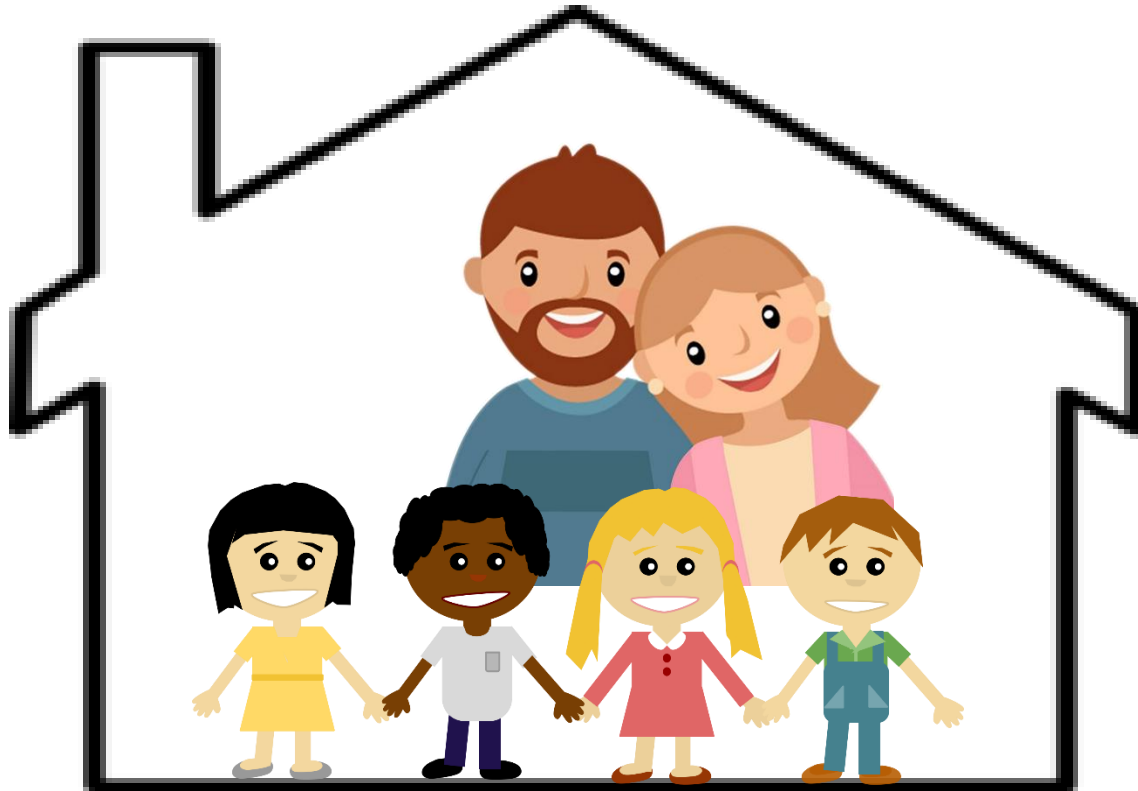


Family Self-Sufficiency Program

Action Plan



Wayne Metropolitan Housing Authority

345 North Market Street Wooster, OH 44691

Revised 9/22

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I. Introduction

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| <p>Instructions: While not required by the applicable regulations, an introduction is recommended to provide an overview of what the document is and what it contains.</p> | <p>Introduction</p> <p>This document constitutes the Family Self Sufficiency (FSS) Program Action Plan for the FSS program operated by the Wayne Metropolitan Housing Authority - OH036 (hereinafter referred to as WMHA or the WMHA). It was submitted to HUD September 29, 2022.</p> <p>The purpose of the FSS Program is to promote the development of local strategies to coordinate the use of HUD assistance with public and private resources in order to enable eligible families to make progress toward economic security.</p> <p>The purpose of the FSS Action Plan is to establish policies and procedures for carrying out the FSS program in a manner consistent with HUD requirements and local objectives.</p> <p>This FSS Action Plan describes the WMHA's local policies for operation of the FSS program in the context of federal laws and regulations. The FSS program will be operated in accordance with applicable laws, regulations, notices and HUD handbooks. The policies in this FSS Action Plan have been designed to ensure compliance with all approved applications for HUD FSS funding.</p> <p>The FSS program and the functions and responsibilities of PHA staff are consistent with the WMHA's personnel policy and Agency Plan.</p> |
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II. Program Objectives

| | |
|---|--|
| <p>Instructions: While not required by the applicable regulations, a section on program objectives can help provide an overall framing for what your FSS program is trying to achieve. Your FSS program is free to adopt whatever local objectives you wish so long as they do not conflict with the federal objectives.</p> | <p>Program Objectives</p> <p>WMHA'S FSS program seeks to help families make progress toward economic security by supporting the family's efforts to:</p> <ul style="list-style-type: none"> • Increase their earned income • Build financial capability • Achieve their financial goals |
|---|--|

The federal objectives for the FSS program are specified in 24 CFR 984.102.

III. Program Size and Characteristics

III.A. – Family Demographics

Instructions. Describe the characteristics of the families you expect to be served by your FSS program. *This is not your current FSS program – it’s the population of potential participants.* This information must include data on their race and ethnicity and may also include data on other characteristics.

Note: This information is required per 24 CFR § 984.201(d)(1). That section also requires a description of supportive service needs of families expected to be served, which is covered in Section III.B of this sample Action Plan, and how many families are expected to be served, which is covered in Section III.C.

Description of sample tables
Start by indicating which housing assistance programs your FSS program will serve by checking the appropriate boxes.

Family Demographics

These tables describe the demographics of the population expected to be served by **WHMA’s** Action Plan.

The FSS program will serve the following housing assistance programs:

- Public Housing,
- Housing Choice Vouchers (HCV): Tenant-Based Vouchers**
- Housing Choice Vouchers (HCV): Project-Based Vouchers (PBV)
- Housing Choice Vouchers (HCV): HCV Homeownership
- Housing Choice Vouchers (HCV): Other special purpose vouchers (*e.g. FUP, FUP-Y, FYI, VASH, EHV, etc.*)
- Section 8 Moderate Rehabilitation
- Project-Based Rental Assistance (PBRA)
- Other Program: _____

The sample Action Plan then includes several tables that you may use to show characteristics of the population expected to be served. If it makes it easier to develop estimates, new FSS programs may assume that FSS participants will be similar to the general population of the PHA or property.

To describe the characteristics of the families your program plans to serve, you may use the tables in the right-hand column and fill them in to provide the appropriate information. You may also modify the tables to specify different ranges or to otherwise reflect the available data. The information requested through the tables should be available on the HUD-50058 or HUD-50059 Family Reports in PIC or TRACS, respectively.

To complete the tables:

- **Ages of Head and Other Adults.** For each row, estimate the share of heads or other adults (as noted) in each age category.
- **Presence and Ages of Children.** For the first row,

Ages of Head of Household and Other Adults

| | Percent |
|--|----------------|
| Ages of Head of Household | |
| --Head of Household is age 24 years or younger | <u>31</u> % |
| --Head of Household is age 25 to 50 | <u>35</u> % |
| --Head of Household is age 51 to 61 | <u>13</u> % |
| --Head of Household is age 62 or greater | <u>21</u> % |
| Ages of Other Adults in Household | |
| -- Age 24 years or younger | <u>28</u> % |
| -- Age 25 to 50 | <u>37</u> % |
| -- Age 51 to 61 | <u>14</u> % |
| -- Age 62 or greater | <u>21</u> % |

Presence and Ages of Children

| | Percent |
|--|----------------|
| Presence and Ages of Children | |
| --Households that only include adults over age 18 | <u>22</u> % |
| --Households that include one or more child age 13-17 | <u>36</u> % |
| --Households that include children who are all 12 or younger | <u>42</u> % |

estimate the percentage of households that have no children under 18. For the second row, estimate the percentage of households with one or more child age 13-17. For the third row, estimate the percentage of households that include at least one child age 12 or younger and no children over age 12.

- **Employment Status.** For the first two rows, estimate the share of families whose heads are employed and unemployed. The two rows should add up to 100%. The next two rows show similar information, but for all family members. These two rows should also add up to 100%.
- **Annual Earned Income.** Estimate the share of families within each earned income category.
- **Elderly/Disability Status.** Estimate what share of families have an elderly head or a head with disabilities, and then estimate what share of families include an elderly person or a person with disabilities.

Employment Status of Population to be Served

| | Percent |
|---|-------------|
| Employment Status of Head of Household | |
| --Families with an employed head | <u>66</u> % |
| --Families whose head is unemployed | <u>34</u> % |
| Employment Status of All family members | |
| --Families with any member that is employed | <u>73</u> % |
| --Families with no employed member | <u>27</u> % |

Annual Earned Income of Population to be Served

| | Percent |
|---|-------------|
| Annual household earnings <\$5,000 per year | <u>15</u> % |
| Annual household earnings between \$5,000 and \$9,999 | <u>19</u> % |
| Annual household earnings between \$10,000 and \$14,999 | <u>35</u> % |
| Annual household earnings between \$15,000 and \$19,999 | <u>16</u> % |
| Annual household earnings between \$20,000 and \$24,999 | <u>8</u> % |
| Annual household earnings between \$25,000 and \$29,999 | <u>7</u> % |
| Annual household earnings between \$30,000 and \$34,999 | <u>0</u> % |
| Annual household earnings of \$35,000 or higher | <u>0</u> % |

- **Race/ethnicity.** This is a required table. Estimate the racial and ethnic composition of the families to be served by the FSS program. In this table, the percentages in the Non-Hispanic and Hispanic columns should add up to the percentage shown in the Race column. For example, if 50 percent of the expected population to be served consists of White households, and half of these households are expected to be Hispanic, enter 50% in the first column and 25% in each of the next two columns.

