

HPRP SURVEY

We sent you a letter recently, inviting your participation in an important research study to understand how Homelessness Prevention and Rapid Rehousing Program (HPRP) grantees and subgrantees use HPRP funds to prevent homelessness in American communities. The Department of Housing and Urban Development (HUD) has contracted with the Urban Institute and Abt Associates to collect and analyze the data.

This survey is completely voluntary and whether or not you decide to participate will not affect your agency's relationship with the Department of Housing and Urban Development. We keep all your information and answers private – your name will never be associated with anything you say. We will not identify you in any reports written about this study. You can skip any question that you do not want to answer and you can choose to end the interview at any time. The survey takes about 15 minutes to complete. You may also leave the survey and come back to it, if you need to check your files or with someone else for an answer.

If you have any questions about this study, or your rights as a survey participant, please call Julie Pacer at 312-529-9708.

SCREENER QUESTIONS

S1. Please tell me which best describes your organization/agency?

- ₀₁ Government agency with a direct client base that might be at risk of homelessness (e.g., TANF, mental health, child welfare, Veterans Affairs, public housing authority)
- ₀₂ Other government agency (e.g., community/economic/housing development, governor or mayor's office)
- ₀₃ Nonprofit organization human service provider
- ₀₄ Religious institution or faith-based nonprofit
- ₀₅ Legal aid agency
- ₉₅ Other?

S2. Please tell me which best describes your role in the organization/agency?

- ₀₁ Executive Director
- ₀₂ Development Manager/Director
- ₀₃ Program Manager
- ₀₄ Case Manager
- ₀₅ HMIS or Data Manager
- ₉₅ Other _____

S3. This survey is for organizations and agencies that distribute or use HPRP funds for homelessness prevention. Does your organization or agency distribute or use HPRP funds for homelessness prevention activities?

- ₀₁ Yes
- ₀₂ No [END]
- ₉₇ Not sure

S4. Does your organization receive HPRP funds directly from HUD for homelessness prevention activities; that is, are you an HPRP **grantee**?

- ₀₁ Yes
- ₀₂ No
- ₉₇ Not sure

S5. Does your agency/organization receive HPRP funds for homelessness prevention activities from another HPRP grantee; that is, are you an HPRP **subgrantee**?

(Note to Interviewer: Respondent can be both a grantee and a subgrantee)

- | | | |
|--------------------------|----|----------|
| <input type="checkbox"/> | 01 | Yes |
| <input type="checkbox"/> | 02 | No |
| <input type="checkbox"/> | 97 | Not sure |

S6. Does your agency/organization subgrant funds to another organization?

- | | | |
|--------------------------|----|----------|
| <input type="checkbox"/> | 01 | Yes |
| <input type="checkbox"/> | 02 | No |
| <input type="checkbox"/> | 97 | Not sure |

S7. Does your agency/organization directly provide HPRP-funded homelessness prevention assistance to households? That is, are you a direct service provider?

- | | | |
|--------------------------|----|----------|
| <input type="checkbox"/> | 01 | Yes |
| <input type="checkbox"/> | 02 | No |
| <input type="checkbox"/> | 97 | Not sure |

Please tell me the issues that you feel knowledgeable talking about.

S8. How much do you feel you know about community level decisions on how the HPRP-prevention program was designed in your community?

- | | | |
|--------------------------|----|----------|
| <input type="checkbox"/> | 01 | A lot |
| <input type="checkbox"/> | 02 | Some |
| <input type="checkbox"/> | 03 | A little |
| <input type="checkbox"/> | 04 | None |
| <input type="checkbox"/> | 97 | Not sure |

S9. How much do you feel you know about prevention services provided at the program level in your community/state to households using the HPRP funds?

- | | | |
|--------------------------|----|----------|
| <input type="checkbox"/> | 01 | A lot |
| <input type="checkbox"/> | 02 | Some |
| <input type="checkbox"/> | 03 | A little |
| <input type="checkbox"/> | 04 | None |
| <input type="checkbox"/> | 97 | Not sure |

[IF S7=1 OR S9=1 THEN ASK DIRECT SERVICE PROVIDER QUESTIONS (QUESTIONS IN BLUE, LABELED P).
IF S8=1 THEN ASK COMMUNITY PLANNER QUESTIONS (QUESTIONS IN RED, LABELED CP)
QUESTIONS IN BLACK, LABELED A, ARE TO BE ASKED OF ALL RESPONDENTS.]

