Activity	Provider/location	Weekly hours	Documentation
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Activity

Provider/location

Weekly hours

Documentation

TOTAL PLANNED HOURS

Reviewed weekly

5. BRS Responsibilities

- ☐ Provide safe, decent housing that meets applicable inspection, occupancy, building, and health-and-safety standards before assistance begins and through required inspections.
- ☐ Make supportive services available throughout the Participant's residence and assess service needs on an ongoing basis.
- ☐ Coordinate services through warm handoffs and confirm whether referrals were successfully accessed, subject to participant consent and confidentiality requirements.
- ☐ Provide housing navigation, permanent-housing planning, and reasonable post-exit stabilization assistance for up to six months when eligible and needed.
- ☐ Protect confidentiality and limit disclosure of personally identifying information to what is permitted by law, written consent, or a valid legal requirement.
- ☐ Provide interpretation, translation, disability access, and reasonable accommodations as required.
- ☐ Explain program rules, grievances, termination procedures, emergency procedures, and participant rights in a language and format the Participant can understand.

6. Participant Responsibilities

- ☐ Work with staff to develop and review the Supportive Services Plan and promptly communicate barriers that affect participation or housing stability.
- ☐ Follow reasonable health, safety, guest, and community-living rules provided in writing and applied consistently.
- ☐ Respect the rights, privacy, safety, and property of other residents, staff, neighbors, and property owners.
- ☐ Permit required unit or room inspections after reasonable notice, except in emergencies.
- ☐ Provide accurate information needed to establish eligibility, determine any occupancy charge, document services, and report required program outcomes.

☐ Actively participate in permanent-housing planning and notify staff of housing opportunities, income changes, household changes, absences, or other circumstances that affect eligibility or the service plan.

7. Participant Rights and Protections

☐ Receive services without discrimination based on any protected characteristic and without being required to participate in religious activities.

☐ Receive written notice of program expectations, occupancy charges, decisions affecting assistance, and available grievance or appeal procedures.

☐ Request a reasonable accommodation, auxiliary aid, language assistance, or modification of a policy or schedule.

☐ Participate in decisions about the Supportive Services Plan and decline disability-related services unless another lawful basis applies.

☐ Review and correct program information to the extent permitted by law and BRS policy.

☐ Be protected by applicable Violence Against Women Act occupancy rights, emergency-transfer protections, and prohibitions against adverse action based solely on being a survivor of domestic violence, dating violence, sexual assault, or stalking.

☐ File a grievance or complaint without retaliation.

8. HMIS, Records, and Confidentiality

HMIS notice and consent. BRS will provide the applicable HMIS privacy notice and obtain any consent required by local policy before entering or sharing personally identifying information. Refusal to sign an optional release of information will not, by itself, end housing assistance. BRS may maintain records necessary for eligibility, service coordination, safety, billing, monitoring, and grant compliance. Substance use disorder records will be handled in accordance with applicable confidentiality requirements, including 42 CFR Part 2 when applicable.

9. Occupancy Charge and Financial Terms

☐ Participant occupancy charge, if any: \$_____ per month, calculated and documented under applicable HUD and BRS requirements.

☐ Due date and payment method: _____.

☐ Failure to pay will be addressed through notice, assessment of hardship, repayment planning when appropriate, and the grievance/termination procedures below. BRS will not impose an unauthorized fee or charge.

10. Grievance, Corrective Action, and Termination

Progressive response. When concerns arise, BRS will ordinarily use engagement, verbal coaching, a written corrective-action plan, reasonable accommodations, and referrals before considering termination, unless immediate action is necessary to address a serious and imminent threat or another legally sufficient basis.

☐ Before termination, BRS will provide written notice describing the specific reason, effective date, facts supporting the decision, steps the Participant may take to preserve assistance when applicable, and how to request review or appeal.

☐ The Participant may submit a grievance or appeal to: _____ within _____ calendar days of notice.

☐ A person not directly involved in the original decision will review the grievance when practicable. The Participant may present information, request an accommodation, and have an advocate or support person present.

- ☐ BRS will issue a written decision and will not retaliate against the Participant for filing a grievance, requesting accommodation, reporting discrimination, or exercising protected rights.
- ☐ Termination will be carried out in accordance with 24 CFR 578.91, applicable due-process requirements, the written BRS termination policy, and California law.

11. Permanent-Housing Transition and Exit

Transition planning. Before exit, BRS and the Participant will review housing status, income and benefits, health and recovery supports, identification documents, landlord requirements, furnishings and move-in needs, and follow-up contacts. The Participant will receive copies of relevant plans and referrals. BRS will document the destination at exit and conduct follow-up at intervals appropriate to participant needs and grant requirements.

12. Acknowledgment and Signatures

By signing, the parties acknowledge that this Agreement was reviewed, questions were answered, and the Participant received or was offered a copy. Signing does not waive any legal right or authorize disclosure beyond the scope of a separate valid consent.

Participant signature

Date

BRS representative signature

Date

Printed name/title

Interpreter/advocate, if applicable

Preferred language

Copy provided on

Attachment A: Individualized Supportive Services Plan

Complete at enrollment and review at least monthly. Add pages as needed. This Plan is incorporated into the Participant Supportive Services and Occupancy Agreement.

Participant

Plan date

Review date

Case manager

Baseline and Priority Barriers

☐ Permanent-housing readiness and documentation — Notes:

☐ Income, employment, and benefits — Notes:

☐ Physical health, behavioral health, and recovery stability — Notes:

☐ Tenancy history, legal barriers, credit, or debt — Notes:

☐ Daily living, transportation, education, and support network — Notes:

Goals, Services, and Milestones

Goal/barrier	Action or service	Provider	Hours	Target date	Progress/evidence
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Goal/barrier	Action or service	Provider	Hours	Target date	Progress/evidence
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Monthly Review

Milestones completed: _____

Barriers or missed activities:

Reasonable accommodations or schedule changes needed:

Permanent-housing search progress:

Plan revisions and next steps:

Participant signature / date

Case manager signature / date

Supervisor review / date

Copy provided / method

SUPPORTIVE SERVICES AGREEMENT

Life180 Participant Services and Engagement Agreement

Participant Name _____	Program Start Date _____
Case Manager _____	Agreement Review Date _____

IMPORTANT: This agreement explains the supportive services offered by Life180 and the participation standards expected of each participant. It should be reviewed together with the participant's Individual Service Plan and any separate housing, safety, privacy, or program policies.

1. Purpose of This Agreement

Life180 provides individualized supportive services to help participants advance toward stable housing, recovery, employment, self-sufficiency, and long-term community stability. Life180 and the participant agree to work collaboratively, communicate honestly, and regularly review progress.

2. Life180 Service Commitments

Life180 will make reasonable efforts to:

- Assign a case manager and complete an individualized assessment with the participant.
- Develop and regularly update an Individual Service Plan based on the participant's housing, recovery, employment, health, and personal goals.
- Provide or coordinate structured supportive services appropriate to the participant's needs and eligibility.
- Meet regularly with the participant to review attendance, barriers, progress, and next steps.
- Treat the participant with dignity and provide services without unlawful discrimination.
- Protect participant information in accordance with applicable law, signed authorizations, and Life180 policy.
- Explain program expectations, available grievance procedures, and any decision affecting participation.

3. Available Supportive Services

Services will be selected according to the Individual Service Plan, participant eligibility, availability, and clinical or program recommendations. Services may include:

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- ☐ Intensive case management and goal planning
- ☐ Recovery support and life-skills groups
- ☐ Workforce development and employment preparation
- ☐ Internship, vocational training, or work-experience placements
- ☐ Volunteer and community-service activities
- ☐ Housing navigation and tenancy support
- ☐ Financial literacy, budgeting, and benefits navigation
- ☐ Behavioral health screening, referrals, and care coordination
- ☐ Outpatient substance-use treatment or recovery referrals
- ☐ CalAIM Enhanced Care Management, Community Supports, or other eligible supportive services
- ☐ Transportation, identification, documentation, and other barrier-removal assistance when available

4. Weekly Engagement Requirement

The participant will complete at least 20 hours of approved individualized engagement each week, unless a written adjustment is approved under this agreement or applicable program requirements. A participant may engage in up to 40 hours per week of structured activities.

Approved hours may include:

- Scheduled Life180 services, groups, classes, case-management meetings, and housing activities.
- Approved employment, internships, vocational training, education, or volunteer service.
- Scheduled behavioral health, outpatient treatment, CalAIM, or other referred services.
- Other activities documented in the Individual Service Plan and approved by program staff.

Hours are not automatically credited. The participant must follow attendance and documentation procedures. Travel time, unscheduled activities, and unverified participation will count only when specifically approved.

5. Individual Service Plan and Case Management

1. The participant and case manager will develop an Individual Service Plan identifying goals, required activities, expected weekly hours, referrals, responsible parties, and target dates.
2. The plan will be reviewed at least every _____ days, or sooner when needs, employment, housing, health, or eligibility circumstances change.
3. The participant will attend scheduled case-management meetings and notify the case manager promptly when a barrier may prevent participation.
4. Life180 may revise activities when necessary to address safety, eligibility, service availability, or changing participant needs. Significant changes will be discussed with the participant and documented.

6. Attendance and Verification

The participant agrees to:

- Arrive on time, participate actively, and remain for the scheduled activity unless excused.
- Notify program staff as soon as possible when unable to attend. When practical, notice should be provided before the activity begins.
- Provide accurate timesheets, attendance records, employer verification, appointment confirmations, or other documentation requested by Life180.
- Work with the case manager to reschedule or make up missed required activities when appropriate.

Program staff may verify participation through sign-in records, provider or employer confirmation, case notes, electronic records, and direct communication, subject to applicable privacy requirements.

7. Employment and Adjusted Participation

Participants who obtain employment, begin school or training, experience a qualifying health or disability-related limitation, assume approved caregiving duties, or otherwise meet program criteria may request an adjustment to scheduled activities or weekly hours. Adjustments must be approved and documented by Life180. Employment and other approved activities may count toward the engagement requirement when verified. The participant must promptly report changes in work schedule or eligibility.

8. Participant Responsibilities

- Provide accurate information and promptly report material changes affecting services, benefits, housing, safety, or eligibility.
- Treat staff, participants, providers, property, and community partners respectfully.
- Follow Life180 safety rules, conduct standards, housing rules when applicable, and reasonable staff directions.
- Refrain from violence, threats, harassment, discrimination, theft, property damage, or possession of prohibited weapons at program sites or activities.
- Do not attend services while behaviorally impaired in a manner that creates a safety risk or prevents meaningful participation. Staff will respond according to safety and program policy.
- Use services and financial assistance only for their approved purpose and provide receipts or documentation when required.
- Participate in discharge and transition planning, including referrals and housing-stability planning.

9. Referrals, Treatment, and CalAIM Services

Life180 may coordinate with outside providers when a participant needs services beyond Life180's scope. Unless required by law, information will be shared only as permitted by the participant's written authorization or other lawful basis. A referral does not guarantee acceptance, eligibility, funding, or availability. Clinical decisions remain the responsibility of appropriately licensed providers.

10. Privacy and Information Sharing

Life180 will maintain participant information in program records and use it for service coordination, program administration, quality improvement, billing or reporting when applicable, and other lawful purposes. The participant will receive any required privacy notices and may be asked to sign separate releases of information. This agreement does not replace a legally required authorization. Life180 may disclose information without authorization when permitted or required by law, including certain safety, abuse, neglect, medical-emergency, court-order, or program-oversight circumstances.

11. Housing-Related Terms

Supportive services may include housing navigation, housing stabilization, or housing-related assistance. This agreement does not itself create a tenancy, guarantee housing placement, or replace a lease, occupancy agreement, shelter agreement, or written housing rules. Any housing termination or eviction rights are governed by the applicable separate agreement and law.

12. Accessibility and Nondiscrimination

Life180 does not unlawfully discriminate in the delivery of services. Participants may request language assistance, disability-related accommodations, or modifications needed to access the program. Requests should be made to the case manager or designated program administrator. Life180 will engage in an individualized review and provide reasonable accommodations as required by applicable law.

13. Concerns and Grievances

A participant may raise a concern without retaliation. The participant should first contact the case manager when comfortable doing so. If the issue is not resolved, the participant may submit a written or verbal grievance to:

Program Administrator	
Phone / Email	
Mailing Address	

Life180 will explain the grievance process, review the concern promptly, and provide a response consistent with program policy. This process does not limit any external complaint or appeal right available by law or through a funding or service program.

14. Corrective Action, Suspension, and Discharge

When participation concerns arise, Life180 will generally use progressive, person-centered responses such as outreach, reassessment, plan revision, additional support, a written improvement plan, or a case conference. Life180 may suspend or end services for serious or repeated noncompliance, loss of eligibility, prolonged nonparticipation, fraud, or conduct creating a significant safety risk. Immediate

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action may be taken when necessary to protect health or safety. When feasible and legally permitted, Life180 will provide notice, explain the reason, identify any review or grievance option, and assist with appropriate referrals or transition planning.

15. Emergencies and Mandatory Reporting

Life180 is not an emergency medical, psychiatric, or law-enforcement service. In an emergency, staff may contact 911, emergency responders, crisis services, or another appropriate resource. Staff will comply with applicable mandatory-reporting and duty-to-protect requirements.

16. Agreement Period and Changes

This agreement begins on the effective date below and remains in effect while the participant is enrolled, unless replaced or ended according to program requirements. Life180 may update program policies or service requirements. Material changes affecting the participant will be explained and documented. Any handwritten change to this agreement must be initialed by the participant and an authorized Life180 representative.

17. Participant Acknowledgment

- ☐ I have reviewed this agreement and had an opportunity to ask questions.
- ☐ I understand the minimum weekly engagement requirement and how attendance is documented.
- ☐ I understand that my specific services and activities are established in my Individual Service Plan.
- ☐ I understand how to request an adjustment, accommodation, or grievance review.
- ☐ I understand that supportive services do not guarantee employment, benefits, treatment admission, or permanent housing.
- ☐ I will receive a copy of this signed agreement.

18. Signatures

_____ Participant Signature	_____ Date
_____ Participant Printed Name	_____ Preferred Phone / Email
_____ Life180 Representative Signature	_____ Date
_____ Representative Printed Name and Title	_____ Case Manager, if different

EXHIBIT A — INDIVIDUALIZED WEEKLY SERVICE PLAN

Complete this exhibit with the participant. Activities must align with the Individual Service Plan. Update the schedule whenever an approved change materially affects weekly participation.

Participant: _____

Plan period: _____

Primary housing goal: _____

Primary recovery / wellness goal: _____

Employment / education goal: _____

Weekly Activities

Activity / Service	Provider or Location	Days / Times	Hours	Verification Method
Total planned weekly hours				
Minimum required weekly hours				
Maximum approved weekly hours				

Approved Adjustment, if any

Reason for adjustment: _____

Adjusted weekly requirement: _____

Effective dates: _____

Documentation reviewed: _____

Plan Approval

_____ Participant Signature / Date	_____ Case Manager Signature / Date
_____ Program Supervisor Approval, if required / Date	_____ Next Review Date

COMMUNITY ACTION PARTNERSHIP OF KERN

Housing & Supportive Services



CAPK

East Kern Housing Connection

Transitional Housing Program

Intake Package

Document Control

East Kern Housing Connection Transitional Housing Program Intake Package

Document Title	East Kern Housing Connection Transitional Housing Program Intake Package
Document ID	EKHC-TH-INTAKE-001
Document Owner	CAPK Housing & Supportive Services
Program	East Kern Housing Connection Transitional Housing Program
Version	1.0
Status	☐ Draft ☐ Approved ☐ Superseded
Effective Date	_____
Next Review Date	_____
Approved By / Title	_____
Approval Signature / Date	_____

Document Use and Distribution

This is a controlled CAPK program document. Staff should verify that they are using the current approved version before implementation or distribution. Superseded copies should be removed from active use and retained or destroyed in accordance with CAPK record-retention requirements.

20-Hour Weekly Engagement Authority and Operating Standard

Governing source: The 20-hour weekly engagement commitment is established in the 2026 Bakersfield/Kern County CoC Ranking Packet, HUD Project Quality Threshold, item II.E, and must be reconciled before implementation with the final HUD award, executed grant agreement, approved project application, and applicable BKRHC written standards.

Controlling document confirmed: _____ **Citation/section:** _____
Confirmation date: _____.

Activities that count: Documented time spent in required, individualized non-disability-related supportive services, including case management, housing navigation, employment preparation, job-search assistance, benefits enrollment, education, life-skills development, financial literacy, transportation support, peer support, and approved referrals or related activities identified in the participant's service plan. Mental health and

substance use disorder treatment is voluntary and may be recorded only when chosen by the participant and authorized for documentation.

Calculation and documentation: Count actual participant engagement time recorded on the Weekly Supportive Services Participation Log. Do not double-count overlapping activities. Record the date, activity, provider, start and end times, total hours, and verification. **Rounding method, if used:** _____.

Adjustments and review: The assigned Case Manager may recommend an adjustment based on employment, an applicable exemption, reasonable accommodation, or documented circumstances. Approval must be completed by the Program Administrator or authorized designee and recorded with the effective dates. The requirement and any adjustment will be reviewed at least monthly and whenever the participant's employment, disability-related needs, service plan, or circumstances change.

Excused absences and shortfalls: Staff will document the participant's perspective, outreach attempts, barriers, accommodations considered, services offered, and the revised supportive plan. An excused absence or temporary shortfall will not result in automatic termination; any adverse action must follow the participant-centered response, reasonable-accommodation, grievance, and due-process requirements in this package.

Revision History

Version	Date	Description of Change	Author/Approver
1.0	_____	Initial program intake package; document identifier corrected to EKHC-TH-INTAKE-001.	_____

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Form 1. Participant Supportive Services Agreement

Participant Name: _____

HMIS/Program ID: _____

Case Manager: _____

Transitional Housing Term and Extension Tracking

Enrollment Date	_____	Anticipated Exit Date	_____
Maximum 24-Month Occupancy Date	_____	Extension Review Date	_____
Extension Requested	☐ No ☐ Yes	Extension Approved	☐ No ☐ Yes
Approved Through	_____	Approved By	_____
Documented basis for any HUD-permitted extension:			

Transitional housing is time limited. Program staff will provide advance transition planning and work with the participant to identify permanent housing options before the anticipated exit date. Approaching the anticipated exit date will not result in automatic termination; any extension or termination decision will follow applicable HUD requirements, the grant agreement, BKRHC written standards, and CAPK policy.

Purpose and Service Commitment

East Kern Housing Connection provides time-limited transitional housing and individualized supportive services to help participants obtain and maintain permanent housing, increase earned income or access appropriate benefits, strengthen employment and education pathways, address behavioral health or substance use treatment needs when identified by the participant and qualified provider, build community supports, and reduce the likelihood of returning to homelessness.

As a condition of participation in this transitional housing project, the participant agrees to engage in at least 20 hours per week of individualized supportive services, subject to approved reductions or exemptions. Required activities may include case management, housing navigation, employment preparation, job search assistance, benefits enrollment, education, life-skills development, financial literacy, transportation support, peer support, and referrals to community resources. Mental health and substance use disorder treatment will be offered based on assessed need, clinical appropriateness, and

applicable disability and civil-rights requirements; disability-related treatment will not be required as a condition of participation.

The weekly-hour expectation may be reduced proportionately for an employed participant. The weekly-hour expectation does not apply to a participant who is over age 62 or who has a developmental disability as defined in 24 CFR 578.3. Any reduction or exemption will be documented by authorized program staff and will not limit access to appropriate services. CAPK will assess each participant's service needs at enrollment, review progress regularly, conduct the annual service-needs assessment required by 24 CFR 578.53(a)(2) when the participant remains enrolled for 12 months, and adjust services accordingly.

Participant-Centered Practice

- Services will be individualized, trauma-informed, and based on the participant's stated goals, strengths, needs, and choices.
- The participant will work with program staff to develop and update a Housing Stability Plan.
- Program staff will explain available services, scheduling expectations, documentation practices, confidentiality protections, grievance procedures, and reasonable-accommodation processes.
- Missed appointments will prompt outreach and problem-solving. Program responses will follow written policy, due process, and applicable grant requirements.

Weekly Engagement Standard

Standard	Status	Documentation
20 hours per week	☐ Applies	Weekly Participation Log
Proportional reduction for employment	☐ Applies	Employment schedule and approved adjusted hours
Age exemption	☐ Participant is over age 62	Eligibility verified by staff
Developmental disability exemption	☐ Applies	Eligibility verified consistent with confidentiality requirements

Approved weekly service-hour expectation, if adjusted: _____ hours

Effective dates: _____ to _____ Approved by:

Acknowledgment

I have reviewed this agreement in a language and format I understand, received an opportunity to ask questions, and received a copy. I understand the supportive-service

engagement expectations that apply to me, including any approved adjustment or exemption. I understand which services are required, which services are voluntary, how information about my participation will be documented, and how to request a reasonable accommodation, raise a concern, or appeal a program decision without retaliation.

Participant Signature: _____ **Date:** Click or tap to enter a date.

Staff Signature: _____ **Date:** _____

Interpreter/Other Support, if applicable: _____ **Date:** _____

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Form 2. Participant Assessment and Individualized Service Plan

Participant Name: _____ Assessment Date: _____

Staff: _____ Review Date: _____

Participant Priorities and Strengths

What is most important to the participant right now?

Strengths, supports, skills, and resources identified by the participant:

Assessment Domains

Domain	Current Situation / Participant Perspective	Requested Support / Referral	Priority
Housing history and immediate safety	Click or tap here to enter text.	Click or tap here to enter text.	☐ High ☐ Medium ☐ Low
Income, benefits, and employment	Click or tap here to enter text.	Click or tap here to enter text.	☐ High ☐ Medium ☐ Low
Physical health and accessibility	Click or tap here to enter text.	Click or tap here to enter text.	☐ High ☐ Medium ☐ Low
Behavioral health and substance use supports	Click or tap here to enter text.	Click or tap here to enter text.	☐ High ☐ Medium ☐ Low
Transportation	Click or tap here to enter text.	Click or tap here to enter text.	☐ High ☐ Medium ☐ Low
Identification, documentation, and legal needs	Click or tap here to enter text.	Click or tap here to enter text.	☐ High ☐ Medium ☐ Low
Education, training, and life skills	Click or tap here to enter text.	Click or tap here to enter text.	☐ High ☐ Medium ☐ Low

Family, natural supports, and community connections	Click or tap here to enter text.	Click or tap here to enter text.	☐ High ☐ Medium ☐ Low
--	----------------------------------	----------------------------------	--

Initial Service Plan

Participant Goal	Action Step	Responsible Person/Partner	Target Date
------------------	-------------	----------------------------	-------------

Treatment and Recovery Planning, if applicable: The participant and qualified provider will identify the participant's treatment or recovery goals, preferred services, frequency, referral status, anticipated start date, barriers to access, and coordination needs. CAPK staff will document attendance or service coordination only to the extent authorized and necessary for program administration; clinical diagnoses, treatment notes, and other protected information will remain with the qualified provider unless disclosure is specifically authorized or otherwise permitted by law.

