



A Tradition of Stewardship
A Commitment to Service

NAPA COUNTY HEALTH AND HUMAN SERVICES AGENCY
Self Sufficiency Services Division

POLICY AND PROCEDURE:

Housing Support Program

REVIEW FREQUENCY:

Every two years

POLICY # 2000601-1021-18

DISTRIBUTION:

- | | |
|---------------------------------------------------------|----------------------------------------------------------|
| <input checked="" type="checkbox"/> Employment Services | <input checked="" type="checkbox"/> Eligibility Services |
| | <input checked="" type="checkbox"/> Quality Mgmt |

EFFECTIVE DATE: March 1, 2016
 ORIGINAL DATE OF ISSUE: March 1, 2016
 LAST REVISION DATE: November 9, 2018

APPROVAL: Juanne Bruchsta 11/13/18
 Eligibility Services Manager Date

APPROVAL: Teresa Brun 11/13/18
 Employment Services Manager Date

APPROVAL: Lynn Lee 11/13/18
 SSSD Deputy Director Date

APPROVAL: Mary Bette 11/16/18
 HHSA Director Date

POLICY STATEMENT:

It is the policy of the Napa County Health and Human Services Agency (NCHHSA) to provide homeless CalWORKs families with an opportunity to locate and retain housing to assist in approving the families ability to become self-sufficient.

ADMINISTRATION:

- Eligibility Worker (EW)
- Employment Services Worker (ESW)
- Housing Support Program Worker (HSP Worker)
- Landlord Engagement Worker

DEFINITIONS:

ABODE – A non-profit agency that Napa County Health and Human Services is contracting with to provide service under the Housing Support Program (HSP).

END OF POLICY

PROCEDURE

I. Program Criteria

- A. Individuals are considered homeless for purposes of the Housing Support Program (HSP), when the household meets one of the following definitions:
 - 1. Lacks a fixed and regular nighttime residence meaning; **or**
 - a. The primary nighttime residence is a supervised publically or privately operated shelter designed to provide temporary living accommodations; **or**
 - b. Resides in a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings;
 - 2. Is in receipt of a judgment for eviction, as ordered by a court
 - a. ESW/EW to request verification of this at appointment. HSP worker will be responsible for following up if not able to be obtained at time of referral.
- B. Individuals may be eligible to HSP if they meet all of the following criteria at the time of granting:
 - 1. Someone in the household is in receipt of CalWORKs (CW), including as a Family Reunification Case; **and**
 - 2. Current Napa County resident; **and**
 - 3. Meet the HSP homeless criteria; **and**
 - 4. Express a willingness to participate in the HSP program.
- C. All individuals eligible to HSP may receive HSP services, however should HSP services be limited, priority will be determined on a case by case basis.
- D. Payments to relatives are not eligible for HSP funds, unless the permanent housing placement is identified as a documented rental property.
 - 1. Relative means a mother, father, grandmother, grandfather, son, daughter, stepfather, stepmother, mother-in-law, and father-in-law.

II. HSP Services

- A. Services that may be provided by HSP include, but are not limited to:
 - 1. Rental Assistance (Shared Housing or Single Occupancy)
 - 2. Security Deposits
 - 3. Utility Deposits
 - 4. Moving Costs
 - 5. Costs to make a home habitable
 - 6. Case Management
 - 7. Landlord Engagement
 - 8. Housing related legal services
 - 9. Credit Repair
- B. Security Deposits
 - 1. All participants must utilize any available CalWORKs permanent homeless assistance (PHA) prior to any deposit payments being made.
 - a. ABODE shall contact Self Sufficiency Services Division to determine eligibility to CW PHA prior to issuance of any deposit.
 - 2. Individuals, who are requesting payment for a deposit only, will have his/her ability to sustain rent payments evaluated.
 - a. Individuals who are determined to be able to sustain may receive up to 100% of requested deposit amount.