Elderly/Disability Status of Population to be Served

| | Percent |
|---|----------------|
| Elderly/Disability Status of Head of Household | |
| --Head of Household is an elderly person without disabilities | <u>2</u> % |
| --Head of Household is an elderly person with disabilities | <u>24</u> % |
| --Head of Household is a non-elderly person without disabilities | <u>40</u> % |
| --Head of Household is neither an elderly person nor a person with disabilities | <u>34</u> % |
| Elderly/Disability Status of All Household members | |
| --Household includes an elderly person without disabilities | <u>2</u> % |
| --Household includes an elderly person with disabilities | <u>24</u> % |
| --Household includes a non-elderly person with disabilities | <u>34</u> % |
| --Household includes no elderly persons or persons with disabilities | <u>40</u> % |

Race and Ethnicity of Population to be Served (required)

| Race | Non-Hispanic | Hispanic |
|---|--------------|------------|
| White | <u>90</u> % | <u>1</u> % |
| Black or African-American | <u>8</u> % | <u>1</u> % |
| American Indian or Alaska Native | <u>0</u> % | <u>0</u> % |
| Asian | <u>0</u> % | |
| Native Hawaiian or other Pacific Islander | <u>0</u> % | <u>0</u> % |
| Other Race | <u>1</u> % | <u>0</u> % |

III. B – Supportive Services Needs

Instructions: Describe in this section the supportive service needs of the families you expect to participate in your FSS program. The sample text provides illustrations of needs to consider. Feel free to adjust this list to reflect the needs you identify. Then indicate how you identified the supportive services needs by checking one or more of the boxes and/or adding your own explanation.

Note: 24 CFR § 984.201(d)(1) specifies that FSS Action Plans must include “Family demographics. A description of the number, size, characteristics, and other demographics (including racial and ethnic data), and **the supportive service needs of the families expected to participate in the FSS program**” The characteristics other than supportive service needs are covered above, in Section III.A and the size of the program is covered in Section III.C.

Supportive Services Needs of Families Expected to Participate in FSS

The following is a list of the supportive service needs of the families expected to enroll in the **WHMA** FSS program:

- Training in basic skills and executive function (including household management)
- Employment training, including sectoral training and contextualized and/or accelerated basic skills instruction
- Job placement assistance
- GED preparation
- Higher education guidance and support
- English as a Second Language
- Assistance accessing and paying for child care
- Transportation assistance
- Financial coaching, including assistance with budgeting, banking, credit, debt, and savings
- Access to counseling or treatment for substance abuse and mental health
- Dental care, health care, and mental health care including substance abuse treatment/counseling
- Homeownership readiness

This list of supportive services needs is based on:

- Experience with past FSS or other supportive service program participants
- Input from the PCC or other service provider partners
- A needs assessment completed on _____
- Other: _____

III. C. – Estimate of Participating Families

Instructions: Provide an estimate of the number of eligible families who can reasonably be expected to receive services based on available resources.

If you are funded for FSS coordinator positions, by virtue of that funding, you have a minimum number of participants to be served each year. Be sure that your Estimate of Participating Families is at a minimum, the number of participants required by your funding.

Note that if you have not yet fulfilled your Mandatory Program size requirement, your Estimate of Participating Families must be at least the minimum program size required for your agency. For more information, see 24 CFR §984.105 and FSS Guidebook Section 6.6 Minimum FSS Program Size).

Estimating Participating Families

You must describe how many families you expect your FSS program will be able to serve at a time and then estimate how many families your program will serve over a five-year period. The sample text includes different options for existing and new programs.

If you are operating an *existing program*, you should use your records to identify how many families enroll per year and add five years of new enrollment to the typical program size to estimate how many families you will serve over five years.

If you are starting a *new program*, you will need to adopt some assumptions about graduation and attrition for other reasons. For example, assume an FSS program has a capacity of 100 families and expects to operate at capacity at all times. If the program expects 50 of those families to graduate in five years (with some families getting an extension) and 10

Estimate of Participating Families

Over time, the **WMHA** hopes to serve all families who are interested in participating in the FSS Program. The number of spaces available in the program at any given time, however, will be limited by the program's resources, including the number of FSS coordinators funded to work with FSS participants. New families will be admitted to the FSS program as space permits.

In recent years, **WMHA** has been funded for one (1) coordinator. The minimum number of participants required to be served based on this funding is **25**.

Historically, **WMHA's** FSS program has enrolled **10-15** new families into the FSS program each year. Accordingly, **WHMA** expects to be able to provide FSS Services to **50-75** new families over a five-year period.

Therefore, as of the time of preparation of this Action Plan, the **WMHA** expects to be able to serve **50** families in the FSS program at any one time.

families to leave the program each year for other reasons, the expected number of families to be served in the first five years is 200 (100 + 50 new enrollees who replace graduates + 50 new enrollees who replace families who leave for other reasons.)

Note that the number of families your FSS program expects to serve is different from the minimum number of families that your FSS program is required to serve under the terms of the Notice of Funding Opportunity that allocated the funds. FSS programs are encouraged to enroll more than the minimum number of families, so long as this is possible without compromising your program's quality.

If your agency is a PHA with an FSS mandate, you should include the text indicated in the right-hand column and complete the table.

In accordance with CFR §984.105(c), if the Estimate of Participating Families is smaller than the Minimum Program Size, indicate if you have an exception granted by HUD to run a program smaller than the mandate and when that exception expires.

| | |
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| | |
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III. D – Other Self-Sufficiency Programs

Instructions: If you expect families from another self-sufficiency program to enroll in your FSS program, provide estimates of the numbers of these families.

For PHAs: If you seek to enroll families in the FSS program that are nearing the end of their eligibility for the Jobs Plus Earned Income Disregard as a way to continue to serve these families, you may wish to describe this approach in this section.

Other Self-Sufficiency programs

Option 1:

The **WHMA** expects to enroll into FSS families from the self-sufficiency programs checked in the table below:

The sample Action Plan text includes two options – one for FSS programs that expect to enroll families from other self-sufficiency programs and one for FSS programs that do not. Choose the option that best fits your program. If you choose Option 1, check the applicable boxes to indicate which programs are included and, if you have an estimate in mind, indicate the number of families from that program you expect to enroll.

For more information, see 24 CFR §984.201(d)(3) and FSS Guidebook section 2.2 Outreach and Enrollment.

| Name of Program | Check box if applicable | Number of Families each year |
|--|--------------------------|------------------------------|
| Family Unification Program - Family | <input type="checkbox"/> | |
| Family Unification Program – Youth (FUP-Y) | <input type="checkbox"/> | |
| Foster Youth Initiative (FYI) | <input type="checkbox"/> | |
| Resident Opportunity and Self-Sufficiency (ROSS) | <input type="checkbox"/> | |
| Jobs Plus | <input type="checkbox"/> | |
| Emergency Housing Voucher (EHV) | <input type="checkbox"/> | |
| Veterans Affairs Supportive Housing (VASH) | | |
| Other: | <input type="checkbox"/> | |

Option 2:

No families from other self-sufficiency programs are expected to enroll in the FSS program.

IV. Family Selection Procedures

Instructions: Describe your policies and procedures for selecting FSS participants, including whether your FSS program will offer a preference to prospective participants who are already enrolled in, or on the waiting list for, FSS-related service programs and whether your FSS program plans to screen prospective participants for motivation to participate. (Note that motivation is the only allowable screening criteria to include).

Note: The maximum number of FSS slots with a selection preference is limited to 50% of the total number of FSS slots.

For any preference your program selects, you must provide the following:

1. Percentage of slots for which your program will give the selection preference
2. If applicable, the FSS related service programs to which your program will give a selection preference
3. The method of outreach to, and selection of, families with one or more members participating in the identified programs

Family Selection Procedures

A. Waiting List

A waiting list will be maintained for families whose applications cannot be accepted at the time of initial application due to program capacity limits. The waiting list will include the name and contact information for the head of household of the applicant family, social security number, and date of application.

B. Admissions Preferences

Option 1: No preference:

The FSS program has not adopted any admissions preferences. Families will be selected based on the following selection method:

| <u>Selection Method</u> | <u>Check applicable method</u> |
|---|-------------------------------------|
| Lottery | <input type="checkbox"/> |
| Length of time living in subsidized housing | <input type="checkbox"/> |
| Date the family expressed an interest in participating in the FSS program | <input checked="" type="checkbox"/> |
| Other: _____ | <input type="checkbox"/> |

4. How families with the applicable preferences will be selected from the wait list: (a) date and time of application; or (b) a drawing or other random choice technique.

(see 24 CFR 984.203 and FSS Guidebook Section 2.2 Outreach and Enrollment)

Policy Decisions: In completing this section, you will need to make the following policy decisions:

- Whether to allow selection preferences. If so, (a) what selection preferences, (b) outreach methods, and (c) selection methods. Start by indicating whether you will utilize any selection preferences by selecting the appropriate option. Then complete the table applicable to that option.

The “% of FSS slots” is a percentage of the whole anticipated program size, as established in III.C (above)

- Whether to include a screening for motivation. If so (a) what the screening will entail, and (b) how the FSS program will ensure reasonable accommodations to avoid discrimination. Select the appropriate option.

Option 2: One or more selection preference(s):

The FSS program will provide a preference for families who meet each of the preference types identified by a checkmark in the following table. The table shows the percent of FSS slots to which the preference applies, and the outreach and selection methods that will be applied to identify and select the households within each preference category.

| Check if Applicable | Preference Type | % of FSS Slots | Outreach Method(s) | Identify Selection Method (these are the only two options for selection within a preference, per 24 CFR 984.203(b)) |
|--------------------------|--|----------------|--------------------|---|
| <input type="checkbox"/> | Families already in the following FSS-related service program(s): | | | <input type="checkbox"/> Date and time of application to the FSS Program <input type="checkbox"/> A drawing or other random choice technique |
| <input type="checkbox"/> | Families Porting in | | | <input type="checkbox"/> Date and time of application to the FSS Program <input type="checkbox"/> A drawing or other random choice technique |
| <input type="checkbox"/> | FUP-Y/FYI Families that want to take advantage of the Fostering Stable Housing Opportunities (FSHO) Initiative | | | <input type="checkbox"/> Date and time of application to the FSS Program <input type="checkbox"/> A drawing or other random choice technique |
| <input type="checkbox"/> | Other Preference: | | | <input type="checkbox"/> Date and time of application to the FSS Program <input type="checkbox"/> A drawing or other random choice technique |