PRE-HPRP HOMELESSNESS PREVENTION ACTIVITIES

The remainder of this survey asks detailed questions about funding, program design, and prevention activities. Please feel free to consult with others in your organization as necessary to provide accurate answers.

CP1. Did your [community/state] provide homelessness prevention assistance before HPRP funding became available?

- 01 Yes, FEMA/EFSG services only
- 02 Yes, something other than FEMA/EFSG services
- 03 Yes, both FEMA/EFSG services and other types of services
- 04 No [SKIP to QCP2]
- 97 Not sure [SKIP to QCP2]

CP1a. How similar are the households your [community/state] is now serving with HPRP prevention to households your community served with homeless prevention services before HPRP?

- 01 HPRP households are identical or very similar
- 02 HPRP households are somewhat similar
- 03 HPRP households are not at all similar
- 97 Not sure

CP1b. Did your [community/state] collect any kind of information on those households who sought homelessness prevention assistance?

- 01 Yes
- 02 No [SKIP TO QCP2 or P1 if screened in as Provider]
- 97 Not sure [SKIP to QCP2 or QP1 if screened in as Provider]

CP1c. Did your [community/state] use that information to help design your HPRP homelessness prevention activities?

- 01 Yes
- 02 No
- 97 Not sure

P1. Did your [agency/organization] provide homelessness prevention assistance before HPRP funding became available?

- 01 Yes, FEMA/EFSG services only
- 02 Yes, something other than FEMA/EFSG services
- 03 Yes, both FEMA/EFSG services and other types of services
- 04 No [SKIP to QP2]
- 97 Not sure [SKIP to QP2]

P2. How similar are households you are now serving with HPRP prevention to households that use(d) your [agency's/organization's] homeless-specific services before HPRP?

- 01 HPRP households are identical or very similar
- 02 HPRP households are somewhat similar
- 03 HPRP households are not at all similar
- 97 Not sure

P3. Is your [agency/organization] currently involved in a local Continuum of Care?

- 01 Yes
- 02 No
- 97 Not sure

P4. Does your community have a local 10-year plan to end homelessness, or is it in the process of developing one?

- 01 Yes we have one or one in process
- 02 No [SKIP to QA1 or CP2 if also screened as a Community level planner]
- 97 Not sure [SKIP to QA1 or CP2 if also screened as a Community level planner]

P4a. Have people from your agency been involved with developing or implementing that local 10-year plan?

- 01 Yes
- 02 No
- 97 Not sure

HPRP FUNDING ALLOCATION

CP2. How was the HPRP grant that your community/state received from HUD distributed across prevention and rapid rehousing **when you first received your HPRP grant?**

_____ % was dedicated to prevention
 _____ % was dedicated to rapid rehousing
 97 Not sure [Skip to QCP3]

CP3. Has your [community/state] changed this distribution since you first received your HPRP grant?

- 01 Yes
- 02 No [Skip to QCP5]
- 97 Not sure [Skip to QCP5]

CP3a. What is the distribution now (at the time you are answering this survey)?

_____ % is dedicated to prevention
 _____ % is dedicated to rapid rehousing

CP4. What were the reasons that your community shifted your HPRP funds allocation? Please select all that apply

- 01 Data collected indicated a needed shift in resources
- 02 Initially misidentified local prevention and rapid re-housing needs
- 03 Shift in priorities between the value of doing prevention versus rapid re-housing
- 04 Increase in the number of people in emergency shelters
- 05 Decrease in the number of people in emergency shelters
- 95 Other _____
- 97 Not sure

CP5. How did your [COMMUNITY/STATE] decide how much of the HPRP funds were allocated to prevention activities and to rapid re-housing activities? Please check all that apply.

- 01 50-50 Split
- 02 Using information collected on the families or individuals who sought homelessness prevention assistance in your [COMMUNITY/STATE] before HPRP
- 03 Prior knowledge of the community's homeless and at-risk population
- 04 Input from local homeless service providers
- 05 Prior experience with a particular program design (prevention or rapid re-housing)
- 06 Previously unable to fund a particular program design (prevention or rapid re-housing)
- 95 Other _____

97

Not Sure

HPRP ELIGIBILITY AND TARGETING

The next set of questions asks about eligibility and targeting for your HPRP prevention activities.

