

ONE DAY AT A TIME FOR CASE MANAGEMENT SERVICES

OVERVIEW

One Day at A Time (ODAAT) is a community driven non-profit founded in 1983 by Reverend Henry T. Wells. During that year, Rev. Wells welcomed his first participants into his home to help fight the disease of addiction with just his affection and loving heart. ODAAT has expanded since then to serve low income and homeless men, women, and families, those infected and afflicted with HIV/AIDS, and those in need of support for the disenfranchisement of their lives. Our expertise does not come from a book although we respect evidence-based practice, and our programming encompasses a belief of Community Recovery by being entrenched in the communities we serve that need more than caring service driven agencies and community groups. ODAAT engenders real family connection and involvement in all aspects of triumphant living because we are truly invested in its comprehensive Recovery from trauma, unemployment, addiction, homelessness, illiteracy, violence, and HIV/AIDS, one block at a time. Therefore, our services expectedly include resources related to Recovery from addiction, homeless housing and outreach, HIV/AIDS services, Prevention and Early Intervention Addiction Services for youth and multiple OAS funded Recovery houses. For this Request for Proposal, we are looking to engage a case manager familiar with the Office of Homeless Services (OHS) and specifically homeless housing and outreach placement.

The mission of the Office of Homeless Services (OHS) is to make homelessness rare, brief, and, non-recurring. OHS engages ODAAT to provide qualified emergency housing services in addition to ensuring housing-focused case management services are provided to program participants in need of emergency housing.

The Objective

The case manager works collaboratively with the program participants to develop a housing plan and coordinate assistance to enrolled individuals ensuring access to an array of services and benefits.

The Services to be provided are:

- ✓ Assistance obtaining personal ID and entitlements,
- ✓ Referral for appropriate medical, psychiatric, substance abuse services,
- ✓ Linkage to housing resources and community supports,
- ✓ Referral for case management services,
- ✓ Assistance navigating the Permanent Supported Housing referral process.

The Opportunity

The target population includes chronically homeless adult women formerly living on the streets of Philadelphia. Individuals who live in the Women's Program will be adults with

major mental illnesses, alcohol and drug addictions, or co-occurring disorders who are currently experiencing homelessness. Many may also have complex and untreated physical health conditions. They may have experienced trauma and major challenges with the traditional service system (including shelters) and have lived on the streets for extended periods of time. The priority populations are those individuals who have not successfully stayed in the shelter or safe haven systems and those who are extremely vulnerable due to their age and/or disabilities.

- Goal #1: Reorient the participant to the re-established homeless continuum of services and available housing
- Goal #2: Ensure client is clinically and physically stable, and meeting the housing service plan goals
- Goal #3: Support participant with receiving and/or obtaining City, State or Federal identification

Outcomes

The overall results of engagement with the case manager will produce the following outcomes:

- Outcome #1: Participant completing service plan successfully
- Outcome #2: Participant successfully completing housing application paperwork for Transitional Living
- Outcome #3: Participant maintaining mental and physical well-being for 60-90 days
- Outcome #4: Participant moving into OHS Continuum of Housing options living.

OUR PROPOSAL

ODAAT is viewed as the premier grassroots community Recovery program, meeting people where they are and strengthening Hope for recovery, or to quote Rev. Wells, "Living Life on Life's terms." Operating in *Recovery MODE*, which is one of our mindset growth initiatives, is the process of healing from all manner of trauma and disenfranchisement around a number of challenges that exist for men, women, urban youth and their families. Through our lens we hope to increase the total number of participants who become productive citizens and achieve their full potential.

This proposal is to engage an OHS knowledgeable and competent emergency housing case manager who will provide services that assist participants in obtaining a stable housing arrangement. The provision of case management services must be based on the following guiding principles (adopted from Philadelphia CoC Coordinated Entry and Assessment-Based Housing Referral System):

- **Housing First:** Households at risk of or experiencing homelessness are housed quickly without preconditions or service participation requirements.

