PROGRAM DESIGN
HOME-ARP SUPPORTIVE SERVICES PROGRAM

APPLICANT NAME & DATE:

Please answer the following in as much detail as necessary. Additional pages may be added and inserted behind this page to respond to street outreach questions. One Program Design form should be completed for each subrecipient/agency to receive assistance.

PROJECT/PROGRAM INFORMATION

1. PROJECT/PROGRAM MANAGER NAME:

2. PROJECT/PROGRAM MANAGER ORGANIZATION:

3. STREET ADDRESS:

4. CITY:

5. STATE:

6. ZIP CODE:

7. PROJECT/PROGRAM MANAGER PHONE:

8. PROJECT/PROGRAM MANAGER EMAIL:

9. PROJECT/PROGRAM MANAGER FAX:

SUPPORTIVE SERVICES QUESTIONS

Please answer these questions before answering the questions for specific Supportive Services activities.

1. Describe in detail the specific services to be provided – Mental Health, Housing Search and Counseling, Transportation, Case Management, Financial Assistance, Short-Term and Medium-Term Financial Assistance for Rent
2. How does your agency participate in Coordinated Entry?
3. How are you connecting members of the qualified populations to services?
4. How do you maintain records of members of the qualified populations you serve?
5. List the objectives, outcomes, and performance indicators for your project.
6. How does your program coordinate with other community service providers?

Please answer the following questions for each Supportive Service for which you are requesting funds:

MENTAL HEALTH SERVICES

1. Describe in detail why your community has a need for Mental Health services.
2. Describe your process of providing Mental Health services.
3. If you do not receive funding for Mental Health services or if you are not fully funded, do you have other means of carrying out this project?

HOUSING SEARCH AND COUNSELING SERVICES

1. Describe in detail why your community has a need for Housing Search and Counseling services.
2. Describe your process of providing Housing Search and Counseling Services.
3. If you do not receive funding for Housing Search and Counseling Services or if you are not fully funded, do you have other means of carrying out this project?

TRANSPORTATION

1. Describe in detail why your community has a need for Transportation Services.
2. Describe your process of providing Transportation Services.
3. If you do not receive funding Transportation Services or if you are not fully funded, do you have other means of carrying out this project?

CASE MANAGEMENT

1. Describe in detail why your community has a need Case Management Services.

2. Describe your process of providing Case Management Services.

3. If you do not receive funding for Case Management Services or if you are not fully funded, do you have other means of carrying out this project?

FINANCIAL ASSISTANCE COSTS

1. Describe in detail why your community has a need for Financial Assistance Costs.

2. Describe your process of providing this type of Financial Assistance.

3. Describe your process for determining who will receive financial assistance services.

4. If you do not receive funding for this activity or if you are not fully funded, do you have other means of carrying out this project?

SHORT-TERM AND MEDIUM-TERM FINANCIAL ASSISTANCE FOR RENT

1. Describe in detail why your community has a need for Short-Term and Medium-Term Financial Assistance for Rent.

2. Describe your process of providing Short-Term and Medium-Term Financial Assistance for Rent.

3. Describe your process for determining who will receive Short-Term and Medium-Term Assistance for Rent.

4. If you do not receive funding for this activity or if you are not fully funded, do you have other means of carrying out this project?

5. What is the maximum amount of time you plan to offer assistance for rent?

6. How will the applicant work to help recipients achieve self-sufficiency?