Federal Programs that Support Individuals Experiencing Homelessness

What is the purpose of this document?
The purpose of the document is to:

- Identify forms of federal assistance that can provide additional support to agencies/organizations addressing the needs of individuals experiencing homelessness during the COVID-19 outbreak.

- Provide a listing of federal programs in a funding matrix that may be utilized help federal, state, and local funding to meet short- and long-term needs. Additional guidance is forthcoming to support funding coordination and braiding.

What are the possible paths for someone experiencing homelessness during the COVID-19 outbreak?
Shelter volunteers and public health officials may screen individuals experiencing homelessness for COVID-19 and triage them into different paths depending on their health status. Some individuals will need to temporarily shelter in alternate locations (e.g. isolation hotels), and they may experience difficulties returning to their original location following isolation or quarantine. The journey map on page 4 illustrates where individuals experiencing homelessness may interact with shelter/housing, wraparound services, care coordination/case management, and medical services during COVID-19.

What type of shelter/housing is available?
FEMA provides emergency shelter during and after disasters. For purposes of eligibility under the COVID-19 declarations, FEMA may provide funding through the Public Assistance Program for non-congregate sheltering (i.e., sheltering in private spaces) for health and medical-related needs, such as isolation and quarantine resulting from the public health emergency and as required by the public health order. FEMA requires pre-approval for non-congregate shelters and will approve requests in 30-day increments. States, tribes and territories should work with their Regional Administrator for approval of non-congregate sheltering and procure the necessary support services needed to meet the needs of the public health emergency. Additional information regarding eligibility and process for requesting assistance can be found here: https://www.fema.gov/coronavirus.

HUD's Emergency Solutions Grant recipients provide funding for emergency shelter for people experiencing homelessness and rapid re-housing and homelessness prevention assistance for individuals and families at risk of and experiencing homelessness. HUD's Continuum of Care Program recipients provide transitional and permanent housing, including rapid re-housing and permanent supportive housing along with wraparound supportive services to help individuals and families experiencing homelessness obtain and maintain housing. The HUD-VASH and HUD Tribal-VASH programs, jointly run by HUD and the VA, provide housing for veterans experiencing homelessness through Housing Choice Vouchers and grants to Indian Tribes and Tribally Designated Housing Entities (TDHEs), while VA case managers provide wraparound supportive services to help obtain and maintain housing. HHS/ACF's Runaway and Homeless Youth grantees provide emergency shelter for youth experiencing homelessness.

What are wraparound services?
Wraparound services are community-based services and supports. These include logistical concerns such as laundry access and transportation to medical appointments. See the checklist on pages 4-6 for more examples of wraparound services, as well as workforce considerations.

Note: For FEMA Public Assistance, eligible costs related to sheltering should be based on the type of shelter, the specific needs of those sheltered, and determined necessary to protect public health and safety and in accordance with guidance provided by appropriate health officials. However, support services such as case management, mental health counseling, and others are not eligible. Additional information regarding eligibility and process for requesting assistance can be found here: https://www.fema.gov/coronavirus.

What is care coordination?

According to the Agency for Healthcare Research and Quality, "care coordination involves deliberately organizing patient care activities and sharing information among all of the participants concerned with a patient's care to achieve safer and more effective care." Care coordination is particularly important during the COVID-19 outbreak as individuals temporarily relocated to isolation hotels or alternate care sites, may become separated from the systems of care. Providing care coordination to maintain essential health care services for non-COVID-related conditions, such as diabetes, HIV, and substance use disorder, are critical to the patient's safety and overall wellbeing.

How do I use the funding matrix?

Multiple funding sources are regularly braided together and locally coordinated to support individuals experiencing homeless. While the programs listed in the funding matrix may not be available in all places, the matrix is intended to provide an overview of federal programs that may be braided together to support housing, wraparound services, and medical needs. Table 1 contains a listing of federal programs that support individuals experiencing homelessness. These programs are divided by service category (shelter/housing, wraparound services, care coordination and case management, medical and behavioral health services, and unspecified) and population (e.g. children and young adults, veterans). Table 2 contains more details about all of the programs, as well as links to program websites or related resources.

What do the abbreviations mean?