- **Housing Focused:** Assistance provided to households at risk of or experiencing homelessness is focused on moving to and maintaining permanent housing.
- **Prioritization:** Assistance is prioritized based on vulnerability and severity of service needs to ensure households needing help the most receive it in a timely manner.
- **Person Centered:** A trauma informed approach that is dignified, safe, and incorporates participant choice. Specifically¹,
 - The individual needs of the participant are identified and then it is determined how best to provide assistance through coordination of departmental and community resources.
 - A partnership exists between the participant and the agency as demonstrated through direct participant involvement in all aspects of their case planning decisions.
 - Staff works with the participant to meet their basic needs in a coordinated manner, remembering that we have the tools, but the participant holds the plan.
- **Strength-Based:** An asset-based approach that focuses on the inherent strengths of participants, and deploys these personal strengths to aid in the achievements of the participants' goals. Specifically²,
 - Every individual, group, family, and community has strengths.
 - Trauma, illness, and struggle may be injurious but they may also be sources of challenge and opportunity.
 - There is no limit to a person's growth, achievement, or success.
 - We best serve participants by collaborating with them.

The case manager will engage in three major phases of the helping process (Rooney, & Larsen, p. 33-43):

- The Initial Phase: Exploration, Engagement Assessment, and Planning.
- The Continuing Phase: Implementation and Goal Attainment
- The Closing Phase: Discharge and Evaluation

Section 1: Initial Phase: Exploration, Engagement Assessment, and Planning.

(Hepworth, Rooney, & Larsen, 1997, 33-43). The initial phase of service consists of obtaining vital information regarding the participant's situation, establishing rapport with and enhancing the motivation of the participant, formulating an assessment, negotiating goals, and making referrals.

1.1 HUD Entry Assessment: Emergency housing staff must conduct a HUD entry assessment in HMIS with all participants, enrolling them in the HMIS project at entry

¹ ICF International. (April 16, 2015). *Client-Centered Case Management*. Retrieved November 7, 2016 from http://www.acf.hhs.gov/sites/default/files/orr/orr_41615_case_management_webinar_final_508.pdf.

² Kirst-Ashman, K. & Hull, C.H. (2006). *Understanding Generalist Practice (4th ed.)*. Belmont, CA: Thomson Higher Education, p. 21.

to the facility or within 24 hours after the referral of the participant to the facility. The entry assessment must be conducted in a private area and must include the following:

- Entry or review and update of participant entry assessment information in HMIS: Staff must review basic profile data elements (age, race, sex, family composition, income/employment status, last known address, general assessment of stability, ability to care for self, presence of suicidal ideation, violent behavior, and ability to function in the group facility, acute health needs, other immediate needs, etc.) and other information forwarded with the participant from OHS.
- Review of Participant Rights (See 3.3 “Participant Rights”): Every participant must sign the “Participant Rights” document (Appendix 1) stating that they understand and agree with it. Each participant must receive a signed copy, and a signed copy must be stored in their participant file.
- Participants admitted after normal business hours must receive an entry assessment the next business day.
(Emergency Housing Standards, Section 3.1 HUD Entry Assessment)

1.2 Initial Contact: Purpose of Initial Contact: The purpose of the initial contact is to introduce the case manager to participants and to arrange the initial interview.

- a. The case manager must **initiate contact** with the participant **within 5 days of referral** to the assigned facility and/or assignment of the case.
- b. **All information from the initial contact must be documented in the Homeless Management Information System (HMIS).**

1.3 Initial Interview: The purpose of the initial interview is to conduct an initial assessment of the participant’s needs, and to develop a housing plan in collaboration with the participant which takes into account participant strengths and capabilities. The purpose of assessment is to obtain information regarding the participant and the participant’s situation, including a brief social history indicating prior living arrangements, identification of the participant’s needs, and current reasons for homelessness.

