

# EHV Evaluation Web Survey of CoCs

## EHV Evaluation CoC Survey Web Landing Page

Thank you for participating in the Emergency Housing Voucher (EHV) Survey for Continuums of Care (CoCs). The U.S. Department of Housing and Urban Development (HUD) has contracted with Social Policy Research Associates (SPR) and Abt Global to conduct an evaluation of the EHV program. By completing the survey, you will help HUD and researchers better understand the EHV program, including how it was implemented nationwide, and how it might be improved in the future. We would like the person who can best answer questions about the Emergency Housing Voucher program at [INSERT CoC FROM SAMPLE] to respond to this survey.

Please enter your //-digit Login ID as provided in the email to participate in the survey.

INSERT SPANISH TRANSLATION HERE

Login ID: \_\_\_\_\_

Language [English/Spanish DROPDOWN]:

The research team will provide reasonable accommodations for individuals with disabilities. Individuals can elect to participate in the web-based survey with a live person over the phone. HUD and the research team will use translation services as needed for individuals with Limited English Proficiency. If you require information to be presented in an accessible format, reasonable accommodations, or language assistance to participate in this study, please contact [INSERT STAFF CONTACT], the [STAFF TITLE/ROLE], by phone at (XXX) XXX-XXXX or by email at [INSERT EMAIL ADDRESS]. HUD and the research team welcome and are prepared to receive calls from individuals who are deaf or hard of hearing, as well as individuals with speech or communication disabilities. You can access free telephone and video relay services by calling 711.

[INSERT SPANISH TRANSLATION]

**PRA Burden Statement:** The public reporting burden for this collection of information relating to the Evaluation of Emergency Housing Voucher (EHV) Program is estimated to average 52 minutes per respondent for the web survey for CoC staff. These burden estimates include the time for reviewing instructions, searching existing data sources, gathering, and maintaining the data needed, and completing and reviewing the collection of information. Comments regarding the accuracy of this burden estimate and any suggestions for reducing this burden can be sent to U.S. Department of Housing and Urban Development, Office of the Chief Data Officer, R, 451 7th St SW, Room 8210, Washington, DC 20410-5000 or email: PaperworkReductionActOffice@hud.gov. Do not send completed forms to this address. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless the collection displays a valid OMB control number. HUD collects this information to examine the implementation and outcomes associated with the Emergency Housing Voucher (EHV) program, which was created under the American Rescue Plan Act (ARPA) of 2021, in response to the COVID-19 pandemic. HUD may use this information to help guide any future emergency housing voucher programs and the data could also inform possible changes to the HCV program to serve households who are experiencing or at risk of experiencing homelessness. This information is voluntary. This information collected will be held confidential pursuant to 5 U.S.C. 552 (Freedom of Information Act), 5 U.S.C 552a (Privacy Act of 1974), and OMB Circular No. A-130.

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**CAWI INTRODUCTION**

S1W. Before we begin, it is important to verify that we reached a representative from the correct Continuum of Care (CoC). Do you work for [INSERT CoC FROM SAMPLE FILE]?

- 1 Yes
- 2 No
- 8 Don't know
- 9 Refused

[THANKYOU] Thank you for your interest and willingness to participate. Unfortunately, it looks like we reached the wrong program. We will look into this, and if we can resolve the issue, we will contact you again. Have a nice day.

S2W. We would like the person who can best answer questions about the Emergency Housing Voucher program at [INSERT CoC FROM SAMPLE] to respond to this survey. If you are not the best person to complete this survey, please forward the survey link to the right person. If you are the best person, enter your contact information below.

What is your name, title, and contact information?

First Name

Last Name

Title

Email

Direct Phone Number, Extension

PHA Name

[FILL FROM SAMPLE]

PHA Address

[FILL FROM SAMPLE]

PHA City, State Zip

[FILL FROM SAMPLE]

## CATI INTRODUCTION

INTROCATI. Hello, my name is [IWER NAME]. I'm calling from Abt Global. May I speak with a representative from [CoC NAME]?