Treatment or Recovery Planning Field	Participant-Directed Information
Participant-selected treatment or recovery goal	Click or tap here to enter text.
Service requested	Click or tap here to enter text.
Qualified provider	Click or tap here to enter text.
Referral date	Click or tap to enter a date.
Referral status	☐ Not referred ☐ Referred ☐ Scheduled ☐ Engaged ☐ Declined ☐ Other: _____
Anticipated start date	Click or tap to enter a date.
Participant-authorized coordination method	☐ Phone ☐ Email ☐ Written ☐ Case conference ☐ Other: _____
Access barriers	Click or tap here to enter text.
Accommodation needs	Click or tap here to enter text.
Follow-up date	Click or tap to enter a date.
Status	☐ Pending ☐ Active ☐ Completed ☐ Closed ☐ Participant declined

Clinical privacy reminder: Do not copy diagnoses, psychotherapy notes, or detailed clinical information into the program file. Record only the minimum information authorized and necessary for service coordination and program administration.

Anticipated weekly service schedule: _____

Employment and Earned-Income Plan: Document whether the participant is currently employed, able and interested in employment, pursuing education or training, or unable to work because of age, disability, caregiving responsibilities, health, or another documented circumstance. For participants pursuing employment, record the employment assessment, occupational goal, planned training or job-readiness activities, employer or workforce referrals, expected weekly hours, and earned-income target. Employment goals and service-hour adjustments will be individualized and will not be imposed when inconsistent with an approved accommodation or the participant's documented circumstances.

Reasonable accommodation or communication needs identified:

Participant Signature: _____ **Date:** _____

Staff Signature: _____ **Date:** _____

Form 2A. Reasonable Accommodation Request and Determination

Participant Name: _____ Request Date: _____

Person assisting with request, if any: _____

Preferred communication method: ☐ Phone ☐ Text ☐ Email ☐ Mail ☐ In person ☐
Other: _____

Accessible language or format requested: _____

Accommodation Request

Requested change, exception, aid, service, or modification	Click or tap here to enter text.
Program, housing, rule, service, or activity affected	Click or tap here to enter text.
How the request would support equal access or participation	Click or tap here to enter text.
Immediate interim need or safety concern	☐ None identified ☐ Yes: _____
Requested effective date	_____

A participant is not required to disclose a diagnosis when the disability-related need is already known or otherwise established. Any verification request will be limited to information necessary to evaluate the disability-related need for the accommodation. Medical records, detailed clinical information, and information unrelated to the request should not be requested or placed in the general program file.

Limited Verification and Interactive Process

Is limited verification needed?	☐ No ☐ Yes
Specific limited information requested	Click or tap here to enter text.
Date verification requested	_____
Date verification received	_____

Interactive-process discussion date(s)	Click or tap to enter a date.
Participant's preferred option(s)	Click or tap here to enter text.
Alternative options considered	Click or tap here to enter text.
Interim measure implemented while request is pending	☐ None ☐ Yes: _____

Determination

Decision	☐ Approved ☐ Approved with modification ☐ Denied ☐ More information needed
Decision date	_____
Approved accommodation or modification	Click or tap here to enter text.
Reason for modification, denial, or request for more information	Click or tap here to enter text.
Effective date	_____
Responsible person for implementation	Click or tap here to enter text.
Implementation follow-up date	_____
Implementation status and participant feedback	Click or tap here to enter text.

Reconsideration and Acknowledgment

How to request reconsideration or appeal: _____

Deadline, if applicable: _____ Contact person: _____

Date written determination provided to participant: _____

Participant Signature: _____ Date: _____

Staff Completing Review: _____ Date: _____

Authorized Decision-Maker: _____ **Date:** _____

Accommodation information will be maintained confidentially and shared only with personnel who need the information to evaluate or implement the request.

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Form 3. Individualized Housing Stability Plan

Participant Name: _____ Plan Date: _____

Case Manager: _____ Next Review: _____

Participant's Housing Goal

Preferred permanent housing type, location, household needs, and target move-in date:

Housing Barriers and Strategies

Barrier Identified by Participant	Strength/Resource	Action Step	Target Date	Status
	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	☐ Not started ☐ In progress ☐ Complete
	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	☐ Not started ☐ In progress ☐ Complete
	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	☐ Not started ☐ In progress ☐ Complete

Housing Search and Stabilization Actions

Action	Participant	Staff/Partner	Due Date
Obtain identification and required documents	☐	☐	Click or tap here to enter text.
Confirm sustainable income/benefits plan	☐	☐	Click or tap here to enter text.
Complete housing applications	☐	☐	Click or tap here to enter text.
Address screening or tenancy barriers	☐	☐	Click or tap here to enter text.
Develop move-in and ongoing housing budget	☐	☐	Click or tap here to enter text.

Connect to community-based supports	☐	☐	Click or tap here to enter text.
--	--------------------------	--------------------------	----------------------------------

Participant’s preferred contact method and frequency: _____

Participant Signature: _____ Date: _____

Case Manager Signature: _____ Date: _____

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Form 4. Weekly Supportive Services Participation Log

Participant Name: _____ **Week of:** _____ to _____

Standard weekly requirement: 20 hours **Approved adjusted requirement:** _____ hours

Date	Service/Activity	Provider	Start	End	Hours	Verification
	☐ Case management ☐ Housing navigation ☐ Employment ☐ Benefits ☐ Life skills ☐ Financial literacy ☐ Behavioral health/SUD ☐ Peer support ☐ Other: _____	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
	☐ Case management ☐ Housing navigation ☐ Employment ☐ Benefits ☐ Life skills ☐ Financial literacy ☐ Behavioral health/SUD ☐ Peer support ☐ Other: _____	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
	☐ Case management ☐ Housing navigation ☐ Employment ☐ Benefits ☐ Life skills ☐ Financial literacy ☐ Behavioral health/SUD ☐ Peer support ☐ Other: _____	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
	☐ Case management ☐ Housing navigation ☐ Employment ☐ Benefits ☐ Life skills ☐ Financial literacy ☐ Behavioral health/SUD ☐ Peer support ☐ Other: _____	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
	☐ Case management ☐ Housing navigation ☐ Employment ☐ Benefits ☐ Life skills ☐ Financial literacy ☐ Behavioral health/SUD ☐ Peer support ☐ Other: _____	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.

	health/SUD ☐ Peer support ☐ Other: _____					
Total Weekly Hours					Click or tap here to enter text.	Click or tap here to enter text.

If the weekly expectation was not met, document the participant's perspective, outreach attempts, barriers, reasonable-accommodation considerations, employment-related adjustment, services offered, referrals completed, and the revised supportive plan. Do not include detailed clinical information in this log.

Participant comments: _____

Participant Signature: _____ Date: _____

Staff Signature: _____ Date: _____

Form 5. Monthly Participant Progress Review

Participant Name: _____ Review Month: _____

Case Manager: _____ Review Date: _____

Area	Progress/Participant Perspective	Next Step
Permanent housing goal	Click or tap here to enter text.	Click or tap here to enter text.
Income, benefits, education, or employment	Click or tap here to enter text.	Click or tap here to enter text.
Health, wellness, or recovery supports	Click or tap here to enter text.	Click or tap here to enter text.
Life skills and tenancy readiness	Click or tap here to enter text.	Click or tap here to enter text.
Community and natural supports	Click or tap here to enter text.	Click or tap here to enter text.
Supportive-service engagement	Click or tap here to enter text.	Click or tap here to enter text.

Self-Sufficiency Outcome Measures: Record the participant's baseline, current status, and next target for earned income, non-employment cash income, mainstream benefits, employment status, education or credential progress, housing-readiness milestones, and permanent housing progress. Identify the data source and review date for each measure. Goals must reflect the participant's circumstances and choices and must be revised when assessment findings or barriers change.

Measure	Baseline	Current Status	Participant-Selected Target	Data Source	Review Date	Notes
Earned income	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Non-employment cash income	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.

						enter text.
Mainstream benefits	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Employment status	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Education or credential progress	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Housing-readiness milestones	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Permanent housing progress	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.

Total documented service hours this month: _____

Annual Service-Needs Reassessment, if due: ☐ Completed ☐ Not due. Assessment date: _____. Changes in participant needs, goals, service intensity, treatment or recovery preferences, employment plan, benefits access, housing barriers, and reasonable accommodations:

_____. Service plan updated: ☐ Yes ☐ No ☐ Not needed. Participant received and reviewed updated plan: ☐ Yes ☐ No.

Changes requested by participant: _____

Barriers requiring follow-up, accommodation, or partner coordination:

Revised goals and action steps:

Participant Signature: _____ **Date:** _____

Case Manager Signature: _____ **Date:** _____

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Form 6. Participant Feedback Form

Providing your name is optional.

Name: _____ Date: _____ Program Location: _____

Please select the response that best reflects your experience.

Statement	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
I am treated with dignity and respect.	☐	☐	☐	☐	☐
I understand my rights and program expectations.	☐	☐	☐	☐	☐
Services reflect my goals and choices.	☐	☐	☐	☐	☐
Staff help me address barriers to permanent housing.	☐	☐	☐	☐	☐
I know how to raise a concern or request an accommodation.	☐	☐	☐	☐	☐

What is working well?

What should be changed or improved?

What additional support would be helpful?

May staff contact you about this feedback? ☐ Yes ☐ No

Preferred contact method: _____

Submit this form to program staff or place it in the designated confidential feedback box. Feedback will be reviewed regularly for trends, follow-up, and program improvement.

Form 7. Participant Grievance and Appeal Form

Participant Name: _____ **Date Submitted:** _____

Preferred Contact Information: _____

Type of request: ☐ Informal concern ☐ Formal grievance ☐ Appeal of program decision
☐ Reasonable accommodation concern

Date of event or decision: _____ **Staff/Partner involved, if known:** _____

Description

Please describe what occurred, the decision being appealed, or the concern you would like reviewed:

What outcome or resolution are you requesting?

Documents attached: ☐ No ☐ Yes: _____

Do you need language access, disability-related accommodation, or another support during review?

Participant/Representative Signature: _____ **Date:** _____

Program Use

Notice of Proposed Termination and Review

Proposed termination reason	Click or tap here to enter text.
Specific supporting facts, including dates	Click or tap here to enter text.
Rule, agreement provision, or policy involved	Click or tap here to enter text.
Proposed effective date	_____
Reasonable-accommodation review completed	☐ Yes ☐ No ☐ Not applicable Date: _____

Accommodation requested or considered	Click or tap here to enter text.
Extenuating circumstances considered	Click or tap here to enter text.
Opportunity to object	☐ Written objection offered ☐ Oral objection offered ☐ Both offered
Deadline and method for submitting objections	Click or tap here to enter text.
Independent reviewer name and title	Click or tap here to enter text.
Reviewer certification	☐ I did not make or approve the original proposed termination decision.
Review date	_____
Participant or representative participated	☐ Yes ☐ No ☐ Declined
Final decision	☐ Termination upheld ☐ Modified ☐ Rescinded ☐ Other: _____
Final decision and reasons	Click or tap here to enter text.
Date prompt written notice provided	_____
Further appeal or external referral information	Click or tap here to enter text.

The participant must receive a clear written reason for the proposed termination, an opportunity to present written or oral objections before an impartial reviewer who did not make or approve the original decision, and prompt written notice of the final decision. Any action must follow applicable HUD requirements, the grant agreement, BKRHC written standards, CAPK policy, reasonable-accommodation requirements, and other participant protections.

Date received: _____ **Received by:** _____ **Tracking No.:** _____

Interim safety or service action, if any: _____

Review outcome and reasons:

Date written response provided: _____ **Further appeal available:** ☐ Yes ☐ No

Submitting a grievance or appeal will not result in retaliation. Services and housing will continue according to applicable policy while the matter is reviewed.

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Form 7A. HMIS Privacy Notice Acknowledgment

Participant Name: _____ HMIS/Program ID: _____

Privacy Notice Version: _____ Date Provided: _____

Staff Providing Notice: _____

Language or accessible format provided: _____

Privacy Notice Review

I acknowledge that I received the current BKRHC/CAPK HMIS Privacy Notice in a language and format I can understand. Program staff explained that the notice describes how my information may be collected, used, disclosed, secured, and retained in HMIS and related program records.

Topic Reviewed	Participant Acknowledgment
Required and permitted uses and disclosures	☐ Reviewed ☐ Questions answered
Participant right to request access to information	☐ Reviewed ☐ Questions answered
Participant right to request correction of information	☐ Reviewed ☐ Questions answered
Privacy complaint process and contact information	☐ Reviewed ☐ Questions answered
Security protections and limits on confidentiality	☐ Reviewed ☐ Questions answered
Consent choices, when applicable	☐ Reviewed ☐ Questions answered ☐ Not applicable
How to obtain another copy of the notice	☐ Reviewed ☐ Questions answered

Participant Choice and Acknowledgment

My signature confirms receipt and review of the HMIS Privacy Notice. It does not authorize disclosure beyond uses permitted by law, the HMIS Privacy Notice, or a separate valid authorization. I understand that I may ask questions, request another copy, and use the complaint process described in the notice.

Participant Signature: _____ Date: _____

Staff Signature: _____ **Date:** _____

If the participant declines or is unable to sign: ☐ Notice provided ☐ Participant declined signature ☐ Participant unable to sign

Staff documentation of circumstances: _____

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Form 8. Authorization to Release and Exchange Information

Participant Name: _____ **Date of Birth:** _____

I authorize CAPK/East Kern Housing Connection to exchange the information selected below with:

Person/Organization: _____

Address/Phone/Email: _____

Purpose: ☐ Housing coordination ☐ Benefits ☐ Health/behavioral health coordination ☐ Employment/education ☐ Care coordination ☐ Other: _____

Information authorized: ☐ Contact information ☐ Eligibility/enrollment ☐ Housing history ☐ Service plan/progress ☐ Income/benefits ☐ Employment/education ☐ Health-related information specifically described below ☐ Other: _____

Specific limitations or information excluded:

Method: ☐ Verbal ☐ Written ☐ Electronic ☐ All approved methods

Expiration: This authorization expires on _____ or upon _____, whichever occurs first.

I understand that signing is voluntary unless disclosure is necessary to coordinate a service I request. I may revoke this authorization in writing, except to the extent action has already been taken. Information disclosed may be subject to redisclosure by the recipient unless protected by law. This form does not authorize disclosure beyond the information and purpose listed above.

Participant Signature: _____ **Date:** _____

Authorized Representative, if applicable: _____ **Date:** _____

Staff/Witness: _____ **Date:** _____

Form 9. Program Rules and Occupancy Acknowledgment

Participant Name: _____ **Unit/Room:** _____

Move-In Date: _____ **Housing Provider:** MiJoy's Promise

Shared Commitments

The program is committed to safe, respectful, stable, and equitable housing. Participants are expected to:

- Treat other participants, staff, visitors, and neighbors with dignity and respect.
- Follow lawful health, safety, visitor, quiet-hour, smoking, and property-care requirements explained at move-in.
- Protect the privacy and belongings of others.
- Notify staff promptly of urgent safety, maintenance, accessibility, or accommodation needs.
- Participate in supportive services as described in the signed Supportive Services Agreement.
- Work collaboratively on a Housing Stability Plan and permanent housing transition.

Program Commitments

- Explain all rules, participant rights, fees, restrictions, and consequences in writing.
- Use consistent, trauma-informed responses and provide notice and an opportunity to be heard before adverse action, except when immediate action is required for safety.
- Offer reasonable accommodations and language access as applicable.
- Protect confidentiality and limit information sharing to authorized or legally permitted purposes.
- Provide information about grievances, appeals, emergencies, and after-hours contacts.

VAWA Rights and Emergency Transfer Documentation

The participant received information about applicable protections under the Violence Against Women Act (VAWA), including protections from denial of assistance or termination based on covered violence, confidentiality protections, and the right to request an emergency transfer when applicable. Survivor information will not be entered into shared records or disclosed except as permitted by VAWA and other applicable law.

**VAWA document or
action** **Documentation**

Notice of Occupancy Rights provided	☐ Yes ☐ No Date: _____ Version: _____
VAWA certification form provided	☐ Yes ☐ No Date: _____
Rights explained in an accessible language and format	☐ Yes ☐ No Language/format: _____
Confidential emergency-transfer request received	☐ No ☐ Yes Date: _____
Safe contact method and instructions	_____
Requested location or safety considerations	_____
Supporting documents received, if applicable	☐ No ☐ Yes: _____
Decision date	_____
Transfer action or safety response	_____
Restricted-file location	_____
Staff completing documentation	_____ Date: _____

Participant acknowledgment: I received information about applicable VAWA protections and how to request confidential assistance or an emergency transfer. My signature confirms receipt only and does not require me to disclose experiences of violence.

Participant Signature: _____ **Date:** _____

Additional site-specific rules provided as an attachment: ☐ Yes ☐ No

Keys/property issued: _____

Participant emergency contact preference: _____

I received and reviewed the occupancy and program rules, had an opportunity to ask questions, and understand how to request clarification, accommodation, or review of a program decision.

Participant Signature: _____ **Date:** _____

Housing Provider Signature: _____ **Date:** _____

CAPK Staff Signature: _____ **Date:** _____

DRAFT

Form 10. Permanent Housing and Program Exit Plan

Participant Name: _____ Plan Date: _____

Anticipated Exit Date: _____ Case Manager: _____

Permanent Housing Destination

Housing type/address or search status: _____

Leaseholder/landlord contact, if authorized: _____

Move-in date: _____ Rent: \$ _____ Utilities: \$ _____

Income and Housing Affordability

Income/Benefit Source	Monthly Amount	Status/Follow-Up
-----------------------	----------------	------------------

Transition Checklist

Task	Complete	Responsible Person	Date
Lease/occupancy documents reviewed	☐	Click or tap here to enter text.	Click or tap here to enter text.
Move-in costs, furnishings, and utilities arranged	☐	Click or tap here to enter text.	Click or tap here to enter text.
Transportation/move plan confirmed	☐	Click or tap here to enter text.	Click or tap here to enter text.
Benefits, health care, behavioral health, and medications coordinated	☐	Click or tap here to enter text.	Click or tap here to enter text.
Employment/education supports continued	☐	Click or tap here to enter text.	Click or tap here to enter text.
Community and natural supports identified	☐	Click or tap here to enter text.	Click or tap here to enter text.
Follow-up contact and safety plan confirmed	☐	Click or tap here to enter text.	Click or tap here to enter text.

HMIS/record documentation completed	☐	Click or tap here to enter text.	Click or tap here to enter text.
--	--------------------------	----------------------------------	----------------------------------

Post-exit follow-up plan and participant preferences for services that may continue for up to six months after leaving transitional housing to support adjustment to independent living, consistent with 24 CFR 578.53(b)(3):

Follow-Up Outcomes: With the participant's consent, attempt contact at 30, 90, and 180 days after exit. Record housing status, housing retention, income or employment change, connection to treatment or recovery supports when applicable, unmet needs, referrals provided, and whether the participant returned to homelessness. Document unsuccessful contact attempts without treating loss of contact as an adverse participant outcome.

Follow-Up Interval	30 Days	90 Days	180 Days
Consent status	☐ Confirmed ☐ Declined ☐ Withdrawn	☐ Confirmed ☐ Declined ☐ Withdrawn	☐ Confirmed ☐ Declined ☐ Withdrawn
Contact date and method	Click or tap to enter a date.	Click or tap to enter a date.	Click or tap to enter a date.
Housing status	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Housing retained	☐ Yes ☐ No ☐ Unknown	☐ Yes ☐ No ☐ Unknown	☐ Yes ☐ No ☐ Unknown
Returned to homelessness	☐ Yes ☐ No ☐ Unknown	☐ Yes ☐ No ☐ Unknown	☐ Yes ☐ No ☐ Unknown
Employment or income change	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Continuing treatment or recovery connection, when applicable	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Unmet needs	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Referrals provided	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Next follow-up	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Unsuccessful-contact attempts	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.

Unresolved needs and referrals:

Outcome Review at Exit: Record whether the participant exited to permanent housing, increased earned income, increased non-employment cash income, obtained or retained employment, enrolled in education or training, connected to mainstream benefits, engaged with an ongoing behavioral health or recovery provider when applicable, and established post-exit supports. For each outcome, indicate achieved, partially achieved, not achieved, not applicable, or participant declined to answer, and identify the supporting data source.

Outcome	Rating	Data Source	Notes
Permanent housing	☐ Achieved ☐ Partially Achieved ☐ Not Achieved ☐ Not Applicable ☐ Participant Declined	Click or tap here to enter text.	Click or tap here to enter text.
Earned income	☐ Achieved ☐ Partially Achieved ☐ Not Achieved ☐ Not Applicable ☐ Participant Declined	Click or tap here to enter text.	Click or tap here to enter text.
Non-employment income	☐ Achieved ☐ Partially Achieved ☐ Not Achieved ☐ Not Applicable ☐ Participant Declined	Click or tap here to enter text.	Click or tap here to enter text.
Employment	☐ Achieved ☐ Partially Achieved ☐ Not Achieved ☐ Not Applicable ☐ Participant Declined	Click or tap here to enter text.	Click or tap here to enter text.
Education or training	☐ Achieved ☐ Partially Achieved ☐ Not Achieved ☐ Not Applicable ☐ Participant Declined	Click or tap here to enter text.	Click or tap here to enter text.
Mainstream benefits	☐ Achieved ☐ Partially Achieved ☐ Not Achieved ☐ Not Applicable ☐ Participant Declined	Click or tap here to enter text.	Click or tap here to enter text.
Ongoing treatment or recovery connection, when applicable	☐ Achieved ☐ Partially Achieved ☐ Not Achieved ☐ Not Applicable ☐ Participant Declined	Click or tap here to enter text.	Click or tap here to enter text.