| | |
|---|---|
| <p>3. What families or family members may re-enroll in the FSS program following exit from the program and under what circumstances.</p> <p>4. What process to follow for documenting the family's choice of Head of FSS Family.</p> <p>Note: Your FSS program may use motivational screening factors to screen families interested in participating in the FSS program. You may use these factors to measure a family's interest and motivation to participate in the FSS program.</p> <p>(see 24 CFR 984.203 and FSS Guidebook Section 2.2 Outreach and Enrollment)</p> <p>Note: This section includes a required statement affirming that the organization will not engage in unlawful discrimination.</p> | <p>C. Screening for motivation.</p> <p><input type="checkbox"/> Option 1: The WMHA will not use any motivational screening factors to measure a family's interest and motivation to participate in the FSS program.</p> <p><input checked="" type="checkbox"/> Option 2: The WMHA will use one or more motivational screening factors to measure the family's interest and motivation to participate in the FSS program. The following screening criteria will be used:</p> <p><input checked="" type="checkbox"/> Orientation Session: The WMHA will screen families for motivation to participate in the FSS program by requiring families to attend an orientation/intake session. This meeting will be scheduled subsequent to the submission of both a pre-enrollment form and formal application. Each family will be given the opportunity to request accommodation if unable to attend said session. Accommodations will be offered on a case-by-case basis, depending on the needs of the applicant. Accommodations may include an individually scheduled orientation/intake session, provision of transportation to/from the orientation/intake site, translation services, an alternative location, or allowance and encouragement to bring children to the session, where possible.</p> <p><input type="checkbox"/> Other Screening Criteria:</p> <p>D. Compliance with nondiscrimination policies</p> <p>It is the policy of WMHA to comply with all Federal, State, and local nondiscrimination laws and regulations, including but not limited to the Fair Housing Act, the Americans with Disabilities Act, and Section 504 of the Rehabilitation Act of 1973. No person shall be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination under the FSS program on the grounds of race, color, sex, religion, national or ethnic origin, family status, source of income, disability or perceived gender identity and sexual orientation. In addition, WMHA's FSS staff will, upon request, provide reasonable accommodation to persons with disabilities to ensure they are able to take advantage of the services provided by the FSS program (see Requests for Reasonable Accommodations).</p> <p>The FSS program staff has the primary responsibility to make sure that participants are not discriminated against in the selection process. For families or individuals whose potential enrollment is in question, the FSS coordinators will review the file in the staff review meeting to ensure that non-selection is not based on discriminatory factors before the final decision is made. Applicants will be notified in writing of the reason(s) they were not selected for participation and will have the opportunity to appeal the decision (see Hearing Procedures). At all times, WMHA will select families for participation in the FSS program in accordance with FSS Regulations and HUD guidelines.</p> |
|---|---|

E. Re-enrollment of prior FSS participants

The following previous FSS families will be allowed to re-enroll in **WMHA**'s FSS program:

- FSS program graduates
- FSS participants who have withdrawn voluntarily
- Families terminated with escrow disbursement
- Families involuntarily terminated
- Family members who were not Heads of FSS Family previously
- No member of previously enrolled families may re-enroll

The following conditions apply to re-enrollment:

None, except those listed above.

F. Head of FSS Family

The head of the FSS family is designated by the participating family. The **WMHA** may make itself available to consult with families on this decision but it is the assisted household that chooses the head of FSS family that is most suitable for their individual household circumstances. The designation or any changes by the household to the Head of FSS Family must be submitted to the **WMHA** in:

- Writing
- A form developed by the **WMHA**
- Other _____

V. Outreach

| <p>Instructions: Describe the planned notification and outreach efforts by your FSS program to recruit FSS participants from among eligible families and to provide FSS information to minority and non-minority families.</p> <p>The sample Action Plan lists a number of typical outreach methods. Check the ones that apply to your program and provide details about how you will implement each method, including how often.</p> <p>You should feel free to modify this section to reflect your program's outreach strategy. However, it is recommended that you retain the note at the end of this section which affirms that outreach will comply with all applicable fair housing protections.</p> <p>(see 24 CFR 984.201(c)6 and FSS Guidebook Section 2.2 Outreach and Enrollment)</p> | <p>Outreach</p> <p>The WMHA will conduct widespread outreach to encourage enrollment in the FSS program. Outreach efforts will include the activities identified through the checked boxes below:</p> <p>Interpreters will be used as needed and clients may contact staff to express interest in person, via our toll-free telephone number or by email.</p> <table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 60%;">Outreach Methods</th> <th style="width: 40%;">Details, including frequency</th> </tr> </thead> <tbody> <tr> <td><input checked="" type="checkbox"/> Posting information about FSS on the WMHA's website</td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/> Posting FSS program flyers in locations likely to be seen by eligible families</td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/> Providing information about the FSS program during scheduled reexaminations</td> <td>To be included in every reexamination packet</td> </tr> <tr> <td><input checked="" type="checkbox"/> Providing information about the FSS program at voucher orientation sessions</td> <td>To be included in every voucher orientation session</td> </tr> <tr> <td><input type="checkbox"/> Holding well-publicized information sessions about FSS</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Providing information about the FSS program to eligible families by mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Facebook</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Twitter</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Instagram</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Other</td> <td></td> </tr> </tbody> </table> | Outreach Methods | Details, including frequency | <input checked="" type="checkbox"/> Posting information about FSS on the WMHA's website | | <input checked="" type="checkbox"/> Posting FSS program flyers in locations likely to be seen by eligible families | | <input checked="" type="checkbox"/> Providing information about the FSS program during scheduled reexaminations | To be included in every reexamination packet | <input checked="" type="checkbox"/> Providing information about the FSS program at voucher orientation sessions | To be included in every voucher orientation session | <input type="checkbox"/> Holding well-publicized information sessions about FSS | | <input type="checkbox"/> Providing information about the FSS program to eligible families by mail | | <input type="checkbox"/> Facebook | | <input type="checkbox"/> Twitter | | <input type="checkbox"/> Instagram | | <input type="checkbox"/> Other | |
|---|---|------------------|------------------------------|--|--|--|--|---|--|---|---|---|--|---|--|-----------------------------------|--|----------------------------------|--|------------------------------------|--|--------------------------------|--|
| Outreach Methods | Details, including frequency | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Posting information about FSS on the WMHA's website | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Posting FSS program flyers in locations likely to be seen by eligible families | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Providing information about the FSS program during scheduled reexaminations | To be included in every reexamination packet | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Providing information about the FSS program at voucher orientation sessions | To be included in every voucher orientation session | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Holding well-publicized information sessions about FSS | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Providing information about the FSS program to eligible families by mail | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Facebook | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Twitter | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Instagram | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Other | | | | | | | | | | | | | | | | | | | | | | | |

| | |
|--|--|
| | <p>Outreach informational material about the FSS Program will include information about:</p> <ul style="list-style-type: none"> • Program overview • Program benefits • Available resources • Participant responsibilities • Program outcomes <p>Outreach efforts will be targeted equally to all families, using materials in both English and other commonly spoken languages to ensure that non-English and limited English-speaking families receive information and have the opportunity to participate in the FSS Program. In conducting outreach, the WMHA will account for the needs of person with disabilities, including persons with impaired vision, hearing or mobility, and provide effective communications to ensure that all eligible who wish to participate are able to do so.</p> |
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VI. FSS Escrow Account and Other Incentives for Participants

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| <p>Instructions: Describe your FSS program’s policies regarding the escrow account, as well as any other incentives that you intend to offer eligible families to encourage participation in the FSS program.</p> <p>The sample text covers key issues related to escrow program administration, including interim disbursements. While FSS programs are not required to offer interim disbursements, HUD encourages FSS programs to do so as a way of helping families stay on track toward their goals.</p> | <p>FSS Escrow Account and Other Incentives for Participants</p> <p>FSS participants will be eligible to build savings from the FSS escrow account. Key policies and procedures applicable to the FSS escrow account, as well as any additional incentives offered by the WMHA, are described below.</p> <p>A. Additional Incentives</p> <p><input checked="" type="checkbox"/> Option 1. While WMHA’s FSS program does not provide any other financial incentives for FSS participants, it does provide coaching services, as well as referrals to other service providers, that can be very valuable for FSS program participants.</p> |
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(see 24 CFR 984.305 and FSS Guidebook Section 2.2 Outreach and Enrollment for information on incentives. See 24 CFR 984.305(c)2 and 24 CFR 984.305(f)2 respectively for regulations relating to interim disbursement of escrow funds and information relating to forfeited escrow funds and FSS Guidebook Section 5.2 The FSS Escrow Account.)

Policy Decisions: In completing this section, you will need to make the following policy decisions:

1. Whether to provide financial incentives to FSS participants (in addition to the escrow account), and, if so, what incentives to provide under what conditions. (Select the appropriate option.)
2. Whether to allow interim disbursements of escrow savings. If so: (a) under what conditions will interim disbursements be permitted (including restrictions on interim disbursements, if any), and (b) what your programs procedures for applying for and approving interim disbursements will be. (Three options have been provided. If you select the second option, indicate what guidelines apply to specific expenditure types.)

Option 2. The **WMHA's** FSS program provides the following incentives to FSS participants in addition to the FSS escrow account: *N/A*

B. Interim Disbursements

Option 1: The WMHA will allow for interim disbursements on a case-by-case basis: Families may request an interim disbursement from the escrow account once the FSS family has fulfilled at least one interim goal, in order to pay for specific goods or services that will help the family make progress toward achieving the goals in its Individual Training and Services Plan (ITSP). Requests must be made in writing. Requests may be made through the term of the Contract of Participation. Examples of potentially eligible activities include, but are not limited to, payments for post-secondary education, job training, credit repair, small business start-up costs, job start-up expenses, and transportation to/from a place of employment. A determination of whether the family qualifies for the requested interim disbursement will be made on a case-by-case basis by the FSS Coordinator and an administrative staff representative of the **WMHA**. The FSS family will first explore options for services and in-kind donations from partners, which must be exhausted before a request for an interim disbursement will be approved.

Option 2: The WMHA will allow for interim disbursements subject to certain specified limitations:

Families may request an interim disbursement from the escrow account once the FSS family has fulfilled at least one interim goal in order to pay for specific goods or services that will help the family make progress toward achieving the goals in its Individual Training and Services Plan (ITSP). Requests may be made verbally or in writing. Requests may be made through the term of the Contract of Participation. Examples of potentially eligible activities include, but are not limited to, payments for post-secondary education, job training, credit repair, small business start-up costs, job start-up expenses, and transportation to/from a place of employment. Certainly guidelines / limitations apply to interim disbursement requests, as noted in the table below. The FSS Coordinator and an administrative staff representative of the **WMHA** will consider requests for interim disbursement in light of these policies and applicable federal requirements.

Specific guidelines / limitations apply to interim disbursement requests for the expenditure types checked in the box below.