The U.S. Department of Housing and Urban Development (HUD) has contracted with Social Policy Research Associates (SPR) and Abt Global to conduct an evaluation of the Emergency Housing Voucher (EHV) program. I'm calling to ask for your programs participation in completing a survey to help researchers better understand the EHV program. We recently sent you an email about the survey and have been trying to reach you.

Your responses are important and will help HUD and researchers better understand how the EHV program was implemented nationwide and how it might be improved in the future.

1 SPEAKING TO CoC REPRESENTATIVE [GO TO S2C]

S2C. We are looking for the best person to answer questions about the EHV program at [INSERT CoC FROM SAMPLE].

Are you that person?

1 YES  
 2 NO  
 8 DON'T KNOW  
 9 PREFER NOT TO ANSWER [THANK AND END, SOFT REFUSAL]

S3C. [IF S2C=YES "What is your" ALL ELSE: Can you tell me that person's name, title, and contact information? [S2C=2 OR 8 We will contact them to ask if they are the best person to complete the survey.]

FIRST NAME  
 LAST NAME  
 TITLE  
 EMAIL  
 DIRECT PHONE NUMBER, EXTENSION  
 PHA NAME [FILL FROM SAMPLE]  
 PHA ADDRESS [FILL FROM SAMPLE]  
 PHA CITY, STATE ZIP [FILL FROM SAMPLE]

IF S2C= YES SKIP TO INTRO1

EMAIL2. Thank you very much, we will email [S3C FIRSTNAME LASTNAME] at [S3C EMAIL] and call them at [S3C PHONE NUMBER] to complete the survey.

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If possible, please provide them with the following information to complete the survey online:

The survey website is: [www.///.com](http://www.///.com)  
and the Login ID is: \_ \_ \_ \_

If we don't hear from them, we may call you back to see if there is any way to get in contact with them. Thank you very much.

INTRO1. [CAWI: Welcome to CATI: We are calling about] the Emergency Housing Voucher (EHV) Survey for Continuums of Care (CoCs). The U.S. Department of Housing and Urban Development (HUD) has contracted with Social Policy Research and Abt Global to conduct this survey. One component of the evaluation is a survey of all CoCs that partnered with their local Public Housing Agency (PHA) to implement the EHV program. The purpose of this survey is to learn more about how CoCs were involved in planning and implementing the EHV program, including collaborating with the local PHA; determining how to use the EHV as part of the CoC's strategy for addressing homelessness; determining the EHV eligibility and referral processes; and supporting the housing search and lease-up processes. The survey also asks for your perceptions of the strengths and challenges of the EHV program. We anticipate the survey will take about 30 minutes to complete if you are working with one EHV PHA and up to 15 minutes for each additional PHA (and no more than five PHAs in total). You may involve other staff as well in developing your answers, but please have only one person complete the survey. [CAWI: Please note that your place in the survey will be saved if you close the page. When you are ready to return, please use the same survey link you received via email. When you click the link to start again, you will be able to continue where you left off].

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This survey is voluntary. Whether or not you decide to participate will not affect your organization's relationship with HUD. All information you provide is confidential and will be protected by the law. You can skip any question that you do not want to answer. Responses to this survey will only be used for research purposes only and will NOT be used for compliance monitoring. The findings will only be presented in aggregate form, meaning your individual answers will not be available. While there is no expected direct benefit for your organization, the findings will enable a variety of policy makers, program administrators, and other researchers to better understand how the EHV program was implemented nationwide and how it might be improved in the future.

We will provide reasonable accommodations for individuals with disabilities and translation services as needed for individuals with Limited English

Proficiency. Individuals can elect to participate in the web-based survey with a live person over the phone.

CAWI: ACCOM. Do you require information to be presented in an accessible format or reasonable accommodations to participate in this study?

- 1 No
- 2 Yes

CAWI AND CATI: ACCOM2. Do you require language assistance to participate in this study?

- 1 No
- 2 Yes

IF ACCOM2=YES

ACCOM3. What language would you prefer to take this survey?