FEMA = Federal Emergency Management Agency; IA = Individual Assistance; PA = Public Assistance; HHS = US Department of Health and Human Services; ACF = Administration for Children and Families; CMS = Centers for Medicare and Medicaid Services; HRSA = Health Resources and Services Administration; IHS = Indian Health Service; SAMHSA = Substance Abuse and Mental Health Services Administration; VA = US Department of Veterans Affairs; HUD = U.S. Department of Housing and Urban Development; ASPR = HHS Office of the Assistant Secretary for Preparedness and Response
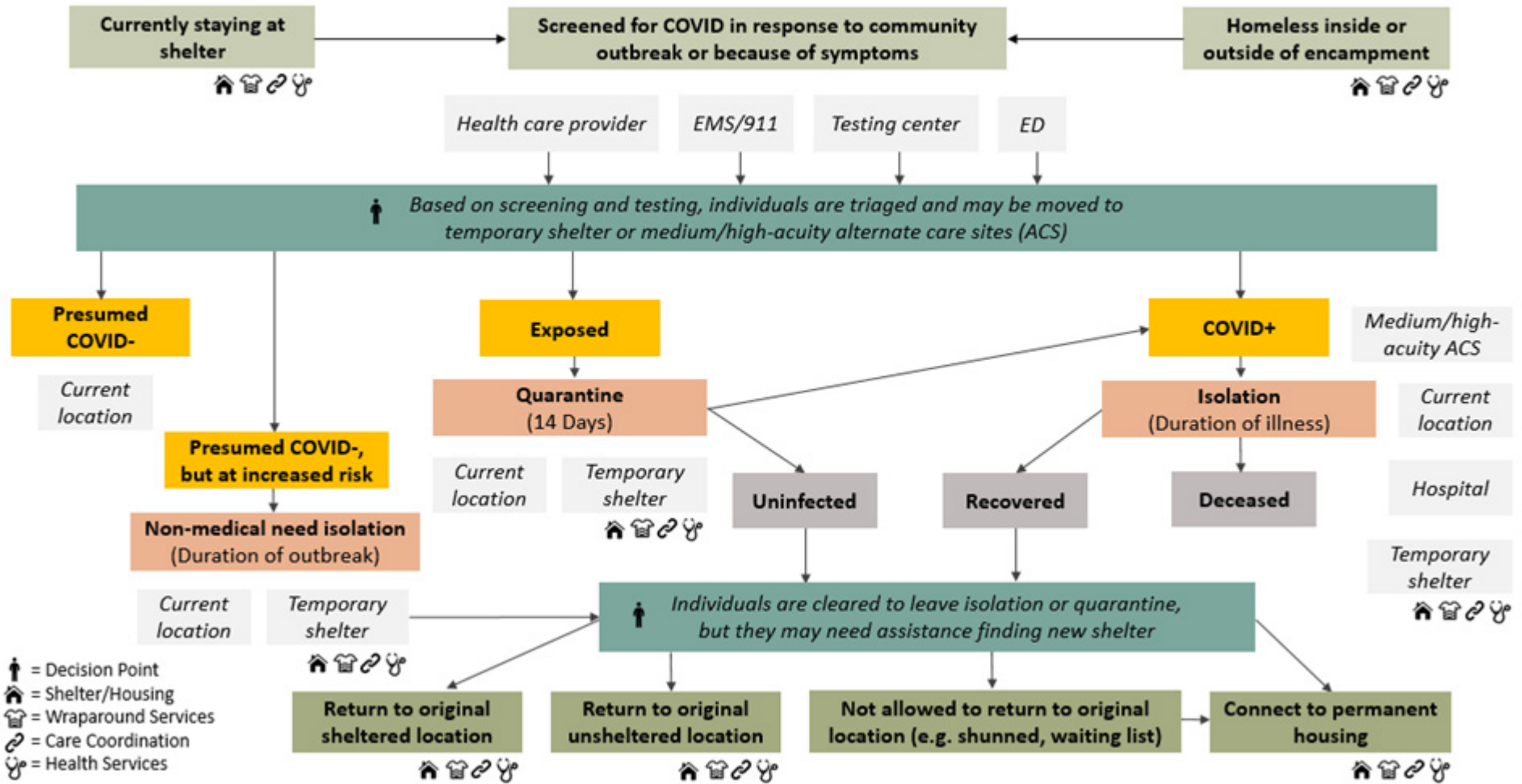
Where can I find additional federal resources on the COVID-19 outbreak and individuals experiencing homelessness?

- Resources to Support People Experiencing Homelessness (CDC)
- COVID-19 Prevention and Response for Homeless Providers: Daily Resource Digest (HUD)
- Infectious Disease Toolkit for CoCs (Continuum of Care)
  (https://www.hudexchange.info/resource/5985/infectious-disease-toolkit-for-cocs/) HUD)
  - o Preventing and Managing the Spread of Infectious Disease for People Experiencing Homelessness
  - o Prevención y Manejo de la Oropagación de Enfermedades Infecciosas para Personas sin Hogar
  - o Preventing and Managing the Spread of Infectious Disease within Shelters
  - o Preventing and Managing the Spread of Infectious Disease within Encampments
- FEMA Coronavirus (COVID-19) Response, https://www.fema.gov/coronavirus (FEMA)
- Office of Native American Programs-Code Talk (HUD): https://www.hud.gov/codetalk

Who do I contact if I have questions?

- For additional information regarding **FEMA Individual Assistance / Public Assistance Programs**, please work through your local, tribal or state emergency management office. FEMA regional contact information is available at https://www.fema.gov/fema-regional-contacts.

- For questions related to **HHS programs**, please contact your ASPR Regional Emergency Coordinators (REC). RECs serve as ASPR's primary representatives throughout the country at the regional level. Building relationships with federal, state, local, tribal and territorial officials and healthcare representatives (partners and stakeholders) in order to conduct planning for effective federal emergency response, and to facilitate coordinated preparedness and response activities for public health and medical emergencies, is the main role of the RECs.

- For questions related to **HUD programs**, please contact your local CPD Office at https://www.hud.gov/program_offices/comm_planning/staff#fieldoffices. Indian tribes and tribally designated housing entities should direct all questions to their HUD Area Offices of Native American Programs. Contact information is available at https://www.hud.gov/program_offices/public_indian_housing/ih.

- For **questions about this document**, please contact ASPR's Division for At-Risk Individuals, Behavioral Health & Community Resilience at abc.info@hhs.gov.

Journey Map for Individuals Experiencing Homelessness

Currently staying at shelter
🏠 👕 🔗 🩺

Screened for COVID in response to community outbreak or because of symptoms

Homeless inside or outside of encampment
🏠 👕 🔗 🩺

Health care provider   *EMS/911*   *Testing center*   *ED*

📍 Based on screening and testing, individuals are triaged and may be moved to temporary shelter or medium/high-acuity alternate care sites (ACS)

Presumed COVID-
Current location

Exposed

COVID+
Medium/high-acuity ACS

Presumed COVID-, but at increased risk

Quarantine (14 Days)
Current location   *Temporary shelter*
🏠 👕 🔗 🩺

Isolation (Duration of illness)
Current location

Non-medical need isolation (Duration of outbreak)
Current location   *Temporary shelter*
🏠 👕 🔗 🩺

Uninfected

Recovered

Deceased

Hospital

Temporary shelter
🏠 👕 🔗 🩺

📍 Individuals are cleared to leave isolation or quarantine, but they may need assistance finding new shelter

📍 = Decision Point
🏠 = Shelter/Housing
👕 = Wraparound Services
🔗 = Care Coordination
🩺 = Health Services

Return to original sheltered location
🏠 👕 🔗 🩺

Return to original unsheltered location
🏠 👕 🔗 🩺

Not allowed to return to original location (e.g. shunned, waiting list)

Connect to permanent housing
🏠 👕 🔗 🩺

Wraparound Services Checklist

Directions: Use this checklist to help incorporate community-based supports and services during self-isolation, quarantine, and home health in home, non-congregate, and congregate settings.