- 1) These individuals will receive Level 1 Case Management Services.
 - b. Individuals who are determined to not be able to sustain his/her rent will be reviewed for rental subsidies.
 - 1) Deposit will not be paid unless these individuals meet all other HSP criteria and are enrolled into the program.
 3. Participants who receive a security deposit are expected to collect their deposit and use that money towards any future deposits for other housing that may be needed.
 - a. HSP will only cover any costs above and beyond the initial security deposit issued.
- C. Motel Stay
1. All participants must utilize any available CalWORKs temporary homeless assistance (THA) prior to any motel stay payments being made.
 - a. Abode shall refer client to Self Sufficiency Services Division to determine eligibility to CW THA prior to issuance of any motel stay.
 2. Up to sixteen (16) days of motel placement shall be allowed to any HSP eligible individual.
 - a. HSP clients who qualify for CalWORKs THA will utilize his/her 16 days through CW THA.
 - b. HSP clients who do not qualify for CalWORKs temporary homeless assistance may utilize his/her 16 days through HSP.
 3. On a case by case basis, a participant may receive beyond 16 motel days if it is determined by the HSP manager that the participant is in a high risk situation.
 4. Up to fourteen (14) consecutive days of motel placement shall be allowed for a participant who has an identified move in date and shelter is not currently available.
 - a. Move in shall include the following:
 - 1) Moving into a shelter
 - 2) Moving into own permanent housing
 - 3) Relocating to stay with family
 - b. Verification of move in date shall be provided to the HSP worker.
 5. A maximum of thirty (30) days of motel stay is allowed, per HSP household, for any combination of motel stays listed above.
 6. Amount to be issued for hotel stays will be determined on a semi-annual basis (January & July) by taking the lowest amount of the following three motels:
 - a. Motel 6 Napa
 - b. Discovery Inn Napa
 - c. Chablis Inn Napa
- D. Payments for rental application fees
1. Fees to turn in a rental application may be paid at the asking rate.
 2. The HSP worker shall review all application fees, prior to approval, to determine if the application may lead to potential placement.
 - a. Abode shall send the funds request form to the HSP worker and HSP manager for approval.
 - b. The HSP worker may decline any rental application fees on rentals that do not seem reasonable.
- E. Payments for Rental Assistance shall be evaluated as follows:
1. A maximum rental payment will be determined based on a calculation of the families current income plus potential income. The calculation is as follows:

- a. Determine all income received in the current month, including CalWORKs (CW) payments.
 - b. Determine what income potential the family has.
 - c. Use the formula and take $\frac{1}{2}$ of all available income and add $\frac{1}{2}$ of potential income to equal the rental limit.
 - d. Round up the amount to an amount that is typical for rentals.
 - e. Example: Family receives \$569 in CW income. It is determined that the family can obtain a job making \$12.00 per hour. Based on the formula we take $\frac{1}{2}$ of the current income ($\$569/2 = \285) and $\frac{1}{2}$ of the potential income ($\$12.00 \times 30$ (# of hours required to work per week) = \$1440 per month / 2 = \$720) to determine the rental limit. ($\$285 + \$720 = \$1,005$). Rounded up would equal \$1,100.
2. The amount the participant must contribute towards rent shall be determined on a case by case basis and will be based off of actual rental cost.
 - a. Amount of monthly subsidy will be agreed upon at bi-weekly case management meetings or through email between HSP staff and Abode.
 - b. Subsidy may be issued up to a maximum of six (6) months
 - c. Participant must contribute towards his/her rent each month of subsidy.
 - 1) First month's rent, if a partial month, may be paid in full, depending on review of time of month and amount of income remaining.
 - d. Abode shall conduct the following review in order to determine participant's portion of rent:
 - 1) Develop budget with participant to determine amount participant is able to contribute by reviewing the following information:
 - i. Rental amount of permanent housing
 - ii. Current income
 - iii. Potential / expected income
 - iv. Allowing for a small amount of savings
 - v. Number of other contributors in the household
 - vi. Past earnings and employment history
 - 2) Abode will provide the participant a copy of the rent subsidy structure and savings schedule.
 - 3) Participant's portion of rent shall be reviewed after three (3) months of issued subsidy.
 - e. Monthly rental payments from HSP shall always be rounded up to the nearest whole dollar.
 3. Participants, who at month five (5) are still determined unable to pay their rent, the following should be considered:
 - a. Abode should assist the family in looking for other housing in a place they can afford with current income.
 - b. Abode should identify if any other funding sources are available to assist the family with continued subsidy.
 - c. Continued subsidy through HSP, beyond six (6) months, will be considered on a case by case basis only.
 - 1) Approval of continued subsidy must be approved by the HSP Manager.
- F. Payments for furniture and household items

