

**SUPPORTIVE SERVICES ACCESS PLAN (SSAP)
Annual Update**

<i>INSERT PROJECT NAME</i>	
<i>INSERT PROJECT ADDRESS</i>	

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Date: (MM/DD/YYYY)

Contact Information			
	Owner	Management Agent	Services Coordinator/Provider
Organization			
Primary Contact			
Phone			
Email			
Street Address			
City, State, Zip			

A. Type of Housing

Transitional Housing

	Total number of dwelling units
	Total number of bedrooms
	Total number of beds

Emergency Housing: Domestic Violence _____ Homeless _____

	Number of dwelling units
	Number of bedrooms
	Number of beds

Permanent Housing

	Number of dwelling units
	Number of bedrooms
	Number of beds

Hospice

	Number of bedrooms
	Number of bedrooms
	Number of bedrooms
	Number of beds

Describe type of living situation for residents:

*Single Family House _____, Single Family Apartment _____,
Single Room Occupancy (SRO) _____, Shared Bedroom _____,
Non-Shared Bedroom _____, Dormitory _____, or Other (describe)*

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B. Target Population

Identify below the type(s) of population(s) that will be residents of the project (e.g. homeless, domestic violence survivors, disabled children, children in foster care, mentally ill, substance abuse recovery, HIV/AIDS, re-entry from prisons, etc.).

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Has target population served changed since last review? _____

If yes, what is new population or additional population served? _____

Did you get approval from NCHFA? _____ (if not – ask them to submit a letter to the Supportive Housing Development Team)

C. Type of Facility

Is this a licensed facility?		Yes		No
License Type:				
License Number:				
Is this a licensed Group Home?		Yes		No
License Type:				
License Number:				
Licensed Renewed:		Yes		NO

Is project limited by funding source or license only to house this population?

	Yes		No
Has funding remained stable or increased/decreased?	Increased	Decreased	Stable

If funding has changed summarize why it has changed and the affect on services provided:

D. Residents Access to Support and Services

Has supports and services to residents, including the project’s referral and tenant selection policies, significantly changed (i.e. new population – new type services) _____ If yes, summarize new services and supports provided. How are residents’ needs for services identified? How are individual services’ plans developed and implemented?

Please attach copies of any resident/tenant handbook or guidelines, as well as any printed material about religious activities or required program activities.

If there has been a significant change in type, quantity, and quality of services that is provided they will need to submit an updated SSAP to Gwen Belcredi for NCHFA approval.

COMPLETE SECTIONS E & F ONLY IF SERVICE PROVIDER IS NOT THE PROPERTY MANAGER.

E. Referral, Screening and Communication Plan

Is referral process working and effective? ____ Yes ____ No If no, please summarize issues and what steps have been taken to improve by either partner. If assistance is needed to resolve issues refer them to the Supportive Housing Development Team.

Is communication between the Services Coordinator/Provider and the property manager effective to accommodate staff turnover?
____ Yes ____ No. If no, please summarize issues and what steps have been taken to improve by either partner. If assistance is needed to resolve issues refer them to the Supportive Housing Development Team.

F. Access to Supportive Services

Are other local service providers collaborating with the Service Coordinator/ Provider in the referring process and providing residents' access to services and supports? ____ Yes ____ No. If no, please summarize issues and what steps have been taken to improve by either partner. If assistance is needed to resolve issues refer them to the Supportive Housing Development Team.

G. Facility Security Plan

If your project has an existing Facility Security Plan, please attach an **updated** copy if applicable. This generally will only be available for Domestic Violence Shelters that have funding from the Governor's Crime Commission.

H. Emergency Plan/Disaster Plan

All projects should have a written emergency/disaster plan in place. It should provide owner/management contacts for afterhours emergencies and give residents instructions in the event of fire, flood, snow or other natural disasters.

I. Other Monitoring Agencies

What other agencies monitors your project on a regular basis? Please provide name of agency, how often they monitor e.g. yearly, type of monitoring, e.g. file, physical, financial.

J. ACTION PLAN REQUIRED BY OWNER/AGENT:

- None
- Update plan to reflect current program & submit for approval
- Modify plan & program to target your current resident mix. Submit proposal to Manager of Supportive Housing for approval.
- Implement the plan submitted with the development application.
- Develop a facility or emergency/disaster plan & incorporate into resident handbook and/or distribute to the residents.

Owner/Representative Signature

Date