

**Will the project enroll program participants who have the following barriers? Select all that apply.**

- Having too little or little income Yes / No
- Active or history of substance use Yes / No
- Having a criminal record with exceptions for state-mandated restrictions Yes / No
- History of victimization (e.g. domestic violence, sexual assault, childhood abuse) Yes / No

**Will the project prevent program participant termination for the following reasons? Select all that apply.**

- Failure to participate in supportive services Yes / No # \_\_\_\_\_
- Failure to make progress on a service plan Yes / No # \_\_\_\_\_
- Loss of income or failure to improve income Yes / No # \_\_\_\_\_
- Any other activity not covered in a lease agreement typically found for unassisted persons in the project's geographic area Yes / No # \_\_\_\_\_

**Will the project follow a "Housing First" approach? Yes / No**

**For all supportive services available to program participants, indicate who will provide them and how often they will be provided.**

**Supportive Services Provider Frequency - Provider/Partner N/A Serv./Frequency/# \$per service**

- Assistance with Moving Costs \_\_\_\_\_
- Case Management \_\_\_\_\_
- Child Care \_\_\_\_\_
- Education Services \_\_\_\_\_
- What Employment Assistance and Job Training \_\_\_\_\_
- Food Applicant \_\_\_\_\_
- Housing Search and Counseling Services \_\_\_\_\_
- Legal Services \_\_\_\_\_
- What Life Skills Training \_\_\_\_\_
- Mental Health Services \_\_\_\_\_
- Outpatient Health Services \_\_\_\_\_
- Outreach Services \_\_\_\_\_
- Substance Abuse Treatment Services \_\_\_\_\_
- Transportation \_\_\_\_\_
- Utility Deposits \_\_\_\_\_
- Total Unit Cost Per Per Person Per Night \_\_\_\_\_
- Other \_\_\_\_\_