

Client Personal ID	Client_DOB	SSN Given by Sunrise	Notes Given by Sunrise	Melissa's Findings for HMIS Project Participants	Enrollment Start Date	Enrollment Exit Date	DV Status
14374	12/8/1985			No signed affidavit for this participant.	9/8/2022		Y
28932	4/20/1996	3252	SM DV Funded \$2500 6/13/22	DOB does not match signed affidavit. No exit assessment	10/29/2022	10/30/2022	N
30231	12/28/1988	8411	HC-J DV Finded 9/28/22	Signed affidavit states received housing assistance.	9/28/2022		N
30235	10/1/1958		LFRC Funded	No signed affidavit for this participant. No assessments Enrollment is incomplete	9/22/2023		N
30364	9/5/1989			No signed affidavit for this participant.	10/26/2022		Y
30450	2/8/1989			No signed affidavit for this participant.	11/21/2022		N
30462	8/12/1982	5239		Signed affidavit states received housing assistance.	11/10/2022	1/1/2023	N
30467	10/8/1955	2697		SSN in record is 3826 SSN is not on the signed affidavit. DOB from HMIS matches affidavit. Affidavit states received Support services only	10/26/2022	8/21/2023	N
31048	7/15/1980			No record of SSN. DOB does not match signed affidavit	1/27/2023		N
	3/27/1992	9068	DV Funded Rental assistance \$1500	Signed affidavit. In HMIS. Affidavit states received housing assistance and support services. Record ID 28737. Not in SSSF - DV			
	3/16/1995	1930	DV Funded	Signed affidavit. Not in HMIS. Affidavit states received housing assistance and support services. Received lease agreement.			
	5/15/1989	5311	DV Funded	Signed affidavit. Possibly 27190 in HMIS. Affidavit states received housing assistance and support services.			
	11/17/1980	4876	DV Funded	Signed affidavit. Not in HMIS. Affidavit states received housing assistance			
	2/20/1992	4802	DV Funded	Signed affidavit. In HMIS. No enrollment for SSSF - DV Affidavit states received housing assistance			
	6/20/1996	3252		SSN matches ID# 28932. DOB on affidavit does not match. Not in HMIS. Affidavit stated received housing assistance and support services.			
	8/9/1995	6731	DV Funded	Signed affidavit. Not in HMIS. Affidavit states received housing assistance and support services.			

General Evaluation Information							Subpopulation Breakdowns							Data Quality and Performance Matrices						Other Notes and Learning (by contract holder)				
Name of Grant	Contract ID	Contract Dates	Evaluation Date Range	Project Type (ES/TH/PSH/RRH/SO)	Non-Profit status	Provider Provided Housing First Policy	Age Range	Total Per Household Type	Chronically Homeless Served	Domestic Violence History/ Fleeing	TAY 18-24	Adults over 62 Served	Veterans Served	Ethnicity	Race	Data Quality Factor(s) goal not to exceed 5% data errors	Timeliness of Data	Performance Metrics Contract Language	Total Clients Served	Successful Clients Exited	Expenditure Reports Compliance	Average Funding Per Client	Contract Performance Metric Met	Narrative Provided by HMIS Administrator and Contract Holder if applicable
FY 2021 CoC Competition DV Bonus	NA	8/1/2022- Pending	8/1/2022 - 7/31/2023	RRH	Good Standings	TBD	UNDER 5: 5-12: 13-17: 18-24: 25-34: 4 35-44: 3 45-54: 55-61: 62+: 2	W/O Children: W Children: Only Children:	0	History: 2 Fleeing:	0	2	0	Hispanic/LatinX: 0 Non-Hispanic/LatinX: 9	White: 7 Black: Native American: 2 Asian: Pacific Islander: Multiple Race: Data not collected:	PII: 56% UDE: 11 % I/HD: 100%	0 Days - 11% (Entry) 1-3 Days - 4-6 days - 7-10 days - 11% (Exits) 11+ days - 88 % (Entry)	Eligible Participants have a history of DV Transitional Housing/Rapid Rehousing for Domestic Violence, Dating Violence, Sexual Assault, Stalking and/or Human Trafficking	9	0	NA	\$5,388	TBD	Provider needs to update HMIS data to get accurate information.

*No ROI on file (ROI is not required to participate ion a project, only to share information)*

- 14374 No ROI on file
- 28932 No Exit Assessment, **No History of DV**, no project exit assessment
- 30231 No ROI on file, Approximate or partial SSN only, No History of DV
- 30235 No ROI, Incomplete Project Enrollment - No entry health and disability assessment (confirmation of DV History), No income assessment. **Required for all HMIS Projects.**
- 30364 No ROI, Approximate or partial SSN only,
- 30450 No ROI, No History of DV
- 30462 No ROI on file, Approximate or partial SSN only, No History of DV
- 30467 No ROI, No History of DV, 7 out of 9 numbers for SSN,
- 31048 No ROI, No History of DV

- Notes:**
- Received**
  - One Rental agreement
  - 10 signed affidavits for 9 enrollmnets
  - Client Notes
- HMIS**
- Data is not updated in HMIS
- Missing**
- 8 Lease Agreements
  - VAWA Protections
  - Housing Stability Plan
  - Client Intake
  - Duplication of Benifets
  - Lead Paint Requirments
  - AMI Eligibility



Name of Project \_\_\_ SSSF – DV Bonus

Date of Evaluation \_\_\_\_\_ 9/6/2023

Does the project meet Housing First Requirements?