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| <p>In your policy, be sure to include</p> <ul style="list-style-type: none"> • how a request is made • by whom • any limitations on when a request may be made • eligible activities • how the request will be reviewed/who will make the determination <p>3. What are the eligible uses of forfeited escrow funds? (Check the uses that apply to your FSS program.)</p> <p>In your policy, be sure to include</p> <ul style="list-style-type: none"> • how a request is made • by whom • any limitations on when a request may be made • eligible activities • how the request will be reviewed/who will make the determination | <p>Expenditure Type</p> | <p>Guidelines / Limitations</p> |
| | <input type="checkbox"/> Debt repayment | <input type="checkbox"/> Interim disbursements will be allowed for repayment of debt incurred prior to starting the FSS program, but not for debt incurred afterwards <input type="checkbox"/> Head of FSS Household must be engaged in financial coaching and this request must have the support of their financial coach <input type="checkbox"/> Requests will be considered on a case-by-case basis <input type="checkbox"/> An interim disbursement for debt repayment may not exceed x% of the participant’s escrow savings. <input type="checkbox"/> Other: <i>N/A</i> <input type="checkbox"/> Interim disbursements will not be allowed for debt repayment |
| | <input type="checkbox"/> Car purchase | <input type="checkbox"/> Families interested in using an interim disbursement to purchase a car must first ask the PHA for a referral to <u> <i>N/A</i> </u> that provides discounted cars. <input type="checkbox"/> The maximum interim disbursement that will be allowed for a car purchase is: <i>N/A</i> <input type="checkbox"/> Head of FSS Household must be engaged in financial coaching and this request must have the support of their financial coach <input type="checkbox"/> The terms of any car purchase or car loan will be carefully scrutinized to ensure the terms are reasonable. <input type="checkbox"/> Head of FSS Household must submit a budget that includes the ability to cover insurance, gas and savings for maintenance and repair of the vehicle. <input type="checkbox"/> Requests will be considered on a case-by-case basis <input type="checkbox"/> Other: <i>N/A</i> <input type="checkbox"/> Interim disbursements will not be allowed for car purchase. |
| | <input type="checkbox"/> Additional category | <i>N/A</i> |
| | <input type="checkbox"/> Additional category | <i>N/A</i> |

Option 3: The WMHA will not allow for interim disbursements.

C. Uses of forfeited escrow funds.

Option 1: Forfeited escrow funds remaining from terminated participants will be collected in a general fund and may be disbursed evenly among participants in good standing on a regular basis.

Option 2: Treatment of forfeited FSS escrow account funds. FSS escrow account funds forfeited by the FSS family (if any) will be used to support FSS participants in good standing. Upon written request from a family, the FSS Coordinator and PHA Grant Manager will consider the available funds and make a determination.

The **WMHA** may also initiate a request for the use of forfeited escrow funds.

Select one of the following options regarding interim disbursements:

Option 1: At the discretion of the FSS coordinator, forfeited escrow funds may be considered in lieu of an interim escrow disbursement.

Option 2: Forfeited escrow funds may not be considered as a substitute for an interim escrow disbursement.

Option 3: Other: *N/A*

Complete the sections below.

Forfeited FSS escrow funds may be deployed:

Any time during the term of a household's CoP

Within _____ days of CoP execution

No more than _____ days prior to the scheduled expiration of CoP

Use of forfeited escrow funds for eligible uses (described below) may be requested by:

- WMHA**
- Head of the FSS family
- Non-head FSS family members

Eligible uses of forfeited escrow funds include, but are not limited to:

| Eligible Uses | Guidelines / Limitations |
|---|---|
| <input checked="" type="checkbox"/> Purchasing a vehicle | <ul style="list-style-type: none"> <input type="checkbox"/> Families interested in using a forfeited escrow funds to purchase a vehicle must first receive a referral to _____ that provides discounted vehicles. <input type="checkbox"/> The maximum forfeited escrow fund amount that will be allowed for a vehicle purchase is: <i>N/A</i> <input type="checkbox"/> Head of FSS Household must be engaged in financial coaching and this request must have the support of their financial coach <input type="checkbox"/> The terms of any vehicle purchase or vehicle loan will be carefully scrutinized to ensure the terms are reasonable. <input type="checkbox"/> Head of FSS Household must submit a budget that includes the ability to cover insurance, gas and savings for maintenance and repair of the vehicle. <input checked="" type="checkbox"/> Requests will be considered on a case-by-case basis <input type="checkbox"/> Other: <i>N/A</i> |
| <input checked="" type="checkbox"/> Child Care | <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Requests will be considered on a case-by-case basis <input type="checkbox"/> Other: <i>N/A</i> |
| <input checked="" type="checkbox"/> Training for participants | <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Requests will be considered on a case-by-case basis |

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| | | <input type="checkbox"/> Other: N/A |
| | <input checked="" type="checkbox"/> Employment or Educational Costs, including: <ul style="list-style-type: none"> <input type="checkbox"/> Employment training <input type="checkbox"/> Employment preparation (e.g., interview training, professional clothing, etc.) <input type="checkbox"/> Education costs (books, fees, uniforms, tools, etc.) | <input type="checkbox"/> Head of FSS Household must be engaged in financial coaching and this request must have the support of their financial coach <input type="checkbox"/> Household member receiving funding support must be engaged in financial coaching and this request must have the support of their financial coach <input checked="" type="checkbox"/> Requests will be considered on a case-by-case basis <input type="checkbox"/> Other: N/A |
| | <input checked="" type="checkbox"/> Training for FSS Program staff | <input checked="" type="checkbox"/> Requests for funding must be approved by the WMHA Executive Director <input type="checkbox"/> Other: N/A |
| | <input type="checkbox"/> Other: | <input type="checkbox"/> |

VII. Family Activities and Supportive Services

| <p>Instructions: Describe the activities and supportive services to be provided to FSS families by both public and private providers and identify the public and private resources which are expected to provide the supportive services.</p> <p>(see FSS Guidebook Section 3.3 Referrals to Service Providers)</p> <p>Check the categories of services and the specific services that your program plans to make available to families through referrals and indicate the source or partner for that service.</p> <p>The sample Action Plan describes the coaching/case management services provided to families in the next Section.</p> | <p>Family Activities and Supportive Services</p> <p>As described in the next section, all families participating in the FSS program will benefit from coaching that helps them identify and achieve goals that the family selects. Drawing on partners on the program coordinating committee and relationships with other service providers, the coaches will provide referrals as needed to help FSS participants access appropriate services to help them achieve their goals:</p> <table border="1" data-bbox="632 532 1890 1433"> <thead> <tr> <th data-bbox="632 532 1010 607">Supportive Service Category</th> <th data-bbox="1010 532 1524 607">Specific Service</th> <th data-bbox="1524 532 1890 607">Source/Partner</th> </tr> </thead> <tbody> <tr> <td data-bbox="632 607 1010 773"> <input checked="" type="checkbox"/> Assessment </td> <td data-bbox="1010 607 1524 773"> <input checked="" type="checkbox"/> Vocational Assessment Educational <input type="checkbox"/> Disability Assessment <input type="checkbox"/> Disability - Other specialized assessments </td> <td data-bbox="1524 607 1890 773">Ohio Means Jobs</td> </tr> <tr> <td data-bbox="632 773 1010 943"> <input checked="" type="checkbox"/> Child Care </td> <td data-bbox="1010 773 1524 943"> <input checked="" type="checkbox"/> Infant Care / Toddler Care Preschool Care <input type="checkbox"/> Afterschool Care <input type="checkbox"/> Homework Assistance </td> <td data-bbox="1524 773 1890 943">Job & Family Services</td> </tr> <tr> <td data-bbox="632 943 1010 1089"> <input checked="" type="checkbox"/> Transportation </td> <td data-bbox="1010 943 1524 1089"> <input checked="" type="checkbox"/> Bus passes <input checked="" type="checkbox"/> Assistance with car repairs <input type="checkbox"/> Assistance with car purchase </td> <td data-bbox="1524 943 1890 1089">Community Action Job & Family Services Wayne County Transit</td> </tr> <tr> <td data-bbox="632 1089 1010 1276"> <input checked="" type="checkbox"/> Education </td> <td data-bbox="1010 1089 1524 1276"> <input checked="" type="checkbox"/> High School Equivalency/GED <input type="checkbox"/> English as a Second Language <input checked="" type="checkbox"/> Post-secondary certificates <input type="checkbox"/> Advanced Degrees </td> <td data-bbox="1524 1089 1890 1276">Wayne County Schools Career Center A.B.L.E.</td> </tr> <tr> <td data-bbox="632 1276 1010 1433"> <input checked="" type="checkbox"/> Skills Training </td> <td data-bbox="1010 1276 1524 1433"> <input checked="" type="checkbox"/> Training in Executive Function <input checked="" type="checkbox"/> Basic Skills Training </td> <td data-bbox="1524 1276 1890 1433">Wayne County Schools Career Center</td> </tr> </tbody> </table> | | | Supportive Service Category | Specific Service | Source/Partner | <input checked="" type="checkbox"/> Assessment | <input checked="" type="checkbox"/> Vocational Assessment Educational <input type="checkbox"/> Disability Assessment <input type="checkbox"/> Disability - Other specialized assessments | Ohio Means Jobs | <input checked="" type="checkbox"/> Child Care | <input checked="" type="checkbox"/> Infant Care / Toddler Care Preschool Care <input type="checkbox"/> Afterschool Care <input type="checkbox"/> Homework Assistance | Job & Family Services | <input checked="" type="checkbox"/> Transportation | <input checked="" type="checkbox"/> Bus passes <input checked="" type="checkbox"/> Assistance with car repairs <input type="checkbox"/> Assistance with car purchase | Community Action Job & Family Services Wayne County Transit | <input checked="" type="checkbox"/> Education | <input checked="" type="checkbox"/> High School Equivalency/GED <input type="checkbox"/> English as a Second Language <input checked="" type="checkbox"/> Post-secondary certificates <input type="checkbox"/> Advanced Degrees | Wayne County Schools Career Center A.B.L.E. | <input checked="" type="checkbox"/> Skills Training | <input checked="" type="checkbox"/> Training in Executive Function <input checked="" type="checkbox"/> Basic Skills Training | Wayne County Schools Career Center |
|---|---|---|--|-----------------------------|------------------|----------------|---|--|-----------------|---|--|-----------------------|---|--|---|--|--|---|--|---|---------------------------------------|
| Supportive Service Category | Specific Service | Source/Partner | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Assessment | <input checked="" type="checkbox"/> Vocational Assessment Educational <input type="checkbox"/> Disability Assessment <input type="checkbox"/> Disability - Other specialized assessments | Ohio Means Jobs | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Child Care | <input checked="" type="checkbox"/> Infant Care / Toddler Care Preschool Care <input type="checkbox"/> Afterschool Care <input type="checkbox"/> Homework Assistance | Job & Family Services | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Transportation | <input checked="" type="checkbox"/> Bus passes <input checked="" type="checkbox"/> Assistance with car repairs <input type="checkbox"/> Assistance with car purchase | Community Action Job & Family Services Wayne County Transit | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Education | <input checked="" type="checkbox"/> High School Equivalency/GED <input type="checkbox"/> English as a Second Language <input checked="" type="checkbox"/> Post-secondary certificates <input type="checkbox"/> Advanced Degrees | Wayne County Schools Career Center A.B.L.E. | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Skills Training | <input checked="" type="checkbox"/> Training in Executive Function <input checked="" type="checkbox"/> Basic Skills Training | Wayne County Schools Career Center | | | | | | | | | | | | | | | | | | | |