Jurisdiction: _____

Community-Based Services & Supports	Challenges/Opportunities	Requirement	Setting (note capability by setting) C = Capable PC = Partially capable NC = Not capable			Comments
			Home	**Non-Congregate (Hotel)**	**Congregate (Shelter)**	

Nutritional Services
➢ Children (school breakfast/lunch and take home)
➢ Older adults/homebound
➢ Demand for additional nutritional service capacity
  o Public Housing Agencies request delivered meals for residents
  o Adult protective services and guardianship
  o Programs for Individuals experiencing homelessness
  o Programs for victims of domestic violence
  o Programs for victims of human trafficking
	➢ Senior centers closures (limiting pick up hours)
	➢ Volunteer absenteeism
	➢ Not reliant on seniors as volunteers
	➢ Recently unemployed/furloughed volunteer pool opportunities
	➢ Increased demand/bypassing waiting list
	➢ Reliability/ timelines of contractors
	➢ Partner with shuttered restaurants, catering contract for surplus meal services
		Workforce (e.g. Nutritionist)
		
		Protection
		  o Gloves
		  o Hand sanitizer
		  o Masks
		  o Hairnets
		
		Oversight
		  o Culturally competent meal options
		  o Home/shelter-delivered meals (fresh, frozen, or non-perishable)
		  o Pick up meals
		  o Drive through meal pick up
		  o Beverages				

Community-Based Services & Supports	Challenges/Opportunities	Requirement	Setting (note capability by setting) C = Capable PC = Partially capable NC = Not capable			Comments
			Home	Non-Congregate (Hotel)	Congregate (Shelter)	
Healthcare Services ➢ Personal care assistance/personal assistance services (PAS) ➢ Wound care ➢ Intravenous/nutrition therapy ➢ Injections ➢ Monitor health status ➢ Behavioral health (mental health, substance abuse, stress management) ➢ Homemaker services	➢ PPE shortages ➢ Increased social isolation results in health/behavioral health decline ➢ Clients declining services ➢ Staff absenteeism ➢ Telehealth opportunities (BH, wellness checks, medication maintenance, ability to prescribe/refer) ➢ Phone/online prescription filling and mail/ at-home delivery (opportunity)	**Workforce Protection** o Gloves o Hand sanitizer o Masks o Tyvek suits o Head/hair protection o Accessible/multilingual providers **Technology** o Tablets to facilitate telehealth o Tablets for collecting patient information o Disinfectant wipes for cleaning tablets				
Transportation Services ➢ Patient transportation ➢ Delivery	➢ Ride share (gig) ➢ Accessible/paratransit/shuttle ➢ EMS/ambulance ➢ Other available transportation (e.g., accessible school busses)	**Access** o Access to medically necessary appointments o Access to emergency dental care **Delivery** o Delivery of pharmacy and medical supplies o Delivery of meals & household supplies				

Community-Based Services & Supports	Challenges/Opportunities	Requirement	Setting (note capability by setting) C = Capable PC = Partially capable NC = Not capable			Comments
			Home	Non-Congregate (Hotel)	Congregate (Shelter)	
Overflow/Alternate Care/Convalescence for Displaced Populations: ➢ Beds/cots ➢ Linens (sheets, blankets, pillows, towels) ➢ Bedside tables ➢ Partitions/barriers ➢ Lockable storage (for personal affects) ➢ Portable handwashing stations (accessible) ➢ Portable bathrooms/showers (accessible) ➢ Shelving for supplies	➢ Providing shelter/housing that doesn't increase risk to population ➢ Providing nutritional services ➢ Additional locations available due to social restrictions ➢ Maintaining cleaning standards	**Workforce Protection** o Gloves o Hand sanitizer o Masks **Facilities** o Recommended spacing (6') o ADA compliance **Supplies** o Cleaning/ disinfectant supplies				
Laundry ➢ Personal laundry pickup and delivery (mesh bags) ➢ Hotel laundry (pick up and deliver) linens and medical laundry						

Community-Based Services & Supports	Challenges/Opportunities	Requirement	Setting (note capability by setting) C = Capable PC = Partially capable NC = Not capable			Comments
			Home	**Non-Congregate (Hotel)**	**Congregate (Shelter)**	
Security	➢ Adequate capability to secure sheltering activities/location ➢ Adequate supply / resource distribution ➢ Public/private security partnership opportunities	**Workforce Protection** o Gloves o Hand sanitizer o Masks **Maintain/Enforce Public Safety Measures** o Comply with local governors' orders o need to secure multiple ingress/egress points but comply with fire code o Identify who to conduct temperature screens (if in place) when someone leaves and returns to shelter				
Fatality Management		**Capacity** o Capacity to meet jurisdictional needs o Mobile/temporary mortuary capability **Workforce Protection** o Gloves o Hand sanitizer o Masks				

Funding Matrix: Federal Programs that Support Individuals Experiencing Homelessness

Directions: Multiple funding sources are regularly braided together and locally coordinated to support individuals experiencing homeless. While the programs listed in the funding matrix may not be available in all places, the matrix is intended to provide an overview of federal programs that may be braided together to support housing, wraparound services, and medical needs. Table 1 contains a list of relevant federal programs by service category (shelter/housing, wraparound services, care coordination and/or case management, primary medical and/or behavioral health services, and unspecified/other). The table also indicates whether programs serve specific populations (e.g. children, survivors of domestic violence, Veterans, etc.). To learn more about a program in Table 1, click on the hyperlink. It will bring you to Table 2, which contains more details about all of the programs, as well as links to program websites or related resources.

Table 1: Federal Programs by Service Category

Program	Shelter/Housing	Wraparound Services	Care Coordination and/or Case Management	Medical and/or Behavioral Health Services	Unspecified/Other	Special Populations, if Applicable
Family Violence Prevention and Services	✓	✓	✓			Survivors of domestic violence
Runaway and Homeless Youth Programs: Basic Center Program	✓	✓	✓			Youth
Runaway and Homeless Youth Programs: Transitional Living Program and Maternity Group Home Program	✓	✓	✓			Youth
Service Connection for Youth on the Streets		✓	✓			Youth
Head Start		✓	✓	✓		Children and families
Child Care Subsidies					✓	Children and families
Community Services Block Grant (social services and emergency assistance)					✓	Children and families
Temporary Assistance for Needy Families (TANF)	✓	✓	✓		✓	TANF-eligible families with children
Medicaid and CHIP (Children's Health Insurance Program)		✓	✓	✓		Medicaid-eligible individuals
Education for Homeless Children and Youths Program					✓	Youth
Crisis Counseling Program				✓		Federal IA-declared disaster
Emergency Food Shelter Program	✓	✓				