Community supports	☐ Achieved ☐ Partially Achieved ☐ Not Achieved ☐ Not Applicable ☐ Participant Declined	Click or tap here to enter text.	Click or tap here to enter text.
--------------------	---	----------------------------------	----------------------------------

Exit destination: _____

Exit reason: ☐ Permanent housing ☐ Other housing ☐ Participant choice ☐ Transfer ☐ Other: _____

Participant Signature: _____ Date: _____

Case Manager Signature: _____ Date: _____

THE MISSION AT KERN COUNTY

12-Month Transitional Phase II

Upon completion of the 12-Month Discipleship Program (Phase I), the resident will move into “Exodus Housing,” specifically designated for this period until the resident becomes employed or is receiving some other equivocal form of income such as S.S.I or S.S. Disability. Resident will be coached in job acquisition tools, create a resume, activate a phone and establish a working email account. An action plan will be formulated with the resident’s case manager to attend to any obstacles that may hinder employment (DMV, IRS, Child Support, Social Security etc.) Meals, Housing, Clothing and Laundry Service will continue gratis until the resident moves upstairs. **Upon receiving employment or other income as specified, the resident will be able to move into transitional housing**, where the resident will begin paying the program fee by the 1st of the following month. The Resident must sign the Phase 2 resident contract before the resident moves into transition housing. the resident will provide their own meals, clothing, and supplies to do their own laundry. All Discipleship rules continue to apply, with the addition of these Phase II guidelines:

GENERAL GUIDELINES

*Resident is to be accountable and responsible to Jesus Christ and the Mission and is encouraged to participate in church and Bible studies. This includes attending at least 3 Phase I classes per week. The Alumni Bible Study, Graduations and Friday/Sunday Chapels also count as classes Residents will choose from the menu of classes.

*All Phase II residents who are not employed or actively attending secondary education are required to volunteer in some capacity at the Mission a minimum of 20 hours per week. A Volunteer /class attendance log sheet is to be turned into the resident’s case manager upon completion. Residents who choose to attend secondary education full time must continue to actively seek employment until they receive a job with a minimum of 25 hours per week.

*Resident will meet with their case manager at least once per week to discuss employment or school status until the resident is employed a minimum of 25 hours per week or receives equivocal regular income.

*All Residents in Phase II will meet with their case manager at least twice per month to discuss plugged-in log including volunteer hours and attended classes.

*Upon acquisition of employment or actively attending secondary education, the resident will be required to attend all chapel services and graduations whenever possible. The employed resident is required to volunteer (job skills) a minimum of 8 hours per month (2 hours per week) and attend at least 2 classes per week. Your case manager may require more of each dependent upon your school or work schedule.

*Residents will use up to 20 hours per week to job search or be engaged in further education until employed. Residents will not be allowed to stay in bed during this time. If the resident is not involved with job search and/or education, the resident will be given a Job skills assignment for the day. Once the resident becomes employed (at least 25 hours per week), this rule will no longer apply.

*Residents are encouraged to interact in mealtime with Phase I residents but **must ask staff** if they wish to eat with them because of the limited provision for meals. **No food is allowed in ANY Dorm area at any time.**

*Bus passes may be obtained for job interviews.

- *If the resident has a vehicle or purchases a vehicle during Phase II, it may be used to travel to and from work, and to church. Vehicle must have current tags and insurance. All Phase 2 residents, (Including those employed at the Mission) will park their vehicles in the Phase 2 parking lot in the north-west corner of the property.
- *Phones and laptops may be used but not shared. **Do not allow anyone in Phase I to use your phone or computer.**
- *Resident will set up a bank account and create a budget once employed.
- *Resident will View all the Next Steps Videos on the Mission YouTube channel.
- *Resident is subject to random alcohol/drug screenings. Absolutely no alcohol, tobacco or drugs are permitted on Mission premises. No smoking or chew allowed.
- *Absolutely no overnight guests and or visitors allowed in Transitional facility.
- *Residents will assist in maintaining the Transitional Housing areas both inside and outside, cleaning at designated times. All residents will be involved in the cleaning process.
- *Your Bed area is to be always kept neat and tidy. No extra furniture is to be brought into the dorms. Alternative storage MIGHT be provided with the approval of Staff, if your items do not fit in the provided closets or drawers. You must keep your area Tour Ready. You are allowed to put up a couple pictures, but **you are not allowed to alter the arrangement of any furniture unless deemed medically necessary.**
- * All phase 2 residents may use the in-house laundry facility 7 days per week from 4pm to 9pm. No load of laundry may be put in after 9p.m. unless previously arranged with staff. Please make plans to do your laundry according to this schedule. An emergency on your part doesn't constitute an emergency for anyone else.
- *Be respectful to your room mates. Always use headphones and be considerate when turning on any lights. Be considerate with any phone calls and take them away from sleeping residents. Any type of behaviors or habits that are seen as disrespectful and or menacing to other residents will be dealt with on a case-by-case basis. Those who are considered a menace to other residents will be subject to disciplinary measures including removal from program.
- *Wake up and out of bed no later than 8:00 AM unless you worked the night before.**
- *No relationships or romantic fraternization is allowed between Program or Graduate Residents while living in the Transitional Housing. This includes anyone who has been a part of the Discipleship Program within the past 12 months.
- *Curfew is 9pm inside the dorm, 10pm bedroom lights out. This includes computer screens
- *If you leave campus to apply for work, check in and out with staff on duty. You must be back by 9pm. If you're not back in time for dinner, a plate will not be held for you unless previous arrangements are made.
- *Phase 2 residents receive a 24 hr. pass every month and one 8hr. pass per week. If planning to be off-campus, check -in and out with Staff on duty.
- *When you move out of the Phase II residential facility for any reason, you will have 72 hours to remove any belongings. Anything remaining after 72 hours will be subject to donation.

***All Phase 2 residents will have an anticipated date to Exit Program and move into regular housing. This date will be one year after the resident's graduation from phase I.** This date may be extended for extenuating circumstances with the consent of the director. You need to show your exit plan by the end of your 6th month in transitional

*Mission Staff may amend guidelines at any time without prior notice.

I have read and understand these guidelines: _____

TRANSITIONAL PHASE 2 "PLUGGED IN" LOG

Attachment #7 (4 of 4)

James 2:14-19

Job skills 5 hrs per week classes 5 per week

NAME: _____

MONTH: _____

<u>Job Skills</u>	<u>DATE</u>	<u>HRS.</u>	<u>STAFF INITIAL</u>
Week 1:			
Week 2:			
Week 3:			
Week 4:			

<u>CHAPEL/GRAD/CLASS:</u>		<u>DATE</u>		<u>STAFF INITIAL</u>
Week 1	5 Classes			
Week 2	5 Classes			
Week 3	5 Classes			
Week 4	5 Classes			

BAKERSFIELD RECOVERY SERVICES, INC.

BRS Pathways to Safety Transitional Housing

Participant Occupancy and Supportive Services Agreement

Important drafting note: This sample is designed for the FY 2026 CoC DV Bonus Transitional Housing application. It is not a substitute for a landlord lease, sublease, or legal advice. BRS should have California housing counsel and the local CoC/HUD Field Office review the final agreement before participant use.

Participant/Head of Household _____

Approved Household Members _____

Confidential Unit Address _____

Occupancy Start Date _____

Anticipated End Date _____

Participant Occupancy Charge

☐ None ☐ \$_____ per month ☐ Other: _____

BRS Program Contact

Name: _____ Phone: _____

1. Purpose and Parties

This Agreement is between Bakersfield Recovery Services, Inc. (BRS) and the participant household identified above. BRS Pathways to Safety Transitional Housing provides time-limited, scattered-site housing and supportive services to eligible adults and families fleeing or attempting to flee domestic violence, dating violence, sexual assault, or stalking. The purpose of the program is to increase safety, housing stability, income, and successful transition to permanent housing.

This Agreement supplements any landlord lease, master lease, sublease, or property-specific addendum required for the unit. It does not waive rights provided by federal, state, or local law. If a lease or sublease conflicts with this Agreement, BRS will seek legal review and apply the provision that preserves all applicable participant protections.

2. Temporary Occupancy and Program Term

The participant may occupy the unit beginning on the date listed above, subject to funding, eligibility, unit availability, and compliance with this Agreement. Transitional housing assistance is temporary and may continue for up to 24 months from project enrollment unless a shorter period is agreed upon, the household transitions to permanent housing, or assistance is ended through the formal termination process described below.

The anticipated end date is a planning date and may be revised based on the participant's individualized housing plan, safety needs, program limits, and continued eligibility. BRS will begin permanent-housing planning at enrollment and will not require a participant to remain in transitional housing longer than necessary.

3. Household Composition and Use of the Unit

- Only the approved household members listed in the property-specific addendum may reside in the unit, unless BRS approves a change in writing.
- The unit will be used as the household's primary residence and may not be subleased or used for commercial activity.
- BRS will consider requests to add or remove household members, including requests related to safety, family reunification, custody, pregnancy, birth, or other changes in household composition.
- A participant will not be penalized because a perpetrator enters, damages, or disrupts the unit without the participant's consent or control. BRS will respond through safety planning, legal remedies, relocation, or other appropriate measures.

4. Housing Costs, Utilities, and Basic Needs

BRS will pay eligible leasing and operating costs according to the approved grant budget and property agreement. Any participant occupancy charge, utility responsibility, or other required payment must be stated in writing in the property-specific addendum. No unlisted fee may be charged.

BRS may assist with eligible move-in items, utility establishment, transportation, and other housing-stabilization costs when approved and documented. The participant agrees to promptly report utility shutoff notices, landlord notices, damage, or other conditions that could threaten housing stability.

5. Individualized Service Plan and Weekly Engagement

At enrollment, BRS and the participant will create an individualized service plan. The plan will identify the participant's goals, the services or activities to be provided, who will provide them, how often they will occur, strategies for achieving the goals, and target dates. Goals may address safety, health and wellness, housing stability, employment income, education, benefits, childcare, transportation, credit, legal needs, documentation, and permanent housing.

Consistent with the FY 2026 CoC Transitional Housing project requirements, each non-exempt adult participant will have a weekly engagement plan designed to result in at least 20 hours per week of services, activities, or employment. Employment may count toward the 20 hours. Participants over age 62 and participants who meet the applicable disability exemptions are not subject to the requirement. BRS will provide reasonable accommodations and will individualize schedules around safety, caregiving, court, medical, employment, and transportation needs.

Examples of countable engagement include case management, housing search, landlord meetings, safety planning, counseling, treatment selected by the participant, education, job training, employment, volunteering, financial coaching, benefits enrollment, court or legal appointments, parenting or family-support activities, and community-building activities.

The participant agrees to communicate with staff about scheduling barriers and to participate in plan reviews. Missed activities will first be addressed through outreach, problem-solving, reasonable accommodation, and plan revision. They will not result in automatic loss of housing.

6. Survivor-Centered Services and Participant Choice

BRS will provide housing navigation, landlord coordination, tenancy preparation, move-in support, benefits and employment assistance, transportation coordination, permanent-housing planning, and stabilization follow-up. BRS's Confidential Case Manager at the Kern County Family Justice Center may provide survivor intake, danger assessment, individualized safety planning, crisis intervention, confidential advocacy, legal and counseling referrals, court accompaniment, benefits coordination, and post-exit follow-up.

Occupancy is not conditioned on filing a police report, seeking a restraining order, participating in prosecution, ending contact with or remaining separated from an abusive partner, attending counseling, maintaining sobriety, taking medication, participating in substance use disorder treatment, or disclosing more information than is required for eligibility and program administration. Voluntary services selected by the participant may count toward the weekly engagement plan.

7. Confidentiality, Safe Communication, and Records

- BRS will use the participant's safe contact preferences and will not leave detailed messages, send mail, or communicate electronically in a way that creates a known safety risk.
- The location of the scattered-site unit will be treated as safety-sensitive information and will not be disclosed to a perpetrator or unauthorized person.
- The Family Justice Center will maintain separate confidential survivor-service records. Information will be shared with BRS only when authorized by the participant, required by law, or necessary for immediate safety, and only to the minimum extent necessary.
- BRS, as the HUD recipient and a non-victim-service provider, will collect and enter required project information in HMIS in accordance with applicable privacy, security, and consent requirements. Survivor advocacy details maintained by the Family Justice Center will not be entered into HMIS.
- The participant may revoke a release of information in writing, except to the extent information has already been disclosed or disclosure is otherwise required by law.

8. VAWA Occupancy Rights and Emergency Transfers

The participant is protected by the Violence Against Women Act (VAWA). BRS will provide the HUD Notice of Occupancy Rights under VAWA (HUD-5380) and Certification of Domestic Violence, Dating Violence, Sexual Assault, or Stalking and Alternate Documentation (HUD-5382) at admission and with any notice of termination. BRS will also maintain an emergency transfer plan based on HUD-5381 and make HUD-5383 available for emergency transfer requests.

- Assistance, occupancy, or participation will not be denied or terminated because the participant or an affiliated individual is or has been a survivor, if the household otherwise qualifies.
- Criminal activity directly related to domestic violence, dating violence, sexual assault, or stalking will not, by itself, be treated as grounds to terminate the survivor's occupancy or assistance.
- The participant may request an internal or external emergency transfer when the participant believes remaining in the unit creates a threat of imminent harm, or when other HUD criteria are met.
- BRS will use strict confidentiality measures in processing transfer requests and will not disclose the location of a new unit to the person who committed or threatened violence.
- The participant may request lease bifurcation or removal of a perpetrator from the household when legally and programmatically available.
- The participant may contact law enforcement or emergency services without being penalized for seeking help or for criminal activity for which the participant is a victim or is otherwise not at fault.

9. Safety, Guests, and Community Responsibilities

The participant agrees to use reasonable care to maintain a safe living environment and to follow property rules that apply equally to all residents. BRS will not use safety rules to blame or punish a participant for abuse committed against the participant.

- Guests must comply with the property rules and may not create a direct threat, damage the unit, interfere with neighbors, or engage in unlawful activity on the premises.

BRS PATHWAYS TO SAFETY TRANSITIONAL HOUSING

- A person excluded by a court order, safety plan, lease restriction, or written BRS safety determination may not enter the unit. BRS will work with the participant on enforcement and alternatives when exclusion creates additional risk.
- Weapons, threats, violence, intentional property destruction, trafficking activity, and conduct that creates an actual and imminent threat to others are prohibited. BRS will evaluate whether the participant was a victim, whether the conduct was outside the participant's control, and whether less restrictive safety measures are available before considering termination.
- Reasonable accommodations and modifications will be considered for disabilities, service animals, assistance animals, communication access, and other protected needs.

10. Unit Care, Inspections, and Repairs

- The participant will keep the unit reasonably clean and sanitary, dispose of trash, and report maintenance or safety problems promptly.
- BRS and the property owner may inspect the unit with reasonable notice as required by the lease and applicable law. Entry without advance notice is limited to emergencies or circumstances allowed by law.
- The participant is responsible for intentional or negligent damage caused by the participant or invited guests, subject to applicable law and VAWA protections. Damage caused by a perpetrator will be evaluated separately and will not automatically be charged to or used against the survivor.
- The participant will not change locks, install security equipment, or make structural alterations without written approval, except when emergency safety measures are allowed by law or coordinated with BRS and the property owner.

11. Absences, Relocation, and Abandonment

The participant should notify BRS of planned absences when it is safe to do so. BRS will not require disclosure of a confidential location. An absence related to safety, hospitalization, court, family emergency, or other good cause will not be treated as abandonment without outreach and an individualized review. BRS may initiate abandonment procedures only after reasonable attempts to contact the participant using approved safe methods and after applying the governing lease and applicable law.

12. Complaints, Grievances, and Non-Retaliation

The participant may raise concerns, request an accommodation, appeal a decision, or file a grievance without retaliation. Complaints may be submitted verbally or in writing to the Program Supervisor or another designated BRS representative. BRS will provide accessible assistance for participants who need help preparing a grievance and will protect confidentiality to the extent permitted by law.

13. Termination of Assistance or Occupancy

BRS may consider termination for a material violation of written program requirements or conditions of occupancy, such as fraud, abandonment, repeated serious property violations, or an actual and imminent threat that cannot be reduced through a less restrictive measure. Termination will not be automatic and will not be based on survivor status, abuse committed against the participant, failure to report abuse, refusal to cooperate with law enforcement, or criminal activity directly related to the abuse for which the participant is the victim.

Before assistance is terminated, BRS will provide the participant with:

1. A copy of the program rules and termination process before assistance begins;
2. Written notice clearly stating the proposed reasons for termination;
3. An opportunity to present written or oral objections to a person who did not make or approve the original decision and is not subordinate to that decision-maker; and

4. Prompt written notice of the final decision, including the effective date and available referral or relocation assistance.

When immediate safety action is necessary, BRS may arrange temporary relocation, restrict access by a threatening person, contact emergency services, or take another lawful interim measure while preserving the participant's review rights. BRS will consider extenuating circumstances, reasonable accommodations, and alternatives to termination.

14. Move-Out and Transition to Permanent Housing

The participant and BRS will develop a move-out plan addressing permanent housing, utilities, furnishings, benefits, safety, school continuity, landlord communication, and post-exit support. The participant will return keys, remove personal belongings, provide a safe forwarding method if desired, and complete a unit condition review. BRS may offer stabilization follow-up after exit when the participant safely consents.

15. Documents Provided With This Agreement

Document	
☐	Property-Specific Unit and Household Addendum
☐	Individualized Service Plan and Weekly Engagement Plan
☐	Safe Contact and Confidentiality Preferences Form
☐	Program Rules and Grievance/Termination Procedure
☐	HUD-5380 Notice of Occupancy Rights Under VAWA
☐	HUD-5382 VAWA Certification and Alternate Documentation Form
☐	BRS Emergency Transfer Plan based on HUD-5381
☐	HUD-5383 Emergency Transfer Request Form
☐	Applicable landlord lease, sublease, or tenancy addendum
☐	HMIS privacy notice and applicable consent forms

16. Acknowledgment and Signatures

By signing, the participant acknowledges receipt of this Agreement and the listed attachments, an opportunity to ask questions, and an explanation of the grievance, termination, confidentiality, and VAWA protections. The participant's signature does not waive any legal right.

BRS PATHWAYS TO SAFETY TRANSITIONAL HOUSING

Participant/Head of Household Signature

Date

Adult Household Member Signature, if applicable

Date

BRS Representative Signature

Date

Interpreter/Accommodation Provider, if applicable

Date

Appendix A — Property-Specific Unit and Household Addendum

Complete one addendum for each household. Store the signed copy in the participant’s secure program file. Do not disclose the unit address in external reports or routine partner communications.

Participant ID / HMIS ID	_____ _____
Unit Address	_____ _____
Property Owner/Manager	_____ _____
Master Lease or Sublease Term	_____ _____
Approved Household Members	_____ _____
Utilities Paid by BRS	_____ _____
Utilities Paid by Participant	_____ _____

Occupancy Charge

Approved Safety Modifications

Special Conditions/Reasonable Accommodations

Appendix B — Weekly Engagement Plan

The plan should be individualized and updated when goals, safety, employment, disability accommodations, family responsibilities, or service availability change. Employment may count toward the weekly requirement. Exempt participants should be identified without placing unnecessary medical details in this form.

Service/Activity	Provider	Hours	Frequency/Day	Goal Supported	Completed

Weekly total planned: _____ hours Weekly total completed: _____ hours

Exemption/adjustment, if applicable: ☐ Age 62+ ☐ Disability exemption ☐ Employment counted ☐ Reasonable accommodation ☐ Other approved adjustment: _____

Participant comments/barriers:

Case manager action and plan revision:

Appendix C — Safe Contact and Confidentiality Preferences

Safe phone number

BRS PATHWAYS TO SAFETY TRANSITIONAL HOUSING

Safe to leave voicemail?	☐ Yes ☐ No Approved message:
Safe email address	
Safe mailing address	
Safe days/times to contact	
Unsafe contacts or methods	
Emergency contact, if approved	
Language/access needs	

Appendix D — Drafting Checklist for BRS Before Use

- Confirm whether participants will sign a sublease, occupancy agreement, or both under California law.
- Insert the final occupancy-charge policy and utility responsibilities.
- Attach BRS's approved emergency transfer plan and current HUD VAWA forms.
- Align the 20-hour engagement language with the final e-snaps project description and local ranking packet.
- Confirm HMIS privacy, release, and safe-contact procedures with the BKRHC HMIS Lead.
- Add the final grievance reviewer, notice periods, and emergency contact procedures.
- Have California housing counsel review the agreement, especially termination, entry, guest, abandonment, and lock-change provisions.
- Ensure the landlord master lease permits the proposed sublease or occupancy arrangement and includes applicable VAWA protections.

Regulatory Drafting References

Prepared as a sample using the FY 2026 CoC NOFO requirements for Transitional Housing service plans and weekly engagement; 24 CFR 578.91 termination due process; 24 CFR part 5, subpart L VAWA protections; and HUD Forms 5380–5383. The final agreement must be conformed to the executed grant, BKRHC requirements, property lease, and California law.

NOVA SORELLA

RESET & RESTORE INITIATIVE

Program Participation & Supportive Services Agreement

1. Program Overview

Reset & Restore is a 36-month, high-intensity transitional housing and stabilization program for individuals transitioning from incarceration. The program provides housing, crisis stabilization, clinical coordination, and intensive case management to remove legal, medical, and housing barriers and prevent recidivism.

2. Required Participation in Program Support Services

All Residents are required to participate in program support services throughout the 36-month transitional housing stay. This requirement is a condition of continued participation in the Reset & Restore transitional housing program and is set forth in the Resident's program agreement and occupancy documentation.

3. Intensive Case Management Requirement

A dedicated case manager is assigned to each Resident immediately upon release, with a capped caseload to ensure consistent, individualized advocacy. Residents are required to attend weekly one-on-one case management sessions tracking legal, clinical, SUD, housing, and employment goals in a single integrated plan, and to engage in direct coordination with parole/probation, courts, SUD/mental health providers, landlords, and employers as directed by their case manager.

4. Substance Use Disorder (SUD) Services

SUD and co-occurring screening is completed within days of release for every Resident, and voluntary SUD services — including individual and group substance use counseling, continuity of any medication started while incarcerated, and linkage to Medication-Assisted Treatment (MAT), detox, or Drug Medi-Cal/county SUD treatment providers — are offered to any Resident identified with SUD needs. SUD services are mandatory only where court-ordered as a condition of the Resident's parole, probation, or sentencing. Relapse-prevention planning is built into every stage of the 36-month transitional housing timeline.