A1. When you received HPRP funds, what criteria did your community/your agency set for a household to be eligible for HPRP prevention assistance, other than those criteria required by HUD? Please select all that apply.

- 01 No additional eligibility criteria beyond those required by HUD
- 02 History of previous homelessness
- 03 Never homeless
- 04 Recently lost job
- 05 Employed or clearly employable
- 06 High likelihood of self-sufficiency within 3 months
- 07 No prior evictions
- 08 No criminal history
- 09 Imminent foreclosure or eviction notice
- 10 Disabilities
- 11 No significant disabilities
- 12 Cooperation with activities to promote self-sufficiency
- 13 Minimum income amount
- 14 Maximum income amount
- 95 Other (please specify) _____

P5. What does your [agency/organization] require of HPRP prevention households in order for them to receive assistance? Please select all that apply

- 01 Engage with case management
- 02 Participate in financial counseling, financial management/literacy, budgeting
- 03 Actively look for work (if not working already)
- 04 Pay a share of the rent on any housing they get with HPRP prevention funds
- 05 Other
- 06 There are no requirements to receive assistance
- 97 Not sure

A2. Has your community/your agency made changes to your eligibility criteria since you received HPRP funding?

- 01 Yes
- 02 No [SKIP to QA3]
- 97 Not sure [SKIP to QA3]

A2a. Would you say that the criteria your community/your agency uses now...[Please select from responses below]

- 01 Qualify families or individuals who have more intensive housing and service needs than initially set
- 02 Qualify families or individuals who have less intensive housing and service needs than initially set
- 03 Other (please specify) _____
- 97 Not sure

A3. HUD requires that a household's income be less than 50 percent of area median income (AMI) to qualify for HPRP prevention assistance. Has your community or your agency set a **lower** income limit?

- 01 Yes
- 02 No [SKIP to QA4]
- 97 Not sure [SKIP to QA4]

A3a. If yes, what is the maximum income a household may have and still receive HPRP homelessness prevention assistance?

_____ % of AMI

-or-

_____ % of Poverty Line

-or-

Specified dollar amount: \$ _____

95 Other _____

97 Not sure

A4. When you initially received HPRP prevention funds, what population(s) did you expect to serve? Please select all that apply.

- 01 Families
- 02 Single adults
- 03 Unaccompanied youth
- 04 Other (please specify) _____

A5. When you initially received HPRP prevention funds, to which of the following specific population did you plan to target homelessness prevention funds? Please select all that apply.

- 01 Veterans
- 02 Families who are doubled-up
- 03 Individuals who are doubled-up
- 04 Homeless youth
- 05 Youth aging out of foster care
- 06 People leaving institutional settings (prison, jail, mental health treatment, and substance abuse treatment)
- 07 Families or individuals leaving transitional housing without permanent housing
- 08 Families or individuals living in public or subsidized housing that are at risk of losing their housing
- 09 Families or individuals living in a geographic area particularly hard-hit by unemployment
- 10 Families or individuals living in a geographic area particularly hard-hit by foreclosures
- 11 Families or individuals living in a geographic area known for having a high number of households that enter emergency shelter
- 12 Other (please specify) _____
- 13 None of these

A6. Have you made changes to the target populations since you received HPRP prevention funding?

- 01 Yes
- 02 No [Skip to QA7]
- 97 Not sure [Skip to QA7]

A6a. Which of the following populations do you now target with HPRP prevention funds?

- 01 Veterans

- 02 Families who are doubled-up
- 03 Individuals who are doubled-up
- 04 Homeless youth
- 05 Youth aging out of foster care
- 06 People leaving institutional settings (prison, jail, mental health treatment, and substance abuse treatment)
- 07 Families or individuals leaving transitional housing without permanent housing
- 08 Families or individuals living in public or subsidized housing that are at risk of losing their housing
- 09 Families or individuals living in a geographic area particularly hard-hit by unemployment
- 10 Families or individuals living in a geographic area particularly hard-hit by foreclosures
- 11 Families or individuals living in a geographic area known for having a high number of households that enter emergency shelter
- 12 Other (please specify) _____
- 13 None

A7. Does your [AGENCY/COMMUNITY/STATE] conduct outreach to identify households in need of homelessness prevention?