1. Prior to payments for furniture and household items will be considered, all community resources should be reviewed for available donations.
 2. All furniture purchases shall be determined on a case by case basis. Documentation in a C-IV Journal Entry must include reason for purchase of each item.
 - a. Only families moving into permanent housing will be considered for furniture purchases. Families moving into transitional housing will not be considered for furniture purchases.
 3. The purchase of new furniture for HSP families that have been newly placed in permanent housing may be done if the furniture is basic to the family's health, safety, and ability to appropriately maintain their new residence. Furniture that may be purchased includes:
 - a. Beds or mattresses
 - b. Sofa or couch
 - c. Dressers for clothing
 - d. Tables for dine on
 - e. Chairs
 - f. Refrigerator if one is not included in the housing unit
 4. Electronic items are prohibited from purchase unless it is specifically needed to maintain a family's health and safety, for example a microwave.
 5. Small household items such as dishes or pans, bedding such as sheets, are not eligible for purchase.
 6. Statement must be received from donation locations that items are not available.
 7. All items to be purchased should have a minimum of two (2) quotes obtained prior to purchase.
 8. The quote at the lowest rate will be chosen for purchase of the items.
 9. All purchases of furniture must be approved by the HSP Manager.
 - a. Funds request form shall be forwarded to the HSP worker to obtain approval.
- G. Payments for Miscellaneous Items
1. Prior to payments for miscellaneous items will be considered, all community resources should be reviewed for available donations.
 2. Statement must be received from donation locations that items are not available.
 3. All items to be purchases should have a minimum of two (2) quotes obtained prior to purchase.
 4. The quote at the lowest rate will be chosen for purchase of the items.

III. Referral to HSP

- A. Referrals shall be made at first identification of homeless status.
- B. Referrals can be made by an EW or ESW.
- C. Referrals from outside agencies should be directed to the participant's worker.
- D. The worker completing the HSP referral shall:
 1. Explain the program to the participant, including informing that the participant will be working with Abode Services.
 2. Review to ensure participant meets program criteria.
 3. Complete the SSSD 2033 - HSP Referral form
 4. Image and index the SSSD 2033 into C-IV.
 5. Scan and email the SSSD 2033 to the HSP worker and the CalWORKs Analyst no later than the next business day.

6. Email the EW/ESW of any corresponding program on the case to notify that a referral was made.
 7. Document in C-IV Journal Entry that the program was explained to the participant, participant's situation/reason for referral, and that a referral was completed.
 - a. Journal Short Description should begin with "HSP."
 8. The assigned ESW shall review the participant for participation in the Family Stabilization Program (FSP) and make referral if needed.
- E. The HSP Worker shall:
1. Schedule an appointment with the participant within three (3) working days from the date the referral was received.
 2. Determine if the participant is eligible for HSP.
 - a. Reasons for denial may include:
 - 1) Family does not have a CalWORKs recipient
 - 2) Family is not in an eligible residence situation (does not meet homeless definition)
 - 3) HSP funding is not available
 - 4) Participant withdrew request to participate or refuses to receive assistance
 - 5) Participant is unable to be reached
 3. If the participant is eligible, the HSP Worker will:
 - a. Obtain an ABCDM 228 – Release of Information document for Abode.
 - 1) Provide the original ABCDM 228 to the ESW, or if not WTW to the EW to image and index into C-IV.
 - i. ESW/EW will update the Case Flag information in C-IV.
 - b. Notify the assigned EW/ESW, if applicable, of HSP granting.
 - c. Complete the SSSD 2036 – HSP Grant-Denial form and forward it to the CalWORKs Analyst.
 - d. Send the HSP Referral to Abode
 4. If the participant is determined to not meet criteria, the HSP Worker will:
 - a. Review for referral to the Family Stabilization program.
 - b. Notify the assigned EW/ESW, if applicable, of HSP denial.
 - c. Refer participant to Abode for review of eligibility to other Abode Services.
 - d. Complete the SSSD 2036 – HSP Grant-Denial form and forward it to the CalWORKs Analyst.

IV. HSP Case Management Services

- A. Level of case management to be provided will be determined based on need.
 1. Abode & HSP Worker shall determine the case management level that will be required for the participant at the case management meeting. See Attachment #1.
 - a. Connect with other case managers to inform of case management need and requirement.
- B. Worker responsible for case management based on type is identified as outlined in Attachment #2.
- C. HSP Worker will complete the SSSD 2038 – HSP Monthly Status Report with consultation with Abode monthly and forward to the CW Analyst by the tenth (10th) day of each month.

V. Housing Out of County

- A. A family may be housed out of county only when one of the following is thoroughly documented:
 1. The family has a support system in place in the new location.
 2. An individual has employment in the new location.