Program	Shelter/Housing	Wraparound Services	Care Coordination and/or Case Management	Medical and/or Behavioral Health Services	Unspecified/Other	Special Populations, if Applicable
Emergency Work / Emergency Protective Measures – Category B	✓	✓		✓		Federal PA-declared disaster
Health Center Program (including Health Care for the Homeless)		✓	✓	✓		Everyone
Ryan White HIV/AIDS Program	✓	✓	✓	✓		People living with HIV
Federal Office of Rural Health Policy Programs					✓	Safety net facilities
Small Rural Hospital Improvement Program					✓	Safety net facilities
Emergency Solutions Grants (ESG) Program	✓					Everyone
Continuum of Care (CoC) Program	✓					Everyone; people with severe mental illness or substance use disorder (SUD); survivors of domestic violence
Youth Homelessness Demonstration Program	✓					Youth
Housing Opportunities for Persons With AIDS	✓	✓	✓			People living with HIV/AIDS and their families
Indian Housing Block Grant (IHBG)	✓	✓	✓		✓	Eligible Alaska Native and American Indian Tribes
Indian Housing Block Grant (IHBG-CARES)	✓	✓	✓	✓	✓	Eligible Alaska Native and American Indian Tribes
HUD Veterans Affairs Supportive Housing	✓		✓	✓		Veterans
Tribal HUD Veterans Affairs Supportive Housing (Tribal HUD-VASH)	✓		✓	✓		Eligible Alaska Native Veterans and American Indian Veterans
Indian Health Service				✓		Eligible American Indian and Alaska Native individuals
Projects for Assistance in Transition from Homelessness (PATH)		✓	✓	✓		Individuals with mental illness or SUD
Cooperative Agreements to Benefit Homeless Individuals (CABHI)		✓	✓	✓		Individuals with mental illness or SUD
Grants for the Benefit of Homeless Individuals (GBHI)		✓	✓	✓		Individuals with mental illness or SUD
Treatment for Individuals Experiencing Homelessness (TIEH)		✓	✓	✓		Individuals with mental illness or SUD

Program	Shelter/Housing	Wraparound Services	Care Coordination and/or Case Management	Medical and/or Behavioral Health Services	Unspecified/Other	Special Populations, if Applicable
SSI/SSDI Outreach, Access, and Recovery (SOAR)			✓			Individuals with mental illness or SUD
Emergency Response Grants		✓	✓	✓		Individuals with mental illness or SUD
Domiciliary Care for Homeless Veterans (DCHV) Program/Mental Health Residential Rehabilitation and Treatment Programs	✓	✓	✓	✓		Veterans
Home Care for Homeless Veterans (HCHV) Programs			✓	✓		Veterans
Grant and Per Diem Program	✓	✓	✓	✓		Veterans
Supportive Services for Veteran Families (SSVF)	✓	✓	✓			Veterans

Table 2: Federal Programs—Additional Information

Agency or OpDiv	Program Name	Populations Served	Services Provided	Patient Access or Program Duration	Size	Geographic Reach	Funding and Operating Mechanisms
ACF	Family Violence Prevention and Services (Family Violence Prevention and Services[1] Act § 303[a])	Shelter: Individuals experiencing domestic violence and their children	Provision of emergency shelter and other non-shelter support services, such as victim advocacy, crisis counseling, safety planning, support groups, information and referrals, legal aid, and housing assistance to address domestic violence and dating violence[2]				Formula and competitive grants to states and tribes—sub-awarded to local organizations; $175 million (FY20 enacted), **plus $45 million in COVID funding for family violence shelters**
ACF	Runaway and Homeless Youth Programs: Basic Center Program[3] (Runaway and Homeless Youth Act § 388)	Youth under 18	Outreach, crisis intervention, emergency shelter, family reunification/reconnection, aftercare services to runaway and homeless youth and their families, individual and family counseling, education, employment assistance, and behavioral health and physical health services	Up to 21 days of shelter	Up to 20 youth per facility (with some exceptions)		Formula and competitive grants to community-based public and private agencies; $113.8 million for entire Runaway and Homeless Youth Program (FY20 enacted), **plus $25 million in supplemental COVID funding** for current programs providing critical services and housing for runaway and homeless youth
ACF	Runaway and Homeless Youth Programs: Transitional Living Program and Maternity Group Home Program (Runaway and Homeless Youth Act § 338)	Youth ages 16 to 21 who cannot safely live with their families (pregnant and parenting youth for the Maternity Group Home Program)	Community-based, adult-supervised group homes, host homes, and supervised apartments; services include counseling in basic life skills, interpersonal skill building, educational advancement, job attainment skills, Administration for Children and Families FY 2021 Justification of Estimates for Appropriations Committees Page 134 and physical and behavioral health care	If youth enters before age 18, then eligible for 21 months of shelter or until age 18 (whichever is longer); youth between 18-21 are eligible for 18 months of services			Competitive grants to public and private organizations; $113.8 million for entire Runaway and Homeless Youth Program (FY20 enacted), **plus $25 million in supplemental COVID funding** for current programs providing critical services and housing for runaway and homeless youth

Agency or OpDiv	Program Name	Populations Served	Services Provided	Patient Access or Program Duration	Size	Geographic Reach	Funding and Operating Mechanisms
ACF	Service Connection for Youth on the Streets[4] (Runaway and Homeless Youth Act § 351)	Runaway, homeless, and street youth who have been subjected to, or are at risk of being subjected to, sexual abuse, prostitution, sexual exploitation, and severe forms of trafficking in persons	Youth receive provisions for their basic needs, including food, clothing, hygiene, or first aid packages, information about services and safe places, and encouragement to access these resources; grantees also provide support services that aim to move youth into shelter or stable housing				Competitive grants to public and private organizations; $18.6 million (FY20 enacted)
ACF	Head Start	Children ages birth to age 5 from low-income families; prioritizes homeless children	Early learning/school readiness; health (health and development screenings, nutritious meals, oral health and mental health support; family referrals to medical, dental, and mental health services); family well-being (housing stability, continued education, and financial security)	While eligible	Provides services to over one million children each year	Delivered through 1,700 agencies in local communities, in every U.S. state and territory, in farmworker camps, and in over 155 tribal communities.	Grants awarded directly to public agencies, private nonprofit and for-profit organizations, tribal governments, and school systems for operating Head Start programs in local communities; $9.8 billion in 2018
ACF	Child Care Subsidies	Eligible low-income families, prioritizes homeless children	Subsidized child care services provided through certificates (vouchers), or grants and contracts with providers	While eligible	Approximately 1.3 million families receive a child care subsidy each month	National program	Block grant to state, territory, and tribal governments
ACF	Community Services Block Grant		Direct funding to local community-based organizations to provide a wide-range of social services and emergency assistance for those who need it most				**$1 billion in COVID-related supplemental funding**