- [OPEN END]

IF ACCOM = YES and ACCOM2 = NO: To take this survey over the phone, please call us at (XXX) XXX-XXXX or contact us by email at [INSERT EMAIL ADDRESS] to set-up an appointment. Our phone interviewers are trained and equipped to accommodate free telephone and video relay services using 711. Please feel free to contact us with any questions, we look forward to hearing from you. [THANK AND END SURVEY].

IF ACCOM = YES AND ACCOM2=YES

Thank you very much. We will contact you over the phone to take this survey in [LANGUAGE FROM ACCOM3]. What phone number is best to reach you?

[COLLECT PHONE NUMBER]

In addition, our phone interviewers are trained and equipped to accommodate free telephone and video relay services using 711. Please feel free to contact us with any questions, we look forward to hearing from you. [THANK AND END SURVEY].

IF ACCOM = NO AND ACCOM2=YES

Thank you very much. We will contact you over the phone to take this survey in [LANGUAGE FROM ACCOM3]. What phone number is best to reach you?

[COLLECT PHONE NUMBER]

If you have any questions, please call us at (XXX) XXX-XXXX or contact us by email at [INSERT EMAIL ADDRESS]. [THANK AND END SURVEY].

This survey was approved by the Office of Management and Budget, as required by the Paperwork Reduction Act of 1995, under OMB control

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number XXXX-XXXX, with expiration date of MONTH XX, 20XX. If you have questions about the study itself, please contact Mr. Chen, Social Science Analyst, Office of Policy Development and Research, HUD at (212) 542-7422 or [INSERT ABT STAFF CONTACT], the Abt Global Survey Director at (XXX) XXX-XXXX. If you have questions about the survey, please call our toll-free number 1-800-XXX-XXXX.

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CAWI:

See our [Study Information page](#) for more information on the study.

Select 'Continue' to begin.

- 1 Continue [GO TO PHA/CoC PARTNERSHIP]

CATI:

S5C. Do you have any questions before we begin?

[I WANT TO COMPLETE ONLINE] I can send you an email now with the study information and a link to an ONLINE version of the survey and a unique PIN to enter the survey. Would you prefer to complete the survey online or continue by phone?

- 1 CONTINUE BY PHONE
- 2 COMPLETE ONLINE [GO TO PEMAIL]
- 9 DK/REF (VOL) [SOFT REFUSAL]

PEMAIL. We have your email as [EMAIL FROM S4C], is this correct? We will use this email to send you a link to complete the survey.

IF R SAYS DK/REF, PROMPT: You said you would like to complete the online version of the survey. Please provide an email address so we can send you the link to the survey. IWER NOTE: IF R STILL REFUSES, SELECT DK or REFUSE.

- 1 COLLECT DIFFERENT EMAIL [READ EMAIL BACK TO CONFIRM]
- 2 EMAIL IS CORRECT
- 88 DK (VOL) [GO TO S10B]
- 99 REF (VOL) [GO TO S10B]

PEMAIL2. I will also send this information to you now via email at [EMAIL ADDRESS FROM PEMAIL].

- 1 SEND EMAIL [AUTO SEND 'EMAIL INVITE']
- 99 REF [GO BACK TO PEMAIL]

S10. I just sent you the email. The sender will be [INSERT STUDY EMAIL BOX] and the subject line will read, "INSERT SUBJECT LINE" Did you receive the email?

- 1 YES [GO TO S10B]
- 2 NO [GO TO S10A1]
- 3 DON'T HAVE ACCESS TO EMAIL RIGHT NOW (VOL) [GO TO S10B]

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S10A1. Please check your spam or junk folder. Do you see the email there?

- 1 YES
- 2 NO
- 3 DON'T HAVE ACCESS TO EMAIL RIGHT NOW (VOL)

S10B. [IF S10A1 = YES: We encourage you to take a moment to complete the survey now and we thank you in advance for completing the survey]. [IFS10A1 = NO: It may take a little while to get to you.] You can also access the survey at [www.///.com](http://www.///.com). Once there, enter your Login ID [INSERT ID] to begin the survey. Your participation is very important to our study. Thank you very much for your time and assistance. Have a nice day.