- a. **Conducting the Initial Interview**
 - The case manager must **conduct the first interview** with the participant **within 10 days of initial contact** (within 15 days of referral).
- b. During the initial interview, the case manager must:
 - Explore and discuss possible remaining housing options other than emergency housing including, but not limited to diversion opportunities (family, friends, and other safe external opportunities) and communicate that the goal is to have the client move on as soon as possible.
 - **The case manager must review eligibility information with the participant.** Information to be reviewed must include, but is not limited to:
 - **Homeless verification** (Declaration of Homelessness from OHS intake which demonstrates due diligence to verify participant homelessness)

- **Financial eligibility** (e.g., verification of income, income eligibility, financial resources, etc.)
 - Any other eligibility requirements (e.g., citizenship where applicable, need for service, etc.)
 - Complete all required assessments including, but not limited to: HUD assessment, Vulnerability Service Prioritization Decision Assistance Tool (VI-SPDAT), and any other assessments required
 - Complete a housing plan (See Housing Planning, Section 1.3).
 - Obtain a signed Consent to Release Information.
 - c. The case manager must also ensure that the following areas are discussed:
 - The person-centered housing planning process which includes input from the participant regarding what the issues need to be addressed and how best to address them.
 - Income Disclosure
 - Participation in the Savings Program
 - Participation in medical, mental health, and/or substance abuse treatment services if appropriate
 - Participant option to participate in services and potential outcomes
 - d. **All information from the initial interview must be documented in the Homeless Management Information System (HMIS) within 24 hours.** Hardcopy/scanned materials such as copies of identification, birth certificates, social security cards, medical cards, etc. and signed materials must also be placed in the participant hardcopy record. Should a participant refuse to provide any required materials, the refusal must be documented and must be followed up with another attempt to secure copies of the materials at a later time.
- 1.4 Housing Planning:** The purpose of housing planning is to address any challenges which impair/inhibit the participant from obtaining and sustaining housing. The housing planning process must be collaborative, interactive, and must include input from the participant regarding goals.
- a. **Completing the Housing plan:**
 - **The housing plan must be developed during the initial interview**
 - The housing plan must outline specific measurable goals, specific steps to be taken, timeframes for completion, and clear lines of responsibilities for all parties involved (participant, case manager, other partners, etc.).
 - The case manager must explore and discuss possible remaining housing options other than emergency housing including, but not limited to diversion opportunities (family, friends, and other safe external opportunities) and communicate that the goal is to have the client move on as soon as possible.
 - The housing plan **must be written with input from the participant** and must be based on the assessment conducted in the initial interview and subsequent interviews.
 - The housing plan must include address barriers to obtaining housing.
 - The housing plan must address needs that the participant discussed during assessment.

- b. **The case manager must ensure that the housing plan is signed by the participant and the case manager.** Should a participant refuse to sign the plan, the refusal must be documented and must be followed up with another attempt to secure the signature at a later time.
- c. **The case manager must ensure that the housing plan is updated at least monthly.**
- d. All completed housing plans must be approved and signed by the case management supervisor within 7 days of completion.
- e. **All information must be documented in the Homeless Management Information System (HMIS).** Hardcopy materials such as signed housing plans must also be placed in the participant hardcopy record.

Section 2: Continuing Phase: Implementation and Goal Attainment

(Hepworth, Rooney, & Larsen, 1997, 33-43) The continuing phase of service is the action oriented or change oriented phase of service, translating plans formulated between the case manager and the participant into actions. Case managers must select and implement interventions which help to accomplish the participant's goals and tasks, while at the same time taking into account the participant's view of their situation, and the uniqueness of the participant's situation.

- 2.1 Biweekly Meeting:** The purpose of the biweekly meeting is to monitor the participant's achievement of goals established in the housing plan, making adjustments, additions, or deletions when necessary. During the meetings, the participant collaborates with the case manager to explore various housing options. The case manager also offers the participant information and referral services to other appropriate resources. The case manager supports, encourages, and assists the participant with obtaining housing and other supportive services as needed.
- a. The case manager **must meet face to face** with each assigned participant on a **biweekly basis (every other week)**. If the participant does not come to the scheduled meetings, the case manager must document the no-show.
 - b. In the biweekly face to face meetings with the participant, the case manager must address the following on an ongoing basis:
 - Supportive counseling to participants with an emphasis on obtaining a stable housing arrangement.
 - Assisting participants with the completion of all applicable housing applications for which the participant is eligible (those beyond CEA-BHRS, once the system is operational).
 - Collaborating with the participant regarding progress on achievement of established housing plan goals.
 - Collaborating with the participant regarding implementation of and barriers to the participant's housing plan.
 - Preparation for responsibilities of maintaining permanent housing (including but not limited to budgeting, tenant rights/responsibilities, credit repair)
 - Linkages and referrals for participants to supportive services as needed (including, but not limited to medical, mental health, substance abuse,

employment and training, childcare, life skills, and mainstream financial and other resources, etc.)