- 01 Yes
- 02 No
- 97 Not sure

INTAKE FOR HPRP ACTIVITIES

The next set of questions asks about intake for HPRP homelessness prevention activities.

CP6. How do households in your community find their way to HPRP homelessness prevention assistance? Please select all that apply.

- 01 Community helpline (e.g., 211 line)
- 02 One provider or agency provides central intake
- 03 Multi-site, coordinated entry procedures
- 04 Multi-site, with different procedures at each site
- 05 People are referred by local agencies or organizations
- 95 Other (Please specify) _____
- 97 Not sure

CP7. Does your [community/state] use screening or assessment tool(s) as part of the intake process?

- 01 Yes
- 02 No [GO TO P6 OR A8]
- 97 Not sure [GO TO P6 OR A8]

CP8. In your [community/state] is there an agreed-upon, single, standard **screening** tool used across HPRP grantees/subgrantees to determine eligibility for HPRP prevention assistance?

- 01 Yes, we have a single standard **screening** tool that everyone uses
- 02 No, we do not have a single standard **screening** tool, but all agencies must collect the information to answer a standard set of questions
- 03 No, we do not have a single standard **screening** tool and there is no uniformity in what information each agency collects during screening
- 04 Ours is the only HPRP-prevention program in the community/state
- 97 Not sure

CP9. In your [COMMUNITY/STATE] is there an agreed-upon, single, standard **assessment** tool used across HPRP grantees/subgrantees, to learn more about a household's needs?

- 01 Yes, we have agreed to a single standard **assessment** tool
- 02 No, we do not have a single standard **assessment** tool, but all agencies must collect the information to answer a standard set of questions
- 03 No, we do not have a single standard **assessment** tool and there is no uniformity in what information each agency collects during **assessment**
- 04 Ours is the only HPRP-prevention program in the community/state
- 97 Not sure (SKIP TO P6 or A8)

CP10. Are these assessment tool(s) used to determine what HPRP prevention assistance a household will get?

- 01 Yes
- 02 No
- 97 Not sure

P6. How do people find their way to **your agency** for HPRP homelessness prevention services? Please select all that apply

- 01 Community helpline (e.g., 211 line)
- 02 One provider or agency provides central intake
- 03 Multi-site, coordinated entry procedures
- 04 Multi-site, with different procedures at each site
- 05 People are referred to our agency directly by local agencies or organizations
- 95 Other (Please specify) _____
- 97 Not sure

P7. Once households contact your agency for HPRP homelessness prevention assistance, what type of screening or assessment do you do to decide if you will serve them? Please select all that apply.

- 01 We do a quick pre-screening over the phone to assess probable eligibility
- 02 We do a short in-person screening to assess probable eligibility
- 03 We do a thorough assessment for everyone
- 04 We do a thorough assessment for those who screen in as probably eligible
- 05 We give some HPRP prevention assistance to everyone we determine to be eligible
- 06 We do not serve everyone who is eligible; we apply additional criteria to decide which households we will actually serve with HPRP prevention assistance
- 95 Other (Please specify) _____
- 97 Not sure

P8. Does your agency use a specific tool for **pre-screening or screening**?

- 01 Yes
- 02 No [SKIP to QP9]
- 97 Not sure [SKIP to QP9]

P8a. Is this **screening tool** a standard one, that every provider of HPRP direct services is required to use to determine eligibility for HPRP homelessness prevention services?

- 01 Yes, we use a single standard **screening** tool
- 02 No, we do not use a single standard **screening** tool, but we must collect the information to answer a standard set of questions
- 03 No, we do not use a single standard **screening** tool and there is no uniformity in what information each agency collects during screening
- 97 Not sure

P9. Does your agency use a specific tool for **assessment**, to determine a household's eligibility or to learn about a household's needs?

- 01 Yes, assessment tool for eligibility only

- 01 Yes, assessment tool to determine household needs only
- 01 Yes, assessment tool for both eligibility and to determine household needs
- 02 No [SKIP to QP10]
- 97 Not sure [SKIP to QP10]

P9a. Is this **assessment tool** a standard one, that every provider of HPRP direct services is required to use to determine final eligibility and assess client needs?

