# PSH Onboarding Packet

[PSH Onboarding Packet 1](#_Toc1114289017)

[Project Based Voucher (PBV) Program On-Boarding Packet 1](#_Toc160251781)

[General Property Details 1](#_Toc2115353179)

[Homeless Management Information System- The database that is used to make referrals and manage program services. 3](#_Toc390184398)

[Owner/Property Management- 4](#_Toc303079372)

[Housing Service Provider (HSP)- This organization/individual will manage referrals coming through Coordinated Access System (SSF) in HMIS. They are responsible for managing data input into HMIS regularly. They will offer services to clients that are approved and moved into the program. 5](#_Toc1502960260)

[HSP Unit Break Down- Clients come from CAS (SSF Referral Process) 6](#_Toc1851064631)

[Behavior Health Service (BHS) Provider- This organization/individual will manage referrals coming through their designated programs in HMIS. Their main requirement in this process is to ensure clients have “the Basics” and are referred to their correct program. They are responsible for managing data input into HMIS regularly. They will offer services to clients that are approved and moved into their program. 6](#_Toc25830401)

[BHS Unit Break Down 7](#_Toc1189421031)

# Partners

## Owner/Property Management

This organization/individual will manage referrals coming to the property, process applications, and facilitate move-ins.

|  |  |
| --- | --- |
| **OWNER ENTITY INFORMATION** | |
|  | |
| Owner Entity **Name** |  |
| Is the Entity a **non-profit**? |  |
| Owner **Contact Organization** |  |
| Owner **Street Address** |  |
| Owner **City** |  |
| Owner **State** |  |
| Owner **Zip Code** |  |
| Management Company **Name:** |  |
| Management Company **Point-of-Contact:** |  |
| Management Company Point-of-Contact **Phone** |  |
| Management Company **Fax** |  |
| Management Company Point-of-Contact **Email** |  |

## Housing Service Provider (HSP)

This organization/individual will manage referrals coming through Coordinated Access System (SSF) in HMIS. They are responsible for managing data input into HMIS regularly. They will offer services to clients that are approved and moved into the program.

|  |  |
| --- | --- |
| **Housing Service Provider** | |
|  | |
|  | |
| Service Provider Entity **Name** |  |
| **Contact Organization** |  |
| **Street Address** |  |
| **City** |  |
| **State** |  |
| **Zip Code** |  |
| **Point-of-Contact Name (HMIS Program Lead)** |  |
| **Title** |  |
| **Phone** |  |
| **Fax** |  |
| **Email** |  |
| **Funding Source** |  |
| **Grant Identifier** |  |
| **Start date of Funding** |  |
| **End date of Funding** |  |
|  |  |

## Behavior Health Service (BHS) Provider

This organization/individual will manage referrals coming through their designated programs in HMIS. Their main requirement in this process is to ensure clients have “the Basics” and are referred to their correct program. They are responsible for managing data input into HMIS regularly. They will offer services to clients that are approved and moved into their program.

|  |  |
| --- | --- |
| **Behavior Heath Services Provider** | |
|  | |
|  | |
| **Name** |  |
| **Contact Organization** |  |
| **Street Address** |  |
| **City** |  |
| **State** |  |
| **Zip Code** |  |
| **Point-of-Contact Name (HMIS Program Lead)** |  |
| **Title** |  |
| **Phone** |  |
| **Fax** |  |
| **Email** |  |
| **Funding Source** |  |
| **Grant Identifier** |  |
| **Start date of Funding** |  |
| **End date of Funding** |  |

# General Property Details

|  |  |
| --- | --- |
| **PROPERTY NAME, LOCATION AND CONTACTS** | |
|  | |
| **Property Name** *(The* “dba”*. For the legal name see* “Owner Entity”) | Northview Pointe |
| **Also Known As** (**AKA**), if any *(Include* **any other name(s)** *ever used for this property including other business names)* |  |
| Street Address (**Location of Property**) | 2314 Northview Drive |
| **City** | Sacramento |
| **State** | CA |
| **Zip Code** |  |
| **County** |  |
| **Mailing Street Address** *(Indicate if temporary for Lease-up)* |  |
| Mailing **City** |  |
| Mailing **State** |  |
| Mailing **Zip Code** |  |
| Property Telephone Number |  |
| Property 2nd Telephone Number *(if applicable)* |  |
| Property Fax Number |  |
| Property Email Address |  |
| Property 2nd Email Address *(if applicable)* |  |
| Property Manager |  |
| Assistant Property Manager |  |