- Follow-up with the participant regarding referrals for services
 - Assisting the participant with coordinating services and resources to meet needs
 - Review of the participant's participation with the OHS Savings Program and/or other savings programs
 - The participant's adjustment to the emergency housing community.
- c. **All information must be documented in the Homeless Management Information System (HMIS).** Hardcopy materials such as verification of referrals and housing applications (checklists, informational fact sheets, acceptance/rejection letters, and other documentation) must also be placed in the participant hardcopy record.

2.2 Participant Progress Reviews (PPR): The purpose of the PPR meeting is to bring all relevant parties together to review the progress of the participant. This process assists the participant in moving forward toward obtaining a stable housing arrangement.

- a. **Conducting Participant Progress Reviews:** All providers are to establish a schedule for Participant Progress Reviews (PPR), identifying participants who:
- Are experiencing serious challenges or barriers;
 - Are making exceptional progress towards their goals; or
 - Are preparing to move to transitional or permanent (RRH or PSH) housing.
- b. The PPR review team participants should include the participant, case management staff, behavioral health staff and/or Department of Human Services staff, if appropriate, and emergency housing staff.
- c. During the PPR meeting, the PPR team is to discuss the following:
- The present status of the participant and any progress or challenges.
 - Participant strengths and accomplishment of goals, as well as address barriers and challenges for the participant.
 - A plan to address challenges and barriers to achieving stable housing.
- d. If necessary, the participant and case manager may need to establish a written participation agreement contract that contains specific measurable goals, specific steps to be taken, timeframes for completion, and clear lines of responsibilities for all parties involved (participant, case manager, other partners, etc.).
- **The case manager must ensure that the agreement is signed by the participant and the case manager.** Should a participant refuse to sign, the refusal must be documented and must be followed up with another attempt to secure the signature at a later time.
- e. **All information must be documented in the Homeless Management Information System (HMIS).** Hardcopy materials such as signed contract must also be placed in the participant hardcopy record.

<p>Section 3: Closing Phase: Exit and evaluation (Hepworth, Rooney, & Larsen, 1997, 33-43) The exit phase of services is the phase of service during which assessment is made regarding the attainment of goals, planning for maintenance of change is conducted, the helping relationship is terminated, and evaluation of the results of the</p>

assistance is conducted. There are three types of exit from OHS services: Planned exits, unplanned exits, and involuntary discharges/exits for health and safety.

3.1 Planned Exit: Purpose of the planned exit process: The purpose of the planned exit process is to review with the participant the progress toward meeting housing plan goals, to discuss the new responsibilities and challenges that accompany a new housing arrangement, and to assist the participant with obtaining any resources needed to support the new housing arrangement.

- a. The case manager must review the participant's service and housing plan goals and discuss achievements, outstanding goals, and challenges.
- b. The case manager must collaborate with the participant in order to plan to address any outstanding goals.
- c. The case manager must support the participant in preparing for the new responsibilities that accompany the new living arrangement (e.g., budgeting, maintaining a household, utilizing community resources, etc.).
- d. The case manager must assist the participant with securing and arranging any resources needed for the new housing arrangement (i.e., furniture, moving, deposits, etc.).
- e. The case manager **must complete a HUD exit assessment** in the Homeless Management Information System (HMIS) on the day that the participant exits the program, and if possible, **should conduct an exit interview**.

3.2 Unplanned Exit: Purpose of the unplanned exit process: The purpose of the Unplanned Exit process is to ensure that participant departures from services due to unexpected circumstances are addressed and recorded in an appropriate manner.