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| | | <input checked="" type="checkbox"/> Emerging Technologies Training <input type="checkbox"/> Biomedical Training (including CNA, phlebotomy, x-ray and other tech, etc.) <input type="checkbox"/> On-the-Job Training <input type="checkbox"/> Apprenticeships <input type="checkbox"/> Skilled Labor training | |
| | <input checked="" type="checkbox"/> Job Search Assistance | <input checked="" type="checkbox"/> Resume Preparation <input checked="" type="checkbox"/> Interviewing Skills <input checked="" type="checkbox"/> Dress for Success <input type="checkbox"/> Workplace Skills <input type="checkbox"/> Job Development <input type="checkbox"/> Job Placement | FSS Program Coordinator Job & Family Services |
| | <input checked="" type="checkbox"/> Micro and Small Business Development | <input checked="" type="checkbox"/> Small business development services <input checked="" type="checkbox"/> Small business Mentoring <input checked="" type="checkbox"/> Entrepreneurship Training | S.C.O.R.E. Wooster Area Chamber of Commerce |
| | <input checked="" type="checkbox"/> Health/Mental Health Care | <input checked="" type="checkbox"/> Alcohol and Drug Abuse Prevention <input checked="" type="checkbox"/> Alcohol and Drug Abuse Treatment <input type="checkbox"/> Primary care <input type="checkbox"/> Dental services <input checked="" type="checkbox"/> Mental Health Services <input type="checkbox"/> Health Insurance Advising | Community Action OneEighty Appleseed Community Mental Health Center |
| | <input checked="" type="checkbox"/> Crisis Services | <input checked="" type="checkbox"/> Crisis Assessment <input checked="" type="checkbox"/> Crisis Intervention <input checked="" type="checkbox"/> Crisis Management <input checked="" type="checkbox"/> Crisis Resolution | OneEighty Pregnancy Care Center Every Woman's House The Counseling Center |

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| | <input checked="" type="checkbox"/> Child/Adult Protective Services | <input checked="" type="checkbox"/> Needs Assessment <input checked="" type="checkbox"/> Case Planning <input checked="" type="checkbox"/> Information Referral | Job & Family Services OneEighty |
| | <input checked="" type="checkbox"/> Household Management | <input checked="" type="checkbox"/> Training in Household Management | OSU Extension |
| | <input checked="" type="checkbox"/> Homeownership Preparation | <input checked="" type="checkbox"/> Homeownership Education <input type="checkbox"/> Housing Counseling <input type="checkbox"/> Downpayment Assistance <input type="checkbox"/> Other Homeownership Assistance | OSU Extension |
| | <input checked="" type="checkbox"/> Financial Empowerment | <input checked="" type="checkbox"/> Financial education <input checked="" type="checkbox"/> Financial coaching <input type="checkbox"/> Banking services <input checked="" type="checkbox"/> Training in money management | OSU Extension |
| | <input checked="" type="checkbox"/> Individual Development Accounts | <input checked="" type="checkbox"/> Matched Savings Accounts | United Way of Wayne/Holmes |
| | <input checked="" type="checkbox"/> Legal Services | <input checked="" type="checkbox"/> Legal Services | Community Legal Aid Community Action |
| | <input checked="" type="checkbox"/> Debt Resolution & Credit Repair | <input checked="" type="checkbox"/> Assistance negotiating the resolution of past-due debt | Trinity Debt Management |
| | <input type="checkbox"/> Other: | | |

VIII. Method of Identifying Family Support Needs & Delivering Appropriate Support Services

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| <p>Instructions: Describe how your FSS program will identify the needs of participating families and deliver the appropriate supportive services. (see FSS Guidebook Section 3.3 Referrals to Service Providers)</p> <p>Policy Decisions: In completing this section, you will need to make the following policy decisions:</p> <ol style="list-style-type: none">1. What approaches and procedures you will use to identify family needs for support services.2. How your program will approach coaching or case management (See FSS Guidebook Chapter 3 Case Management/Coaching for recommendations and best practices).3. Whether to provide services referrals to families who have completed their FSS contracts of participation. (Select the option that applies. See 24 CFR 984.303(e)2 for relevant regulations) | <p>Method of Identifying Family Support Needs and Delivering Appropriate Support Services</p> <p>A. Identifying Family Support Needs</p> <p>To help determine the supportive services needs of each family, the FSS coordinator will work with the family to complete an initial informal needs assessment for that family before completion of the initial Individual Training Service Plan (ITSP) and signing of the contract of participation. After enrollment in the FSS program, the FSS coordinator may make referrals to partner agencies for completion of one or more formal needs assessments. These assessments may focus on such issues as: employment readiness and employment training needs, educational needs related to secondary and post-secondary education, financial health, and other topics, depending on the needs and interests of the family.</p> <p>The formal assessments may lead to adjustments to the Individual Training Service Plan, if requested by the family.</p> <p>B. Delivering Appropriate Support Services</p> <p>Coaching. All families who participate in the FSS program will be assigned an FSS coordinator who will provide coaching services to help each participating family to:</p> <ul style="list-style-type: none">• Understand the benefits of participating in the FSS program and how the program can help the family achieve its goals.• Identify achievable, but challenging interim and final goals for participation in the FSS program, break down the goals into achievable steps and accompany the family through the process.• Identify existing family strengths and skills.• Understand the needs that the family has for services and supports that may help the family make progress toward their goals.• Access services available in the community through referral to appropriate service providers.• Overcome obstacles in the way of achieving a family’s goals. |
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| | <p>C. Transitional supportive service assistance.</p> <p><input checked="" type="checkbox"/> Option 1: Families that have completed their CoP and remain in assisted housing may request assistance by the HCV Case Manager with referrals to service providers in order to continue their progress toward economic security. Subject to limitations on staff capacity, WMHA will try to help these families with appropriate referrals. The time spent on these referrals will not be covered by funds designated by HUD to support the FSS program.</p> <p><input type="checkbox"/> Option 2: No assistance or referrals will be available to families who have completed their CoP contracts.</p> |
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IX. Contract of Participation

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| <p>Instructions: You are not required by regulation to include a section on the Contract of Participation (CoP) in the FSS Action Plan. However, such a section may help you explain to readers what the Contract is and how your program will implement it.</p> <p>In addition, the sample Action Plan addresses in this section several of the policies referenced under “optional additional information” in 24 CFR 984.201(d)(13) the FSS Rule.</p> <p>(see 24 CFR 984.103 (CoP Effective date), 24 CFR 984.303(c) (Term of CoP),</p> | <p>Contract of Participation</p> <p>All families enrolled in the FSS program will be required to sign a Contract of Participation (CoP) that includes an Individual Training and Services Plan (ITSP). This section describes the contents of the CoP and WMHA’s policies and practices regarding the CoP.</p> <p>A. Form and content of contract</p> <p>The CoP, which will incorporate one ITSP for each participating member of the family, sets forth the principal terms and conditions governing participation in the FSS program. These include the rights and responsibilities of the FSS family and of the WMHA, the services to be provided to, and the activities to be completed by, each adult member of the FSS family who elects to participate in the program.</p> |
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24 CFR 984.303(d) (Extensions of CoP),
 24 CFR 984.303(f) (Modification of the CoP),
 24 CFR 984.303(g) (Completion of the CoP)) and

Remember, graduation due to a 30% of a family's income being equal to or greater than the FMR for the unit to which they are entitled has been REMOVED and should not appear in your revised Action Plan.

24 CFR 984.304(d) (Contract of Participation Extension).

Policy Decisions: In completing this section, you will need to make the following policy decisions:

1. Whether and under what circumstances to grant extensions of FSS CoPs.
2. Acceptable methods for documenting completion of CoPs. (Select the appropriate option.)
3. Timing limitations (if any) on when participants may modify their ITSPs. (Select the appropriate option.)
4. Policies on the consequences of non-compliance with the terms of the CoP.

B. ITSP goals

Each individual's ITSP will establish specific interim and final goals by which the **WMHA** and the family will measure the family's progress towards fulfilling its obligations under the CoP. For any FSS family that is a recipient of welfare assistance at the outset of the CoP or that receives welfare assistance while in the FSS program, the **WMHA** will establish as a final goal that every member of the family become independent from welfare assistance before the expiration of the CoP. The ITSP of the head of FSS family will also include as a final goal that they seek and maintain suitable employment. The FSS coordinator will work with each participating individual to identify additional ITSP goals that are relevant, feasible and desirable. Any such additional goals will be realistic and individualized.

C. Determination of suitable employment

As defined in the FSS regulations (24 CFR 984.303(4)(iii)), a determination of what constitutes "suitable employment" for each family member with a goal of seeking and maintaining it will be made by the **WMHA**, with the agreement of the affected participant, based on the skills, education, job training and receipt of other benefits of the family member and based on the available job opportunities within the community.