SCHEDULE CALLBACK FOR 1 WEEK IF WEB SURVEY NOT COMPLETE. SET EMAILFLAG=1

VOICEMAIL SCRIPT:

Hello, my name is [INTERVIEWER], and I'm calling from Abt Global, a public policy research firm, on behalf of the Housing and Urban Development (HUD). We are conducting an important study on Emergency Housing Vouchers. We will call back within the next day or two. If you would like to reach us to complete the survey, you can call our toll-free number, 1-XXX-XXX-XXXX and reference your Login ID [INSERT ID]. Thank you.

PARTIALCOMPLETE DISPLAY: 'It looks like you already started the survey, let's continue where you left off.' [SELECT NEXT THEN GO TO LAST Q]



## EHV Evaluation CoC Survey Questions

### PHA/CoC Partnership

First, we would like to learn more about how CoCs worked with their local PHAs to help implement the EHV program.

- 1) Please confirm the number of PHAs your CoC partnered with to administer EHV program(s)?
  - a) [PRE-POPULATE THE NUMBER OF PHAS PARTNERED WITH - RANGE 1 - 40]
    - i) Yes
    - ii) No
  - b) [If 1a ii=NO] Please enter the correct number of PHAs your CoC partnered with to administer the EHV program

- 2) A) Please confirm the names of the PHAs that your CoC partnered with below. If not correct, please select the correct PHA(s) from the dropdown list.

[IF MORE THAN THREE SELECTED AT 2A ASK 2B]

B) Please confirm the PHAs with the top three largest allocations of EHV's and select [one/two] other[s] you would like to comment on in the remainder of the survey.

[REPEAT QUESTIONS 3 - 14 FOR THE FIVE PHAS LISTED AT 2B.]

- 3) The EHV program required PHAs to coordinate with CoCs around who would be prioritized and referred to the EHV program.

Below is a list of ways that CoCs could have coordinated with [INSERT NAME OF PHA]. For each area of coordination, please indicate the ways in which your CoC coordinated with [INSERT NAME OF PHA] prior to EHV, during the EHV program, and how it continued to do so or will continue to do so after the EHV program concludes.

Area of CoC/PHA Coordination	Prior to EHV	During EHV	After EHV	N/A
Establishing a	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Memorandum of Understanding (MOU)				
Involving CoC staff in PHA governance and/or PHA staff involved in CoC governance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Establishing a PHA preference for people experiencing homelessness on waiting lists for PHA programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Using the CoC's Coordinated Entry (CE) system to refer applicants for programs that are limited to serving people experiencing homelessness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sharing landlord networks for affordable and/or market-rate units	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CoC or partner organization staff helping to locate people experiencing homelessness who are on the waitlist to apply for PHA programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CoC or partner organization staff providing case management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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assistance to voucher holders during the application and lease-up process				
CoC staff or partner organization providing housing search and/or navigation assistance to PHA voucher holders during the application and lease-up process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CoC staff or partner organization providing documentation of a person's homelessness status to help a household be eligible or prioritized for a PHA program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pairing CoC resources with PHA subsidies to develop project-based permanent supportive housing or other permanent housing (not part of the EHV program)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cross-training of CoC and PHA staff on procedures to serve people experiencing homelessness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- 4) A) What population(s) did your CoC prioritize or target to receive EHV's from [INSERT NAME OF PHA] as part of its strategy to prevent and end homelessness? (Please select all that apply.)
- a) People with high service needs
  - b) People exiting permanent supportive housing, including Move-On programs
  - c) People exiting rapid re-housing programs
  - d) People currently in shelter or non-congregate shelter
  - e) People experiencing unsheltered homelessness (including encampments)
  - f) People with lower service needs
  - g) People exiting prisons or jails who are at risk of experiencing homelessness
  - h) Survivors of domestic violence, dating violence, sexual assault, stalking, and human trafficking
  - i) People who were recently homeless or are at high risk of housing insecurity
  - j) People with criminal backgrounds who are not otherwise eligible for PHA assistance
  - k) Veterans
  - l) Other (please specify): \_\_\_\_\_
  - m) Don't know
  - n) Prefer not to answer

[IF MORE THAN ONE SELECTED AT 4A]

- B) Please rank the populations that your CoC prioritized or targeted to receive EHV's from [INSERT NAME OF PHA] as part of its strategy to prevent and end homelessness.