- a. **Voluntary Discontinuation of Services:** There will be instances during the course of service provision, where a participant chooses to discontinue services and opts to leave the program before fulfillment of the housing plan.
 - The case manager **should conduct an exit interview** to discuss the participant's housing arrangement after exiting emergency housing on the day that the participant exits the program.
 - The case manager **must complete a HUD exit assessment** in the Homeless Management Information System (HMIS) on the day that the participant exits the program.
- b. **Discharge for Health and Safety Reasons:** There will be instances during the course of service provision when a participant demonstrates **inappropriate/prohibited behavior** which threatens the safety of the participant or others in the facility and may present the need to discharge the participant from services.
 - **Inappropriate/Prohibited Behaviors (Any behavior that compromises and/or threatens the health and safety of emergency housing staff and/or other participants):**
 - Physical violence to other participants or staff.
 - Sexual violence to other participants or staff.
 - Terroristic threats towards other participants or staff.

- Possession of a weapon on-site.
- Destruction of emergency housing property or the property of staff or other participants.
- Possession, sale, use, or distribution of drugs and alcohol on-site.
- Illegal activity onsite (Examples: theft, rape, stealing, etc.).
- **Persistent** verbal abuse.
- Refusing reasonable mandatory searches conducted by staff and/or security.
- Repeated incidents of smoking in the facility.

If a participant demonstrates inappropriate/prohibited behaviors which threaten the safety of the participant and/or others in the facility, the participant must be given a Notice of Discharge for Health and Safety form to begin the involuntary exit process for inappropriate/prohibited behavior.

- c. A participant may not be discharged for non-compliance with rules and regulations (i.e. failure to attend case management meetings, failure to attend community meetings, failure to participate in on site programming, etc.) which do not threaten the health and safety of themselves or others participating in the program.
- d. The case manager must ensure that **all possible interventions have been attempted prior to discharge for health and safety reasons** (which includes, but is not limited to counseling, planning, participant progress review meetings, referrals and follow-up, and contracting).
- e. The case manager must ensure that there is **documentation to support the request** that the participant is to be restricted from services.
- f. **Agreement on the action to be taken** must be obtained from the Participant Progress Review Team (case management staff, behavioral health staff and/or Department of Human Services staff, if appropriate, and emergency housing staff). **Obtaining agreement from the Team may not be possible in situations involving violent or destructive behavior needing immediate response.**

3.3 Process for Discharge for Health and Safety Reasons:

- a. **Notice of Discharge for Health and Safety Documentation:** The notice to restrict a participant from services for inappropriate/prohibited behaviors that threaten the safety of the participant and/or others in the facility must be provided, **in writing** on the Notice of Discharge for Health and Safety Form to the participant when a decision is made to terminate services, providing the following information:
 - The reason for the decision to terminate services.
 - The effective date of the discharge of services.
 - The form must be signed by both the case manager and the supervisor.
 - **Notification:** Upon deciding to discharge a participant from any emergency housing site, **the emergency housing provider must inform the OHS Emergency Housing Analyst assigned to their program of the decision.**
- b. **Participant Appeal:**

- The participant must be informed of their right to appeal the provider's decision to discharge them from services due to inappropriate/prohibited behavior.
 - The participant must be permitted to respond to the Notice of Discharge for Health and Safety (Request Appeal, Not Request Appeal, or Refuse to Sign).
 - If the participant requests an appeal, the **Participant Request for Appeal** form must be completed and signed by the participant. The signature of the participant on this form begins the appeal process. **Violent and/or destructive participants may have to sign the appeal at a different time and/or location.**
 - **The provider must ensure that the appeal documentation is forwarded to the Office of Homeless Services within 48 hours of the participant signing the appeal.**
 - Participants who have appealed may remain in emergency housing during the appeal process or be discharged to make other arrangements while waiting for their appeal hearing, **depending on the nature of the participant's behavior.**
- c. **Participants who have been discharged from services under the Discharge for Health and Safety policy and who refuse to sign the paperwork or otherwise do not sign appeal documentation within 30 days will not be offered an appeal.** The participant must return to intake to request assistance.
- If a participant is discharged for any Health and Safety reason and requests an appeal within 30 days of discharge, they may sign the appeal documents and request an appeal hearing.
 - If a participant is discharged for any Health and Safety reason and requests an appeal after 30 days of discharge, they will not be offered an appeal. If the participant needs further services, they must return to the OHS intake.
 - If the participant is discharged for threats, acts of violence or destruction the participant may be directed, as part of an agreement for further services, to participate in a mental health evaluation, therapy, behavioral health counseling and other activities to address inappropriate behaviors which may threaten the health and safety of themselves or others in emergency housing.
- d. **Levels of Appeal**
- If the emergency housing administrative team (director, case management supervisor, case manager) determines that a participant must be discharged for health and safety reasons the participant may appeal the decision through the Office of Homeless Services (OHS)
 - **The final level of appeal is through OHS administration.**
 - The case manager must submit all pertinent/ relevant information to OHS administration who will schedule an appointment for the hearing. Decisions made at this level are final.
 - If OHS administration grants the appeal and the participant is allowed to return to an emergency housing program, a final agreement must be written with specific expectations and timeframes. If the participant violates the agreement, the participant may be discharged.