- 01 Yes, we use a single standard **assessment tool**
- 02 No, we do not use a single standard **assessment tool**, but we must collect the information to answer a standard set of questions
- 03 No, we do not use a single standard **assessment tool** and there is no uniformity in what information each agency collects during assessment
- 04 There are no other HPRP-prevention programs in the community/state
- 97 Not sure

P9b. Would you be willing to share your screening and/or assessment tool(s) with us?
Instructions for sharing will be provided at the end of the survey.

- 01 Yes [Pop-up email with attachment?]
- 02 No

P10. Among households that receive a full assessment from your agency/organization for HPRP homelessness prevention assistance, about what percentage actually receives HPRP prevention assistance (either financial or services)?

- _____ %
- 97 Not sure

[SKIP P11 IS P10=100%]

P11. For those who do not receive HPRP homelessness prevention services, what are the reasons they do not receive services?
Please select all that apply.

- 01 Found likely to be ineligible based on minimal screening
- 02 Found ineligible based on full assessment
- 03 Found eligible for HPRP, but do not meet additional criteria our agency uses
- 04 Found eligible, but do not show up for services or agency is unable to contact the household
- 05 Needs more intensive supports than what can be done with HPRP
- 06 Living outside the jurisdiction served by this agency
- 95 Other (please specify) _____
- 97 Not sure

P12. What is the most common reason why applicants do not receive HPRP homelessness prevention services?

[LIST RESPONSES SELECTED IN QP11. IF ONLY ONE RESPONSE SELECTED IN QP11, AUTOPUNCH AND GO TO QA8]

- 01 Found likely to be ineligible based on minimal screening
- 02 Found ineligible based on full assessment
- 03 Found eligible for HPRP, but do not meet additional criteria our agency uses
- 04 Found eligible, but does not show up for services or agency is unable to contact the household
- 05 Needs more intensive supports than what can be done with HPRP.
- 06 Living outside the jurisdiction served by this agency
- 95 Other (please specify) _____
- 97 Not sure

MAINSTREAM AGENCY COLLABORATION

The following questions ask about whether you collaborate with other agencies on HPRP-prevention. Please select "Yes" if you work with these agencies and "No" if you do not work with these agencies.

A8. Does your [Agency/Community/State] work with an agency administering TANF (Temporary Assistance for Needy Families) to identify clients who need and might be eligible for HPRP prevention assistance?

- ₀₁ Yes
 ₀₂ No [SKIP to QA9]
 ₉₇ Not sure [SKIP to QA9]

A8a. In what way do you work with this agency?

- ₀₁ TANF refers potentially eligible clients to your program for prevention assistance
 ₀₂ You refer clients seeking prevention assistance who qualify for TANF to program representatives to apply for benefits
 ₀₃ Both
 ₉₇ Not sure

A9. Does your [Agency/Community/State] work with your [community/state] Child Welfare Department to identify clients who need and might be eligible for HPRP prevention assistance??

- ₀₁ Yes
 ₀₂ No [SKIP to QA10]
 ₉₇ Not sure [SKIP to QA10]

P9a. In what way do you work with this agency?

- ₀₁ Child Welfare refers potentially eligible clients to your program for prevention assistance
 ₀₂ You refer clients seeking prevention assistance and who need Child Welfare services to the Child Welfare Department.
 ₀₃ Both
 ₉₇ Not sure

A10. Does your [Agency/Community/State] work with your [community/state] Mental Health Agencies to identify clients who need and might be eligible for HPRP prevention assistance?

- ₀₁ Yes
 ₀₂ No [SKIP to QA11]
 ₉₇ Not sure [SKIP to QA11]

A10a. In what way do you work with this agency?

- ₀₁ Mental Health agencies refer potentially eligible clients to your program for prevention assistance
 ₀₂ You refer clients seeking prevention assistance and who need Mental Health services to a Mental Health agency.
 ₀₃ Both
 ₉₇ Not sure

A11. Does your [Agency/Community/State] work with your [community/state] Corrections Facilities (jails, prisons) to identify clients who need and might be eligible for HPRP prevention assistance?

- 01 Yes
- 02 No [SKIP to QA12]
- 97 Not sure [SKIP to QA12]

A11a. In what way do you work with this agency?