- 5) How did your CoC and [INSERT NAME OF PHA] decide what population(s) it wanted to target with EHV assistance? (Please select all that apply)
- a) Reviewing data from the CoC's Homeless Management Information System (HMIS) or other needs assessment
  - b) Using priorities articulated in a local plan to reduce or end homelessness
  - c) Collecting input from homeless service providers
  - d) Examining inflow to the homeless services system
  - e) Considering what types of households are accessing the CE system compared to the general population in the region to identify system disparities and any groups missing from the CE system
  - f) Reviewing households in the CE system compared to households in other projects (e.g., emergency shelter, rapid re-housing, outreach) to identify if certain groups are being referred to specific pathways
  - g) Consulting with people with lived experience of homelessness or housing insecurity
  - h) Other (please specify): \_\_\_\_\_
  - i) Don't know
  - j) Prefer not to answer
- 6) [IF 5G=YES] If your CoC included people with lived experience of homelessness or housing insecurity in the decision-making process for targeting EHV assistance with [INSERT NAME OF PHA], what approach was used? (Please select all that apply.)
- a) Used existing CoC lived experience advisory group/body
  - b) Used existing PHA lived experience advisory group/body
  - c) Created a new lived experience advisory group/body specifically for EHV program
  - d) Convened focus groups or conducted interviews with people with lived experience of homelessness to provide input
  - e) Engaged CoC or homeless service provider staff with lived experience
  - f) Other (Please Specify): \_\_\_\_\_
  - g) Don't know
  - h) Prefer not to answer

### **Referral and Eligibility Process**

Next, we would like to learn more about your CoC's referral and eligibility process for the [INSERT NAME OF PHA]'s EHV program.

- 7) Did your CoC refer people from the following category(ies) of eligible households for [INSERT NAME OF PHA]'s EHV program? Please estimate the percentage of referrals from each of the categories. These numbers should add up to 100 percent.
- a) Currently experiencing homelessness \_\_\_\_\_%
  - b) At-risk of experiencing homelessness \_\_\_\_\_%
  - c) Fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, stalking, or human trafficking \_\_\_\_\_%
  - d) Recently homeless or at high-risk of housing insecurity \_\_\_\_\_%
  - e) Other: (please specify) \_\_\_\_\_%
  - f) Don't know
  - g) Prefer not to answer
- 8) Please indicate what process(es) your CoC used to identify and refer households for [INSERT NAME OF PHA]'s EHV program and the percentage of referrals that came from each process. These numbers should add up to 100 percent.
- a) Referrals from the CoC's Coordinated Entry (CE) system \_\_\_\_\_%
  - b) Direct referrals from homeless service provider organizations \_\_\_\_\_%
  - c) Direct referrals from human trafficking organizations \_\_\_\_\_%
  - d) Direct referrals from Permanent Supportive Housing Move-On programs \_\_\_\_\_%
  - e) Direct referrals from VSP programs \_\_\_\_\_%
  - f) Direct transfers from rapid re-housing programs \_\_\_\_\_%
  - g) Other: (please specify) \_\_\_\_\_%
  - h) Don't know
  - i) Prefer not to answer
- 9) [IF Q8=A] What were the challenges in using your CoC's Coordinated Entry (CE) system to identify and assess people for the [INSERT NAME OF PHA] EHV program? (Please select all the apply.)
- a) Not enough people experiencing homelessness accessing services through the local CE system
  - b) Slow pace of households referred through CE system
  - c) CoC and/or homeless provider staff turnover
  - d) Difficulty helping CE-referred clients navigate the EHV application process at the PHA
  - e) Insufficient coordination between CoC case managers working with referred clients and PHA staff
  - f) Other (please specify): \_\_\_\_\_

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- g) Don't know
  - h) Prefer not to answer
- 10) What was the total number of households that your CoC referred to [INSERT NAME OF PHA]'s EHV program?
- a) Enter # of referrals: [Text box formatted for numeric entry]
  - b) Don't know
  - c) Prefer not to answer