Agency or OpDiv	Program Name	Populations Served	Services Provided	Patient Access or Program Duration	Size	Geographic Reach	Funding and Operating Mechanisms
ACF	Temporary Assistance for Needy Families (TANF)	Needy families with children (or expecting a child). States and tribes set the criteria for "needy," and can set different income levels for different services. For COVID-19, a state or tribe could assist needy families in which parents are unable to work due to contracting the disease, exposure to someone with the disease, because their children's school or child care provider has closed, or because their own work place has closed.	TANF is a very flexible program that can fund a wide range of services and benefits. Because many COVID-19-affected families could have multiple needs, states and tribes may consider expanding their services and broadening their eligibility criteria. One particularly useful option in an emergency or time of crisis is a non-recurrent, short-term benefit (NRST). A NRST: (1) is designed to deal with a specific crisis situation or episode of need; (2) is not intended to meet recurrent or ongoing needs; and (3) will not extend beyond four months. A state or tribe has the flexibility to set a higher income standard for an NRST than for regular TANF cash assistance. For example, a state or tribe could provide benefits to impacted families with incomes up to 200 percent of poverty. Examples of NRST benefits that might be helpful with the impact of COVID-19 include: short-term benefits to make up for lost wages; short-term rental or mortgage assistance; utility and energy assistance; housing search and placement services; clothing allowances; family support services to deal with stressful events; financial and credit counseling; certain legal services (see https://www.acf.hhs.gov/ofa/resource/q-a-use-of-funds questions 19 and 20); and administrative costs associated with any of these activities. These benefits could come in the form of cash, vouchers, or direct services. States cannot use federal TANF funds for medical expenditures.	Non-recurrent, short-term benefit = 4 months TANF funds have a 60-month clock, with some exceptions NRSTs are outside TANF's definition of "assistance" and therefore do not trigger TANF requirements associated with "assistance," such as the 60-month time limit for states, work requirements, child support assignment, and detailed data reporting. As a result, NRSTs may be less administratively burdensome for grantees.	1,989,816 recipients in June 2019	50 states, DC, Guam, Puerto Rico, U.S. Virgin Islands	Funding under the TANF program is provided primarily through State Family Assistance Grants. Tribes are eligible to operate their own TANF programs, and those that choose to do so receive their own family assistance grants, which totaled almost $200 million in FY 2019. TANF Program = $17.3 billion in 2020[5] COVID-19 guidance

Agency or OpDiv	Program Name	Populations Served	Services Provided	Patient Access or Program Duration	Size	Geographic Reach	Funding and Operating Mechanisms
CMS	Medicaid and CHIP (Children's Health Insurance Program; states either expand Medicaid to include CHIP or have separate CHIP programs)	Income- and/or need-eligible children, pregnant women, parents, and adults; individuals with blindness, disability or age 65+; children with an adoption assistance agreement; former foster care recipients (varies by program, but some overlap between Medicaid and CHIP)	Medicaid: Inpatient and outpatient services; nursing facilities; services at Federally Qualified Health Centers, transportation to medical care, and many other benefits (with additional benefits by state, such as case management); institutional and community-based long-term services and supports CHIP: Inpatient and outpatient services; well-baby and well-child visits; dental, behavioral health, and vaccines (with additional benefits by state)	As eligible	Medicaid: 63.9 million people enrolled in December 2019 CHIP: 9.6 million children enrolled	National program	Medicaid and CHIP are administered by states, according to federal requirements. The programs are funded jointly by states and the federal government; Medicaid = $553.8 billion (2015, state and federal funds); some states utilize managed care organizations States can request 1135 waivers to test new or existing ways to deliver and pay for health care services 1135 waivers Coronavirus 1135 waivers Coronavirus 1135 waiver tracker
Department of Education	Education for Homeless Children and Youths Program	Homeless children and youth	Supports states to ensure that homeless children, including preschoolers and youths, have equal access to free and appropriate public education. This includes addressing problems due to transportation needs, immunization and residency requirements, lack of birth certificates and school records, and guardianship issues			50 states, DC, and Puerto Rico	Distributed to states through a formula; states subgrant the funds competitively to school districts; $77 million (2017)

Agency or OpDiv	Program Name	Populations Served	Services Provided	Patient Access or Program Duration	Size	Geographic Reach	Funding and Operating Mechanisms
FEMA IA	Crisis Counseling Program (CCP)	Any survivor impacted by an IA declared disaster; do not have to be a FEMA registrant	Supportive crisis counseling, education, development of coping skills and resource linkage; no cost to survivors; individual and group treatment in non-traditional settings	ISP funding for 60 days from Declaration date; RSP funding for 9 months from date of award	Outreach to all IA communities	All IA declared communities	Grants or Cooperative Agreements to SLTT government agencies to provide crisis counseling or contract with Local Mental Health Agencies to provide services (no cost share)
FEMA IA	Emergency Food Shelter Program	Open to all service agencies helping people who are experiencing or at risk of hunger and homelessness; special emphasis on assistance to the elderly, families with children, Native Americans, and veterans	Food in the form of meals or groceries, nights of lodging, one-month rent or mortgage payment, one-month utility payment, supportive services for the provision of food and shelter. For more information: EFSP Website			Approximately 2,500 jurisdictions (counties and cities) in all 50 states, DC, PR, USVI, MP, Guam, AS; more than 10,000 service agencies dependent on funding	Formula allocation by program's National Board to jurisdictions (counties and cities); competitive grants to local service agencies determined by local boards; $125 million in FY20 annual funding; **$200 million in COVID-19 supplemental funding**