- 01 Corrections facilities refer potentially eligible clients to your program for prevention assistance
- 02 You identify potentially eligible clients through in reach prior to the individual leaving the corrections facility
- 03 Both
- 97 Not sure

A12. Does your [Agency/Community/State] work with your [community/state] to collaborate with the local school McKinney-Vento Education of Homeless Children and Youth Program (EHCY) to identify clients who need and might be eligible for HPRP prevention assistance?

- 01 Yes
- 02 No [SKIP to QA13]
- 97 Not sure [SKIP to QA13]

A12a. In what way do you work with this agency?

- 01 Schools refer potentially eligible clients to your program for prevention assistance
- 02 Other _____
- 97 Not sure

A13. Does your [Agency/Community/State] work with your [community/state] to collaborate with a Public Housing Authority (PHA) to identify clients who need and might be eligible for HPRP prevention assistance?

- 01 Yes
- 02 No [SKIP to QA14]
- 97 Not sure [SKIP to QA14]

A13a. In what way do you work with this agency?

- 01 PHA refers potentially eligible clients to your program for prevention assistance
- 02 You refer clients seeking prevention assistance who qualify for Housing Choice Vouchers, public housing, or a similar housing subsidy.
- 03 Both
- 97 Not sure

A14. Does your [Agency/Community/State] work with your [community/state] to collaborate with a Veteran Affairs Medical Center (VAMC) to identify clients who need and might be eligible for HPRP prevention assistance?

- 01 Yes
- 02 No [SKIP to P13 or CP11]
- 97 Not sure [SKIP to P13 or CP11]

A14a. In what way do you work with this agency?

[Please check all that apply]

- 01 VAMC refers potentially eligible clients to your program for prevention assistance
- 02 You refer clients seeking prevention assistance who qualify for HUD-VASH
- 03 You refer clients seeking prevention assistance who qualify for VA health or income benefits
- 04 You refer clients seeking prevention assistance who qualify for other VA services
- 97 Not sure

PREVENTION ACTIVITIES

P13. What HPRP homelessness prevention assistance does your agency offer? Please select all that apply.

- 01 Outreach and Engagement
- 02 Security and utility deposits or payments
- 03 Moving cost assistance
- 04 Motel or hotel vouchers
- 05 Back payment of rent
- 06 Back payment of utility bills
- 07 Ongoing rental assistance
- 08 Housing search and placement
- 09 Legal services
- 10 Credit repair
- 11 Landlord-tenant mediation
- 12 Ongoing case management assistance
- 13 Referrals to community-based services
- 95 Other (please specify) _____

P14. Do HPRP homelessness prevention clients receive financial assistance for help paying the rent or for back payments for rent arrears?

- 01 Yes, all clients receive financial assistance
- 02 Yes, some clients receive financial assistance
- 03 No, no clients receive financial assistance [SKIP TO QP20]
- 97 Not sure [SKIP TO QP20]

P15. How is the financial assistance structured? Clients receive....Please select all that apply.

- 01 One time payments for rental arrears/past rent
- 02 Income based subsidy (resident contributes set percent of their income towards rent)
- 03 Fixed or flat rate subsidy (e.g., flat amount per month or based on bedroom size)
- 04 Graduated or declining subsidy (based on steps)
- 05 Bridge subsidy (temporary assistance until client receives permanent subsidy)
- 95 Other (please specify) _____

P16. Do clients who receive ongoing rental assistance pay a share of the rent?

- 01 Yes
- 02 No
- 97 Not sure

P17. How long are clients eligible to receive rental assistance? Please select all that apply.

- 01 3 months or less
- 02 3-6 months
- 03 6-12 months
- 04 More than 12 months
- 97 Not sure

P17a. How long do most clients receive rental assistance?

[LIST RESPONSES SELECTED IN QP17. IF ONLY ONE RESPONSE SELECTED IN QP17, AUTOPUNCH AND GO TO QP17b]

- 01 3 months or less
- 02 3-6 months
- 03 6-12 months
- 04 More than 12 months
- 97 Not sure

P17b. How is the duration of rental assistance determined? Please select all that apply.