Acknowledgment

By signing below, the Resident acknowledges that participation in the supportive services described in Sections 2–4 of this Agreement is a required condition of continued residency in this program, and that this Agreement will be maintained in the Resident's program file for the duration of enrollment.

Resident Signature / Date

Case Manager Signature / Date

Program Director Signature / Date

NOVA SORELLA THE BLOOM PROJECT

Program Participation & Supportive Services Agreement

1. Program Overview

The Bloom Project is a 36-month transitional living framework providing continuous stabilization, safety, and supportive services from intake through independent housing transition and peer leadership.

2. Required Participation in Program Support Services

All Residents are required to participate in program support services for the duration of the 36-month transitional living program. This requirement applies regardless of which of the five program phases the Resident is currently in and is a condition of continued residency.

3. Intensive Case Management Requirement

A dedicated case manager is assigned to each Resident at intake with a capped caseload. Residents are required to attend weekly individual sessions tracking every goal across housing, clinical, SUD, legal, financial, and family domains, and to engage with crisis-response and coordination services provided by their case manager with county, medical, legal, and workforce partners at every program phase.

4. Substance Use Disorder (SUD) Services

Universal SUD/co-occurring screening is completed at intake for every Resident. SUD services — including individual and group substance use counseling, harm-reduction education, and direct linkage to detox, Medication-Assisted Treatment (MAT), and Drug Medi-Cal providers — are offered to any Resident identified with SUD needs and are integrated into every phase of the program alongside trauma recovery work. SUD services are mandatory only where court-ordered as a condition of a Resident's legal status.

Acknowledgment

By signing below, the Resident acknowledges that participation in the supportive services described in Sections 2–4 of this Agreement is a required condition of continued residency in this program, and that this Agreement will be maintained in the Resident's program file for the duration of enrollment.

Resident Signature / Date

Case Manager Signature / Date

Program Director Signature / Date

NOVA SORELLA

THE INDEPENDENCE PATHWAY FOR VETERANS

Program Participation & Supportive Services Agreement

1. Program Overview

The Independence Pathway for Veterans provides stable, structured transitional housing and supportive services for veterans working toward independent living, coordinated closely with VA healthcare, benefits, and supportive services.

2. Required Participation in Program Support Services

As a condition of admission and continued residency, Residents must be willing to actively participate in case management and must agree to program policies and expectations, including attending scheduled case management meetings and engaging in life-skills development, employment, or education/job-training activities as outlined in the Resident's program agreement signed at intake and orientation.

3. Intensive Case Management Requirement

Each Resident is assigned a dedicated case manager at intake with a capped caseload. Residents are required to attend regular one-on-one meetings reviewing housing, employment, financial, health, SUD, and VA benefit goals in a single coordinated plan, and to engage with crisis-response and re-engagement support as needed to maintain stability.

4. Substance Use Disorder (SUD) Services

SUD/co-occurring screening is completed during intake and orientation, alongside VA healthcare enrollment, for every Resident. SUD services — including access to Medication-Assisted Treatment (MAT), individual/group counseling, and peer recovery support — are offered to any Resident identified with SUD needs, coordinated directly with VA SUD treatment programs, Vet Centers, and community-based dual-diagnosis providers. SUD services are mandatory only where court-ordered as a condition of a Resident's legal status. Relapse-prevention planning is integrated into every phase of the 36-month program.

Financial Responsibility

Employed Residents are required to contribute a portion of income toward a structured savings plan as part of program participation. Case managers assist Residents in identifying savings goals; contributions are tracked and returned upon successful program completion.

Acknowledgment

By signing below, the Resident acknowledges that participation in the supportive services described in Sections 2–4 of this Agreement is a required condition of continued residency in this program, and that this Agreement will be maintained in the Resident's program file for the duration of enrollment.

Resident Signature / Date

Case Manager Signature / Date

Program Director Signature / Date

NOVA SORELLA

THE BRIDGE PROGRAM

Program Participation & Supportive Services Agreement

1. Program Overview

The Bridge Program is a CDSS-compliant Short-Term Residential Therapeutic Program (STRTP) providing up to 36 months of trauma-informed stabilization, specialty mental health services, and supportive services for Nonminor Dependents ages 18 up to 21 under AB 12 Extended Foster Care.

2. Required Participation in Program Support Services

Participation in program support services is a condition of placement for all Nonminor Dependents in the STRTP. This requirement, along with the NMD's individualized case plan, is documented in the NMD's Transitional Independent Living Case Plan and mutual agreement maintained with County Child Welfare Services or the Juvenile Probation Department.

3. Intensive Case Management Requirement

A dedicated Masters-level/licensed case manager is assigned to each NMD at intake with a capped caseload to ensure daily availability. NMDs are required to attend weekly individual case management sessions tracking clinical, educational, SUD, and permanency goals in one integrated plan, and to participate in bi-weekly Child and Family Team (CFT) meetings coordinating the NMD, county, and natural supports.

4. Substance Use Disorder (SUD) Services

Co-occurring SUD screening (e.g., CRAFFT/GAIN-SS) is integrated into the Day 1–5 Behavioral Health Assessment for every NMD. SUD services — including individual and group substance use counseling embedded alongside CBT/DBT/EMDR programming, and direct linkage to Medication-Assisted Treatment (MAT) and detox/withdrawal management when clinically indicated — are offered to any NMD identified with SUD needs, coordinated between the Licensed Clinical Director and county SUD/Drug Medi-Cal providers. SUD services are mandatory only where ordered by the court or required under the NMD's Juvenile Probation case plan, with SUD progress reviewed at every bi-weekly CFT meeting.

Acknowledgment

By signing below, the Nonminor Dependent (NMD) acknowledges that participation in the supportive services described in Sections 2–4 of this Agreement is a required condition of continued residency in this program, and that this Agreement will be maintained in the Nonminor Dependent (NMD)'s program file for the duration of enrollment.

Nonminor Dependent (NMD) Signature / Date

Case Manager Signature / Date

Program Director Signature / Date



**Evidence of Coordination and Non-Interference with Local Efforts to Advance Protecting Public Safety
Continuum of Care CA-604**

The Bakersfield-Kern Regional Homeless Collaborative (BKRHC), as the Continuum of Care (CoC) for CA-604, coordinates with local law enforcement, Kern County agencies, behavioral health providers, street outreach teams, emergency responders, and homeless service providers to support community efforts to advance public safety while connecting individuals experiencing homelessness to appropriate services and housing resources.

CA-604's coordination includes:

- **Encampments:** The CoC and its outreach providers coordinate with the Kern County Sheriff's Office, Code Compliance, local jurisdictions, and other partners during encampment responses. Outreach teams engage individuals, assess needs, and facilitate connections to shelter, Coordinated Entry (CES), housing navigation, behavioral health and substance use disorder treatment, and supportive services.
- **Illicit Drug Use:** The CoC coordinates with Kern Behavioral Health and Recovery Services (KernBHRS), law enforcement, first responders, and treatment providers to connect individuals to substance use disorder assessment, treatment, crisis services, and other appropriate interventions.
- **Danger to Self or Others:** When individuals present behavioral health or safety concerns, CoC partners coordinate with KernBHRS, crisis response teams, law enforcement, and other qualified agencies responsible for determining and implementing appropriate interventions, including involuntary evaluation when legally warranted.
- **Information Sharing:** CoC partners comply with applicable federal, state, and local requirements governing information sharing, privacy, confidentiality, and Sex Offender Registration and Notification Act (SORNA) requirements.

BKRHC and its CoC-funded partners do not obstruct or interfere with lawful local efforts to address public safety, including encampment clearing, illicit drug activity, or situations involving a danger to self or others. The CoC complements these efforts by providing outreach, service coordination, treatment referrals, shelter connections, and pathways to permanent housing.

Through this coordinated approach, CA-604 supports public safety while ensuring individuals experiencing homelessness are connected to appropriate services and opportunities for housing stability.

Certification

On behalf of the Bakersfield-Kern Regional Homeless Collaborative Governing Board, I certify that the information above accurately reflects CA-604's coordination and non-interference with local efforts to advance public safety.

Steve Peterson, Chair

BKRHC Governing Board

Continuum of Care CA-604

Date: 09/28/2026



Attachment: 1D
Local Competition Scoring Tool

Enclosed is the **BKRHC Local Competition Scoring Guide**, along with copies of the **Ranking Packets** provided to the non-conflicted Ranking Panel members for the review and evaluation of proposed new and renewal projects.

The Ranking Packet served as the standardized review tool used by each panelist to evaluate individual project applications. It included the applicable scoring criteria, maximum points available, project-specific information and performance data, and space for panelists to document scores and review comments. The packet guided panelists through the consistent application of objective criteria, including project performance, grant and financial management, utilization, HMIS participation and data quality, system performance outcomes, supportive services participation, and other applicable local competition criteria.

The Local Competition Scoring Guide and Ranking Packets collectively document the methodology used by the CoC to objectively review, score, and rank project applications in accordance with HUD requirements.

**FY 2026 HUD Continuum of Care (CoC) Notice of Funding Opportunity (NOFO)
Project Scoring Guide**

The 2026 HUD Continuum of Care (CoC) Notice of Funding Opportunity (NOFO) Scoring Guide provides a standardized and transparent framework for evaluating project applications submitted through the local competition. The scoring methodology is designed to align with HUD's FY 2026 NOFO priorities while ensuring a fair, objective, and consistent review process for all applicants.

The Scoring Guide evaluates projects based on performance, compliance, objective criteria, and strategic alignment, including project outcomes, grant and financial management, HMIS participation and data quality, Annual Performance Report (APR) results, utilization, Coordinated Entry participation, and alignment with local priorities. Scores are used by the Ranking Panel to develop funding recommendations for consideration by the Planning and Performance Subcommittee and final approval by the Governing Board prior to submission to HUD.

Contents

NEW PROJECT SCORING GUIDE 2

RENEWAL PROJECT SCORING GUIDE 28

NEW PROJECT SCORING GUIDE

EXPERIENCE

A. **(15 Points Max)** Describe the proposed project and how it will address an identified geographic or system gap.

a. Include the anticipated number of people to be housed or served.

- **13-15 Points:** The proposed services are clearly located in, or specifically designed to address, a documented geographic or system gap identified by the CoC. The application provides strong documentation and clearly demonstrates how the project expands capacity in a priority area or service type.
- **9-12 Points:** The proposed services partially address an identified geographic or system gap, or alignment with CoC priorities is evident but limited in scope, scale, or supporting documentation.
- **1-8 Points:** The proposed services demonstrate minimal or indirect alignment with identified geographic or system gaps and lack sufficient documentation or explanation of system impact.
- **0 Points:** The proposed services do not address an identified geographic or system gap or are located in areas with no documented unmet need.

B. **(15 Points Max)** What is your organization's experience and expertise in providing the proposed services?

a. Include in your response number of years providing the services and number of years providing homelessness services in general.

- **13-15 Points:** Demonstrates experience of 4+ years with operating the same services proposed in the application. Response clearly describes organizational expertise, relevant program history, populations served, and experience providing homelessness services.
- **9-12 Points:** Demonstrates 2-3 years providing services proposed or demonstrates 4+ years of homelessness service provision but no direct experience with the services proposed in the application.
- **1-8 Points:** 1 Year experience providing homelessness services.
- **0 Points:** No prior experience providing homelessness services.

C. **(15 Points Max)** What is your organization's strategy for this program to support an increase in self sufficiency of participants in order to reduce returns to homelessness?

- **13-15 Points:** Applicant provides strategy and data from similar program that demonstrates 3-5% return rate.
- **9-12 Points:** Applicant provides strategy data from similar program that demonstrates 6-10% return rate.
- **1-8 Points:** Applicant provides anecdotal evidence of prior ability to meet low returns but does not provide data to support it.
- **0 Points:** Does not demonstrate ability or strategy to increase self-sufficiency or participants to reduce returns to homelessness.

D. **(15 Points Max)** Provide your organization's previous experience with Homeless Management Information System (HMIS) or provide a detailed explanation of your knowledge and capacity to collect and manage data.

- a. Include if your organization has experience meeting reporting requirements for state, local, and/or federally funded programs, or provide a detailed explanation of your agency's ability to fulfill these requirements.

- **8-10 Points:** Agency has experience and/or capacity to utilize HMIS and manage sensitive participant data. Agency has capacity to meet reporting requirements.
- **5-7 Points:** Agency has no experience but has capacity to utilize HMIS and manage sensitive participant data. Agency has no capacity to meet reporting requirements.
- **0 Points:** Agency has no experience and no capacity to utilize HMIS and manage sensitive participant data. Agency has no capacity to meet reporting requirements.

- E. **(15 Points Max)** Describe how your agency manages finances, including any financial systems you use. How does your agency make sure General Accepted Accounting Principles (GAAP) are in place to safeguard a funding award?
- a. If you do not have this ability, your agency must have an established agency acting as a fiscal sponsor and will need to provide a signed letter of agreement from your fiscal sponsor.

- **7-10 Points:** Applicant describes revenue, financial health, and financial management systems. Applicant has a fiscal management system which maintains checks and balances and follows Generally Accepted Accounting Principles to safeguard all funds that may be awarded under the terms of this funding opportunity.
- **0-5 Points:** If the applicant lacks fiscal management capabilities, a signed letter of agreement stating an appropriate fiscal sponsor is provided.
- **0 Points:** Applicant do not describe revenue, financial health, and financial management systems or does not have a system that maintains checks and balances and follows Generally Accepted Accounting Principles to safeguard all funds that may be awarded under the terms of this funding opportunity.

HUD PROJECT QUALITY THRESHOLD: SUPPORT SERVICES ONLY (SSO)

- A. **(15 Points Max)** Describe the unmet needs or gaps in the current homelessness response system that make this project necessary to support individuals in exiting homelessness and achieving self-sufficiency.

- **13-15 Points:** Applicant clearly identifies significant unmet needs or system gaps that make the project necessary. Response includes strong documentation, local data, or system-level evidence demonstrating need, and clearly explains how the project will help individuals exit homelessness and achieve greater self-sufficiency.
- **9-12 Points:** Applicant identifies unmet needs or system gaps and explains how the project responds to those needs, but the response is limited in data, detail, or connection to participant outcomes.
- **1-8 Points:** Applicant provides a general or minimal description of need, but does not clearly document the gap or explain how the project will support exits from homelessness or self-sufficiency.
- **0 Points:** Applicant does not identify an unmet need or system gap, or the response does not demonstrate why the project is necessary.

B. **(10 Points Max)** Describe how the applicant will conduct a service needs assessment of all program participants at least annually.

- **8-10 Points:** Applicant provides a clear and detailed plan to assess the service needs of all participants at least annually. Response describes when assessments will occur, who will conduct them, how participant needs will be documented, and how assessment results will inform service planning.
- **5-7 Points:** Applicant describes a basic process for conducting annual service needs assessments, but the response lacks detail regarding timing, staff responsibility, documentation, or how results will be used.
- **1-4 Points:** Applicant provides a limited or unclear description of service needs assessments and does not demonstrate a reliable process for assessing all participants annually.
- **0 Points:** Applicant does not describe a service needs assessment process or does not commit to assessing participants at least annually.

C. **(15 Points Max)** Describe the strategy that will be used to engage eligible participants specifically those with histories of unsheltered homelessness and those who do not traditionally engage with supportive services.

- **13-15 Points:** Applicant provides a strong, participant-centered engagement strategy specifically designed for individuals with histories of unsheltered homelessness and those who are reluctant to engage in services. Response demonstrates use of trauma-informed care, harm reduction, motivational interviewing, progressive engagement, outreach coordination, and culturally responsive practices.
- **9-12 Points:** Applicant provides a reasonable engagement strategy for eligible participants, including some attention to unsheltered homelessness or service-resistant populations, but the response lacks depth, detail, or specific engagement methods.
- **1-8 Points:** Applicant provides a general engagement approach but does not clearly address the needs of individuals with histories of unsheltered homelessness or those who do not traditionally engage with services.
- **0 Points:** Applicant does not describe an engagement strategy or does not address how eligible participants will be engaged.

D. **(10 Points Max)** Describe the plan for providing supportive services to eligible participants.

- **8-10 Points:** Applicant provides a clear and comprehensive supportive services plan. Response identifies the types of services to be provided, how services will be individualized, how participants will be connected to housing and mainstream resources, and how services will support housing stability and self-sufficiency.
- **5-7 Points:** Applicant provides a basic supportive services plan, but the response lacks detail regarding service delivery, coordination, participant choice, or how services will contribute to housing stability.
- **1-4 Points:** Applicant provides a limited or unclear description of supportive services and does not demonstrate a strong plan for meeting participant needs.
- **0 Points:** Applicant does not describe a plan for providing supportive services to eligible participants.

E. **(5 Points Max)** Describe where the project will be housed and the project's geographic service area.

- **4-5 Points:** Applicant clearly identifies where the project will be housed and provides a specific geographic service area. Response demonstrates that the location and service area are appropriate for the population to be served and aligned with the project's goals.
- **2-3 Points:** Applicant identifies the project location or geographic service area, but the response lacks detail or does not clearly explain how the location supports service delivery.
- **1 Point:** Applicant provides a vague or incomplete description of where the project will be housed or the geographic area to be served.
- **0 Points:** Applicant does not identify where the project will be housed or the project's geographic service area.

- F. **(10 Points Max)** Describe the plan to supplement the project with resources from other public or private sources. Such sources may include mainstream health, social, and employment programs such as Medicare, Medicaid, SSI, and SNAP.

- **8-10 Points:** Applicant provides a strong plan to leverage and coordinate additional public and private resources. Response identifies specific funding sources, mainstream benefits, partnerships, or in-kind supports and explains how these resources will supplement the project and improve participant outcomes.
- **5-7 Points:** Applicant describes some additional resources or partnerships that may supplement the project, but the response lacks specificity, confirmed commitments, or a clear explanation of how resources will be coordinated
- **1-4 Points:** Applicant provides a limited or general description of supplemental resources, with little detail on specific sources, partnerships, or participant benefit connections.
- **0 Points:** Applicant does not describe a plan to supplement the project with other public or private resources.

- G. **(10 Points Max)** Describe your budget and how the project is cost effective and consistent with 2 CFR 200.404

- **8-10 Points:** Applicant provides a clear, reasonable, and well-supported budget that is directly aligned with the proposed project. Response demonstrates that costs are necessary, reasonable, allocable, and consistent with 2 CFR 200.404. Applicant clearly explains cost effectiveness, staffing levels, service costs, administrative costs, and how the budget supports project outcomes.
- **5-7 Points:** Applicant provides a budget that appears generally reasonable and aligned with the project, but the response lacks detail regarding cost effectiveness, cost justification, or consistency with 2 CFR 200.404.
- **1-4 Points:** Applicant provides a limited or unclear budget description. Costs are not well justified, and the response does not clearly demonstrate that the project is cost effective or consistent with applicable federal cost principles.
- **0 Points:** Applicant does not provide a budget description, does not demonstrate cost effectiveness, or includes costs that appear unreasonable, unsupported, or inconsistent with 2 CFR 200.404.

HUD PROJECT QUALITY THRESHOLD: TRANSITIONAL HOUSING (TH)

- A. **(10 Points Max)** Describe the plan to provide, either directly or in partnership with other organizations, the eligible supportive services needed to help program participants obtain and maintain housing.

- **8-10 Points:** Applicant provides a clear and comprehensive plan to provide eligible supportive services directly and/or through formal partnerships. Response identifies specific services, responsible staff or partner agencies, referral and coordination processes, and explains how services will help participants obtain and maintain housing.
- **5-7 Points:** Applicant provides a basic plan to provide supportive services, but the response lacks detail regarding service types, staff or partner roles, coordination, or how services will support housing stability.
- **1-4 Points:** Applicant provides a limited or unclear description of supportive services and does not demonstrate a reliable plan to meet participant needs.
- **0 Points:** Applicant does not describe a plan to provide eligible supportive services.

- B. **(10 Points Max)** Describe any prior experience the applicant has in operating transitional housing, or other similar projects, that have successfully helped homeless individuals and families exit homelessness within 24 months.

- **8-10 Points:** Applicant demonstrates strong prior experience operating transitional housing or similar housing projects that helped homeless individuals and families exit homelessness within 24 months. Response includes relevant program history, population served, length of experience, and outcomes demonstrating successful exits from homelessness.
- **5-7 Points:** Applicant demonstrates some experience operating transitional housing or similar projects, but the response provides limited outcome data or does not clearly demonstrate success within 24 months.
- **1-4 Points:** Applicant provides minimal or indirect experience with transitional housing or similar projects, with little evidence of successful exits from homelessness.
- **0 Points:** Applicant does not have prior experience operating transitional housing or similar projects.

C. **(15 Points Max)** Describe prior Transitional Housing experience and outcomes ensuring the following measures will be met. If no prior experience describe the plan.

1. At least 50% of participants will exit to permanent housing within 24 months of project enrollment.
2. At least 50% of participants will exit with increased earned income(Employment).

- **13-15 Points:** Applicant provides strong Transitional Housing experience and outcome data demonstrating the ability to meet or exceed both performance measures. Response clearly describes strategies for permanent housing placement, employment supports, income growth, case management, and performance monitoring.

- **9-12 Points:** Applicant provides some Transitional Housing experience, outcome data, or a reasonable plan to meet the required measures, but the response lacks detail in one or more areas such as housing placement, employment strategy, income tracking, or performance monitoring. If no prior experience, applicant provides a detailed and credible implementation plan to meet both measures.

- **1-8 Points:** Applicant provides limited experience, limited outcome data, or a general plan that does not clearly demonstrate the ability to meet the required permanent housing and earned income measures.

- **0 Points:** Applicant does not describe relevant experience, outcomes, or a credible plan to meet the required measures.

D. **(10 Points Max)** Describe the plan to supplement the project with resources from other public or private sources. Such sources may include mainstream health, social, and employment programs such as Medicare, Medicaid, SSI, and SNAP.

- **8-10 Points:** Applicant provides a strong plan to leverage and coordinate additional public and private resources. Response identifies specific funding sources, mainstream benefits, partnerships, employment programs, health resources, or in-kind supports and explains how these resources will supplement the project and improve participant outcomes.

- **5-7 Points:** Applicant describes some additional resources or partnerships that may supplement the project, but the response lacks specificity, confirmed commitments, or a clear explanation of how resources will be coordinated.