Agency or OpDiv	Program Name	Populations Served	Services Provided	Patient Access or Program Duration	Size	Geographic Reach	Funding and Operating Mechanisms
FEMA PA	Emergency Work / Emergency Protective Measures – Category B	Determined by the SLTT jurisdiction with legal responsibility to serve a displaced population, no prescribed measures specific to Pre-Incident Homeless individuals	Non-congregate sheltering and support services in response to COVID-19, medical care, and other emergency protective measures. See COVID19 specific Fact Sheets, FAQs, and Memos on www.fema.gov/coronavirus and general guidance at https://www.fema.gov/media-library/assets/documents/111781	Emergency protective measures may be available for a period of time not to exceed the HHS Public Health Emergency or state/local public health orders. The provision of specific emergency protective measures may have varying timeframes, e.g., non-congregate sheltering may be approved in 30-day increments. Additionally, the length of time FEMA PA will fund an individual in non-congregate sheltering is based on the public health guidelines (e.g., 14 days for quarantine).	Not Applicable	Any Stafford declared SLTT jurisdictions	Disaster Relief Fund as administered through FEMA's Public Assistance Grant Program* *Cannot duplicate assistance available from other sources

Agency or OpDiv	Program Name	Populations Served	Services Provided	Patient Access or Program Duration	Size	Geographic Reach	Funding and Operating Mechanisms
HRSA	Health Center Program (including Health Care for the Homeless)[6] (Public Health Service Act, Section 330)	Open to everyone; Health Care for the Homeless = Patients that live on the street, in shelters, or in transitional housing.	In-person, mobile, and telehealth primary care services (including behavioral health) and support services; new emphasis on HIV PrEP and testing (Ending the HIV Epidemic)	Patient visits as needed (long-term program)	Nearly 1400 Health Centers (1,362); 28.4 million patients, 116 million patient visits; HCH = nearly 1.4 million patients (2018)	All 50 states, DC, PR, USVI, Pacific Basin; health centers serve 20% of people in rural areas; 12,000 service delivery sites (Find a Health Center)	Grants and CAs to health centers; $5.6 billion in federal funding (FY20 enacted), plus public and private insurance, other funding——**$100M to support prevention, preparedness and response to COVID-19 was awarded 3/24. Anticipate awarding $1.32 billion CARES Act funding to support response COVID activities and to maintain or increase health center capacity and staffing levels as early as late this week (4/6/20)**
HRSA	Ryan White HIV/AIDS Program[7] (title XXVI of the Public Health Service Act)	Low-income individuals with HIV (payor of last resort)	Medical (including behavioral health) and support services (including meals, housing, translation, medical transportation)	As needed, given the patient is eligible (long-term program)	>500 million people with HIV (>50% of all people with diagnosed HIV)	All 50 states, DC, PR, USVI, Guam, Pacific Basin	Funds cities, counties, states, territories, community-based organizations; $2.3 billion (2019), **plus $90 million in COVID-related supplemental funding**[8]

Agency or OpDiv	Program Name	Populations Served	Services Provided	Patient Access or Program Duration	Size	Geographic Reach	Funding and Operating Mechanisms
HRSA	Federal Office of Rural Health Policy (FORHP)	Rural communities	FORHP resources and funds programs for the promotion of health care delivery, education, and health information services through telehealth technologies. FORHP-funded Telehealth Resource Center maintains a page dedicated to tracking telehealth coverage updates related to COVID-19 🔗.			COVID-19 Toolkit from the National Telehealth Resource Centers 🔗. The toolkit explains how telehealth can be used to provide care remotely, as well as what is covered through public and private insurance.	
HRSA	Small Rural Hospital Improvement Program (SHIP)	Small rural hospital (Eligible small rural hospitals are non-federal, short-term general acute care facilities that are located in a rural area of the US and the territories, including faith-based hospitals)	FORHP provides technical assistance and support to address the unique needs of rural hospitals. CARES Act funds will support rural hospitals which are seeing increased demands for clinical services and equipment, as well as experiencing short-term financial and workforce challenges related to responding to meeting the needs of patients with the COVID-19 seeking care at their facilities.			Rural hospitals represent more than half of all hospitals in the United States, providing essential access to inpatient, outpatient, and emergency medical services in rural communities.	**FORHP received $180 million in the CARES Act to support COVID-19 related activities, of which nearly $150 million will go to hospitals responding to this health crisis.**
HUD	Emergency Solutions Grants (ESG) Program	Individuals and families experiencing homelessness and at risk of homelessness	Emergency shelter and street outreach services to individuals and families experiencing literal homelessness. Rapid re-housing assistance to individuals and families experiencing homelessness. Homelessness prevention assistance to individuals and families at risk of homelessness. ESG can also provide essential services to individuals and families residing in unsheltered locations and in emergency shelters and housing relocation and stabilization services to individuals and families receiving rapid re-housing and homelessness prevention assistance.	Emergency shelter and street outreach services as needed. Rapid re-housing and homelessness prevention assistance up to 24 months.		Funding distributed through approximately 365 states, urban counties, metropolitan cities, and territories.	Formula to states, urban counties, metropolitan cities, and territories; $240 million (FY2020 funding), plus $4 billion in CARES Act funding.

Agency or OpDiv	Program Name	Populations Served	Services Provided	Patient Access or Program Duration	Size	Geographic Reach	Funding and Operating Mechanisms
HUD	Continuum of Care (CoC) Program	Individuals and families experiencing homelessness	Street outreach and other supportive services to individuals experiencing homelessness. Transitional and permanent housing, including rapid re-housing and permanent supportive housing for individuals and families with disabilities. CoC can also provide wrap around supportive services to individuals and families residing in transitional and permanent housing supported with CoC Program funds.	Street outreach and supportive services to individuals experiencing homelessness as needed. Transitional housing up to 24 months. Rapid Re-housing assistance up to 24-months.		Funding distributed through approximately 400 Continuums of Care. Recipients are nonprofits, PHAs, and state and local governments.	Competitive to state and local governments, PHAs, and nonprofits that have been selected by their Continuum of Care to submit applications to HUD. $2.3 billion (FY 2019)
HUD	Youth Homelessness Demonstration Program	Youth and young adults, up to age 25, experiencing homelessness	Street outreach and other supportive services to youth and young adults experiencing homelessness. Transitional and permanent housing, including rapid re-housing and permanent supportive housing for youth and young adults with disabilities. YHDP can also provide wrap around supportive services to youth and young adults residing in transitional and permanent housing supported with YHDP funds.	Street outreach and supportive services to individuals experiencing homelessness as needed. Transitional housing up to 24 months. Rapid Re-housing assistance up to 24-months. Permanent supportive housing, indefinite, as needed.		Funding distributed through 44 selected communities. Recipients are nonprofits, PHAs, and state and local governments.	Competitive to state and local governments, PHAs, and nonprofits that are part of a community selected by HUD and have been selected by that community to submit applications to HUD. $33 million (FY 2016), $40 million (FY 2017), $75 million (FY 2018).