D. Contract of Participation term and extensions

The CoP will go into effect on the first day of the month following the execution of the CoP. The initial term of the CoP will run the effective date through the five-year anniversary of the first reexamination of income that follows the execution date. Families may request up to two one-year extensions and are required to submit a written request that documents the need for the extension. **WMHA** will grant the extension if it finds that good cause exists to do so. In this context, good cause means:

- (i) Circumstances beyond the control of the FSS family, as determined by the **WMHA**, such as a serious illness or involuntary loss of employment;
- (ii) Active pursuit of a current or additional goal that will result in furtherance of self-sufficiency during the period of the extension (e.g. completion of a college degree during which the participant is unemployed or under-employed, credit repair towards being homeownership ready, etc.) as determined by the **WMHA** or
- (iii) Any other circumstances that the **WMHA** determines warrants an extension, as long as the request is reasonable and the **WMHA** is consistent in its determination as to which circumstances warrant an extension.

E. Completion of the contract

The CoP is completed, and a family’s participation in the FSS program is concluded when the FSS family has fulfilled all its obligations under the CoP, including all family members’ ITSPs, on or before the expiration of the contract term. The family must provide appropriate documentation that each of the ITSP goals has been completed. The **WMHA** will accept the following form of verification for completion of the ITSP goals:

- Option 1:** The **WMHA** will accept self-certification to document completion of ITSP goals.
- Option 2:** The **WMHA** will require third party verification to document completion of ITSP goals.
- Option 3:** The **WMHA** will require a combination of self-certification and third-party verification to document completion of ITSP goals.

F. Modification

The **WMHA** and the FSS family may mutually agree to modify the CoP with respect to the ITSP and/or the contract term, and/or designation of the head of FSS household. All modifications must be in writing and signed by the **WMHA** as well as the Head of FSS Family.

The **WMHA** will allow for modifications to the CoP under the following circumstances:

- When the modifications to the ITSP improve the participant’s ability to complete their obligations in the CoP or progress toward economic self-sufficiency
- When the designated head of the FSS family ceases to reside with other family members in the assisted unit, and the remaining family members, after consultation with the **WMHA**, designate another family member to be the FSS head of family
- When a relocating family is entering the FSS program of a receiving **PHA** and the start date of the CoP must be changed to reflect the date the new CoP is signed with the receiving **PHA**
- Other: *N/A*

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| | <p><input checked="" type="checkbox"/> Option 1: The WMHA will allow modifications at any time during the term of the CoP</p> <p><input type="checkbox"/> Option 2: The WMHA will not allow modifications if the CoP is within _____ days from the end of the term.</p> <p><input type="checkbox"/> Option 3: The WMHA will not allow modifications of the CoP.</p> <p>G. Consequences of noncompliance with the contract</p> <p>Participant non-compliance with the CoP may result in termination from the FSS program. See policies on Involuntary Termination in Section X (A).</p> |
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X. Program Termination, Withholding of Services, and Available Grievance Procedures

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| <p>Instructions: Describe your FSS program’s policies for terminating or withholding supportive services or FSS participation for failure to comply with the Contract of Participation. Include a description of the grievance and hearing procedures available to FSS families.</p> <p>(See 24 CFR 984.201(d)(9) and FSS Guidebook Section 2.3 Contract of Participation and Individual Training and Services Plan)</p> | <p>Program Termination</p> <p>A. Involuntary Termination</p> <p>The WMHA will follow policies and procedures as set forth in Chapter 3 (i.e. Denial or Termination of Assistance) of its Administrative Plan. Insofar there is no conflict with the Administrative Plan, a family may be involuntarily terminated from the FSS program under the following circumstances. In every case, the verbiage and policies of the WMHA Administrative Plan will prevail:</p> <p>I. If the participant fails to meet their obligations under the Contract of Participation, the Individual Training and Services Plan and related documentation. Non-compliance includes:</p> <ul style="list-style-type: none"> i. Missing scheduled meetings, failure to return phone calls, and/or maintain contact after written notification of non-compliance |
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| <p>Policy Decisions: In completing this section, you will need to make the following policy decisions:</p> <ol style="list-style-type: none"> 1. Your FSS program’s approaches and procedures assessing and executing involuntary termination from the FSS program. 2. Your FSS program’s policy on voluntary terminations. 3. Your FSS program’s grievance procedures, including timelines, modes of communication, settings, and individuals involved. | <ol style="list-style-type: none"> ii. Failure to work on activities and/or goals set forth in the Individual Training and Services Plan, including employment activities iii. Failure to complete activities and/or goals within the specified time frames; and/or <p>II. If the participant’s housing assistance has been terminated.</p> <p>Participants who fail to meet their obligations under paragraph I above, as determined by an FSS coordinator, will be given the opportunity to attend a required meeting with the FSS Coordinator or assigned WMHA representative to review the situation. At this meeting, a review of the Contract of Participation, Individual Training and Services Plan, and all related documentation will be conducted, and amendments will be made as necessary (within HUD guidelines) to allow for changes in circumstances. Failure to contact the FSS Coordinator to schedule this meeting within fourteen (14) days of a written request by the FSS program to set up this a meeting or failure by the FSS Head of Household to attend this meeting without some type of correspondence to clarify the issue(s), may lead to termination from the program. The FSS Coordinator will also attempt to contact the participant via phone, text, in person and/or email prior to the review meeting. Participants who remain out of compliance after this meeting will be subject to termination from the FSS program.</p> <p>If the initial meeting does not resolve the problem, or if the meeting is not requested by the family within the required period, notification of termination will be made to the family by letter stating:</p> <ol style="list-style-type: none"> 1. The specific facts and reasons for termination; 2. A statement informing the family of their right to request an informal hearing and the date by which this request must be received (see <i>Grievance Procedures</i>); 3. A statement informing the family that termination from the FSS program for the reasons stated therein will not result in termination of the family’s housing assistance. Failure to request a hearing in writing by the deadline will result in closure of the family’s FSS file and all rights to a hearing will be waived. All escrow money held on the family’s behalf will be forfeited in accordance with HUD regulations. Housing assistance will not be terminated based on non-compliance with the FSS program. The current amount of escrow in the family’s escrow account will be included in the letter. |
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B. Voluntary Termination

Participants may also be terminated from the FSS program under the following circumstances:

- Mutual consent of both parties; and/or
- The family’s withdrawal from the program.

C. Termination with Escrow Disbursement

In most cases, families whose FSS contracts are terminated will not be entitled to disbursement of their accrued FSS escrowed funds. However, the CoP will be terminated with FSS disbursement when one of the following situations occurs:

- (i) Services that the **WMHA** and the FSS family have agreed are integral to the FSS family’s advancement towards self-sufficiency are unavailable.
- (ii) The head of the FSS family becomes permanently disabled and unable to work during the period of the contract, unless the **WMHA** and the FSS family determine that it is possible to modify the contract to designate a new head of the FSS family.
- (iii) An FSS family in good standing moves outside the jurisdiction of the PHA (in accordance with portability requirements at 24 CFR §982.353) for good cause, as determined by the PHA, and continuation of the CoP after the move, or completion of the CoP prior to the move, is not possible.

D. Grievance Procedures

The **WMHA** will follow policies and procedures as set forth in Chapter 16 (i.e. Complaints and Appeals) of its Administrative Plan. Insofar that there is no conflict with the Administrative Plan, the following procedures may be observed. In every case, the verbiage and policies of the **WMHA** Administrative Plan will prevail:

All requests for an informal hearing must be received by **WMHA** Coordinator within ten (10) business days of the date of the FSS termination letter. If a hearing is requested by the FSS family, notification to the family regarding the date, time, and location of the informal hearing will be made by mail.

Persons included in the informal hearing shall include, but not be limited to:

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| | <ul style="list-style-type: none"> • The FSS head of household; • The FSS Coordinator; and • WMHA staff members, other than FSS program staff, serving as the Hearing Officer <p>All participants have the right to obtain legal representation and provide their witnesses.</p> <p>The family may request to reschedule a hearing for good cause, or if it is needed as reasonable accommodation for a person with disabilities. Good cause is defined as an unavoidable conflict which seriously affects the health, safety, or welfare of the family. Requests to reschedule a hearing must be made in writing within (5) days prior to the hearing date.</p> <p>If the family does not appear at the scheduled time and was unable to reschedule the hearing in advance due to the nature of the emergency, the family must contact the WMHA within 24 hours of the scheduled hearing date, excluding weekends and holidays. WMHA will then reschedule the hearing. The Hearing Officer will issue a written decision to the family within ten (10) business days after the hearing. The decision made by the Hearing Officer will be final. The WMHA reserves the right to overturn the Hearing Officer's decision only in the event that the decision is contrary to the organization's written policies.</p> |
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XI. Assurance of Non-Interference

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| <p>Instructions: Include a statement here that provides an assurance that a family's election not to participate in the FSS program will not affect the family's participation in the rental assistance program.</p> <p>(see FSS Guidebook Section 1.2 What is FSS and Why is it Important?)</p> | <p>Assurance of Non-Interference</p> <p>Participation in the FSS Program is voluntary. A family's decision on whether to participate in FSS will have no bearing on the WMHA's decision of whether to maintain the family in the HCV program. The family's housing assistance will not be terminated based on whether they decide to participate in FSS, their successful completion of the CoP, or on their failure to comply with FSS program requirements.</p> <p>WMHA will ensure that the voluntary nature of FSS program participation is clearly stated in all FSS outreach and recruitment efforts.</p> |
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XII. Timetable

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| <p>Instructions: Provide a schedule for program implementation and for filling all FSS slots with eligible FSS families.</p> <p>Separate options have been provided for FSS programs that have already started or have not yet started.</p> <p><i>If you don't know the year you first started, remember, this is SAMPLE plan. "Since the late 1990's" "for many years" etc. are valid alternatives to indicate that you have already established a program.</i></p> <p>(see FSS Guidebook Section 2.2 Outreach and Enrollment)</p> | <p>Timetable</p> <p><input checked="" type="checkbox"/> Option 1: WMHA implemented a voluntary FSS program May, 2003 (a mandated program was antecedent to this- date unknown) and will continue to implement it per this revision.</p> <p><input type="checkbox"/> Option 2: <i>[Organization]</i> will be implementing its FSS program in the following timeline: <i>N/A</i></p> <p><u>Program Begins</u> The FSS program will commence operation as soon as the <i>[Organization]</i> has received notification of HUD's approval of the Action Plan.</p> <p><u>Program Coordinating Committee</u> Within 90 days after the program begins, a Program Coordinating Committee (PCC) will be formed and will begin meeting. The Committee will continue to meet monthly for the next twelve months. Thereafter, meetings will be quarterly. Additional special meetings will occur as needed.</p> <p><u>Outreach</u> Within 90 days of program launch, outreach efforts will commence, as described above in the Outreach section.</p> <p><u>Participant Selection</u> Candidates who respond to the outreach efforts will be selected in accordance with the selection procedures described above. The first FSS program participants are expected to be enrolled within 120 days of program launch.</p> <p><u>Contract Execution</u> Contracts of Participation will be executed with selected participants on a rolling basis. The first Contracts of Participation are expected to be completed within 6 months of program launch.</p> <p><u>Full Enrollment</u> The FSS program expects to reach full capacity within <i>[X]</i> months of program launch. (See discussion above of the number of participants expected to be served. Note that generally for funded programs, the program is required to be serving the minimum number of participants within one year.)</p> |
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| | <p><u>Program Maintenance</u> The FSS program expects to operate at full capacity thereafter, subject to normal fluctuations related to families leaving and entering the program.</p> |
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XIII. Reasonable Accommodations, Effective Communications, and Limited English Proficiency