- a. Expanded subsidized employment can be provided in an out of county location.
- 3. The family has means to travel to where employment or his/her support system is located.
- 4. The family chooses to move to a new location.
 - a. If a family chooses a new location, a discussion should occur and be documented to address some of the following:
 - 1) How will the family sustain living in the new community?
 - 2) What transportation does the family have access to?
 - 3) What support system is in place?
 - 4) If a crisis occurs will the family want to return, permanently, to Napa County to be around a support system they do not have in the new location?
- B. Abode will conduct an initial visit to ensure home is safe and appropriate.
- C. Abode to provide virtual case management for life of subsidy.
 - 1. On a case by case basis and in emergency situations, Abode will visit family in county of residence.
- D. HSP funding and public assistance programs will not be transferred to the new county of residence until HSP services are terminated.
 - 1. Abode shall inform the HSP Worker that the participant moved to another county and to not transfer the CalWORKs case.
 - 2. EW shall set a C-IV task to not transfer case.
 - 3. Abode to inform the HSP Worker when HSP discontinues and case can be transferred.
- E. No payments shall be made to any requests for housing out of state.

VI. Abode Case Management Responsibility

- A. Upon receipt of an HSP referral ABODE will:
 - 1. Complete a review to determine potential barriers to the participant obtaining or retaining housing. This review shall include, but is not limited to, reviewing the participant's:
 - a. Current use of Tobacco
 - b. Current use of Alcohol and/or Drugs
 - c. Credit History
 - d. Reading and Writing ability
 - e. Eviction History
 - 2. Complete an SSSD 2034 - HSP Housing Plan with the participant.
 - a. Participants who are in both HSP and Family Stabilization shall work with an HSP Housing Plan until the time the family is housed and then shall move to a Family Stabilization plan.
 - b. All participants must complete a minimum average of one (1) housing search per day.
 - 1) If participant has already identified housing, however has not yet been housed, this minimum requirement shall be waived.
- B. Abode will provide or refer for progressive, ongoing case management services to include:
 - 1. Review of family barriers that may impede access to being housed; and provide necessary referrals.
 - 2. Work with each family to set housing goals.
 - 3. Review the SSSD 2034 - HSP Housing Plan with the family and update as needed.
 - 4. Provide financial literacy education, including budgeting and money management.
 - 5. Assist the participant in obtaining landlord references.
 - 6. Assist the participant in building a rental resume.

7. Assist participant in ensuring CalWORKs benefits are not discontinued due to not completing the annual renewal, SAR7, or not providing any necessary documents.
 8. Review participant's progress toward housing plan at every contact.
 9. Conduct minimum contact standards as determined by the participant's case management level.
 10. Ensures participant adheres to participant contact requirements.
 11. Re-assess the participant's case management level as needed and based on his/her current situation. See attachment #1.
 - a. Participant's may move up a level, however cannot move down.
 12. Schedule Multidisciplinary Team (MDT) meetings as needed.
 - a. HSP Worker and ESW shall be invited to all MDT meetings.
 13. Communicate with the assigned ESW to ensure appropriate WTW activities are assigned.
 14. Communicate with any other agencies working with the family a minimum of once per month to discuss progress and next steps to avoid duplication of services.
- C. Authorize continued HSP payments each month.
- D. Conduct habitability and basic safety inspections of each unit. A unit must pass the inspection in order for a family to be housed in that unit.
- E. Conduct thirty (30) day inspections of each unit where the participant has been permanently housed.

VII. ESWs Responsibility

- A. Communicate with Abode to ensure WTW activities align with Housing Plan
- B. Review all WTW participants in HSP for referral to the Expanded Subsidized Employment (ESE) program.
- C. Image and index all HSP documents when provided by HSP worker.
- D. Update C-IV with any address changes provided to ESW by HSP worker.

VIII. Discontinuing the Housing Support Program

- A. A family will be discontinued from HSP when the family has successfully completed the HSP program.
 1. Successful completion would be considered if the family is placed in permanent housing and is no longer in need of HSP case management services.
- B. A family may be discontinued from HSP for failure to remain in contact or follow their HSP Housing Plan. The family would be discontinued as follows:
 1. If the family has not yet received any permanent housing assistance, the family will be discontinued from the program after attempts are made by Abode to engage the family in the program.
 - a. All attempts to engage must be documented.
 2. If the family has been housed and is in the middle of receiving a housing subsidy, the family may only be discontinued after all of the following has occurred:
 - a. Abode has documented numerous attempts to engage the participant in the program.
 - b. Abode and HSP Worker agree to discontinue case at case conference meeting.
 - c. Abode will inform the HSP worker to send the SSSD 2042 - HSP Customer Contact letter informing the participant they must make contact or will lose the subsidy.
 - 1) The participant shall be provided ten (10) calendar days to respond.