- **1-4 Points:** Applicant provides a limited or general description of supplemental resources, with little detail on specific sources, partnerships, or participant benefit connections.

- **0 Points:** Applicant does not describe a plan to supplement the project with other public or private resources.

- E. **(20 Points Max)** Describe the plan to ensure that each participant will receive at least 20 hours per week of engagement in individualized services(i.e. case management, employment training, substance use treatment, etc.). (Note: Hours may be reduced proportionately for employed participants. Hour requirements do not apply to participants who are over age 62 or with a developmental disability as defined under 24 CFR 578.3) Attach a supportive service agreement (i.e. a contract, occupancy agreement, lease agreement, or equivalent).

- **17-20 Points:** Applicant provides a detailed and realistic plan to ensure each eligible participant receives at least 20 hours per week of individualized service engagement. Response describes the types of services offered, how hours will be scheduled and tracked, how service plans will be individualized, how reductions or exemptions will be documented, and how compliance will be monitored. Applicant attaches an appropriate supportive service agreement.
- **12-16 Points:** Applicant provides a reasonable plan to meet the 20-hour weekly service engagement requirement, but the response lacks detail regarding tracking, documentation, individualized service planning, reductions, exemptions, or monitoring. Applicant provides a supportive service agreement, but it may lack detail.
- **1-11 Points:** Applicant provides a limited or unclear plan for meeting the 20-hour weekly service engagement requirement. Response does not demonstrate a reliable process for tracking hours, individualizing services, or documenting reductions and exemptions. Supportive service agreement is missing, incomplete, or not clearly connected to the requirement.
- **0 Points:** Applicant does not describe a plan to meet the 20-hour weekly service engagement requirement and does not attach a supportive service agreement.

F. **(10 Points Max)** Describe your budget and how the project is cost effective and consistent with 2 CFR 200.404

- **8-10 Points:** Applicant provides a strong plan to leverage and coordinate additional public and private resources. Response identifies specific funding sources, mainstream benefits, partnerships, or in-kind supports and explains how these resources will supplement the project and improve participant outcomes.
- **5-7 Points:** Applicant describes some additional resources or partnerships that may supplement the project, but the response lacks specificity, confirmed commitments, or a clear explanation of how resources will be coordinated.
- **1-4 Points:** Applicant provides a limited or general description of supplemental resources, with little detail on specific sources, partnerships, or participant benefit connections.
- **0 Points:** Applicant does not describe a plan to supplement the project with other public or private resources.

HUD PROJECT QUALITY THRESHOLD: STREET OUTREACH (SSO-SO)

- A. **(10 Points Max)** Describe the plan to supplement the project with resources from other public or private sources. Such sources may include mainstream health, social, and employment programs such as Medicare, Medicaid, SSI, and SNAP.

- **8-10 Points:** Applicant provides a strong plan to leverage and coordinate additional public and private resources. Response identifies specific funding sources, mainstream benefits, partnerships, employment programs, health resources, or in-kind supports and explains how these resources will supplement the project and improve participant outcomes.
- **5-7 Points:** Applicant describes some additional resources or partnerships that may supplement the project, but the response lacks specificity, confirmed commitments, or a clear explanation of how resources will be coordinated.
- **1-4 Points:** Applicant provides a limited or general description of supplemental resources, with little detail on specific sources, partnerships, or participant benefit connections.
- **0 Points:** Applicant does not describe a plan to supplement the project with other public or private resources.

- B. **(15 Points Max)** Describe the strategy that will be used to engage eligible participants, specifically those with histories of unsheltered homelessness and those who do not traditionally engage with supportive services.

- **13-15 Points:** Applicant provides a clear, detailed, and participant-centered engagement strategy specifically designed for individuals with histories of unsheltered homelessness and those who are reluctant to engage in services. Response demonstrates use of trauma-informed care, harm reduction, motivational interviewing, progressive engagement, repeated outreach contacts, flexible service delivery, and culturally responsive practices.
- **9-12 Points:** Applicant provides a reasonable engagement strategy and addresses unsheltered homelessness or service-resistant populations, but the response lacks detail regarding specific engagement methods, frequency of contact, staff roles, or follow-up procedures.
- **1-8 Points:** Applicant provides a general engagement approach but does not clearly explain how the project will engage individuals with histories of unsheltered homelessness or those who do not traditionally engage with supportive services.
- **0 Points:** Applicant does not describe an engagement strategy for eligible participants.

- C. **(10 Points Max)** Describe the applicant's history of partnering with first responders and law enforcement to engage people living in places not meant for human habitation to access emergency shelter, treatment programs, family reunification, transitional housing, or independent living.

- **8-10 Points:** Applicant demonstrates strong prior experience partnering with first responders and law enforcement to engage people living in places not meant for human habitation. Response includes specific examples of collaboration, referral pathways, coordination practices, and outcomes connecting individuals to emergency shelter, treatment, family reunification, transitional housing, or independent living.
- **5-7 Points:** Applicant demonstrates some history of partnership with first responders or law enforcement, but the response provides limited detail, examples, or outcome information.
- **1-4 Points:** Applicant provides minimal or indirect experience partnering with first responders or law enforcement and does not clearly demonstrate successful coordination or participant connection to services.
- **0 Points:** Applicant does not demonstrate prior experience partnering with first responders or law enforcement.

D. **(10 Points Max)** Describe how the applicant will work with first responders and law enforcement to engage people living in places not meant for human habitation and connect them with shelter, treatment programs, reunification services, transitional housing, or independent living. (Applicants must also certify that they will cooperate with law enforcement and will not interfere with or impede the enforcement of local laws such as public camping and public drug use ordinances.)

- **8-10 Points:** Applicant provides a clear and detailed coordination plan with first responders and law enforcement. Response describes communication protocols, referral processes, roles and responsibilities, outreach coordination, follow-up procedures, and how participants will be connected to shelter, treatment, reunification, transitional housing, or independent living. Applicant clearly certifies cooperation with law enforcement and non-
- **5-7 Points:** Applicant provides a general plan to coordinate with first responders and law enforcement, but the response lacks detail regarding referral processes, communication, follow-up, or specific service connections. Applicant provides the required certification but with limited explanation.
- **1-4 Points:** Applicant provides a limited or unclear plan for working with first responders or law enforcement and does not demonstrate a reliable process for connecting participants to appropriate services.
- **0 Points:** Applicant does not describe a coordination plan with first responders or law enforcement, or does not provide the required certification.

- E. **(5 Points Max)** Describe how the applicant's prior outreach experience align with the activities described in 24 CFR 578.53 (e)(13)? If no prior experience describe plan to provide all component activities and services.

- **4-5 Points:** Applicant clearly demonstrates prior outreach experience that aligns with the activities described in 24 CFR 578.53(e)(13). Response explains how the applicant has provided, or will provide, all required component activities and services, including engagement, assessment, service connection, housing-focused support, and coordination with appropriate community resources.
- **2-3 Points:** Applicant describes some relevant outreach experience or a basic plan to provide required component activities and services, but the response lacks detail or does not fully explain alignment with 24 CFR 578.53(e)(13).
- **1 Point:** Applicant provides a vague or limited description of outreach experience or planned services, with minimal explanation of how the activities align with 24 CFR 578.53(e)(13).
- **0 Points:** Applicant does not describe relevant outreach experience or a plan to provide the required component activities and services.

- F. **(10 Points Max)** Describe prior effectiveness in helping people exit places not meant for human habitation to emergency shelter, treatment programs, transitional housing, or permanent housing programs? If no prior experience describe the plan.

- **8-10 Points:** Applicant demonstrates strong prior effectiveness helping people exit places not meant for human habitation and connect to emergency shelter, treatment programs, transitional housing, or permanent housing. Response includes specific outcomes, data, examples, or performance measures showing successful exits and service connections. If no prior experience, applicant provides a detailed and credible plan to achieve these outcomes.
- **5-7 Points:** Applicant demonstrates some effectiveness or provides a reasonable plan, but the response lacks strong outcome data, detail, or evidence of successful exits from places not meant for human habitation.
- **1-4 Points:** Applicant provides limited evidence of effectiveness or a general plan that does not clearly demonstrate the ability to help people exit unsheltered homelessness.
- **0 Points:** Applicant does not describe prior effectiveness or provide a credible plan to help people exit places not meant for human habitation.

G. **(5 Points Max)** What is the project's geographic service area and why?

- **4-5 Points:** Applicant clearly identifies the project's geographic service area and provides a strong justification for why the area was selected. Response connects the service area to documented need, unsheltered homelessness, system gaps, partner coordination, or priority populations.
- **2-3 Points:** Applicant identifies the geographic service area, but the justification is limited or does not clearly explain why the area was selected.
- **1 Point:** Applicant provides a vague or incomplete description of the geographic service area with minimal justification.
- **0 Points:** Applicant does not identify the project's geographic service area or does not explain why the area was selected.

H. **(10 Points Max)** Describe your budget and how the project is cost effective and consistent with 2 CFR 200.404

- **8-10 Points:** Applicant provides a strong plan to leverage and coordinate additional public and private resources. Response identifies specific funding sources, mainstream benefits, partnerships, or in-kind supports and explains how these resources will supplement the project and improve participant outcomes.
- **5-7 Points:** Applicant describes some additional resources or partnerships that may supplement the project, but the response lacks specificity, confirmed commitments, or a clear explanation of how resources will be coordinated.
- **1-4 Points:** Applicant provides a limited or general description of supplemental resources, with little detail on specific sources, partnerships, or participant benefit connections.
- **0 Points:** Applicant does not describe a plan to supplement the project with other public or private resources.

HUD PROJECT QUALITY THRESHOLD: PERMANENT SUPPORTIVE HOUSING (PSH)

- A. **(15 Points Max)** Describe how the type of housing proposed, including the inventory and configuration of units, will address the needs of program participants.

- **13-15 Points:** Applicant clearly describes the type of housing proposed, the number and configuration of units, and how the housing model is appropriate for the needs of eligible PSH participants. Response explains how unit size, accessibility, location, affordability, privacy, safety, and housing choice will support long-term housing stability.
- **9-12 Points:** Applicant describes the proposed housing type and unit inventory, but the response lacks detail regarding unit configuration, accessibility, participant needs, or how the housing model will support housing stability.
- **1-8 Points:** Applicant provides a limited or general description of the proposed housing and does not clearly explain how the inventory or unit configuration will meet participant needs.
- **0 Points:** Applicant does not describe the type of housing proposed, unit inventory, or how the housing will address participant needs.

- B. **(15 Points Max)** Describe the supportive services and assistance that will be offered to program participants to help them obtain and retain permanent housing, and how these services will be tailored to individual needs (e.g., transportation, safety planning, enhanced case management). If proposing to expand an existing permanent housing project, describe how supportive services will be expanded, including any on-site services when appropriate.

- **13-15 Points:** Applicant provides a clear and comprehensive supportive services plan that explains how services will help participants obtain and retain permanent housing. Response identifies specific services, including case management, housing stabilization, transportation, benefits assistance, healthcare connections, behavioral health referrals, safety planning, crisis response, and other individualized supports. If expanding an existing project, applicant clearly describes how services will be expanded, including on-site services when appropriate.
- **9-12 Points:** Applicant provides a reasonable supportive services plan, but the response lacks detail regarding individualization, service coordination, housing retention strategies, on-site services, or expansion of services for an existing project.
- **1-8 Points:** Applicant provides a limited or general description of supportive services and does not clearly demonstrate how services will be tailored to participant needs or support permanent housing retention.
- **0 Points:** Applicant does not describe supportive services or assistance for program participants.

- C. **(15 Points Max)** Describe how the project will ensure PSH is only provided to individuals with disabilities and families in which one adult or child has a disability in accordance with 24 CFR 578.37(a)(1)(i).

- **13-15 Points:** Applicant provides a clear and compliant eligibility verification process to ensure PSH assistance is provided only to individuals with disabilities or families in which at least one adult or child has a disability. Response describes documentation standards, intake procedures, staff responsibility, file review, confidentiality safeguards, HMIS or comparable database tracking, and ongoing quality assurance to prevent ineligible enrollments.
- **9-12 Points:** Applicant describes a generally compliant process for verifying PSH disability eligibility, but the response lacks detail regarding documentation, staff roles, file review, confidentiality, or quality assurance.
- **1-8 Points:** Applicant provides a limited or unclear description of how disability eligibility will be verified and does not demonstrate a reliable process to ensure compliance with PSH requirements.
- **0 Points:** Applicant does not describe how the project will ensure PSH is limited to eligible individuals with disabilities or eligible families.

- D. **(10 Points Max)** Describe the plan to require program participants to take part in supportive services in line with 24 CFR 578.75(h). Attach a supportive service agreement (i.e. a contract, occupancy agreement, lease agreement, or equivalent).

- **8-10 Points:** Applicant provides a clear and compliant plan requiring participation only in allowable non-disability-related supportive services as a condition of continued program participation. Response describes the required services, participant responsibilities, reasonable accommodations, documentation procedures, staff monitoring, grievance or appeal process, and how the requirement will be incorporated into a supportive service agreement. Applicant attaches an appropriate supportive service agreement.
- **5-7 Points:** Applicant provides a general plan for supportive service participation and attaches a supportive service agreement, but the response lacks detail regarding allowable service requirements, documentation, reasonable accommodations, monitoring, or participant protections.
- **1-4 Points:** Applicant provides a limited or unclear plan for supportive service participation. The supportive service agreement is missing, incomplete, or does not clearly align with 24 CFR 578.75(h).
- **0 Points:** Applicant does not describe a supportive service participation plan, requires participation in prohibited disability-related services, or does not attach a supportive service agreement.

- E. **(10 Points Max)** Describe the plan to supplement the project with resources from other public or private sources. Such sources may include mainstream health, social, and employment programs such as Medicare, Medicaid, SSI, and SNAP

- **8-10 Points:** Applicant provides a strong plan to leverage and coordinate additional public and private resources. Response identifies specific funding sources, mainstream benefits, partnerships, employment programs, health resources, or in-kind supports and explains how these resources will supplement the project and improve participant outcomes.
- **5-7 Points:** Applicant describes some additional resources or partnerships that may supplement the project, but the response lacks specificity, confirmed commitments, or a clear explanation of how resources will be coordinated.
- **1-4 Points:** Applicant provides a limited or general description of supplemental resources, with little detail on specific sources, partnerships, or participant benefit connections.
- **0 Points:** Applicant does not describe a plan to supplement the project with other public or private resources.

- F. **(10 Points Max)** Describe your budget and how the project is cost effective and consistent with 2 CFR 200.404

- **8-10 Points:** Applicant provides a strong plan to leverage and coordinate additional public and private resources. Response identifies specific funding sources, mainstream benefits, partnerships, or in-kind supports and explains how these resources will supplement the project and improve participant outcomes.
- **5-7 Points:** Applicant describes some additional resources or partnerships that may supplement the project, but the response lacks specificity, confirmed commitments, or a clear explanation of how resources will be coordinated.
- **1-4 Points:** Applicant provides a limited or general description of supplemental resources, with little detail on specific sources, partnerships, or participant benefit connections.
- **0 Points:** Applicant does not describe a plan to supplement the project with other public or private resources.

HUD PROJECT QUALITY THRESHOLD: RAPID REHOUSING (RRH)

- A. **(15 Points Max)** Describe the plan to ensure that tenant-based rental assistance (TBRA) will help individuals and families achieve self-sufficiency within 24 months. (Note: TBRA may only be provided for a maximum of 24 months per 24 CFR 578.37(a)(1)(ii))

- **13-15 Points:** Applicant provides a clear, detailed, and realistic plan to use TBRA as a time-limited housing intervention that helps participants achieve self-sufficiency within 24 months. Response describes housing stabilization, income growth, employment supports, benefits connections, case management, landlord coordination, rent reasonableness, participant progress monitoring, and transition planning before rental assistance ends.
- **9-12 Points:** Applicant provides a reasonable plan for helping participants achieve self-sufficiency within 24 months, but the response lacks detail regarding progress monitoring, income development, transition planning, or how participants will maintain housing after TBRA ends.
- **1-8 Points:** Applicant provides a limited or general description of how TBRA will support self-sufficiency, but does not clearly demonstrate how participants will be prepared to maintain housing within the 24-month limit.
- **0 Points:** Applicant does not describe a plan to help participants achieve self-sufficiency within 24 months or proposes assistance inconsistent with the TBRA time limit.

- B. **(10 Points Max)** Describe the type of supportive services and assistance that will be offered to ensure program participants obtain self-sufficiency and exit homelessness (case management, substance use treatment, mental health treatment, & employment).

- **8-10 Points:** Applicant provides a clear and comprehensive supportive services plan that directly supports participant self-sufficiency and exits from homelessness. Response identifies specific services, including case management, housing navigation, employment assistance, substance use treatment connections, mental health treatment connections, benefits advocacy, transportation, life skills, and other individualized supports.
- **5-7 Points:** Applicant provides a basic supportive services plan, but the response lacks detail regarding service delivery, participant choice, coordination with treatment providers, employment supports, or how services will lead to self-sufficiency.
- **1-4 Points:** Applicant provides a limited or unclear description of supportive services and does not demonstrate how services will help participants exit homelessness or increase self-sufficiency.
- **0 Points:** Applicant does not describe supportive services or assistance for program participants.

C. **(20 Points Max)** Describe prior homelessness project experience and outcomes ensuring the following measures will be met. If no prior experience describe the plan.

1. At least 50% of participants will exit to permanent housing within 24 months of project enrollment.
2. At least 50% of participants will exit with increased earned income(Employment).

- **17-20 Points:** Applicant demonstrates strong prior homelessness project experience and provides outcome data showing the ability to meet or exceed both required performance measures. Response clearly describes prior success with permanent housing exits, earned income increases, employment supports, housing stabilization, performance tracking, and corrective action when outcomes fall below target.

- **12-16 Points:** Applicant demonstrates some relevant homelessness project experience or provides a reasonable plan to meet the required measures, but the response lacks strong data or detail in one or more areas such as housing placement, employment strategy, income tracking, or performance monitoring. If no prior experience, applicant provides a detailed and credible plan to meet both measures.

- **1-11 Points:** Applicant provides limited experience, limited outcome data, or a general plan that does not clearly demonstrate the ability to meet the required permanent housing and earned income measures.

- **0 Points:** Applicant does not describe relevant experience, outcomes, or a credible plan to meet the required measures.

- D. **(10 Points Max)** Describe the plan to require program participants to take part in supportive services in line with 24 CFR 578.75(h). Attach a supportive service agreement (i.e. a contract, occupancy agreement, lease agreement, or equivalent).

- **8-10 Points:** Applicant provides a clear and compliant plan requiring participation only in allowable non-disability-related supportive services as a condition of continued program participation. Response describes the required services, participant responsibilities, reasonable accommodations, documentation procedures, staff monitoring, grievance or appeal process, and how the requirement will be incorporated into a supportive service agreement. Applicant attaches an appropriate supportive service agreement.
- **5-7 Points:** Applicant provides a general plan for supportive service participation and attaches a supportive service agreement, but the response lacks detail regarding allowable service requirements, documentation, reasonable accommodations, monitoring, or participant protections.
- **1-4 Points:** Applicant provides a limited or unclear plan for supportive service participation. The supportive service agreement is missing, incomplete, or does not clearly align with 24 CFR 578.75(h).
- **0 Points:** Applicant does not describe a supportive service participation plan, requires participation in prohibited disability-related services, or does not attach a supportive service agreement.

- E. **(10 Points Max)** Describe the plan to supplement the project with resources from other public or private sources. Such sources may include mainstream health, social, and employment programs such as Medicare, Medicaid, SSI, and SNAP

- **8-10 Points:** Applicant provides a strong plan to leverage and coordinate additional public and private resources. Response identifies specific funding sources, mainstream benefits, partnerships, employment programs, health resources, or in-kind supports and explains how these resources will supplement the project and improve participant outcomes.
- **5-7 Points:** Applicant describes some additional resources or partnerships that may supplement the project, but the response lacks specificity, confirmed commitments, or a clear explanation of how resources will be coordinated.
- **1-4 Points:** Applicant provides a limited or general description of supplemental resources, with little detail on specific sources, partnerships, or participant benefit connections.
- **0 Points:** Applicant does not describe a plan to supplement the project with other public or private resources.

F. **(10 Points Max)** Describe your budget and how the project is cost effective and consistent with 2 CFR 200.404

- **8-10 Points:** Applicant provides a strong plan to leverage and coordinate additional public and private resources. Response identifies specific funding sources, mainstream benefits, partnerships, or in-kind supports and explains how these resources will supplement the project and improve participant outcomes.
- **5-7 Points:** Applicant describes some additional resources or partnerships that may supplement the project, but the response lacks specificity, confirmed commitments, or a clear explanation of how resources will be coordinated.
- **1-4 Points:** Applicant provides a limited or general description of supplemental resources, with little detail on specific sources, partnerships, or participant benefit connections.
- **0 Points:** Applicant does not describe a plan to supplement the project with other public or private resources

TIMELINESS

- A. Describe plan for rapid implementation of the program documenting how the project will be ready to begin serving the first program participant. Provide a detailed schedule of proposed activities for 60 days, 120 days and 180 days after grant award

- **8-10 Points:** Applicant provides a clear, detailed, and realistic implementation plan demonstrating readiness to begin serving the first program participant quickly after grant award. Response includes specific activities and milestones for 60 days, 120 days, and 180 days; identifies staffing, partnerships, referral processes, participant enrollment, service delivery start-up, and operational readiness.
- **5-7 Points:** Applicant provides a reasonable implementation plan with general activities for 60 days, 120 days, and 180 days, but the response lacks detail regarding staffing, participant enrollment, service delivery, partnerships, or readiness to serve the first participant.
- **1-4 Points:** Applicant provides a limited or vague implementation plan. Timeline is incomplete, lacks clear milestones, or does not demonstrate how the project will be ready to begin serving participants.
- **0 Points:** Applicant does not provide an implementation plan, does not include a 60/120/180-day schedule, or does not demonstrate readiness to begin serving participants after grant award.

FINANCIAL

- A. **(15 Points Max)** Describe experience in effectively utilizing federal funds, including HUD grants and other public funding, including satisfactory drawdowns and performance for existing grants as evidenced by timely reimbursement of subrecipients (if applicable), regular drawdowns, timely resolution of monitor findings, and timely submission of required reporting on existing grants.

