

Des Moines/Polk County Continuum of Care (IA-502)
2024 Supplemental Questionnaire

The submission of this questionnaire is required for **all agencies** applying for CoC funding in 2024.

It will not be scored but failure to submit it, like any other required document, may result in an application not being considered for inclusion in the HUD CoC application.

This questionnaire will assist in answering questions in the CoC Collaborative Application.

Please be specific in your responses to these questions. The answers to these questions help us complete a strong and successful collaborative application to HUD.

Each agency applying for renewal funds is only required to submit this form **once** and not with every renewal application.

Please submit responses to by email to Angie Arthur at aarthur@pchtf.org **no later than September 6, 2024 at 5:00pm** in order to be considered.

Application Type:

Renewal New

Primary Contact Name:

Primary Contact Email:

Primary Contact Phone #:

1. Please describe at least one specific strategy that your agency implements to help homeless individuals and families increase employment income. Please include any partnerships with mainstream employment organizations (local businesses, Department of Labor, etc.).
2. Please describe at least one specific strategy that your agency implements to help homeless individuals and families increase cash income from non-employment sources (SSI/DI, cash benefits, etc.). Please include any partnerships.
3. Please describe at least one specific strategy that your agency implements to increase access to mainstream benefits (SNAP, TANF, etc.) for the homeless individuals and families served by your project(s). Please include any partnerships with mainstream benefit agencies.
4. Describe any actions that your agency has taken to address the needs of lesbian, gay, bi-sexual, or transgender consumers or households.

5. If your agency has relationships with homeless school liaisons, school districts, or education providers please describe those relationships or partnerships, and the specific ways that you collaborate. This may include being invited to speak at schools, collaborating on family cases, etc. If there are formal partnerships in place, please identify those formal partnerships. This may include things like MOUs or agreements.
6. Does your agency have any written formal agreements (like MOUs or MOAs) or partnerships (like attending meetings, cross training, etc.), with one or more provider of early childhood services and supports?

If yes, please clearly define the partnership.

7. Please select each type of health insurance below that your agency helps clients enroll in, and respond to the questions listed below each type.

Public (federal, state, Medicaid)

Does your agency help clients with enrollment?

Does your agency help clients with utilization of benefits*?

Private Insurance

Does your agency help clients with enrollment?

Does your agency help clients with utilization of benefits?

Other: _____

Does your agency help clients with enrollment?

Does your agency help clients with utilization of benefits?

*Utilization of benefits includes assistance with setting up appointments, transportation to appointments, etc.