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| <p>Instructions: Reasonable accommodations and effective communications for persons with disabilities are required by federal law. While there is no specific requirement in the program regulations to describe in the FSS Action Plan the agency’s policy on reasonable accommodations and effective communications, inclusion of this section in the Action Plan can be helpful for reinforcing the commitment of the PHA/owner to these important policies. The sample plan also describes the agency’s commitment to meeting the needs of people with Limited English Proficiency.</p> | <p>Reasonable Accommodations, Effective Communications and Limited English Proficiency Requirements</p> <p>Requests for Reasonable Accommodations</p> <p>A person with disabilities may request reasonable accommodations to facilitate participation in the FSS program. Requests will be considered on a case-by-case basis.</p> <p>Requests should be made initially to the FSS coordinator. If a family is not satisfied with the FSS Coordinator’s response, the family may submit a request in writing in accordance with the agency’s reasonable accommodations policy. The policy is available online at www.waynemha.org.</p> <p>Request for Effective Communications</p> <p>A person with disabilities may request the use of effective communication strategies in order to facilitate participation in the FSS program. Examples include: appropriate auxiliary aids and services, such as interpreters, computer-assisted real time transcription (CART), captioned videos with audible video description, visual alarm devices, a talking thermostat, accessible electronic communications and websites, documents in alternative formats (e.g., Braille, large print), or assistance in reading or completing a form, etc.</p> <p>Requests should be made initially to the FSS coordinator. If a family is not satisfied with the FSS Coordinator’s response, the family may submit a request in writing in accordance with the agency’s effective communications policy. The policy is available online at www.waynemha.org.</p> <p>Limited English Proficiency</p> <p>The WMHA will comply with HUD requirements to conduct oral and written communication related to the FSS program in languages that are understandable to people with Limited English Proficiency. For more information, see the Limited English Proficiency policy available online at www.waynemha.org.</p> |
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XIV. Coordination of Services

XIV. A Coordination of Services (PHAs only)

Instructions: Certify that the development of the services and activities scheduled to be provided under the FSS program has been coordinated with public and private providers, including with programs under title I of the Workforce Innovation and Opportunity Act 29 U.S.C. 3111 et seq and other relevant employment, child care, transportation, training, education, and financial empowerment programs in the area. In this certification, you should further specify that implementation will continue to be coordinated with these local public and private providers to avoid duplication of services.

Note: PHAs should include here a description of the Program Coordinating Committee. (This provision does not apply to multifamily owners.)

(See 24 CFR 984.201(d)12, 24 CFR 984.202 and FSS Guidebook Sections 3.3 Referrals to Service Providers and 6.1 Building Partnerships)

Coordination of Services

A. Certification of Coordination

Development of the services and activities under the FSS program has been coordinated with programs under title I of the Workforce Innovation and Opportunity Act 29 U.S.C. 3111 et seq., and other relevant employment, child care, transportation, training, education, and financial empowerment programs in the area. Implementation will continue to be coordinated, in order to avoid duplication of services and activities.

B. Program Coordinating Committee

The principal vehicle for ensuring ongoing coordination of services is the program coordinating committee (PCC), which has been established in accordance with FSS regulations to assist in securing commitments of public and private resources for the operation of the FSS Program. Among other responsibilities, the PCC will help the FSS program to identify and build strong referral relationships with providers of supportive services that meet the needs of FSS participants. The PCC will also be consulted in developing program policies and procedures.

The PCC will meet quarterly and may conduct business on an as-needed basis via email or telephone conferences. The PCC includes the following representatives:

1. One or more FSS Program Coordinators
2. One or more participants from the HCV rental assistance program served by the FSS program.
3. Representatives from a variety of agencies and individuals are scheduled to include, but are not limited to the following: Pregnancy Care Center – Phil Klinefelter, Chaplain; Job & Family Services – Lisa Todaro. Note: Adjustments will be made accordingly by the FSS Coordinator to meet the needs of the PHA.

XIV. B Coordination of Services (Multifamily owners only) **-DOES NOT APPLY TO WMHA-**

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| <p>Instructions: Provide a statement indicating whether there is an existing PCC that serves the area where the property is located.</p> <p>If there is an existing PCC where the property is located, provide a statement indicating whether it is available for you to work with.</p> <p>Note: If your FSS program has made good-faith attempts to reach out to the existing PCC about joining and has received an unfavorable response/no response, then the existing PCC is not considered available.</p> <p>If there is a PCC that is available for your program to work with, provide a statement indicating whether your program will work with the existing PCC or start your own.</p> <p>If there is NO existing PCC that is available for your FSS program to join, provide a statement indicating whether you plan to start your own.</p> <p>Note: If there is no available PCC, your program is not required to start its own but is encouraged to do so. If you choose not to start a PCC, HUD encourages you to develop an alternative approach allowing you to get regular feedback from service providers and FSS participants.</p> | <p>Coordination of Services</p> <p><input type="checkbox"/> [Option 1]</p> <p>The <i>[add name]</i> PCC serves the area in which the <i>[add property name]</i> is located and the PCC and the owner have agreed that the PCC will work with the owner to coordinate the provision of services.</p> <p><input type="checkbox"/> [Option 2]</p> <p>The <i>[add name]</i> PCC serves the area in which the <i>[add property name]</i> is located but is not available to work with the owner to coordinate the provision of services. The <i>[organization]</i> will therefore establish its own PCC, as described below.</p> <p><input type="checkbox"/> [Option 3]</p> <p>The <i>[add name]</i> PCC serves the area in which the <i>[add property name]</i> is located but is not available to work with the owner to coordinate the provision of services. In lieu of establishing its own PCC, the <i>[organization]</i> will coordinate services as follows: <i>[describe here]</i></p> <p><input type="checkbox"/> [Option 4]</p> <p>No existing, available PCC serves the area in which the <i>[add property name]</i> is located. The <i>[organization]</i> will therefore establish its own PCC, as described below.</p> <p><input type="checkbox"/> [Option 5]</p> <p>No existing, available PCC serves the area in which the <i>[add property name]</i> is located. In lieu of establishing its own PCC, the <i>[organization]</i> will coordinate services as follows: <i>[describe here]</i></p> <p>Program Coordinating Committee</p> <p>The principal vehicle for ensuring ongoing coordination of services is the program coordinating committee (PCC), which has been established to assist in securing commitments of public and private resources for the operation of the FSS Program. Among other responsibilities, the PCC will help the FSS program to identify and build strong referral relationships with providers of supportive services that meet the needs of FSS participants. The PCC will also be consulted in developing program policies and procedures.</p> |
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| <p>(See 24 CFR 984.202, and FSS Guidebook Sections 3.3 Referrals to Service Providers and 6.1 Building Partnerships)</p> <p>Policy Decision:</p> <ol style="list-style-type: none"> Whether you will use a PCC or an alternative method of coordinating services and how the PCC/coordination process will work. | <p>The PCC will meet quarterly and may conduct business on an as-needed basis via email or telephone conferences. The PCC includes the following representatives:</p> <ol style="list-style-type: none"> One or more FSS Program Coordinators One or more participants from the <i>[property name]</i> Representatives from a variety of agencies and individuals, which include but are not limited to the following: |
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XV. FSS Portability (Applicable to HCV Only)

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| <p>Instructions: While not specifically required by the federal program regulations, it can be helpful to include a section describing how the program will approach portability. (see 24 CFR 984.306 and FSS Guidebook Section 6.7 Portability in the FSS Program)</p> <p>Policy Decisions: In completing this section, you will need to make the following policy decision:</p> <ol style="list-style-type: none"> Whether your FSS program will allow portability in the first 12 months of enrollment. Under what circumstances your FSS program will accept FSS participants porting into your FSS | <p>Portability</p> <p>A. Portability in initial 12 months</p> <p><input checked="" type="checkbox"/> Option 1: While the WMHA is not required to allow FSS participants to exercise portability within the initial 12 months after signing a CoP, it is the policy of the WMHA to allow for portability within this period to the extent feasible.</p> <p><input type="checkbox"/> Options 2: FSS participants may not exercise portability within the initial 12 months after signing a CoP.</p> <p>B. Moves into the PHA’s jurisdiction</p> <p>If an FSS participant moves into the PHA’s jurisdiction, they will be admitted in good standing into the WMHA’s FSS program unless the WMHA is already serving the number of FSS families identified in this FSS Action Plan and determines that it does not have the resources to manage the FSS contract.</p> <p>Regardless of whether WMHA is able to receive an incoming family from another jurisdiction into the FSS program, WMHA will agree to allow and support porting families to remain in their initial PHA’s</p> |
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| <p>program from another jurisdiction's FSS program.</p> <p>3. Under what circumstances your FSS program will agree to a family porting into your agency's jurisdiction to remain in the initial agency's FSS program (provided that the initial PHA agrees to retain the family in its program and demonstrates that the family meets conditions under 24 CFR 984.306(b)1 to fulfill its responsibilities under the initial CoP).</p> | <p>FSS program after porting housing vouchers if the initial PHA requests that the family remain in the initial FSS program and can demonstrate the family is able to fulfill its responsibilities under the initial CoP, the move in jurisdictions notwithstanding.</p> <p style="text-align: center;">C. FSS termination with disbursement for porting families</p> <p>If an FSS family seeks to move to a jurisdiction that does not offer an FSS program, the WMHA will closely examine the family's progress to determine if it would be appropriate to exercise FSS Termination with Disbursement as discussed above in the section on Termination.</p> <p>Where continued FSS participation is not possible, WMHA will discuss the options that may be available to the family, depending on the family's specific circumstances, which may include, but are not limited to, modification of the FSS contract, termination of the FSS contract and forfeiture of escrow, termination with FSS escrow disbursement in accordance with 24 CFR § 984.303(k)(1)(iii), or locating a receiving PHA that has the capacity to enroll the family into its FSS program.</p> |
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XVI. Other Policies