• **13-15 Points:** Applicant demonstrates extensive experience successfully administering federal funding, including HUD grants and other public funding. Response provides clear, specific examples of effective grant management practices, including regular and timely drawdowns, timely reimbursement of subrecipients (if applicable), timely submission of required reports, prompt resolution of monitoring or audit findings, and a strong history of fiscal and programmatic compliance. Applicant demonstrates strong administrative and financial capacity with little or no history of compliance concerns.

• **9-12 Points:** Applicant demonstrates satisfactory experience administering federal or other public funding. Response describes generally effective grant management practices, including timely drawdowns, reporting, and compliance activities, but provides less detail, limited supporting examples, or identifies minor compliance, monitoring, or reporting issues that were resolved appropriately without significantly affecting grant performance.

• **1-8 Points:** Applicant demonstrates limited experience administering federal funding or provides a vague or incomplete response. Response lacks sufficient detail regarding grant management practices, drawdowns, reporting, monitoring, reimbursement of subrecipients (if applicable), or resolution of findings. Response identifies recurring compliance concerns, delayed reporting or reimbursements, unresolved monitoring findings, or otherwise does not adequately demonstrate the administrative capacity to effectively manage federal funds.

• **0 Points:** Applicant does not respond to the question or does not demonstrate experience effectively administering federal or public funding.

B. Audit

1. **(5 Points Max)** Most recent audit found no exceptions to standard practices.

- **5 Points:** Applicant's most recent audit found no exceptions to standard practices.
- **0 Points:** Applicant's most recent audit found exceptions to standard practices.

2. **(5 Points Max)** Most recent audit identified agency as 'low risk.'

- **5 Points:** Applicant's most recent audit identified agency as 'low risk.'
- **0 Points:** Applicant's most recent audit did not identify agency as 'low risk.'

3. **(5 Points Max)** Most recent audit indicates no findings.

- **5 Points:** Applicant's most recent audit found indicates no findings.
- **0 Points:** Applicant's most recent audit found indicates findings.

LIVED EXPERIENCE

Points are based on the Factor/Goal:

- **5 Points:** Yes.
- **0 Points:** No.

OTHER AND LOCAL CRITERIA

Points are based on the Factor/Goal:

- **5 Points:** Yes.
- **0 Points:** No.

RENEWAL PROJECT SCORING GUIDE

2026 Renewal/ Expansion Project Scoring Guide

Any project meeting or exceeding factor/goal receives max points.

	Factor/Goal	Points	Factor/Goal	Points	Factor/Goal	Points	Factor/Goal	Points	Factor/Goal	Points	Factor/Goal	Points
Length of Stay PSH (180 day min goal)	180+	25	160-179	20	140-159	12	120-139	8	100-119	4	0-99	0
Length of Stay RRH (60 day max goal)	1-60	25	61-80	20	81-100	12	101-120	8	121-140	4	141+	0
Length of Stay TH (270 day max goal)	1-270	25	270-300	20	301-320	15	321-340	10	341-360	5	361+	0
Exit to Permanent Housing	90.0% +	20	80.0 - 89.9%	17	70.0-79.9%	15	60.0-69.9%	10	50.0-59.9%	5	0.0-49.9%	0
Returns to Homelessness	0-14.9%	25	15.0-19.9%	20	20.0-24.9%	12	25.0-29.9%	8	30.0-34.9%	4	35.0%+	0
Unsubsidized Permanent Housing	20% +	10	15.1 - 19.9%	8	10.1 - 15%	6	5.1 - 10%	4	1.1 - 5%	2	0.0 - 1%	0

New or increased Income and Earned Income												
Minimum new or increased earned income for project stayers	20%	5.5	15.01 - 19.9%	4	10.1 - 15%	3	5.1 - 9.9%	2	0.9 - 5%	1	0.0-0.9%	0
Minimum new or increased non-employment income for project stayers	25%	4.5	20 - 24.9%	3.5	15 - 19.9%	2.5	10 - 14.9%	1.5	5 - 9.9%	0.5	0.0 - 4.9%	0
Minimum new or increased earned income for project leavers	20%	5.5	15.01 - 19.9%	4	10.1 - 15%	3	5.1 - 9.9%	2	0.9 - 5%	1	0.0-0.9%	0
Minimum new or increased non-employment income for project leavers	25%	4.5	15.01 - 19.9%	3.5	10.1 - 15%	2.5	5.1 - 9.9%	1.5	0.9 - 5%	0.5	0.0-0.9%	0

Serve High Need Populations												
Percent of participants with zero income (PSH, RRH, TH, SSO)	50.0%+	5	40.0-49.9%	4	30.0-39.9%	3	20.0-29.9%	2	10.0-19.9%	1	0.0-9.9%	0
Percent of participants with more than one disability (PSH, RRH, TH, SSO)	50.0%+	5	40.0-49.9%	4	30.0-39.9%	3	20.0-29.9%	2	10.0-19.9%	1	0.0-9.9%	0
Percent of participants entering project from place not meant for human habitation (PSH, RRH, TH, SSO)	50.0%+	5	40.0-49.9%	4	30.0-39.9%	3	20.0-29.9%	2	10.0-19.9%	1	0.0-9.9%	0

Project Effectiveness - Narrative Based Point Scale												
PSH, RRH, TH, SSO- Project has reasonable costs per individual	Yes	Up to 25										
PSH, RRH, TH, SSO- Coordinated Entry Participation	Yes	Up to 10										

Equity Factors: Lived Experience												
PSH, RRH, TH, SSO- BODs includes representation from 1+ person with lived experience	Yes	Up to 5										
PSH, RRH, TH, SSO- Relational process for receiving/incorporating feedback from persons with lived experience	Yes	Up to 5										

Other and Local Criteria				
Data quality at or above 90%	90.0%+	5	0.0-89.9%	0
Utilization at or above 90%	90.0%+	10	0.0-89.9%	0
Acknowledge that service participation will be mandatory and that you will be able to provide a program agreement, lease agreement, or some other policy upon request verifying this.	Yes/No	10		
Describe the sources of your 25% match. Points will be awarded to projects that leverage housing and healthcare resources not currently funded through CoC or ESG funding.	Yes/No	Up to 5		
If your project includes CoC-funded units that require program participants to engage in substance abuse treatment as a condition of continued participation in the program, consistent with 24 CFR 578.75 explain how many total units and how many require SUD participation.	Yes/No	Up to 5		

Domestic Violence Addendum												
Percentage of DV clients who exited with a Safety Plan	90.0%+	5	80.0 - 89.9%	4	70.0 - 79.9%	3	60.0 - 69.9%	2	50.0 - 59.9%	1	0.0-49.9%	0
Percentage of DV clients who received legal advocacy, or court accompaniment services	14.0%+	5	11.0 - 13.9%	4	8.0 - 10.9%	3	5.0 - 7.9%	2	2.0 - 4.9%	1	0.0-1.9%	0
Percentage of adult DV clients who received education, job skills training, resume or GED assistance	75.0%+	5	63.0 - 74.9%	4	51.0 - 62.9%	3	39.0 - 50.9%	2	27.0 - 38.9%	1	0.0-26.9%	0

**Bakersfield/Kern County CoC
Ranking Packet to Renew
Coordinated Entry Project**

Instructions: Please complete one packet for each renewal application.

Lead Agency Information

Agency Name:

Agency Address:

City:

State:

Zip:

Phone:

Fax:

email:

Grant/Application Contact Person:

Name:

Phone:

Email:

Agency Director:

Name:

Phone:

Email:

HMIS Contact Person:

Name:

Phone:

Email:

Project Information:

Name of Project:

Project Address:

Grant Amount:

Grant Term:

Expiration Date:

Program Type:

Project Description: (1,000 characters)

Primary Population:

Annual Renewal Amount for project:

Total Number of Units:

Last Grant Cycle Funding:

Note – please provide information on last completed grant cycle (if applicable; the only time this may not be applicable is if this project was funded via a new project application last year & a full grant cycle has not completed yet.)

Amount Awarded: Amount Expended:

Dates of grant cycle:

Narrative (1,000 characters):

Proposed budget amounts by activity:

Activity:	Budget Amount:
Leased Units	
Leased Structures	
Rental Assistance	
Supportive Services	
Operations	
HMIS	
Administration	
Total:	

Name and Signature of Person who will complete the application:

Name and Signature of Person authorized to sign the HUD application:

I certify, on behalf of my agency that all information contained in this application is accurate and true, based on our current records for the project. I understand that falsifying information or failing to provide accurate information will have a negative impact on my overall review and may result in removal from the Continuum of Care Application to HUD.

Executive Director/CEO/President

Date

% of total Annual Renewal Demand:

I.	Experience	(30 points)
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All questions in this category must be answered with 1,000 characters max. The 1,000 characters is the limit for each lettered question.

- A. **(15 Points Max)** Describe the experience of the applicant and sub-recipients (if any) in providing services similar to those proposed in the application.

- B. **(15 Points Max)** Describe experience in effectively utilizing federal funds, including HUD grants and other public funding, including satisfactory drawdowns and performance for existing grants as evidenced by timely reimbursement of subrecipients (if applicable), regular drawdowns, timely resolution of monitor findings, and timely submission of required reporting on existing grants.

Points Awarded for I.A	Points Awarded for I.B

II. HUD Project Quality Threshold

(100 points)

All questions in this category must be answered with 1,000 characters max. The 1,000 characters is the limit for each lettered question.

- A. **(25 Points Max)** Describe the plan to ensure that the Coordinated Entry System will be easily available and accessible for all persons within the CoC's geographic area who are seeking homelessness assistance, including those with disabilities.
- B. **(25 Points Max)** Describe the strategy for advertising the Coordinated Entry System, including how the approach will specifically reach homeless households with the highest needs.
- C. **(25 Points Max)** Describe the standardized assessment process the applicant will use to evaluate and prioritize program participants.
- D. **(25 Points Max)** Describe how the project will ensure that program participants are directed to appropriate housing and services that fit their needs.

Points Awarded for II.A	Points Awarded for II.B	Points Awarded for II.C	Points Awarded for II.D

III. Financial**(35 points)**

All questions in this category must be answered with 1,000 characters max. The 1,000 characters is the limit for each lettered question (i.e. The answers to A-1, A-2, & A-3 should cumulatively be 1,000 characters or less).

A. Audit

1. **(5 Points Max)** Most recent audit found no exceptions to standard practices.
2. **(5 Points Max)** Most recent audit identified agency as 'low risk.'
3. **(5 Points Max)** Most recent audit indicates no findings.

B. (20 Points Max) Budgeted costs are reasonable, allocable, and allowable.

Points Awarded for III. A1	Points Awarded for III.A2	Points Awarded for III.A3	Points Awarded for III.B

IV. Project Effectiveness**(20 points)**

Max Points	Measure	Factor/Goal	Narrative (1,000 Characters)	Points Awarded
10	Project provides training to agencies utilizing the Coordinated Entry System at least quarterly and upon agency request.	Yes/No		

Max Points	Measure	Factor/Goal	Narrative (1,000 Characters)	Points Awarded
10	Project staff participates in professional development to ensure compliance with all HUD and other relevant standards.	Yes/No		

V. Lived Experience**(10 points)**

Max Points	Measure	Factor/Goal	Narrative (1,000 Characters) Include how many are on the board of directors & how many have lived experience	Points Awarded
5	Project's organizational board of directors includes representation from more than one person with lived experience (per 578.75(g)).	Yes/No		

Max Points	Measure	Factor/Goal	Narrative (1,000 Characters) Explain the process in detail	Points Awarded
5	Project has relational process for receiving and incorporating feedback from persons with lived experience or a plan to create one.	Yes/No		

Total Pts Available	Project Ranking Score	Total Pts Awarded
195		
	Total Points	

**Bakersfield/Kern County CoC
Ranking Packet for Supportive Services Only CoC Project**

Instructions: Please complete one packet for each new project application.

Lead Agency Information

Agency Name:

Agency Address:

City:

State:

Zip:

Phone:

Fax:

email:

Grant/Application Contact Person:

Name:

Phone:

Email:

Agency Director:

Name:

Phone:

Email:

HMIS Contact Person:

Name:

Phone:

Email:

Project Information:

Name of Project:

Project Address:

Grant amount:

Program Type:

Primary Population:

Project Description: (1,000 characters)

Total Number of Units:

Proposed budget amounts by activity:

Activity:	Budget Amount:
Leased Units	
Leased Structures	
Rental Assistance	
Supportive Services	
Operations	
HMIS	
Administration	
Leverage (25% Match)	
Total:	

Leveraged resources (amount and line item):

Percentage dedicated to Supportive Services:

Name and Signature of Person who will complete the application:

Name and Signature of Person authorized to sign the HUD application:

I certify, on behalf of my agency that all information contained in this application is accurate and true, based on our current records for the project. I understand that falsifying information or failing to provide accurate information will have a negative impact on my overall review and may result in removal from the Continuum of Care Application to HUD.

Executive Director/CEO/President

Date

% of total Annual Renewal Demand:

I.	EXPERIENCE	(75 Points Total Max)
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All questions in this category must be answered with 1,000 characters max. The 1,000 characters is the limit for each lettered question.

- A. **(15 Points Max)** Describe the proposed project and how it will address an identified geographic or system gap.
 - a. Include the anticipated number of people to be housed or served.

- B. **(15 Points Max)** What is your organization’s experience and expertise in providing the proposed services?
 - a. Include in your response number of years providing the services and number of years providing homelessness services in general.

- C. **(15 Points Max)** What is your organization’s strategy for this program to support an increase in self-sufficiency of participants in order to reduce returns to homelessness?

- D. **(15 Points Max)** Provide your organization’s previous experience with Homeless Management Information System (HMIS) or provide a detailed explanation of your knowledge and capacity to collect and manage data.
 - a. Include if your organization has experience meeting reporting requirements for state, local, and/or federally funded programs, or provide a detailed explanation of your agency’s ability to fulfill these requirements.

- E. **(15 Points Max)** Describe how your agency manages finances, including any financial systems you use. How does your agency make sure General Accepted Accounting Principles (GAAP) are in place to safeguard a funding award?

Points Awarded for I.A	Points Awarded for I.B	Points Awarded for I.C	Points Awarded for I.D	Points Awarded for I.E

II. HUD PROJECT QUALITY THRESHOLD

(75 Points Total Max)

All questions in this category must be answered with 1,000 characters max. The 1,000 characters is the limit for each lettered question (i.e. The answers to C-1 and C-2 should cumulatively be 1,000 characters or less).

- A. **(15 Points Max)** Describe the unmet needs or gaps in the current homelessness response system that make this project necessary to support individuals in exiting homelessness and achieving self-sufficiency.
- B. **(10 Points Max)** Describe how the applicant will conduct a service needs assessment of all program participants at least annually.
- C. **(15 Points Max)** Describe the strategy that will be used to engage eligible participants specifically those with histories of unsheltered homelessness and those who do not traditionally engage with supportive services.
- D. **(10 Points Max)** Describe the plan for providing supportive services to eligible participants. Attach a supportive service agreement (i.e. a contract, occupancy agreement, lease agreement, or equivalent).
- E. **(5 Points Max)** Describe where the project will be housed and the project's geographic service area.
- F. **(10 Points Max)** Describe the plan to supplement the project with resources from other public or private sources. Such sources may include mainstream health, social, and employment programs such as Medicare, Medicaid, SSI, and SNAP.
- G. **(10 Points Max)** Describe your budget and how the project is cost effective and consistent with 2 CFR 200.404

Points Awarded for II.A	Points Awarded for II.B	Points Awarded for II.C	Points Awarded for II.D	Points Awarded for II.E	Points Awarded for II.F	Points Awarded for II.G

III. TIMELINESS (10 Points Total Max)

- A. Describe plan for rapid implementation of the program documenting how the project will be ready to begin serving the first program participant. Provide a detailed schedule of proposed activities for 60 days, 120 days and 180 days after grant award (1,000 characters max).

Points Awarded for III.A

IV. FINANCIAL (30 Points Total Max)

All questions in this category must be answered with 1,000 characters max. The 1,000 characters is the limit for each lettered question (i.e. The answers to B-1, B-2, & B-3 should cumulatively be 1,000 characters or less).

- A. (15 Points Max) Describe experience in effectively utilizing federal funds, including HUD grants and other public funding, including satisfactory drawdowns and performance for existing grants as evidenced by timely reimbursement of subrecipients (if applicable), regular drawdowns, timely resolution of monitor findings, and timely submission of required reporting on existing grants.
- B. Audit
1. (5 Points Max) Most recent audit found no exceptions to standard practices.
 2. (5 Points Max) Most recent audit identified agency as 'low risk.'
 3. (5 Points Max) Most recent audit indicates no findings.

Points Awarded for IV.A	Points Awarded for IV.B1	Points Awarded for IV.B2	Points Awarded for IV.B3

VI. Lived Experience (10 Point Total Max)

Max Points	Measure	Factor/Goal	Narrative (1,000 Characters)	Points Awarded
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			Include how many are on the board of directors & how many have lived experience	
5	New project's organizational board of directors includes representation from more than one person with lived experience (per 578.75(g))	Yes/No		

Max Points	Measure	Factor/Goal	Narrative (1,000 Characters) Explain the process in detail	Points Awarded
5	New project has relational process for receiving and incorporating feedback from persons with lived experience or a plan to create one	Yes/No		

VI. Other and Local Criteria (10 Point Total Max)

Max Points	Measure	Factor/Goal	Narrative (1,000 Characters) Explain the sources of your match funding completely	Points Awarded
5	Describe the sources and amounts of your 25% match. Points will be awarded to projects that leverage supportive services not currently funded through CoC or ESG funding.	Yes/No		

Max Points	Measure	Factor/Goal	Narrative (1,000 Characters) Describe the plan for SUD treatment in detail	Points Awarded
5	Will your project have on site Substance Use Disorder Treatment.	Yes/No		

Total Pts Available	Project Ranking Score	Total Pts Awarded
210		
	CoC Project Type Points	

**Bakersfield/Kern County CoC
Ranking Packet for New Street Outreach CoC Project**

Instructions: Please complete one packet for each new project application.

Lead Agency Information

Agency Name:

Agency Address:

City:

State:

Zip:

Phone:

Fax:

email:

Grant/Application Contact Person:

Name:

Phone:

Email:

Agency Director:

Name:

Phone:

Email:

HMIS Contact Person:

Name:

Phone:

Email:

Project Information:

Name of Project:

Project Address:

Grant amount:

Program Type:

Primary Population:

Project Description: (1,000 characters)

Total Number of Units:

Proposed budget amounts by activity:

Activity:	Budget Amount:
Leased Units	
Leased Structures	
Rental Assistance	
Supportive Services	
Operations	
HMIS	
Administration	
Leverage (25% Match)	
Total:	

Leveraged resources (amount and line item):

Percentage dedicated to Supportive Services:

Name and Signature of Person who will complete the application:

Name and Signature of Person authorized to sign the HUD application:

I certify, on behalf of my agency that all information contained in this application is accurate and true, based on our current records for the project. I understand that falsifying information or failing to provide accurate information will have a negative impact on my overall review and may result in removal from the Continuum of Care Application to HUD.

Executive Director/CEO/President

Date

% of total Annual Renewal Demand:

I.	EXPERIENCE	(75 Points Total Max)
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All questions in this category must be answered with 1,000 characters max. The 1,000 characters is the limit for each lettered question.

- A. **(15 Points Max)** Describe the proposed project and how it will address an identified geographic or system gap.
 - a. Include the anticipated number of people to be housed or served.

- B. **(15 Points Max)** What is your organization’s experience and expertise in providing the proposed services?
 - a. Include in your response number of years providing the services and number of years providing homelessness services in general.

- C. **(15 Points Max)** What is your organization’s strategy for this program to support an increase in self-sufficiency of participants in order to reduce returns to homelessness?

- D. **(15 Points Max)** Provide your organization’s previous experience with Homeless Management Information System (HMIS) or provide a detailed explanation of your knowledge and capacity to collect and manage data.
 - a. Include if your organization has experience meeting reporting requirements for state, local, and/or federally funded programs, or provide a detailed explanation of your agency’s ability to fulfill these requirements.

- E. **(15 Points Max)** Describe how your agency manages finances, including any financial systems you use. How does your agency make sure General Accepted Accounting Principles (GAAP) are in place to safeguard a funding award?

Points Awarded for I.A	Points Awarded for I.B	Points Awarded for I.C	Points Awarded for I.D	Points Awarded for I.E

II. HUD PROJECT QUALITY THRESHOLD

(75 Points Total Max)

All questions in this category must be answered with 1,000 characters max. The 1,000 characters is the limit for each lettered question (i.e. The answers to C-1 and C-2 should cumulatively be 1,000 characters or less).

- A. **(10 Points Max)** Describe the plan to supplement the project with resources from other public or private sources. Such sources may include mainstream health, social, and employment programs such as Medicare, Medicaid, SSI, and SNAP.
- B. **(15 Points Max)** Describe the strategy that will be used to engage eligible participants, specifically those with histories of unsheltered homelessness and those who do not traditionally engage with supportive services.
- C. **(10 Points Max)** Describe the applicant's history of partnering with first responders and law enforcement to engage people living in places not meant for human habitation to access emergency shelter, treatment programs, family reunification, transitional housing, or independent living.
- D. **(10 Points Max)** Describe how the applicant will work with first responders and law enforcement to engage people living in places not meant for human habitation and connect them with shelter, treatment programs, reunification services, transitional housing, or independent living. (Applicants must also certify that they will cooperate with law enforcement and will not interfere with or impede the enforcement of local laws such as public camping and public drug use ordinances.)
- E. **(10 Points Max)** Describe how the applicant's prior outreach experience align with the activities described in 24 CFR 578.53 (e)(13)? If no prior experience describe plan to provide all component activities and services.
- F. **(15 Points Max)** Describe prior effectiveness in helping people exit places not meant for human habitation to emergency shelter, treatment programs, transitional housing, or permanent housing programs? If no prior experience describe the plan.
- G. **(5 Points Max)** What is the project's geographic service area and why?

Points Awarded for II.A	Points Awarded for II.B	Points Awarded for II.C	Points Awarded for II.D	Points Awarded for II.E	Points Awarded for II.F	Points Awarded for II.G

III. TIMELINESS (10 Points Total Max)

- A. Describe plan for rapid implementation of the program documenting how the project will be ready to begin serving the first program participant. Provide a detailed schedule of proposed activities for 60 days, 120 days and 180 days after grant award (1,000 characters max).

Points Awarded for III.A

IV. FINANCIAL (30 Points Total Max)

All questions in this category must be answered with 1,000 characters max. The 1,000 characters is the limit for each lettered question (i.e. The answers to B-1, B-2, & B-3 should cumulatively be 1,000 characters or less).