- If OHS administration upholds the decision to terminate services, the participant may be discharged from emergency housing.
 - Participants may appeal OHS decisions to terminate services to the Department of Human Services and/or the Department of Housing and Urban Development if they are discharged from programs funded by these entities.
- c. **All information must be documented in the Homeless Management Information System (HMIS).** Hardcopy materials such the Notice of Health and Safety Discharge and the signed Participant Request for Appeal must also be placed in the participant hardcopy record. **On the day that the participant exits the program,** whether that is pending appeal or following termination of services, the case manager **must complete a HUD exit assessment** in the Homeless Management Information System (HMIS).

3.4 Transfers Between Emergency Housing Providers:

The Office of Homeless Services (OHS) would prefer that contracted emergency housing providers provide service to all families/ individuals referred to their program, however it is understood that there are times when **for safety reasons** a family/individual may require a change of environment at a different emergency housing site. If, **after the emergency housing provider has extended every offer of service and intervention possible** to a family/individual residing at their emergency housing site, it is believed that the family/ individual may be better served by a different program at another emergency housing site, then the provider must follow the “Provider to Provider Transfer Process” (See Policy Document: Office of Homeless Services Provider to Provider Transfer Process).

3.5 Participant Record: Exit

- a. For all types of exits, the case manager must complete a HUD exit assessment in HMIS **on the day that the participant exits emergency housing.** The case manager must ensure that:
- All necessary screens are completed and information is accurate.
 - **Housing plan status is updated.**
 - The close out screen is completed.
 - Any notes about re-entry to that program are entered in the event that the participant returns to OHS for re-placement.
- b. The case management supervisor, prior to approval of closing the participant record, must review the record to ensure all information has been documented appropriately.
- c. **All information must be documented in the Homeless Management Information System (HMIS). This includes participant case notes regarding exit assessment.**

Section 4: Recordkeeping Requirements

4.1 Participant Record Maintenance: The case manager is responsible for ensuring that both Homeless Management Information System or HMIS (electronic) and hardcopy records are maintained for all participants. Hard copy records containing personal protected information that are either generated by or for the HMIS (including, but not limited to reports, data entry forms, and signed consent forms) must be supervised by agency staff when in a public area. When agency staff is not present, the information must be secured in areas that are not publicly accessible. Hard copy records containing personal protected information must be disposed of through means such as cross cut shredding and pulverizing. Please refer to the Emergency Housing Standards, Section 7.5, HMIS and Case Management Services, for further additional guidance regarding documenting information in the HMIS.

4.2 Required HMIS Documentation

The following are to be documented and completed in HMIS:

a. Participant Information:

- **Eligibility Verification and Determination:** Eligibility determination and verification of participant need for services.
 - **Demographic Information:** Demographic information (Information regarding the participant and any and all accompanying family members).
 - **Assessments:** All required assessments (Initial HUD assessments and annual updates, VI-SPDAT, and any other assessments required)
 - **Case Notes:** Case notes (Initial Contact, initial interview, biweekly meetings, housing plan goals and objectives, Participant Progress Review notes, updates regarding linkages and referrals, updates regarding housing applications and completion of forms, planned and unplanned discharge information, participant transfer information, and all other follow-up information). **Case notes must be entered in HMIS within 72 hours of the contact with the participant.**
 - **Linkages and Referrals:** Arrangement of linkages and referrals with supportive services as needed including, but not limited to medical, mental health, substance abuse, employment and training, childcare, housing counseling, life skills, and mainstream financial resources, etc.
- b. **Housing Information:** Housing referrals to the OHS Clearinghouse and other appropriate housing resources.
- c. **Financial Information:** All updates regarding the participant's financial status (employment, mainstream resources, readily available resources, savings updates, etc.).