|  |  |
| --- | --- |
| **Lease-up Date** | |
|  | |
| **Construction Start:** |  |
| **Construction End:** |  |
| **Certificate of Occupancy Date (operating date):** |  |
| **Proposed TCO:** |  |
| ***Date Referrals need to be received (MM/DD/YYYY, if applicable)*** | \*Usually 160 days from TCO |
| **DATE Marketing/Lease Up Starts *(MM/DD/YYYY, if applicable)*** |  |
|  |  |
|  |  |

|  |  |
| --- | --- |
| **PHYSICAL INFORMATION** | |
|  | |
| **Year Built** *(Year of original construction)* |  |
| **Year Substantially Rehabilitated** *(Usually due to LITC)* |  |
| **Asbestos Reports/Surveys** (*Date and location of asbestos*  *surveys, operation & maintenance plans, abatement records, clearance records. Sometimes associated with rehab.)* **Lead-based Paint Reports/Surveys** *(Date and location of lead- based paint surveys, operation & maintenance plans, abatement records, clearance records. Sometimes associated with rehab.)* | Yes or No |
| *Does this property have Decks? – SB 271 compliant with Deck Certification* | Yes/No |
| **Project Drawings** (*Includes warranties, product information, operation and maintenance instructions for installed systems and products.)* | Provide all drawings with packet. |

|  |  |
| --- | --- |
| **Amenities** | |
|  | |
| Furnished? | Bed, Dresser, Desk, Microwave, List other? |
| *Close to Public Transportation?* | Yes/No |
| *Close to Shopping?* | Yes/No |
| *Laundry facility on site on in unit?* | On site or in unit |

|  |  |
| --- | --- |
| **NUMBER AND TYPE OF UNITS** | |
|  | |
| Total Number of **Residentia**l Units |  |
| Total Number of **Commercia**l Units |  |
| Total Number of **Regulated** Units |  |
| Total Number of **SRO** Units |  |
| Total Number of **0-Bedroom** Units **Studios with a kitchen** |  |
| Total Number of **1-Bedroom** Units |  |
| Total Number of **2-Bedroom** Units |  |
| Total Number of **3-Bedroom** Units |  |
| Total Number of **4-Bedroom** Units |  |
| Total Number of **5-Bedroom** Units |  |

|  |  |
| --- | --- |
| **PROPERTY TENURE, POPULATIONS, PROGRAMS, FINANCING** | |
|  | |
| Describe, in general, what population(s) the property serves. |  |
| Is this a **Tax Credit Property**? |  |
| Tax Credit Number *(CA-YYYY-000, or "To be provided" or "N/A". Do not give "bin" numbers" which are for each building* |  |
| Is this a **HUD Subsidized Property**? |  |
|  |  |
| Is this property administered or subsidized by a **PHA**? |  |
| If, “Yes” to the above, is this **Public Housing** or **Project Based Vouchers** or **Owned by a PHA**? Please explain. L |  |
| List How many 1, 2, 3, 4, 5-bedroom PBV Voucher will the property be allocated? |  |
| Does this property serve a **Senior** Population? |  |
| Does this property serve an **SRO** Population? |  |
| Does this property serve a **Special Needs** Population? |  |
| If, “Yes” to the above, **what type** of **Special Needs Population**?  (*e.g., disability, NPLH, Homeless, etc.)* |  |
| If Homeless set aside will these units be - At Risk or Chronically Homeless. |  |
| Name **All Public Loan Types** *(e.g., loan program name or type of loan: Local RHCF, MFHP, AHP, RDD, HOME etc.)* |  |
| Name **All Applicable Government Programs** *(e.g., TC, HUD, CalHFA, HCD, local HA, City Program, etc. or Market*  *Rate/conventional) List all that Apply* |  |
| *Are deposits required at move-in? If so, how much?* |  |
| *Are pets allowed at this property? If so, is there a deposit and how much?* |  |
| *Are Service Animals/Emotional Support Animals allowed at this property? If so, what documentation is needed?* |  |
|  |  |
|  |  |

# Homeless Management Information System

This is a database used to make referrals and manage program services.

The Developers and/or the Housing Service Providers create the partnership or program builds.