- 11) How did your CoC notify homeless service providers about the availability of EHV for [INSERT NAME OF PHA]'s EHV program? (Please select all that apply)
- a) Included information in regular communication to homeless service providers
  - b) Held training specifically on the EHV program
  - c) Promoted attending a HUD-sponsored training about EHV program
  - d) Referred them to information posted on PHA's website
  - e) Referred them to information posted on the CoC's website
  - f) Other (please specify): \_\_\_\_\_
  - g) None of the above
  - h) Don't know
  - i) Prefer not to answer
- 12) On average, how often did [INSERT NAME OF PHA] and CoC staff meet to discuss progress with the EHV program?
- a) More than once a week
  - b) Weekly
  - c) Every two weeks
  - d) Monthly
  - e) Every other month
  - f) Less often
  - g) Don't know
  - h) Prefer not to answer
- 13) How did your CoC help households referred to the [INSERT NAME OF PHA]'s EHV program complete the application process? (Please select all the apply.)
- a) Current case manager helped with obtaining personal documents for income verification (e.g., Social Security cards, driver's license, birth certificate)
  - b) Current case manager helped to complete the PHA application
  - c) Contracted with a partner organization to help EHV referred households obtain necessary documentation
  - d) Contracted with a partner organization to provide help with completing PHA application
  - e) Other (please specify): \_\_\_\_\_
  - f) Don't know
  - g) Prefer not to answer



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**Search, Lease Up, and Services**

Next, we're interested in learning more about how CoCs supported households once they were accepted into the EHV program.

- 14) Please indicate below which of the following services or supports your CoC provided to [INSERT NAME OF PHA]'s EHV participants and what funding supported each. (Please select all that apply.)

<b>Service or Support</b>	<b>PHA-Funded</b>	<b>CoC-Funded</b>	<b>Other Funding</b>
a) Housing search assistance (e.g., identifying housing units, transportation to view units, help completing applications)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Rental application fees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) First month's rent and/or security deposit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Holding fees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Utility deposits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Moving expenses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Furniture or essential household items	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) Tenant-readiness services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) Renter's insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j) Other (please specify): _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- 15) Which types of organizations partnered with your CoC to provide the services identified in Question 14 as part of the [INSERT NAME OF PHA]'s EHV program? (Please select all that apply.)
- a) Homeless service provider within the CoC that already worked with the PHA
  - b) Homeless service providers within the CoC that had not previously worked with the PHA
  - c) Local government agencies
  - d) Tribal government agencies
  - e) State agencies
  - f) Other community-based organizations
  - g) My CoC did not partner with any other organization to provide services to EHV participating households
  - h) Don't know
  - i) Prefer not to answer

### **Challenges and Strengths of the EHV Program**

Finally, we'd like to learn more about the challenges of implementing the EHV program.

- 16) A) What are the challenges of the EHV program from your CoC's perspective?
- a) No CoC funding to provide supportive services for people experiencing homelessness who participate in EHV program
  - b) EHV program eligibility requirements
  - c) Working with the PHA to administer the EHV program (e.g., monitoring and reporting requirements, double reporting requirements)
  - d) Accelerated timeline of the EHV program
  - e) Insufficient staffing to implement the EHV program
  - f) Competition with other homeless and housing programs for housing units
  - g) Insufficient landlord incentives provided through EHV program
  - h) Lack of affordable housing in community to use EHV
  - i) Inability to renew EHV
  - j) Other (please specify): \_\_\_\_\_
  - k) Don't know
  - l) Prefer not to answer

[IF MORE THAN ONE SELECTED AT 16A]

B) Please rank the top three challenges of the EHV program from your CoC's perspective.

[PROGRAMMER: INSERT OPTIONS SELECTED AT 16A, THEN ALLOW RANKING FROM 1 -3]

- 17) What other services did EHV-eligible households need that were not available through the EHV program?
- a) More intensive housing search assistance
  - b) Better coordination between PHA and homeless service provider staff
  - c) Supportive services once in EHV-supported unit
  - d) Other (please specify): \_\_\_\_\_
  - e) Don't know
  - f) Prefer not to answer