- d. Provide the landlord with a thirty (30) day notice that the subsidy will end.
- e. Abode will inform the HSP worker to send the SSSD 2043 - HSP Customer Discontinuance Notification to the participant informing them of the date of discontinuance and reason they are being discontinued.
- C. A family may be discontinued from HSP if the family no longer meets the HSP eligibility requirements as outlined in this policy and procedure.
- D. A family must be discontinued from HSP immediately following CalWORKs discontinuance.
 - 1. A family may continue to receive HSP if they discontinued from CalWORKs due to being over income.
 - 2. Abode shall review if any other funding sources are available to continue to assist the family that is being discontinued from HSP.
- E. A family who has successfully completed the HSP program shall have their status reviewed post discontinuance.
 - 1. Abode will follow up with the discontinued HSP family at the following times:
 - a. Three (3) months post discontinuance
 - b. Six (6) months post discontinuance
 - c. Twelve (12) months post discontinuance

IX. Participant Reinstatement to the HSP Program

- A. Participants who entered or participated in the HSP program may be eligible to participate in the HSP program again following these guidelines:
 - 1. Participants who received a rent subsidy in HSP at any time, however lost housing due to situations beyond the participant's control, have no timeframe to return to HSP and receive another HSP subsidy.
 - a. Beyond the participants control include situations such as, but not limited to:
 - 1) Unit being vacated for remodeling
 - 2) Unit being vacated for unit to be sold
 - 3) Job loss by participants, outside of the participant's control
 - 4) Uninhabitable
 - 5) Illness
 - 6) Housing is unaffordable
 - 7) Other (case by case basis)
 - b. Participants in this category must have been fully complying with his/her HSP Case Manager and HSP plan as well as with the WTW program, if applicable.
 - 2. Participants in HSP who have received a payment or subsidy in HSP, however are discontinued from HSP due to non-compliance with the program, are not eligible to re-enter the HSP program for a total of twelve (12) consecutive months from the date HSP is discontinued.
 - a. Payment of subsidy includes: Security Deposit, Rent subsidy, or Motel Placement.
 - b. Participant must have been non-compliant with his/her HSP case manager, HSP plan, and WTW program, if applicable.
 - c. Loss of housing that is considered within the participant's control include, but are not limited to:
 - 1) Quitting employment
 - 2) Evictions due to lease violations

3. Participants, who leave HSP and never received a payment or subsidy from HSP regardless if discontinued due to non-compliance, are eligible to re-enter HSP at any time.
 4. Participants in HSP, who have or have not received a payment of subsidy in HSP, that have been identified and documented as committing or attempting to commit fraud in the HSP program are not eligible to receive assistance from the HSP program for a period of five (5) years from the date of HSP discontinuance.
- B. Participants will be provided with information on reinstatement timelines and eligibility at the time they enter the HSP program and when a payment or subsidy is issued.

X. Participant Complaint or Disagreement

- A. HSP is not an entitlement program and therefore does not have a fair hearing process.
- B. If a participant disagrees with any decision made within HSP and the HSP Worker or Abode is unable to come to an agreement with the participant, the participant shall be referred to the SSSD Self Sufficiency Manager.
1. The SSSD Self Sufficiency Manager will be responsible for reviewing the complaint/disagreement and make a decision to move forward.
- C. All complaints/disagreements and decisions shall be documented clearing in the C-IV Journal.

REFERENCES:

ACIN [I-05-15](#) – HSP Training Materials
 ACL [18-71](#) – CW Implementation of AB 236 Temporary Homeless Assistance & Family Reunification Cases
[All County Welfare Directors Letter Dated July 18, 2014](#)
[All County Welfare Directors Letter Dated July 2, 2015](#)
 CIT 0049-15 – CalWORKs Housing Support Program

FORMS

ABCDM 228 – Release of Information
 SSSD 2033 - HSP Referral
 SSSD 2034 - HSP Housing Plan
 SSSD 2036 – HSP Grant-Denial Form
 SSSD 2038 – HSP Monthly Status Report
 SSSD 2039 - HSP Landlord Agreement
 SSSD 2041 - HSP Post Discontinuance Follow Up
 SSSD 2042 - HSP Customer Contact
 SSSD 2043 - HSP Customer Discontinuance Notification