[New Agencies and Programs - Sacramento Steps Forward](https://sacramentostepsforward.org/resources/new-agencies-and-programs-2/)

**Request a New agency Build** (Partnership for multiple agencies involved)- [Request to Add or Change an Agency to HMIS (google.com)](https://docs.google.com/forms/d/e/1FAIpQLScuP9Cu5jwcmQISCy3z4HM6HM-nE5qwmbWpQkMHxPL38D8H7w/viewform)

**For Partnerships-** Each population with a different funding source will need to have their own project. Complete a New Agency Build AND all subsequent new program builds.

**Request a New Program Build** - [Request to Add or Change a Sacramento CoC Project to HMIS (google.com)](https://docs.google.com/forms/d/e/1FAIpQLSf24WCdzkrU41IdRoOcVj536Tjj00pJfKCwLN46SsPK8H3CzQ/viewform?usp=send_form)

|  |  |
| --- | --- |
| Partnership Name in HMIS | “Name of Project”- “ Agency #1, Agency #2, Agency, etc……, Partnership) |
| Housing Service Provider Project Name | “Agency Name, Project Name- Population (if applicable),” Example: Telecare Capital Park- At Risk |
| Behavior Health Services Project Name | “Agency Name, Project Name- Population (if applicable),” Example: Telecare Capital Park- At Risk |
| Behavior Health Services Project Name | “Agency Name, Project Name- Population (if applicable),” Example: Turning Pointe Central Sacramento Studios |

**For Non-Partnerships-** Established agencies that has the sole funding for this housing project. Only request a new program build.

|  |  |
| --- | --- |
| **Agency in HMIS** | **Project Name** |
| Agency Name | “Agency Name, Project Name- Population (if applicable),” Example: Telecare Capital Park- At Risk |

# Referrals

Depending on the type of referral required

CAS Referrals- Sacramento Steps Forward will identify clients, ensure “the basics are uploaded”, send the referrals through HMIS and confirmation emails.

BHS (Direct Referrals)- This program will identify their own clients, create/update HMIS profiles, upload “the basics” in HMIS, conduct a VISPDAT, and send UIDs to Sacramento Steps Forward. Sacramento Steps Forward will then create the referral in HMIS and send confirmation emails.

**Over Referral Policy (Tentative)**

|  |  |  |
| --- | --- | --- |
| **Number of Units to be filled** | **Required Referral:** | **Over Referral number:** |
| 1-29 units | 1-29 units | 5 |
| 30+ | 30+ | 5 + (20% to the nearest Whole Number of required) |

1. Over Referrals will be done at the beginning of a Lease-up (20%)
2. 5 “over referrals” will remain after leasing up
   1. Clients must be approved by SHRA and Property Management and waiting for the next available unit.
   2. That number will be replenished when needed to maintain 5 for back filling units

### HSP Unit Break Down- Clients come from CAS (SSF Referral Process)

Total Unit Allocation:

Total **Chronic Homeless** Amount:

Total **Homeless** Population Amount:

Total **At-Risk** of homeless Amount:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Unit Type** | **AMI (%)** | **#of ADA units** | **Referrals Required Amount** | **Over-referrals Request Amount** |
| Total Number of **0-Bedroom** Units **Studios with a kitchen** |  |  |  |  |
| Total Number of **1-Bedroom** Units |  |  |  |  |
| Total Number of **2-Bedroom** Units |  |  |  |  |
| Total Number of **3-Bedroom** Units |  |  |  |  |
| Total Number of **4-Bedroom** Units |  |  |  |  |
| Total Number of **5-Bedroom** Units |  |  |  |  |
| Total Number of **0-Bedroom** Units **Studios with a kitchen** |  |  |  |  |

### BHS Unit Break Down

Total Unit Allocation:

Total **Chronic Homeless unit** Amount:

Total **Homeless unit** Amount:

Total **At-Risk of homeless unit** Amount:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Unit Type** | **AMI (%)** | **#of ADA units** | **Referrals Required Amount** | **Over-referrals Request Amount** |
| Total Number of **0-Bedroom** Units **Studios with a kitchen** |  |  |  |  |
| Total Number of **1-Bedroom** Units |  |  |  |  |
| Total Number of **2-Bedroom** Units |  |  |  |  |
| Total Number of **3-Bedroom** Units |  |  |  |  |
| Total Number of **4-Bedroom** Units |  |  |  |  |
| Total Number of **5-Bedroom** Units |  |  |  |  |
| Total Number of **0-Bedroom** Units **Studios with a kitchen** |  |  |  |  |