4.3 Required Hard Copy Documents

These documents may eventually be scanned into the HMIS system.

- a. **Participant Information:**
- **Eligibility Verification and Determination:** Eligibility documentation (Declaration of Homelessness, Outreach letters, hospital referral letter/forms, other organizational letters/referrals, etc.).
 - **Identification:** Copies of identification, birth certificates, social security cards, medical cards.
 - **Participant Rights and Agreements:** The following signed documents: Participant Rights, Service Agreement, Housing Addendum, and Children Services Agreement (if applicable).
 - **Discharge and Appeals Process:** Signed Office of Homeless Services Discharge and Appeals Process.
 - **Consents to Releases of Information:** All consents to releases of information.
 - **Notice of Discharge for Health and Safety:** Notice of Discharge for Health and Safety forms and all accompanying documentation, including any Request for Appeal forms.
- b. **Housing Information:** All documentation required for housing applications and forms (including but not limited to: housing applications, eviction notices, utility documentation).
- **Housing plan:** Initial and updated signed housing plans.
 - **Referral documents:** Letters, applications, referral forms, tracking forms documenting participant linkage with/referral to supportive services.
 - **Financial Information:** All documentation regarding the participant's financial status (SSI/SSD letters, paystubs, W-2 forms, eligibility calculation sheets, readily accessible resources forms, unemployment insurance, Compass print out, etc.). The Savings Program Agreement (where applicable).
 - **Correspondence:** All correspondence with external sources and resources on behalf of the participant.

4.4 Record Retention Period: In accordance with City of Philadelphia contract General Provisions Section 6.5, the Provider is responsible for retaining accounting books, client case records, documentation and all records pertaining to the Participant for a period of (5) years after the expiration of the contract involved. If there is the existence of any claim, investigation, litigation, formal complaint or audit started before the (5) year expiration of the records, the Provider shall retain the records until there is resolution of the issue/activity.

Credential and Equipment Requirements

- Knowledge of the Homeless Management Information System (HMIS)
- Bachelor's degree with at least 10 years Housing Case Management experience

- Knowledge of Vulnerability Index - Service Prioritization Decision Assistance Tool (VI-SPDAT)
- Laptop or PC, Windows 365 based, internet capable

Project Deliverables

Following is a complete list of all project deliverables:

Deliverable	Description
Deliverable #1	Quarterly reports including name and number of clients served
Deliverable #2	Type of assistance given including but not limited to the aforementioned, and
Deliverable #3	Service Plan outcome or discharge report.

Timeline for Execution

This RFP will be posted for 15 days on Urban Affairs Coalition Website (www.uac.org) and the City website.

Description	Start Date	End Date	Duration
Project Start	1/2/2019	6/30/2019	180 days
Final Report		7/10/2019	

PRICING

The following table details the pricing for delivery of the services outlined in this proposal. This pricing is valid for 30 days from the date of this proposal:

Services Cost Category #1	Price
Item Description	\$5,096.00
Consultant will be compensated with two (2) quarterly payments not to exceed \$5,096.00 at the end of each quarter, billable at \$24.50 per hour. Consultant will not be compensated for federal holiday closures including New Year's Day, President's Day, and Memorial Day.	
Total Services Category #1 Costs	\$5,096.00

CONCLUSION

ODAAT has been providing community-based recovery support and homeless housing for almost 35 years. This need is great in the Philadelphia area, as we have observed the complete disenfranchisement of community-based services and support. Therefore, the case management services are crucial to the success of our participants moving through “Life on Life’s terms” into triumphant living situations.

Thank you for your consideration,

Jennifer Powell-Folks
Director, Administration and Finance