CONTACT PERSON(S):

Shanna Gardner, Staff Services Analyst

END OF PROCEDURE

REVISION HISTORY:

Revision	Date	Description of Change	Requested By
0.0	03-01-16	Procedure Created. Issued in 60 day working draft.	S. Gardner, SSA
0.1	11-17-16	Released in Final Draft. Updates include not allowing payments to relatives, furniture purchase instructions, payment process w/CAN-V, post discontinuance follow up, and other minor changes.	S. Gardner, SSA
1.0	11-09-18	Biennial Review. Changes include: <ul style="list-style-type: none">• New hotel stay policy• Updated to address ABODE taking over program for HSP• Monthly payment change• Added ACL 18-71• Added in information about HSP Reinstatement.	S. Gardner, SSA

Level 1	Level 2	Level 3	Level 4
<ul style="list-style-type: none"> • Good rental History(No Evictions) • No current problems with drugs/Alcohol • Manageable Mental Health diagnosis (Plan and treatment in place) • No Criminal History • Good Credit History • Outstanding balance in utility bills • Employed/Recently Employed 	<ul style="list-style-type: none"> • Lack of Rental History or eviction that can be explainable • Some mental health issues or chemical dependency (depression or anxiety.), inconsistent treatment or seeking treatment • No serious Criminal history, only minor offences or a misdemeanor • Some problems with their credit (late payments, closed accounts, charge off, consumer debt) • Outstanding balance with utility bills • History of Substance abuse, but not currently using • Experience Domestic Violence in the past • Employment History inconsistency or seasonal • Lack of employment for the last 6 months, but able to look for work 	<ul style="list-style-type: none"> • Poor rental History(late payments/evictions) • Problems with Mental Health /alcohol/substance abuse that might impact compliance with tenancy requirements • Some criminal history, but none involving drugs or serious crimes against persons of property, non violent felonies • Credit history included late payment and possible court judgments for debt • Outstanding balance with utility bills • Open CPS case • Adult of children with mild behaviors problems • Current conflicts in the household • HH needs to improve skills to be able to care for the property • Currently on probation or parole • Open criminal/civil case • Current Domestic violence • Unpaid child support • Out of work for one year, but able to look for work 	<ul style="list-style-type: none"> • Chronic Homelessness • Extremely poor rental History(Evictions, no landlord references, lease violations, damage to property) • Long term homeless • Actively chemical dependence or substance abused • Mental health problems • Out of control behavior by adult or children • Conflicts with children or partner • Lack of ability to care for the rental • Unable to communicate with landlord • Credit history is poor, late payments, judgment for debt to a landlord, closed accounts. • Serious criminal history, violations may include drug offence or crime against persons or property • Current Domestic Violence • Out of work for over one year and not willing or ready to work
Minimum Contact	Minimum Contact	Minimum Contact	Minimum Contact
Once per month	Bi-weekly Face-to-Face – Once a month	Once per week Face-to-Face – Once a month	Twice per week Face-to-Face – Every Other Week
Case Management Length of Time	Case Management Length of Time	Case Management Length of Time	Case Management Length of Time
Minimum of one (1) month	Minimum of three (3) months	Minimum of six (6) months	Minimum of six (6) months

HSP Case Management Responsibility Guide

IF

THEN

Client Situation	Case Manager who is Lead										
	MDTs	Emp / Career Services	Life Skills	Budgeting	Housing Retention	Housing Location	Landlord Engag.	Landlord Disputes/ Mediation	Barrier Removal Services	ESE Referrals	Job Coaching
HSP Client who is WTW & is enrolled in Family Stabilization Program	FSP Worker	ESW	FSP Worker	FSP Worker	FSP Worker	ABODE	ABODE	ABODE	FSP Worker	ESW	ESW
HSP Client who is WTW & not enrolled in Family Stabilization Program	ESW	ESW	ESW	ESW	ESW	ABODE	ABODE	ABODE	ESW	ESW	ESW
HSP Client who is not WTW & enrolled in WIOA	ABODE	WIOA	ABODE	ABODE	ABODE	ABODE	ABODE	ABODE	ABODE	WIOA (if timed out of CW only)	WIOA
HSP client who is not WTW & not enrolled in WIOA	ABODE	ABODE (Referral)	ABODE	ABODE	ABODE	ABODE	ABODE	ABODE	ABODE	N/A	ABODE (Referral)