- A. (15 Points Max) Describe experience in effectively utilizing federal funds, including HUD grants and other public funding, including satisfactory drawdowns and performance for existing grants as evidenced by timely reimbursement of subrecipients (if applicable), regular drawdowns, timely resolution of monitor findings, and timely submission of required reporting on existing grants.
- B. Audit
1. (5 Points Max) Most recent audit found no exceptions to standard practices.
 2. (5 Points Max) Most recent audit identified agency as 'low risk.'
 3. (5 Points Max) Most recent audit indicates no findings.

Points Awarded for IV.A	Points Awarded for IV.B1	Points Awarded for IV.B2	Points Awarded for IV.B3

VI. Lived Experience (10 Point Total Max)

Max Points	Measure	Factor/Goal	Narrative (1,000 Characters) Include how many are on the board of directors & how many have lived experience	Points Awarded
5	New project's organizational board of directors includes representation from more than one person with lived experience (per 578.75(g))	Yes/No		

Max Points	Measure	Factor/Goal	Narrative (1,000 Characters) Explain the process in detail	Points Awarded
5	New project has relational process for receiving and incorporating feedback from persons with lived experience or a plan to create one	Yes/No		

VI. Other and Local Criteria (10 Point Total Max)

Max Points	Measure	Factor/Goal	Narrative (1,000 Characters) Explain the sources of your match funding completely	Points Awarded
5	Describe the sources and amounts of your 25% match. Points will be awarded to projects that leverage supportive services not currently funded	Yes/No		

	through CoC or ESG funding.			
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Max Points	Measure	Factor/Goal	Narrative (1,000 Characters) Describe the plan for SUD treatment in detail	Points Awarded
5	Will your project have on site Substance Use Disorder Treatment.	Yes/No		

Total Pts Available	Project Ranking Score	Total Pts Awarded
210		
	CoC Project Type Points	

**Bakersfield/Kern County CoC
Ranking Packet for New Transitional Housing CoC Project**

Instructions: Please complete one packet for each new project application.

Lead Agency Information

Agency Name:

Agency Address:

City:

State:

Zip:

Phone:

Fax:

email:

Grant/Application Contact Person:

Name:

Phone:

Email:

Agency Director:

Name:

Phone:

Email:

HMIS Contact Person:

Name:

Phone:

Email:

Project Information:

Name of Project:

Project Address:

Grant amount:

Program Type:

Primary Population:

Project Description: (1,000 characters)

Total Number of Units:

Proposed budget amounts by activity:

Activity:	Budget Amount:
Leased Units	
Leased Structures	
Rental Assistance	
Supportive Services	
Operations	
HMIS	
Administration	
Leverage (25% Match)	
Total:	

Leveraged resources (amount and line item):

Percentage dedicated to Supportive Services:

Name and Signature of Person who will complete the application:

Name and Signature of Person authorized to sign the HUD application:

I certify, on behalf of my agency that all information contained in this application is accurate and true, based on our current records for the project. I understand that falsifying information or failing to provide accurate information will have a negative impact on my overall review and may result in removal from the Continuum of Care Application to HUD.

Executive Director/CEO/President

Date

% of total Annual Renewal Demand:

I.	EXPERIENCE	(75 Points Total Max)
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All questions in this category must be answered with 1,000 characters max. The 1,000 characters is the limit for each lettered question.

- A. **(15 Points Max)** Describe the proposed project and how it will address an identified geographic or system gap.
 - a. Include the anticipated number of people to be housed or served.

- B. **(15 Points Max)** What is your organization’s experience and expertise in providing the proposed services?
 - a. Include in your response number of years providing the services and number of years providing homelessness services in general.

- C. **(15 Points Max)** What is your organization’s strategy for this program to support an increase in self-sufficiency of participants in order to reduce returns to homelessness?

- D. **(15 Points Max)** Provide your organization’s previous experience with Homeless Management Information System (HMIS) or provide a detailed explanation of your knowledge and capacity to collect and manage data.
 - a. Include if your organization has experience meeting reporting requirements for state, local, and/or federally funded programs, or provide a detailed explanation of your agency’s ability to fulfill these requirements.

- E. **(15 Points Max)** Describe how your agency manages finances, including any financial systems you use. How does your agency make sure General Accepted Accounting Principles (GAAP) are in place to safeguard a funding award?

Points Awarded for I.A	Points Awarded for I.B	Points Awarded for I.C	Points Awarded for I.D	Points Awarded for I.E

II. HUD PROJECT QUALITY THRESHOLD

(75 Points Total Max)

All questions in this category must be answered with 1,000 characters max. The 1,000 characters is the limit for each lettered question (i.e. The answers to C-1 and C-2 should cumulatively be 1,000 characters or less).

- A. **(10 Points Max)** Describe the plan to provide, either directly or in partnership with other organizations, the eligible supportive services needed to help program participants obtain and maintain **housing**.
- B. **(10 Points Max)** Describe any prior experience the applicant has in operating transitional housing, or other similar projects, that have successfully helped homeless individuals and families exit homelessness within 24 months.
- C. **(15 Points Max)** Describe prior Transitional Housing experience and outcomes ensuring the following measures will be met. If no prior experience, describe the plan.
 - 1. At least 50% of participants will exit to permanent housing within 24 months of project enrollment.
 - 2. At least 50% of participants will exit with increased earned income (Employment).
- D. **(10 Points Max)** Describe the plan to supplement the project with resources from other public or private sources. Such sources may include mainstream health, social, and employment programs such as Medicare, Medicaid, SSI, and SNAP.
- E. **(20 Points Max)** Describe the plan to ensure that each participant will receive at least 20 hours per week of engagement in individualized services (i.e. case management, employment training, substance use treatment, etc.). (Note: Hours may be reduced proportionately for employed participants. Hour requirements do not apply to participants who are over age 62 or with a developmental disability as defined under 24 CFR 578.3) Attach a supportive service agreement (i.e. a contract, occupancy agreement, lease agreement, or equivalent).
- F. **(10 Points Max)** Describe your budget and how the project is cost effective and consistent with 2 CFR 200.404

Points Awarded for II.A	Points Awarded for II.B	Points Awarded for II.C	Points Awarded for II.D	Points Awarded for II.E	Points Awarded for II.F

III. TIMELINESS (10 Points Total Max)

- A. Describe plan for rapid implementation of the program documenting how the project will be ready to begin serving the first program participant. Provide a detailed schedule of proposed activities for 60 days, 120 days and 180 days after grant award (1,000 characters max).

Points Awarded for III.A

IV. FINANCIAL (30 Points Total Max)

All questions in this category must be answered with 1,000 characters max. The 1,000 characters is the limit for each lettered question (i.e. The answers to B-1, B-2, & B-3 should cumulatively be 1,000 characters or less).

- A. (15 Points Max) Describe experience in effectively utilizing federal funds, including HUD grants and other public funding, including satisfactory drawdowns and performance for existing grants as evidenced by timely reimbursement of subrecipients (if applicable), regular drawdowns, timely resolution of monitor findings, and timely submission of required reporting on existing grants.
- B. Audit
1. (5 Points Max) Most recent audit found no exceptions to standard practices.
 2. (5 Points Max) Most recent audit identified agency as 'low risk.'
 3. (5 Points Max) Most recent audit indicates no findings.

Points Awarded for IV.A	Points Awarded for IV.B1	Points Awarded for IV.B2	Points Awarded for IV.B3

VI. Lived Experience (10 Point Total Max)

Max Points	Measure	Factor/Goal	Narrative (1,000 Characters) Include how many are on the board of directors & how many have lived experience	Points Awarded
5	New project's organizational board of directors includes representation from more than one person with lived experience (per 578.75(g))	Yes/No		

Max Points	Measure	Factor/Goal	Narrative (1,000 Characters) Explain the process in detail	Points Awarded
5	New project has relational process for receiving and incorporating feedback from persons with lived experience or a plan to create one	Yes/No		

VI. Other and Local Criteria (10 Point Total Max)

Max Points	Measure	Factor/Goal	Narrative (1,000 Characters) Explain the sources of your match funding completely	Points Awarded
5	Describe the sources and amounts of your 25% match. Points will be awarded to projects that leverage supportive services not currently funded	Yes/No		

	through CoC or ESG funding.			
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Max Points	Measure	Factor/Goal	Narrative (1,000 Characters) Describe the plan for SUD treatment in detail	Points Awarded
5	Will your project have on site Substance Use Disorder Treatment.	Yes/No		

Total Pts Available	Project Ranking Score	Total Pts Awarded
210		
	CoC Project Type Points	

**Bakersfield/Kern County CoC
Ranking Packet to Renew
HMIS Project**

Instructions: Please complete one packet for each renewal application.

Lead Agency Information

Agency Name:

Agency Address:

City:

State:

Zip:

Phone:

Fax:

email:

Grant/Application Contact Person:

Name:

Phone:

Email:

Agency Director:

Name:

Phone:

Email:

HMIS Contact Person:

Name:

Phone:

Email:

Project Information:

Name of Project:

Project Address:

Grant Amount:

Grant Term:

Expiration Date:

Program Type:

Project Description: (1,000 characters)

Primary Population:

Annual Renewal Amount for project:

Total Number of Units:

Last Grant Cycle Funding:

Note – please provide information on last completed grant cycle (if applicable; the only time this may not be applicable is if this project was funded via a new project application last year & a full grant cycle has not completed yet.)

Amount Awarded: Amount Expended:

Dates of grant cycle:

Narrative (1,000 characters):

Proposed budget amounts by activity:

Activity:	Budget Amount:
Leased Units	
Leased Structures	
Rental Assistance	
Supportive Services	
Operations	
HMIS	
Administration	
Total:	

Name and Signature of Person who will complete the application:

Name and Signature of Person authorized to sign the HUD application:

I certify, on behalf of my agency that all information contained in this application is accurate and true, based on our current records for the project. I understand that falsifying information or failing to provide accurate information will have a negative impact on my overall review and may result in removal from the Continuum of Care Application to HUD.

Executive Director/CEO/President

Date

% of total Annual Renewal Demand:

I.	Experience	(30 points)
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All questions in this category must be answered with 1,000 characters max. The 1,000 characters is the limit for each lettered question.

- A. **(15 Points Max)** Describe the experience of the applicant and sub-recipients (if any) in providing services similar to those proposed in the application.

- B. **(15 Points Max)** Describe experience in effectively utilizing federal funds, including HUD grants and other public funding, including satisfactory drawdowns and performance for existing grants as evidenced by timely reimbursement of subrecipients (if applicable), regular drawdowns, timely resolution of monitor findings, and timely submission of required reporting on existing grants.

Points Awarded for I.A	Points Awarded for I.B

II. HUD Project Quality Threshold

(100 points)

All questions in this category must be answered with 1,000 characters max. The 1,000 characters is the limit for each lettered question.

- A. **(20 Points Max)** Describe how HMIS funds will be expended to further the CoC's HMIS implementation and ability to use the HMIS as a proactive case management tool to promote treatment and recovery for CoC projects utilizing the database.
- B. **(20 Points Max)** Describe how the applicant will ensure that the HMIS will collect all Universal Data Elements (UDEs) as set forth in the most recent HUD HMIS Data Standards.
- C. **(20 Points Max)** Describe how the applicant will ensure that the HMIS will have the ability to un-duplicate client records to ensure quality data.
- D. **(20 Points Max)** Describe how the applicant will ensure that the HMIS will have the ability to produce all HUD-required reports and provide data as needed for all HUD reporting (e.g., APR, quarterly reports, data for CAPER/ESG reporting) and all other reports required by other federal partners.
- E. **(20 Points Max)** Describe how the applicant will provide technical assistance to all organizations entering data into the HMIS.

Points Awarded for II.A	Points Awarded for II.B	Points Awarded for II.C	Points Awarded for II.D	Points Awarded for II.E

III. Financial (35 points)

All questions in this category must be answered with 1,000 characters max. The 1,000 characters is the limit for each lettered question (i.e. The answers to A-1, A-2, & A-3 should cumulatively be 1,000 characters or less).

- A. Audit
1. **(5 Points Max)** Most recent audit found no exceptions to standard practices.
 2. **(5 Points Max)** Most recent audit identified agency as 'low risk.'
 3. **(5 Points Max)** Most recent audit indicates no findings.
- B. **(20 Points Max)** Budgeted costs are reasonable, allocable, and allowable.

Points Awarded for III. A1	Points Awarded for III.A2	Points Awarded for III.A3	Points Awarded for III.B

IV. Project Effectiveness (20 points)

Max Points	Measure	Factor/Goal	Narrative (1,000 Characters)	Points Awarded
10	Project provides training to agencies utilizing HMIS at least quarterly and upon agency request.	Yes/No		

Max Points	Measure	Factor/Goal	Narrative (1,000 Characters)	Points Awarded
10	Project staff participates in professional development to ensure compliance with all HUD and other relevant data standards.	Yes/No		

V. Lived Experience**(10 points)**

Max Points	Measure	Factor/Goal	Narrative (1,000 Characters) Include how many are on the board of directors & how many have lived experience	Points Awarded
5	Project's organizational board of directors includes representation from more than one person with lived experience (per 578.75(g)).	Yes/No		

Max Points	Measure	Factor/Goal	Narrative (1,000 Characters) Explain the process in detail	Points Awarded
5	Project has relational process for receiving and incorporating feedback from persons with lived experience or a plan to create one.	Yes/No		

Total Pts Available	Project Ranking Score	Total Pts Awarded
195		
	Total Points	

Bakersfield/Kern County CoC
Ranking Packet to Renew
Rapid Re-Housing Project
(Use this packet for TH-RRH)

Instructions: Please complete one packet for each renewal application.

Lead Agency Information

CCR #:

DUNS #:

Agency Name:

Agency Address:

City:

State:

Zip:

Phone:

Fax:

Email:

Grant/Application Contact Person:

Name:

Phone:

Email:

Agency Director:

Name:

Phone:

Email:

HMIS Contact Person:

Name:

Phone:

Email:

Project Information:

Name of Project:

Project Address:

Grant amount:

Grant Term:

Expiration Date:

Program Type:

Project Description: (1,000 characters)

Primary Population:

Annual Renewal Amount for project:

Total Number of Units:

Last Grant Cycle Funding:

Note – please provide information on last completed grant cycle (if applicable; the only time this may not be applicable is if this project was funded via a new project application last year & a full grant cycle has not completed yet.)

Amount Awarded:

Amount Expended:

Dates of grant cycle:

Narrative (1,000 characters):

Previously approved budget amounts by activity:

Activity:	Budget Amount:
Leased Units	
Leased Structures	
Rental Assistance	
Supportive Services	
Operations	
HMIS	
Administration	
Leverage (25% Match)	
Total:	

Name, signature, email and phone number of person who will complete the application:

Name, signature, email and phone number of person authorized to sign the HUD application:

I certify, on behalf of my agency that all information contained in this application is accurate and true, based on our current records for the project. I understand that falsifying information or failing to provide accurate information will have a negative impact on my overall review and may result in removal from the Continuum of Care Application to HUD. I also understand that projects not submitting their Letter of Intent by the deadline may be reallocated.

Executive Director/CEO/President

Date

% of total Annual Renewal Demand:

I. Performance Measures**(100 Points)**

The purpose of the HUD's System Performance Measures is to help communities gauge their progress in preventing and ending homelessness and provide a more complete picture of how well a community is achieving this goal. The performance of each project in the CoC is crucial in the overall performance of the CoC. The source data for performance measures include the APR and HMIS to the first decimal (e.g. 80.95% = 80.9%).

NOTE: If this project was funded via a new project application last year, and there are no outcome measures, the project automatically receives full points for questions missing outcome measures in this category.

Length of Stay

Max Points	Measure (APR Q22b for leavers)	Factor/Goal Max	Outcome HMIS APR	Points Awarded
25	Average Length of Stay from project entry to residential move-in	60 days	days	

Exits to Permanent Housing

Max Points	Measure (APR Q23C)	Factor/Goal Min	Outcome HMIS APR	Points Awarded
20	Percent of participants who moved to permanent housing	90%	#.##%	
10	Percent of participants who moved into unsubsidized permanent housing	20%	#.##%	

Returns to Homelessness

Max Points	Measure 2	Factor/Goal Max	Outcome HMIS	Points Awarded
25	Percent of participants who return to homelessness within 12 months of exit to permanent housing	15%	#.##%	

New or Increased Income and Earned Income

Max Points	Measure (APR 19a1 & 19a2)	Factor/Goal Min	Outcome HMIS APR	Points Awarded
5.5	New or increased earned income for project stayers	20%	#.##%	
4.5	New or increased non-employment income for project stayers	25%	#.##%	
5.5	New or increased earned income for project leavers	20%	#.##%	
4.5	New or increased non-employment income for project leavers	25%	#.##%	

II. Serve High Needs Population (15 Points)

NOTE: If this project was funded via a new project application last year, and there are no outcome measures, the project automatically receives full points for questions missing outcome measures in this category. The source data for performance measures include the APR and HMIS to the first decimal (e.g. 80.95% = 80.9%).

DOMESTIC VIOLENCE PROJECTS: Do not fill out this section. Instead, fill out the “Domestic Violence Ranking Packet Addendum.”

Max Points	Measure (APR Q16, Q13a2, Q15)	Factor/Goal Min	Outcome HMIS APR	Points Awarded
5	Percent of participants with zero income at entry	50%	#.##%	
5	Percent of participants with more than one disability	50%	#.##%	
5	Percent of participants entering project from place not meant for human habitation	50%	#.##%	

III. Project Effectiveness (35 Points)

Max Points	Measure	Factor/Goal	Narrative (1,000 Characters) Include cost & formula on how the cost was determined	Points Awarded
25	Project has reasonable costs per households	Yes/No		

Max Points	Measure	Factor/Goal	Narrative (1,000 Characters)	Points Awarded
10	Participation in Coordinated Entry system	Yes/No		

IV. Lived Experience (10 Points)

Max Points	Measure	Factor/Goal	Narrative (1,000 Characters) Include how many are on the board of directors & how many have lived experience	Points Awarded
5	Recipient's board of directors include representation from more than one person with lived experience of homelessness	Yes/No		

Max Points	Measure	Factor/Goal	Narrative (1,000 Characters) Explain the process in detail	Points Awarded
5	Recipient has relational process for receiving and incorporating feedback from persons with lived experience	Yes/No		

I. Other and Local Criteria (35 Points)

NOTE: If this project was funded via a new project application last year, and there are no outcome measures, the project automatically receives full points for questions missing outcome measures in this category. The source data for performance measures include the APR, HMIS & HIC to the first decimal (e.g. 80.95% = 80.9%).

Max Points	Measure (APR average of Q6a – Q6d & Q6f, 2024 HIC)	Factor/Goal	Outcome (HMIS APR/HIC)	Points Awarded
5	Data Quality	90%	#.##%	
10	Utilization (bed/unit or person)	90%	#.##%	

Max Points	Measure	Factor/Goal	Acknowledgement Mark either yes or no	Points Awarded
10	Acknowledge that service participation will be mandatory and that you will be able to provide a program agreement, lease agreement, or some other policy upon request verifying this.	Yes/No	☐ Yes ☐ No	

Max Points	Measure	Factor/Goal	Narrative (1,000 Characters) Explain the sources of your match funding completely	Points Awarded
5	Describe the sources and amounts of your 25% match. Points will be awarded to projects that leverage supportive services not currently funded through CoC or ESG funding.	Yes/No		

Max Points	Measure	Factor/Goal	Acknowledgement Describe in detail your number of SUD units	Points Awarded
5	If your project includes CoC-funded units that require program participants to engage in substance abuse treatment as a condition of continued participation in the program, consistent with 24 CFR 578.75 explain how many total units and how many require SUD participation.	Yes/No		

Total Pts Available	Project Ranking Score	Total Pts Awarded
195		

**Bakersfield/Kern County CoC
Ranking Packet to Renew
Permanent Supportive Housing Project**

Instructions: Please complete one packet for each renewal application.

Lead Agency Information

CCR #:

DUNS #:

Agency Name:

Agency Address:

City:

State:

Zip:

Phone:

Fax:

Email:

Grant/Application Contact Person:

Name:

Phone:

Email:

Agency Director:

Name:

Phone:

Email:

HMIS Contact Person:

Name:

Phone:

Email:

Project Information:

Name of Project:

Project Address:

Grant amount:

Grant Term:

Expiration Date:

Program Type:

Project Description: (1,000 characters)

Primary Population:

Annual Renewal Amount for project:

Total Number of Units:

Last Grant Cycle Funding:

Note – please provide information on last completed grant cycle (if applicable; the only time this may not be applicable is if this project was funded via a new project application last year & a full grant cycle has not completed yet.)

Amount Awarded:

Amount Expended:

Dates of grant cycle: _

Narrative (1,000 characters):

Previously approved budget amounts by activity:

Activity:	Budget Amount:
Leased Units	
Leased Structures	
Rental Assistance	
Supportive Services	
Operations	
HMIS	
Administration	
Leverage (25% Match)	
Total:	

Name, signature, email and phone number of person who will complete the application:

Name, signature, email and phone number of person authorized to sign the HUD application:

I certify, on behalf of my agency that all information contained in this application is accurate and true, based on our current records for the project. I understand that falsifying information or failing to provide accurate information will have a negative impact on my overall review and may result in removal from the Continuum of Care Application to HUD. I also understand that projects not submitting their Letter of Intent by the deadline may be reallocated.

Executive Director/CEO/President

Date

% of total Annual Renewal Demand:

I. System Performance Measures**(100 Points)**

The purpose of the HUD's System Performance Measures is to help communities gauge their progress in preventing and ending homelessness and provide a more complete picture of how well a community is achieving this goal. The performance of each project in the CoC is crucial in the overall performance of the CoC. The source data for performance measures include the APR and HMIS to the first decimal (e.g. 80.95% = 80.9%).

NOTE: If this project was funded via a new project application last year, and there are no outcome measures, the project automatically receives full points for questions missing outcome measures in this category.