- 01 Use an assessment tool
- 02 Use caseworker judgment
- 03 Give all households the same duration of rental assistance
- 04 Use some other method
- 04 Maximum allowed by HUD

P18. The maximum length of time that HUD will allow HPRP prevention recipients to receive assistance is 18 months. Is the maximum duration of rental assistance at your agency lower than the HUD limit?

- 01 Yes
- 02 No [SKIP to QP19]
- 97 Not sure [SKIP to QP19]

P18a. What is the maximum duration of rental assistance that a participant can receive from your agency?

- 01 Less than 3 months
- 02 3 months to less than 6 months
- 03 6 months to less than 12 months
- 04 12 – 18 months
- 05 Arrears only
- 97 Not sure

P19. Does your agency have a maximum dollar amount of rental assistance that a participant may receive?

- 01 Yes
- 02 No [SKIP to QP20]
- 97 Not sure [SKIP to QP20]

P19a. What is the maximum dollar amount of rental assistance that a participant may receive in your community?

- 01 \$1 - \$500
- 02 \$501 - \$1000
- 03 \$1001 - \$2000
- 04 \$2001 - \$5000

- 05 >\$5000
- 97 Not sure

P20. Does your agency offer case management services to HPRP prevention households or help them link to public benefits and services?

- 01 Yes
- 02 No [Skip to QP22]
- 97 Not sure [Skip to QP22]

P21. How often does your agency meet with HPRP prevention households to provide case management or linkage services? Please check all that apply.

- 01 At HPRP program entry
- 02 At HPRP program exit
- 03 Weekly
- 04 Monthly
- 05 At eligibility redetermination
- 95 Other (Specify) _____
- 97 Not sure

P21a. How long do most clients receive case management or linkage services?

- 01 Less than 3 month
- 02 3 months to less than 6 months
- 03 6-12 months
- 04 More than 12 months
- 04 Duration of rental assistance
- 05 No case management or linkage help is offered
- 97 Not sure

P21b. How do HPRP prevention households receive case management or linkage services? Please select all that apply.

- 01 Home visits
- 02 By telephone
- 03 Office visits
- 04 Other
- 97 Not sure

P22. Once a family or individual's HPRP prevention assistance ends, does your agency keep in touch, either to continue offering services or just to see how a household is doing?

- 01 Yes, we continue services for all HPRP clients after prevention assistance ends
- 02 Yes, we continue services for some HPRP clients after prevention assistance ends
- 03 Yes, we check up on HPRP clients periodically, but do not systematically offer services
- 04 No, we do not do any follow-up
- 97 Not sure

P23. Among households that receive HPRP prevention assistance from your agency/organization, what percent are not able to avoid homelessness and end up entering a homeless shelter?

_____ %

97 Not sure

TRACKING OUTCOMES

The next set of questions asks about tracking homelessness prevention activities and using the data for program decisions.

CP11. Does your community/state use data from your HPRP prevention programs for the following purposes? If yes, where do you enter or store the data?