Agency or OpDiv	Program Name	Populations Served	Services Provided	Patient Access or Program Duration	Size	Geographic Reach	Funding and Operating Mechanisms
HUD	Housing Opportunities for Persons With AIDS	Low-income persons living with HIV/AIDS and their families	Tenant-based rental assistance; permanent facility-based housing; short-term/transitional housing facilities; short-term rent, mortgage, and utility assistance to prevent homelessness; permanent housing placement services; Acquisition, new construction, rehabilitation, leasing, and repair of housing facilities; and supportive services	Permanent housing and supportive services as needed

Transitional housing up to 24 months

Short-term/ emergency facilities up to 60 days in a six-month period

Short-term rent, mortgage and utility assistance up to 21 weeks in a 52-week period (up to 24 months under CARES Act supplemental grants) | | Formula funding distributed to 140 eligible areas, including eligible cities on behalf of their metropolitan statistical areas and eligible states.

Approximately 80 competitive grants to eligible States, local governments, and nonprofit organizations. | The annual HOPWA appropriation is divided between the two programs – 90% for formula program grants and 10% for competitive program grants. HOPWA formula grants are made using a statutorily mandated formula to allocate funds to eligible cities on behalf of their metropolitan areas and to eligible States. HOPWA competitive funds are awarded on the basis of a national competition, with priority given by Congressional authority to the renewal of expiring permanent supportive housing project grants.

$410 million (total FY2020 funding), plus $65 million in CARES Act funding. |
| HUD | Indian Housing Block Grants (IHBG) | Eligible Alaska Native and American Indians | Provides a range of affordable housing activities on Indian reservations and Indian areas. | Permanent, Temporary, or Transitional housing, and a wide range of other affordable housing assistance, as determined by each Tribe or TDHE | | Indian Country and most of Alaska | Formula to Federally-recognized Indian tribes or their tribally designated housing entity (TDHE), and a limited number of state recognized tribes. |

Agency or OpDiv	Program Name	Populations Served	Services Provided	Patient Access or Program Duration	Size	Geographic Reach	Funding and Operating Mechanisms
HUD	Indian Housing Block Grant (IHBG-CARES)	Eligible Alaska Native and American Indians	The CARES Act requires recipients to use IHBG funds provided under the CARES Act to prevent, prepare for, and respond to COVID-19, including to maintain normal operations and fund eligible affordable housing activities.	Permanent, Temporary, or Transitional housing, and a wide range of other affordable housing assistance, as determined by each Tribe or TDHE		Indian Country and most of Alaska	**$200 million in CARES Act funding.** Formula to Federally-recognized Indian tribes or their tribally designated housing entity (TDHE), and a limited number of state recognized tribes. The $200 million in funding was allocated based on the Fiscal Year (FY) 2020 tribal allocations before repayments and grant adjustments. Each Tribe will receive 30.5707842855989 percent of their FY 2020 IHBG formula allocation.
HUD & VA	HUD Veterans Affairs Supportive Housing	Eligible Veterans experiencing homelessness	Clinical care and case management through VA Medical Centers	Permanent housing, indefinite, as long as needed	Approximately 75,000 Veteran households assisted	Over 650 Public Housing Authorities across the country, including Puerto Rico and Guam, have HUD-VASH vouchers	Allocation formula using VA and HUD data. HUD has also held 3 competitions for project-based vouchers.
HUD & VA	HUD and VA Tribal HUD Veterans Affairs Supportive Housing (Tribal HUD-VASH)	Eligible Alaska Native and American Indians Veterans experiencing homelessness	Clinical care and case management through VA Medical Centers	Permanent housing, indefinite, as long as needed		Distributed to Federally recognized Indian tribes or their tribally designated housing entity (TDHE)	Initial allocation made by invite to Indian tribes and TDHEs using VA and HUD data. Renewal grants made based on HUD leasing data.

Agency or OpDiv	Program Name	Populations Served	Services Provided	Patient Access or Program Duration	Size	Geographic Reach	Funding and Operating Mechanisms
IHS	Indian Health Service[9] (25 USC § 13; § 1601)	Eligible Alaska Native and American Indians	Medical care—no special focus on homeless; group homes and transitional living support offered through state/local resources, not IHS	As needed, given the patient is eligible (long-term program)	41,000 inpatient; 13.8 million outpatient (2018)	170 IHS and tribally-managed service units in 37 states (in rural and urban areas)	Administers care or funds tribes to administer care (or purchases care); $5.8 billion (2019), **plus $1 billion in flexible COVID-related supplemental funding**[10]
SAMHSA	Projects for Assistance in Transition from Homelessness (PATH)[11] (104 Stat. 4673)	People with serious mental illness (SMI) and or co-occurring mental and substance use disorders experiencing homelessness or at risk of homelessness	Outreach, screening and diagnostic treatment, habilitation and rehabilitation, community mental health, substance use disorder, referrals for medical and support services, housing services as specified in Section 522(b)(10) of the Public Health Service Act	Block grant (program duration depends on state/territory)	Outreach to 147,952 individuals and enrolled 70,792 in PATH-eligible clients in services (2018)	420 organizations working in all 50 states, DC, PR, USVI, MP, Guam, AS	Block grants; state/territory makes award to local public or non-profit organizations; $64.6 million for PATH[12]
SAMHSA	Cooperative Agreements to Benefit Homeless Individuals (CABHI)[13] (Public Health Service Act § 506, 509, and 520A)	Veterans, youth, and families experiencing homelessness or chronic homelessness and who also have serious mental illnesses or serious emotional disturbances, substance use disorders or co-occurring mental and substance use disorders	Development of short- and long-term strategies to support those experiencing homelessness who have behavioral health issues; delivery of mental health and substance use treatment, housing support, and other recovery-oriented services; engagement and enrollment of eligible individuals in health insurance and in Medicaid and other benefit programs	3-year programs		As awarded	Competitive grants to states, local governments, community organizations