Pending Corrective Actions Documentation Due Date 10-1-2023

Information gathered from the following

- Performance Evaluation
- HMIS Data
- Client Intake Forms
- Housing Stability Plans
- Lease Agreement

\_\_\_Y\_\_\_ Access to programs is not contingent on sobriety, minimum income requirements, lack of a criminal record, completion of treatment, participation in services, or other unnecessary conditions.

\_\_\_Y\_\_\_ Programs or projects do everything possible not to reject an individual or family on the basis of poor credit or financial history, poor or lack of rental history, minor criminal convictions, or behaviors that are interpreted as indicating a lack of “housing readiness.”

\_\_\_Y\_\_\_ People with disabilities are offered clear opportunities to request reasonable accommodations within applications and screening processes and during tenancy, and building and apartment units include special physical features that accommodate disabilities.

\_\_\_N\_\_\_ Programs or projects that cannot serve someone work through the coordinated entry process to ensure that those individuals or families have access to housing and services elsewhere.

\_\_\_N\_\_\_ Housing and service goals and plans are highly tenant-driven.

\_\_\_N\_\_\_ Supportive services emphasize engagement and problem-solving over therapeutic goals.

\_\_\_Y\_\_\_ Participation in services or compliance with service plans are not conditions of tenancy but are reviewed with tenants and regularly offered as a resource to tenants.



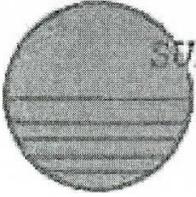
United States Interagency Council on Homelessness Housing First Checklist Adopted Lake  
County Continuum of Care (CA-529)

  Y   Services are informed by a harm-reduction philosophy that recognizes that drug and alcohol use and addiction are a part of some tenants' lives. Tenants are engaged in non-judgmental communication regarding drug and alcohol use and are offered education regarding how to avoid risky behaviors and engage in safer practices.

  Y   Substance use in and of itself, without other lease violations, is not considered a reason for eviction.

  N   Tenants in supportive housing are given reasonable flexibility in paying their share of rent on time and offered special payment arrangements for rent arrears and/or assistance with financial management, including representative payee arrangements.

  NA   Every effort is made to provide a tenant the opportunity to transfer from one housing situation, program, or project to another if a tenancy is in jeopardy. Whenever possible, eviction back into homelessness is avoided.



SUNRISE  
SPECIAL SERVICES FOUNDATION

"...For the Quality of life"

DOCUMENTATION OF DOMESTIC VIOLENCE

I Annie Barnes, DV Program Coordinator

Name

Position Title

Certify the following is true:

[Redacted] 10/8/1955 # 2697

Name

Date of Birth

Social Security #

is a Victim of Domestic Violence receiving our assistance with one or more of the following:

Filing of Restraining Order

Victims Housing Assistance

Tribal Victims Advocacy

Victims/ Family Supportive Services

Court Advocacy/Assistance

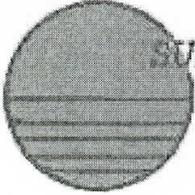
Law Enforcement/ Hospital/Advocate

Other: \_\_\_\_\_

Sunrise Special Services Foundation/ DV Bonus Grant provided housing assistance and housing stability case management as needed.

Signed: Annie Barnes

Contact #: (707) 472-7511 cell



SUNRISE  
SPECIAL SERVICES FOUNDATION

"...For the Quality of life"

**DOCUMENTATION OF DOMESTIC VIOLENCE**

I Annie Barnes, DV Program Coordinator

Name

Position Title

Certify the following is true:

[Redacted Name]

8/12/1982

# 5239

Name

Date of Birth

Social Security #

is a Victim of Domestic Violence receiving our assistance with one or more of the following:

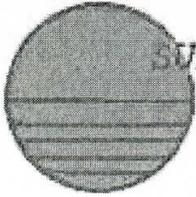
- |   |  |
|---|--|
| <input type="checkbox"/> Filing of Restraining Order        | <input checked="" type="checkbox"/> Victims Housing Assistance |
| <input checked="" type="checkbox"/> Tribal Victims Advocacy | <input type="checkbox"/> Victims/ Family Supportive Services   |
| <input type="checkbox"/> Court Advocacy/Assistance          | <input type="checkbox"/> Law Enforcement/ Hospital/Advocate    |