Does your community/state... CP11a. Enter information from eligibility screeners for households that have been screened in ?	01 Yes <input type="checkbox"/>	02 No <input type="checkbox"/>	97 Not Sure <input type="checkbox"/>	[If YES:] CP11a2. Where is this information entered? <input type="checkbox"/> HMIS <input type="checkbox"/> Other Client-level Data Base <input type="checkbox"/> Other
CP11b. Enter information from assessments for households that are being served	01 Yes <input type="checkbox"/>	02 No <input type="checkbox"/>	97 Not Sure <input type="checkbox"/>	[If YES:] CP11b2. Where is this information entered? <input type="checkbox"/> HMIS <input type="checkbox"/> Other Client-level Data Base <input type="checkbox"/> Other
CP11c. Enter information from eligibility screeners for households that have been screened out	01 Yes <input type="checkbox"/>	02 No <input type="checkbox"/>	97 Not Sure <input type="checkbox"/>	[If YES:] CP11c2. Where is this information entered? <input type="checkbox"/> HMIS <input type="checkbox"/> Other Client-level Data Base <input type="checkbox"/> Other
CP11d. Enter information from assessments for households that are not being served	01 Yes <input type="checkbox"/>	02 No <input type="checkbox"/>	97 Not Sure <input type="checkbox"/>	[If YES:] CP11d2. Where is this information entered? <input type="checkbox"/> HMIS <input type="checkbox"/> Other Client-level Data Base <input type="checkbox"/> Other
CP11e. Generate information for HUD performance reports (QPR or APR)	01 Yes <input type="checkbox"/>	02 No <input type="checkbox"/>	97 Not Sure <input type="checkbox"/>	[If YES:] CP11e2. From where is this information generated? <input type="checkbox"/> HMIS <input type="checkbox"/> Other Client-level Data Base <input type="checkbox"/> Other
CP11f. Track what happens to households that receive HPRP-prevention services after they leave the program to see if they enter a homeless shelter after receiving prevention assistance	01 Yes <input type="checkbox"/>	02 No <input type="checkbox"/>	97 Not Sure <input type="checkbox"/>	[If YES:] CP11f2. Where is this information tracked? <input type="checkbox"/> HMIS <input type="checkbox"/> Other Client-level Data Base <input type="checkbox"/> Other
CP11g. Examine how the HPRP-prevention program affects the number of people in shelter	01 Yes <input type="checkbox"/>	02 No <input type="checkbox"/>	97 Not Sure <input type="checkbox"/>	[If YES:] CP11g2.? <input type="checkbox"/> HMIS <input type="checkbox"/> Other Client-level Data Base <input type="checkbox"/> Other
CP11h. Understand how much HPRP-prevention programs cost	01 Yes <input type="checkbox"/>	02 No <input type="checkbox"/>	97 Not Sure <input type="checkbox"/>	<input type="checkbox"/> HMIS <input type="checkbox"/> Other Client-level Data Base <input type="checkbox"/> Other
CP11i. Use data to make mid-course corrections in your HPRP program	01 Yes <input type="checkbox"/>	02 No <input type="checkbox"/>	97 Not Sure <input type="checkbox"/>	<input type="checkbox"/> HMIS <input type="checkbox"/> Other Client-level Data Base <input type="checkbox"/> Other

CP11j. Use data to track key performance measures	<input type="checkbox"/> 01 Yes	<input type="checkbox"/> 02 No	<input type="checkbox"/> 97 Not Sure	<input type="checkbox"/> HMIS <input type="checkbox"/> Other Client-level Data Base <input type="checkbox"/> Other
CP11k. Use data to evaluate staff outcomes	<input type="checkbox"/> 01 Yes	<input type="checkbox"/> 02 No	<input type="checkbox"/> 97 Not Sure	<input type="checkbox"/> HMIS <input type="checkbox"/> Other Client-level Data Base <input type="checkbox"/> Other

CHANGES IN CAPACITY AND SYSTEMS CHANGE

CP12. Did HPRP-prevention help your community/state to...?

CP12a. Serve more people at risk of homelessness	Yes	Y	No	N	Not Sure	N
CP12b. Develop a stronger screener or risk assessment tool	Yes	Y	No	N	Not Sure	N
CP12c. Develop a coordinated or central intake system	Yes	Y	No	N	Not Sure	N
CP12d. Collect and manage data on prevention	Yes	Y	No	N	Not Sure	N
CP12e. Better identify households/persons at highest risk of homelessness	Yes	Y	No	N	Not Sure	N
CP12f. Collaborate with mainstream service agencies (such as TANF and child welfare) on homelessness prevention	Yes	Y	No	N	Not Sure	N
CP12g. Collaborate with community-based nonprofits on homelessness prevention	Yes	Y	No	N	Not Sure	N
CP12h. Become more involved in a 10-year plan to end homelessness	Yes	Y	No	N	Not Sure	N
CP12i. Become more involved with Continuum of Care	Yes	Y	No	N	Not Sure	N

A15. When HPRP funding ends, how likely is it that your [community/state] will continue to fund homelessness prevention assistance, through its Emergency Shelter Grant funding or with other funding?

- 01 Very likely
- 02 Somewhat likely
- 03 Somewhat unlikely
- 04 Very unlikely
- 97 Not sure

A16. How likely is it that your agency will continue homelessness prevention efforts begun under HPRP after the grant funds are expended?

- 01 Very likely
- 02 Somewhat likely
- 03 Somewhat unlikely
- 04 Very unlikely

Thank you for responding to this survey. If you have any questions about this study, or your rights as a survey participant, please call Julie Pacer at Abt SRBI at 312-529-9708.