Length of Stay

Max Points	Measure (APR Q22b for Stayers)	Factor/Goal Min	Outcome HMIS APR	Points Awarded
25	Average number of days participants stay in project	180 days	days	

Exits to Permanent Housing

Max Points	Measure (APR Q23C)	Factor/Goal Min	Outcome HMIS APR	Points Awarded
20	Percent who remain in or move to permanent housing	90%	#.##%	
10	Percent of participants who moved into unsubsidized permanent housing	20%	#.##%	

Returns to Homelessness

Max Points	Measure 2	Factor/Goal Max	Outcome HMIS	Points Awarded
25	Percent of participants who return to homelessness within 12 months of exit to permanent housing	15%	#.##%	

New or Increased Income and Earned Income

Max Points	Measure (APR 19a1 & 19a2)	Factor/Goal Min	Outcome HMIS APR	Points Awarded
5.5	New or increased earned income for project stayers	20%	#.##%	
4.5	New or increased non-employment income for project stayers	25%	#.##%	
5.5	New or increased earned income for project leavers	20%	#.##%	
4.5	New or increased non-employment income for project leavers	25	#.##%	

II. Serve High Needs Population (15 Points)

NOTE: If this project was funded via a new project application last year, and there are no outcome measures, the project automatically receives full points for questions missing outcome measures in this category. The source data for performance measures include the APR and HMIS to the first decimal (e.g. 80.95% = 80.9%).

DOMESTIC VIOLENCE PROJECTS: Do not fill out this section. Instead, fill out the “Domestic Violence Ranking Packet Addendum.”

Max Points	Measure (APR Q16, Q13a2, Q15)	Factor/Goal Min	Outcome HMIS APR	Points Awarded
5	Percent of participants with zero income at entry	50%	#.##%	
5	Percent of participants with more than one disability	50%	#.##%	
5	Percent of participants entering project from place not meant for human habitation	50%	#.##%	

III. Project Effectiveness (35 Points)

Max Points	Measure	Factor/Goal	Narrative (1,000 Characters) Include cost & formula on how the cost was determined	Points Awarded
25	Project has reasonable costs per household	Yes/No		

Max Points	Measure	Factor/Goal	Narrative (1,000 Characters)	Points Awarded
10	Participation in Coordinated Entry system	Yes/No		

IV. Lived Experience (10 Points)

Max Points	Measure	Factor/Goal	Narrative (1,000 Characters) Include how many are on the board of directors & how many have lived experience	Points Awarded
5	Recipient's board of directors include representation from more than one person with lived experience of homelessness	Yes/No		

Max Points	Measure	Factor/Goal	Narrative (1,000 Characters) Explain the process in detail	Points Awarded
5	Recipient has relational process for receiving and incorporating feedback from persons with lived experience	Yes/No		

V. Other and Local Criteria (35 Points)

NOTE: If this project was funded via a new project application last year, and there are no outcome measures, the project automatically receives full points for questions missing outcome measures in this category. The source data for performance measures include the APR, HMIS & HIC to the first decimal (e.g. 80.95% = 80.9%).

Max Points	Measure (APR average of Q6a – Q6d & Q6f, 2024 HIC)	Factor/Goal	Outcome (HMIS APR/HIC)	Points Awarded
5	Data Quality	90%	#.##%	
10	Utilization (bed/unit or person)	90%	#.##%	

Max Points	Measure	Factor/Goal	Acknowledgement Mark either yes or no	Points Awarded
10	Acknowledge that service participation will be mandatory and that you will be able to provide a program agreement, lease agreement, or some other policy upon request verifying this.	Yes/No	☐ Yes ☐ No	

Max Points	Measure	Factor/Goal	Narrative (1,000 Characters) Explain the sources of your match funding completely	Points Awarded
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5	Describe the sources and amounts of your 25% match. Points will be awarded to projects that leverage supportive services not currently funded through CoC or ESG funding.	Yes/No		
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Max Points	Measure	Factor/Goal	Acknowledgement Describe in detail your number of SUD units	Points Awarded
5	If your project includes CoC-funded units that require program participants to engage in substance abuse treatment as a condition of continued participation in the program, consistent with 24 CFR 578.75 explain how many total units and how many require SUD participation.	Yes/No		

Total Pts Available	Project Ranking Score	Total Pts Awarded
195		

**Bakersfield/Kern County CoC
Ranking Packet to Renew
Transitional Housing Project**

Instructions: Please complete one packet for each renewal application.

Lead Agency Information

CCR #:

DUNS #:

Agency Name:

Agency Address:

City:

State:

Zip:

Phone:

Fax:

Email:

Grant/Application Contact Person:

Name:

Phone:

Email:

Agency Director:

Name:

Phone:

Email:

HMIS Contact Person:

Name:

Phone:

Email:

Project Information:

Name of Project:

Project Address:

Grant amount:

Grant Term:

Expiration Date:

Program Type:

Project Description: (1,000 characters)

Primary Population:

Annual Renewal Amount for project:

Total Number of Units:

Last Grant Cycle Funding:

Note – please provide information on last completed grant cycle (if applicable; the only time this may not be applicable is if this project was funded via a new project application last year & a full grant cycle has not completed yet.)

Amount Awarded: Amount Expended:

Dates of grant cycle:

Narrative (1,000 characters):

Previously approved budget amounts by activity:

Activity:	Budget Amount:
Leased Units	
Leased Structures	
Rental Assistance	
Supportive Services	
Operations	
HMIS	
Administration	
Leverage (25% Match)	
Total:	

Name, Signature, Email and Phone number of Person who will complete the application:

Name, Signature, Email and Phone number of Person authorized to sign the HUD application:

I certify, on behalf of my agency that all information contained in this application is accurate and true, based on our current records for the project. I understand that falsifying information or failing to provide accurate information will have a negative impact on my overall review and may result in removal from the Continuum of Care Application to HUD. I also understand that projects not submitting their Letter of Intent by the deadline may be reallocated.

Executive Director/CEO/President

Date

% of total Annual Renewal Demand:

I. System Performance Measures**(100 Points)**

The purpose of the HUD's System Performance Measures is to help communities gauge their progress in preventing and ending homelessness and provide a more complete picture of how well a community is achieving this goal. The performance of each project in the CoC is crucial in the overall performance of the CoC. The source data for performance measures include the APR and HMIS to the first decimal (e.g. 80.95% = 80.9%).

NOTE: If this project was funded via a new project application last year, and there are no outcome measures, the project automatically receives full points for questions missing outcome measures in this category.

Length of Stay

Max Points	Measure (APR Q22b for Stayers)	Factor/Goal Max	Outcome HMIS APR	Points Awarded
25	Average number of days participants stay in project	270 days	days	

Exits to Permanent Housing

Max Points	Measure (APR Q23C)	Factor/Goal Min	Outcome HMIS APR	Points Awarded
20	Percent who move to permanent housing	90%	##%	
10	Percent of participants who moved into unsubsidized permanent housing	20%	##%	

Returns to Homelessness

Max Points	Measure 2	Factor/Goal Max	Outcome HMIS	Points Awarded
25	Percent of participants who return to homelessness within 12 months of exit to permanent housing	15%	##%	

New or Increased Income and Earned Income

Max Points	Measure (APR 19a1 & 19a2)	Factor/Goal Min	Outcome HMIS APR	Points Awarded
5.5	New or increased earned income for project stayers	20%	##%	
4.5	New or increased non-employment income for project stayers	25%	##%	
5.5	New or increased earned income for project leavers	20%	##%	
4.5	New or increased non-employment income for project leavers	25%	##%	

II. Serve High Needs Population (15 Points)

NOTE: If this project was funded via a new project application last year, and there are no outcome measures, the project automatically receives full points for questions missing outcome measures in this category. The source data for performance measures include the APR and HMIS to the first decimal (e.g. 80.95% = 80.9%).

DOMESTIC VIOLENCE PROJECTS: Do not fill out this section. Instead, fill out the “Domestic Violence Ranking Packet Addendum.”

Max Points	Measure (APR Q16, Q13a2, Q15)	Factor/Goal Min	Outcome HMIS APR	Points Awarded
5	Percent of participants with zero income at entry	50%	#.##%	
5	Percent of participants with more than one disability	50%	#.##%	
5	Percent of participants entering project from place not meant for human habitation	50%	#.##%	

III. Project Effectiveness (35 Points)

Max Points	Measure	Factor/Goal	Narrative (1,000 Characters) Include cost & formula on how the cost was determined	Points Awarded
25	Project has reasonable costs per household	Yes/No		

Max Points	Measure	Factor/Goal	Narrative (1,000 Characters)	Points Awarded
10	Participation in Coordinated Entry system	Yes/No		

IV. Lived Experience (10 points)

Max Points	Measure	Factor/Goal	Narrative (1,000 Characters) Include how many are on the board of directors & how many have lived experience	Points Awarded
5	Recipient's board of directors include representation from more than one person with lived experience of homelessness	Yes/No		

Max Points	Measure	Factor/Goal	Narrative (1,000 Characters) Explain the process in detail	Points Awarded
5	Recipient has relational process for receiving and incorporating feedback from persons with lived experience	Yes/No		

I. Other and Local Criteria (35 Points)

Max Points	Measure	Factor/Goal	Narrative (1,000 Characters) Explain the plan in detail	Points Awarded
4	Describe your plan to operationalize on site substance abuse services to all eligible participants.	Yes/No		

Max Points	Measure	Factor/Goal	Acknowledgement Mark either yes or no	Points Awarded
8	Acknowledge that you will be able to provide letters of support or commitment upon request for the services outlined above	Yes/No	☐ Yes ☐ No	

Max Points	Measure	Factor/Goal	Acknowledgement Mark either yes or no	Points Awarded
8	Acknowledge that service participation will be mandatory and that you will be able to provide a program agreement, lease	Yes/No	☐ Yes ☐ No	

	agreement, or some other policy upon request verifying this.			
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V. Other and Local Criteria (35 Points)

NOTE: If this project was funded via a new project application last year, and there are no outcome measures, the project automatically receives full points for questions missing outcome measures in this category. The source data for performance measures include the APR, HMIS & HIC to the first decimal (e.g. 80.95% = 80.9%).

Max Points	Measure (APR average of Q6a – Q6d & Q6f, 2024 HIC)	Factor/Goal	Outcome (HMIS APR/HIC)	Points Awarded
5	Data Quality	90%	#.##%	
10	Utilization (bed/unit or person)	90%	#.##%	

Max Points	Measure	Factor/Goal	Acknowledgement Mark either yes or no	Points Awarded
10	Acknowledge that service participation will be mandatory and that you will be able to provide a program agreement, lease agreement, or some other policy upon request verifying this.	Yes/No	☐ Yes ☐ No	

Max Points	Measure	Factor/Goal	Narrative (1,000 Characters) Explain the sources of your match funding completely	Points Awarded
5	Describe the sources and amounts of your 25% match. Points will be awarded to projects that leverage supportive services not currently funded	Yes/No		

	through CoC or ESG funding.			
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Max Points	Measure	Factor/Goal	Acknowledgement Describe in detail your number of SUD units	Points Awarded
5	If your project includes CoC-funded units that require program participants to engage in substance abuse treatment as a condition of continued participation in the program, consistent with 24 CFR 578.75 explain how many total units and how many require SUD participation.	Yes/No		

Total Pts Available	Project Ranking Score	Total Pts Awarded
195		

Bakersfield/Kern County CoC Domestic Violence Ranking Packet Addendum

Domestic violence projects are to fill out this form instead of “Section III: Serve High Needs Population” on Renewal Ranking Packets.

Lead Agency Information

Project Information:

Name of Project:

Project Address:

Grant amount:

Grant Term:

Expiration Date:

Program Type:

Project Description: (1,000 characters)

Primary Population:

DV System Performance Measures (15 Points Total Max)

The outcome measure percentages should only be written to the first decimal (e.g. 80.95% = 80.9%).

Length of Stay

Max Points	Measure	Factor/Goal Max	Outcome*	Points Awarded
5	Percentage of DV clients who exited with a Safety Plan	90.0%+		
5	Percentage of DV clients who received legal advocacy, court accompaniment services	14.0%+		
5	Percentage of adult DV clients who received education, job skills training, resume, GED	75.0%+		

**data per organization client data software*

Name of client data software being used to pull Outcome Measures: _____

Attach a copy of the data software report with outcome measure percentages listed (client names/ identifying information should be removed off report). Questions above cannot be scored without attached report for validation purposes.

Total Pts Available	Project Ranking Score	Total Pts Awarded
15	Total Points	

FY 2026-27 CA 604 CoC Competition Priority Listing

Legend	Value	Funding Source	Availability
CoC	CA-604	New Projects	\$2,689,465
Estimated Annual Renewal Demand (ARD)	\$7,785,434	(reallocation funding) Domestic Violence (DV) projects (reallocation funding)	\$589,379
Tier 1 Amount	\$4,671,260	CoC Bonus	\$1,718,788
Tier 2 Amount	\$7,124,679	DV Bonus	\$2,291,717

TIER	Projects within Annual Renewal Demand	Project Rank	Score (%)	Project Status (Accepted, Rejected, Reduced Reallocated, Fully Reallocated)	Funding Source (Reallocation, DV Reallocation, CoC Bonus, DV Bonus, or N/A Renewal	New, Renewal, Expansion, Transition Project Type	Project Type	Project Serving Domestic Violence Clients (Y/N)	Organization	Project Name	Funding Requested	Amount Requested from HUD	Reallocated Funds	Notes	
N/A	N/A	Not Ranked	N/A	Accepted	CA-604 CoC Planning	New	N/A	N	Bakersfield Kern Regional Homeless Collaborative	CA-604 Planning Project	\$572,929.00	\$572,929.00	\$0.00		
CoC Planning TOTAL												\$572,929.00			
N/A	N/A	Not Ranked	N/A	Fully Reallocated	N/A	Renewal	Joint TH & PH-RRH	Y	The Open Door Network	Alliance TH and PH-RRH Project	\$0.00	\$0.00	-\$589,379.00	Applicant voluntary reallocation	

Projects within Tier 1 (\$4,671,260)	Projects within Annual Renewal Demand Funding (\$7,785,434)	1	97%	Accepted	N/A Renewal	Renewal	TH	Y	The Open Door Network	Kern Victim TH Renewal	\$142,884.00	\$142,884.00	\$0.00		
		2	94%	Accepted	DV Bonus	New/Expansion	TH	Y	The Open Door Network	Kern Victim TH Expansion	\$929,736.90	\$854,127.00	\$0.00		
		3	94%	Accepted	N/A Renewal	Renewal	CES	N	Community Action Partnership of Kern	CES	\$268,035.00	\$268,035.00	\$0.00		
		4	91%	Accepted	Reallocation	New	TH	N	Casa Esperanza	Journeys of Hope	\$647,154.00	\$647,154.00	\$647,154.00		
		5	90%	Accepted	N/A Renewal	Renewal	HMIS	N	Kern Health Systems	HMIS	\$92,061.00	\$92,061.00	\$0.00		
		6	89%	Accepted	CoC Bonus + Reallocation	New	SO	N	Flood Ministries	Treatment and Recovery Connection Project	\$399,510.75	\$98,805.78	\$98,805.78	Governing Board approved action to reduce funding for Tier 1 and have remaining project funded in Tier 2	
		7	92%	Reduced Reallocated	N/A Renewal	Renewal	PSH	N	Housing Authority of the County of Kern	El Programa Dulce Hogar	\$3,783,625.00	\$2,568,193.22	-\$2,689,465.00	Total amount in the GIW was (\$6,151,791). The Applicant voluntary reallocated a portion of their funds. Funding requested from HUD represents 33% of expected ARD; Governing Board approved action to move placement of this project to straddle between Tier 1 and Tier 2	
		TIER 1 TOTAL											\$4,671,260.00		

Projects within Tier 2 (\$7,124,679)	7	92%	Reduced Reallocated	N/A Renewal	Renewal	PSH	N	Housing Authority of the County of Kern	El Programa Dulce Hogar	\$3,783,625.00	\$1,215,431.78	\$0.00	Remainder project funding after 33% Tier 1 allocation
	8	89%	Accepted	CoC Bonus + Reallocation	New	SO	N	Flood Ministries	Expedited Outreach & Treatment Access Project	\$399,510.75	\$323,911.92	\$323,911.92	Governing Board approved action to award additional funding for this project in Tier 2 and placement to Tier 2
	9	88%	Accepted	DV Bonus	New	SSO	Y	Greater Bakersfield Legal Assistance	Safe Futures Youth Legal Initiative	\$419,677.00	\$245,889.00	\$0.00	Governing Board approved action to adjust funding within ARD and placement to Tier 2
	10	87%	Accepted	Reallocation	New/Transition	SSO	N	The Open Door Network	Casa Nueva III Placement and Supportive Services	\$327,059.00	\$228,941.30	\$228,941.30	Governing Board approved action to adjust funding within ARD and placement to Tier 2
	11	87%	Accepted	Reallocation	New	TH	N	Bakersfield Recovery Services	Step Up	\$760,100.00	\$500,000.00	\$500,000.00	Governing Board approved action to adjust funding within ARD and placement to Tier 2
	12	84%	Accepted	CoC Bonus + Reallocation	New	SSO	N	Flood Ministries	Rural Kern ACCESS	\$794,205.50	\$600,000.00	\$600,000.00	Governing Board approved action to adjust funding within ARD and placement to Tier 2
	Total from first six projects in tier 2										\$3,114,174.00		
	ARD TOTAL										\$7,785,434.00		
	13	94%	Accepted	DV Reallocation	New/Transition	TH	Y	The Open Door Network	Kern Victim TH Transition	\$555,697.00	\$555,697.00	\$555,697.00	Governing Board approved action to swap placement of this project with Kern Victim TH Expansion
	14	91%	Accepted	Reallocation	New	SSO	N	Greater Bakersfield Legal Assistance	Benefits Access Center - Youth Adocacy Program	\$298,430.00	\$298,430.00	\$298,430.00	Governing Board action to move this project to this placement in Tier 2 for CoC Bonus funding
	15	82%	Accepted	CoC Bonus	New	TH	N	CityServe Network	Life 180	\$260,755.00	\$260,755.00	\$0.00	
	16	80%	Accepted	CoC Bonus	New	SSO	N	The Open Door Network	TODN Youth Supportive Services	\$346,570.00	\$346,570.00	\$0.00	
	Not Ranked	79%	Accepted	N/A	New	TH	N	Community Action Partnership of Kern	East Kern Housing Connection	\$707,761.00	\$0.00	\$0.00	9/29 - Applicant withdrew application
	17	79%	Accepted	CoC Bonus	New	TH	N	The Mission at Kern County	Phase 2 Transitional Housing	\$150,000.00	\$150,000.00	\$0.00	
	18	79%	Accepted	CoC Bonus	New	TH	Y	Bakersfield Recovery Services	Pathways to Safety	\$407,000.00	\$407,000.00	\$0.00	
	19	78%	Accepted	CoC Bonus	New/Transition	SSO	N	Flood Ministries	Encampment Resolution Connection and Support Project	\$107,151.00	\$107,151.00	\$0.00	
	20	76%	Accepted	CoC Bonus	New	TH	N	Nova Sorella Sorority Inc	Reset and Restore Initiative	\$49,000.00	\$49,000.00	\$0.00	
	21	75%	Accepted	CoC Bonus	New	TH	Y	Nova Sorella Sorority Inc	The Bloom Project	\$49,000.00	\$49,000.00	\$0.00	
	22	70%	Accepted	CoC Bonus	New	TH	N	Nova Sorella Sorority Inc	The Independence Pathway for Veterans	\$49,000.00	\$49,000.00	\$0.00	
	23	69%	Accepted	CoC Bonus	New	TH	N	Nova Sorella Sorority Inc	The Bridge Program	\$49,000.00	\$49,000.00	\$0.00	
	24	64%	Accepted	CoC Bonus	New	SO	N	Be Finally Free	Pathways to Hope	\$420,528.00	\$420,528.00	\$0.00	
	Total from remaining 13 remaining projects in Tier 2										\$2,742,131.00		
	TIER 2 TOTAL										\$5,856,305.00		
	GRAND TOTAL (Tier 1 + Tier 2)										\$10,527,565.00		

TOTAL DV REALLOCATED	\$555,697.00	*The remaining CoC reallocation funds will go to the Benefits Access Center project (funding source in eSNAPS is CoC Bonus + Reallocation)
TOTAL CoC REALLOCATED	\$2,697,243.00	

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**Bakersfield-Kern Regional Homeless Collaborative
CA-604 Policy and Statement to Advance Recovery**

Purpose

The Bakersfield-Kern Regional Homeless Collaborative (BKRHC), Continuum of Care CA-604, is committed to advancing recovery, housing stability, and self-sufficiency for individuals and families experiencing homelessness, including those with mental health and substance use disorders (SUD). The CoC recognizes that access to appropriate treatment, recovery supports, housing, health care, employment, and other supportive services can strengthen long-term housing stability and individual well-being.

Policy Statement

CA-604 promotes a coordinated homeless response system that connects individuals to behavioral health and SUD treatment and recovery services based on their individual needs. CoC providers coordinate with Kern Behavioral Health and Recovery Services (KernBHRS), Managed Care Plans, health care providers, SUD treatment providers, law enforcement and first responders, shelters, street outreach teams, and other community partners to facilitate access to appropriate care.

Through Coordinated Entry (CES), street outreach, shelters, and housing programs, individuals are connected through referrals and warm handoffs to available services, including outpatient and intensive outpatient treatment, residential treatment, Narcotic Treatment Programs, mental health services, crisis intervention, primary health care, peer and recovery supports, employment and income assistance, and other mainstream resources.

CA-604 supports community-based approaches that reduce barriers to treatment and bring services directly to individuals experiencing homelessness. These resources include KernBHRS programs such as Assertive Community Treatment (ACT), field-based outreach and engagement, mobile crisis services, and Mobile Clinic with Street Psychiatry, as well as the SUD Access Line and Bakersfield Recovery Station.

The CoC also recognizes the role of recovery-focused and sober living environments within the broader continuum of housing options. BKRHC maintains a designated **sober living representative seat on its Governing Board** to incorporate recovery housing expertise into CoC planning, strengthen partnerships with recovery providers, and encourage participation and development of eligible recovery-focused housing opportunities. CA-604 will continue strengthening coordination among housing, treatment, recovery, health care, and supportive service systems so that individuals experiencing homelessness have meaningful opportunities to engage in recovery, increase income and self-sufficiency, obtain permanent housing, and achieve long-term stability.

Governing Board Adoption

The BKRHC Governing Board adopts this Policy and Statement to Advance Recovery and affirms CA-604's commitment to advancing treatment, recovery, self-sufficiency, housing stability, and coordinated access to supportive services.

Steve Peterson, Chair
BKRHC Governing Board
Continuum of Care CA-604

Date: 09/28/2026