Other: \_\_\_\_\_

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I Annie Barnes, DV Program Coordinator

Name

Position Title

Certify the following is true:

[REDACTED]

12/28/1988

# 8411

Name

Date of Birth

Social Security #

is a Victim of Domestic Violence receiving our assistance with one or more of the following:

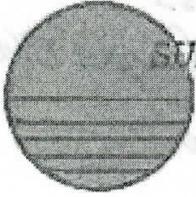
- |  |  |
|--|--|
| <input type="checkbox"/> Filing of Restraining Order | <input checked="" type="checkbox"/> Victims Housing Assistance |
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I Annie Barnes, DV Program Coordinator

Name

Position Title

Certify the following is true:

[Redacted]

3/27/1992

#9068

Name

Date of Birth

Social Security #

is a Victim of Domestic Violence receiving our assistance with one or more of the following:

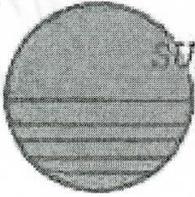
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|---|---|
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I Annie Barnes, DV Program Coordinator  
Name Position Title

Certify the following is true:

[Redacted] 3/16/1995 #1930  
Name Date of Birth Social Security #

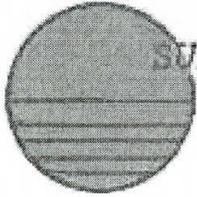
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- Court Advocacy/Assistance
- Other: \_\_\_\_\_
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I Annie Barnes, DV Program Coordinator

Name

Position Title

Certify the following is true:

[Redacted] 5/15/1989 # 5311

Name

Date of Birth

Social Security #

is a Victim of Domestic Violence receiving our assistance with one or more of the following:

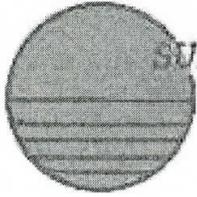
- |   |   |
|---|---|
| <input type="checkbox"/> Filing of Restraining Order        | <input checked="" type="checkbox"/> Victims Housing Assistance          |
| <input checked="" type="checkbox"/> Tribal Victims Advocacy | <input checked="" type="checkbox"/> Victims/ Family Supportive Services |
| <input type="checkbox"/> Court Advocacy/Assistance          | <input type="checkbox"/> Law Enforcement/ Hospital/Advocate             |

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I Annie Barnes, DV Program Coordinator  
Name Position Title

Certify the following is true:

[Redacted] 11/17/1980 #4876  
Name Date of Birth Social Security #

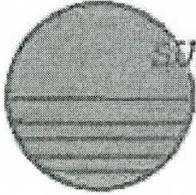
is a Victim of Domestic Violence receiving our assistance with one or more of the following:

- Filing of Restraining Order
- Tribal Victims Advocacy
- Court Advocacy/Assistance
- Other: \_\_\_\_\_
- Victims Housing Assistance
- Victims/ Family Supportive Services
- Law Enforcement/ Hospital/Advocate

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I Annie Barnes, DV Program Coordinator

Name

Position Title

Certify the following is true:

[Redacted]

2/20/1992

#4802

Name

Date of Birth

Social Security #

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Filing of Restraining Order

Victims Housing Assistance

Tribal Victims Advocacy

Victims/ Family Supportive Services

Court Advocacy/Assistance

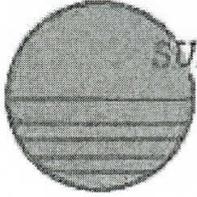
Law Enforcement/ Hospital/Advocate

Other: \_\_\_\_\_

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I Annie Barnes, DV Program Coordinator

Name

Position Title

Certify the following is true:

[Redacted]

6/20/1996

# 3252

Name

Date of Birth

Social Security #

is a Victim of Domestic Violence receiving our assistance with one or more of the following:

Filing of Restraining Order

Victims Housing Assistance

Tribal Victims Advocacy

Victims/ Family Supportive Services

Court Advocacy/Assistance

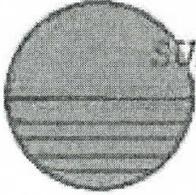
Law Enforcement/ Hospital/Advocate

Other: \_\_\_\_\_

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Signed: Annie Barnes

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I Annie Barnes, DV Program Coordinator

Name

Position Title

Certify the following is true:

[Redacted Name]

8/9/1985

# 6731

Name

Date of Birth

Social Security #

is a Victim of Domestic Violence receiving our assistance with one or more of the following:

- |   |   |
|---|---|
| <input type="checkbox"/> Filing of Restraining Order        | <input checked="" type="checkbox"/> Victims Housing Assistance          |
| <input checked="" type="checkbox"/> Tribal Victims Advocacy | <input checked="" type="checkbox"/> Victims/ Family Supportive Services |
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