| <p>Instructions: Describe any other FSS program-related policies over which your program has discretion that are not covered above.</p> <p>The Sample Action Plan lists the local discretionary policies specifically identified under the section "optional additional information" in 24 CFR 984.201(d)13 and specifies in which section of this sample action plan each is included.</p> | <p style="text-align: center;">Other Policies</p> <table border="1" data-bbox="619 1079 1890 1421"> <thead> <tr> <th data-bbox="625 1084 1255 1133">Policy</th> <th data-bbox="1264 1084 1883 1133">Where Addressed in Plan</th> </tr> </thead> <tbody> <tr> <td data-bbox="625 1140 1255 1214">(i) Policies related to the modification of goals in the ITSP;</td> <td data-bbox="1264 1140 1883 1214">Section IX Contract of Participation</td> </tr> <tr> <td data-bbox="625 1221 1255 1302">(ii) The circumstances in which an extension of the Contract of Participation may be granted</td> <td data-bbox="1264 1221 1883 1302">Section IX: Contract of Participation</td> </tr> <tr> <td data-bbox="625 1308 1255 1416">(iii) Policies on the interim disbursement of escrow, including limitations on the use of the funds (if any)</td> <td data-bbox="1264 1308 1883 1416">Section VI: FSS Escrow Account and Other Incentives for Participants</td> </tr> </tbody> </table> | Policy | Where Addressed in Plan | (i) Policies related to the modification of goals in the ITSP; | Section IX Contract of Participation | (ii) The circumstances in which an extension of the Contract of Participation may be granted | Section IX: Contract of Participation | (iii) Policies on the interim disbursement of escrow, including limitations on the use of the funds (if any) | Section VI: FSS Escrow Account and Other Incentives for Participants |
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| Policy | Where Addressed in Plan | | | | | | | | |
| (i) Policies related to the modification of goals in the ITSP; | Section IX Contract of Participation | | | | | | | | |
| (ii) The circumstances in which an extension of the Contract of Participation may be granted | Section IX: Contract of Participation | | | | | | | | |
| (iii) Policies on the interim disbursement of escrow, including limitations on the use of the funds (if any) | Section VI: FSS Escrow Account and Other Incentives for Participants | | | | | | | | |

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| Including a table like this one in your Sample Action Plan will make it easier to find policies that could be included under more than one heading. | (iv) Policies regarding eligible uses of forfeited escrow funds by families in good standing | Section VI: FSS Escrow Account and Other Incentives for Participants |
| | (v) Policies regarding the re-enrollment of previous FSS participants, including graduates and those who exited the program without graduating | Section IV. Family Selection Procedures |
| | (vi) Policies on requirements for documentation for goal completion; | Section IX: Contract of Participation |
| | (vii) Policies on documentation of the household's designation of the "Head of FSS Household; | Section IV. Family Selection Procedures |
| | (viii) Policies for providing an FSS selection preference for porting families (if the PHA elects to offer such a preference) | Section IV: Family Selection Procedures |

XVII. Definitions

Definitions

The definitions below are specified in CFR 24 984.103. The terms 1937 Act, Fair Market Rent, Head of Household, HUD, Public Housing, Public Housing Agency (PHA), Secretary, and Section 8, as used in this part, are defined in 24 CFR Part 5.

Certification means a written assertion based on supporting evidence, provided by the FSS family or the **WMHA**, as may be required under this part, and which:

- (1) Shall be maintained by the **WMHA** in the case of the family's certification, or by HUD in the case of the PHA's or owner's certification;
- (2) Shall be made available for inspection by HUD, the **WMHA**, and the public, as appropriate; and,
- (3) Shall be deemed to be accurate for purposes of this part, unless the Secretary or the **WMHA**, as applicable, determines otherwise after inspecting the evidence and providing due notice and opportunity for comment.

Contract of Participation (CoP) means - a contract, in a form with contents approved by HUD, entered into between an FSS family and a PHA operating an FSS Program that sets forth the terms and conditions governing participation in the FSS Program. The CoP includes all Individual Training and Services Plans (ITSPs) entered into between the **WMHA** and all members of the family who will participate in the FSS Program, and which plans are attached to the CoP as exhibits. For additional detail, see § 984.303.

Effective date of Contract of Participation (CoP) - means the first day of the month following the date in which the FSS family and the PHA entered into the CoP.

Eligible families means current residents of Public Housing (Section 9) and current Section 8 program participants, as defined in this section, including those participating in other local self-sufficiency programs.

Enrollment means the date that the FSS family entered into the CoP with the **WMHA**.

Family Self-Sufficiency (FSS) Program means the program established by a PHA within its jurisdiction or by an owner to promote self-sufficiency among participating families, including the coordination of supportive services to these families, as authorized by section 23 of the 1937 Act.

FSS escrow account (or, escrow) means the FSS escrow account authorized by section 23 of the 1937 Act, and as provided by § 984.305.

FSS escrow credit means the amount credited by the **WMHA** to the FSS family's FSS escrow account.

FSS family means a family that resides in Public Housing (Section 9) or receives Section 8 assistance or receives HUD Project-Based Rental Assistance for a privately owned property, and that elects to participate in the FSS Program, and whose designated adult member (head of FSS family), as determined in accordance with § 984.303(a), has signed the CoP.

FSS family in good standing means, for purposes of this part, an FSS family that is in compliance with their FSS CoP; has either satisfied or are current on any debts owed the **WMHA**; and is in compliance with the regulations regarding participation in the relevant rental assistance program.

FSS related service program means any program, publicly or privately sponsored, that offers the kinds of supportive services described in the definition of “supportive services” set forth in this § 984.103.

FSS slots - refers to the total number of families (as determined in the Action Plan and, for mandatory programs, in § 984.105 of this part) that the PHA will serve in its FSS Program.

FSS Program Coordinator means the person(s) who runs the FSS program. This may include (but is not limited to) performing outreach, recruitment, and retention of FSS participants; goal setting and case management/coaching of FSS participants; working with the community and service partners; and tracking program performance.

FY means Federal Fiscal Year (starting October 1 and ending September 30, and year designated by the calendar year in which it ends).

Head of FSS family means the designated adult family member of the FSS family who has signed the CoP. The head of FSS family may, but is not required to be, the head of the household for purposes of determining income eligibility and rent.

Individual Training and Services Plan (ITSP) means a written plan that is prepared by the **WMHA** in consultation with a participating FSS family member (the person with, for, and whom the ITSP is being developed), and which sets forth:

- (1) The final and interim goals for the participating FSS family member;
- (2) The supportive services to be provided to the participating FSS family members;
- (3) The activities to be completed by that family member; and,
- (4) The agreed upon completion dates for the goals and activities.

Each ITSP must be signed by the **WMHA** and the participating FSS family member, and is attached to, and incorporated as part of the CoP. An ITSP must be prepared for each adult family member who elects to participate in the FSS Program, including the head of FSS family who has signed the CoP.

Owner means the owner of multifamily assisted housing.

Self-sufficiency means that an FSS family is no longer receiving Section 8, Public Housing assistance, or any Federal, State, or local rent or homeownership subsidies or welfare assistance. Achievement of self-sufficiency, although an FSS program objective, is not a condition for receipt of the FSS escrow account funds.

Supportive services mean those appropriate services that the **WMHA** will coordinate on behalf of an FSS family under a CoP, which may include, but are not limited to:

- (1) *Childcare*—childcare (on an as-needed or ongoing basis) of a type that provides sufficient hours of operation and serves an appropriate range of ages;

- (2) *Transportation*—transportation necessary to enable a participating FSS family member to receive available services, or to commute to their place(s) of employment;
- (3) *Education*—remedial education; education for completion of high school or attainment of a high school equivalency certificate; education in pursuit of a post-secondary degree or certificate;
- (4) *Employment Supports*—job training, preparation, and counseling; job development and placement; and follow-up assistance after job placement and completion of the CoP;
- (5) *Personal welfare*—substance/alcohol abuse treatment and counseling, and health, dental, mental health and health insurance services;
- (6) *Household management*—training in household management;
- (7) *Homeownership and housing counseling*— homeownership education and assistance and housing counseling;
- (8) *Financial Empowerment*—training in financial literacy, such as financial coaching, training in financial management, asset building, and money management, including engaging in mainstream banking, reviewing and improving credit scores, etc.;
- (9) *Other services*—any other services and resources, including case management, optional services, and specialized services for individuals with disabilities, that are determined to be appropriate in assisting FSS families to achieve economic independence and self-sufficiency. Reasonable accommodations and modifications must be made for individuals with disabilities consistent with HUD requirements, including HUD’s legal obligation to make reasonable modifications under Section 504 of the Rehabilitation Act.

Welfare assistance means (for purposes of the FSS program only) income assistance from Federal, (i.e. Temporary Assistance for Needy Families (TANF) or subsequent program) State, or local welfare programs and includes only cash maintenance payments designed to meet a family’s ongoing basic needs. Welfare assistance does not include:

- (1) Nonrecurrent, short-term benefits that:
 - (i) Are designed to deal with a specific crisis or episode of need;
 - (ii) Are not intended to meet recurrent or ongoing needs; and,
 - (iii) Will not extend beyond four months.
- (2) Work subsidies (i.e., payments to employers or third parties to help cover the costs of employee wages, benefits, supervision, and training);
- (3) Supportive services such as childcare and transportation provided to families who are employed;
- (4) Refundable earned income tax credits;
- (5) Contributions to, and distributions from, Individual Development Accounts under Temporary Assistance for Needy Families (TANF);

- (6) Services such as counseling, case management, peer support, childcare information and referral, financial empowerment, transitional services, job retention, job advancement, and other employment-related services that do not provide basic income support;
- (7) Amounts solely directed to meeting housing expenses;
- (8) Amounts for health care;
- (9) Supplemental Nutrition Assistance Program and emergency rental and utilities assistance;
- (10) Supplemental Security Income, Social Security Disability Income, or Social Security; and
- (11) Child-only or non-needy TANF grants made to or on behalf of a dependent child solely on the basis of the child's need and not on the need of the child's current non-parental caretaker.