Agency or OpDiv	Program Name	Populations Served	Services Provided	Patient Access or Program Duration	Size	Geographic Reach	Funding and Operating Mechanisms
SAMHSA	Grants for the Benefit of Homeless Individuals (GBHI)[14] (Public Health Service Act § 506)	Individuals (including youth and families) experiencing homelessness who have substance use disorders or co-occurring mental and substance use disorders	Mental and substance use disorders treatment and other recovery-oriented services; coordination of housing and services that provide permanent housing and supportive services to the target population; connect clients to enrollment resources for health insurance, Medicaid, and mainstream benefits programs	5-year programs		As awarded	Competitive grants to public and private non-profit entities
SAMHSA	Treatment for Individuals Experiencing Homelessness (TIEH)[15] (Public Health Service Act § 520A)	People experiencing homelessness along with a serious mental illness, serious emotional disturbance, or co-occurring disorders	Integrated mental and substance use disorders treatment and other recovery-oriented services; connect clients to enrollment resources for health insurance, Medicaid, and mainstream benefits; coordination of housing and services that support sustainable permanent housing	5-year programs		As awarded	Competitive grants (open to state and local, tribes, public and private non-profits)
SAMHSA	SSI/SSDI Outreach, Access, and Recovery (SOAR)[16]	Children and adults who are experiencing or at risk of homelessness and have a serious mental illness, medical impairment, and/or co-occurring substance use disorder	Technical assistance to enhance access to Social Security disability benefits			All 50 states and DC	

Agency or OpDiv	Program Name	Populations Served	Services Provided	Patient Access or Program Duration	Size	Geographic Reach	Funding and Operating Mechanisms
SAMHSA	Emergency Response Grants	Children and adults impacted by the COVID-19 pandemic.	Provides crisis intervention services, mental and substance use disorder treatment, and other related recovery supports to address the needs of individuals with serious mental illness, individuals with substance use disorders, and/or individuals with co-occurring serious mental illness and substance use disorders. Additionally, the program will also focus on meeting the needs of individuals with mental disorders that are less severe than serious mental illness, including those in the healthcare profession.	16 months			**$110 million in flexible COVID-related funding;** Funding will be provided for states, territories, and tribes to develop comprehensive systems to address COVID-19 related mental health needs.
VA	Domiciliary Care for Homeless Veterans (DCHV) Program/Mental Health Residential Rehabilitation and Treatment Programs[17]	Veterans with multiple and severe medical conditions, mental illness, addiction, or psychosocial deficits, including homeless veterans	Provides treatment in a residential setting for 24/7 support; rehabilitation, recovery, health maintenance, improved quality of life, and community integration	As long as individual is eligible (long-term program)	>2,400 beds	47 sites	**Plus $14.4 billion in COVID-related supplemental VA funding** for health care delivery and to support veterans who are homeless or at risk of becoming homeless[18]
VA	Home Care for Homeless Veterans (HCHV) Programs	Homeless Veterans	Offers outreach, exams, treatment, referrals, and case management to homeless Veterans	Outreach and referral to care (versus providing care)	Outreach services to 140,000 Veterans (2019)	>135 sites	**Plus $14.4 billion in COVID-related supplemental VA funding** for health care delivery and to support veterans who are homeless or at risk of becoming homeless[19]

Agency or OpDiv	Program Name	Populations Served	Services Provided	Patient Access or Program Duration	Size	Geographic Reach	Funding and Operating Mechanisms
VA	Grant and Per Diem Program	Homeless Veterans	Promotes the development and provision of supportive housing and/or supportive services with the goal of helping homeless Veterans achieve residential stability, increase their skill levels and/or income, and obtain greater self-determination.				Only programs with supportive housing (up to 24 months) or service centers (offering services such as case management, education, crisis intervention, counseling, services targeted towards specialized populations including homeless women Veterans, etc.) are eligible for these funds. The program has two levels of funding: the Grant Component and the Per Diem Component.
VA	Supportive Services for Veteran Families (SSVF)	Very low-income Veteran families that are currently in or transitioning to permanent housing	SSVF is designed to rapidly re-house homeless Veteran families and prevent homelessness for those at imminent risk due to a housing crisis.				Funds are granted to private non-profit organizations and consumer cooperatives that will assist very low-income Veteran families by providing a range of supportive services designed to promote housing stability.

[1] ACF FY21 Congressional Budget Justification. https://www.acf.hhs.gov/sites/default/files/olab/fy_2021_congressional_justification.pdf (page 204)

[2] ACF FVPSA State and Tribal Fact Sheet. https://www.acf.hhs.gov/sites/default/files/fysb/fvpsa_state_and_tribal_factsheet_081518_508.pdf

[3] ACF FY21 Congressional Budget Justification. https://www.acf.hhs.gov/sites/default/files/olab/fy_2021_congressional_justification.pdf (page 133)

[4] ACF FY21 Congressional Budget Justification. https://www.acf.hhs.gov/sites/default/files/olab/fy_2021_congressional_justification.pdf (page 142)

[5] ACF FY21 Congressional Budget Justification. https://www.acf.hhs.gov/sites/default/files/olab/fy_2021_congressional_justification.pdf (page 355)

[6] HRSA FY2021 Congressional Budget Justification. https://www.hrsa.gov/sites/default/files/hrsa/about/budget/budget-justification-fy2021.pdf (page 63ff)

[7] HRSA Ryan White HIV/AIDS Program Guidance. https://hab.hrsa.gov/sites/default/files/hab/program-grants-management/ServiceCategoryPCN_16-02Final.pdf

[8] CARES Act. https://www.appropriations.senate.gov/imo/media/doc/FINAL%20FINAL%20CARES%20ACT.pdf (page 748)

[9] IHS Profile Fact Sheet. https://www.ihs.gov/newsroom/factsheets/ihsprofile/

[10] CARES Act. https://www.appropriations.senate.gov/imo/media/doc/FINAL%20FINAL%20CARES%20ACT.pdf (page 718)

[11] SAMHSA PATH. https://www.samhsa.gov/homelessness-programs-resources/grant-programs-services/path

[12] SAMHSA FY21 Congressional Budget Justification. https://www.samhsa.gov/sites/default/files/about_us/budget/fy-2021-samhsa-cj.pdf (page 116-121)

[13] SAMHSA CBHI. https://www.samhsa.gov/homelessness-programs-resources/grant-programs-services/cabhi-program

[14] SAMHSA GBHI. https://www.samhsa.gov/homelessness-programs-resources/grant-programs-services/gbhi-program

[15] SAMHSA TIEH. https://www.samhsa.gov/homelessness-programs-resources/grant-programs-services/tieh-program

[16] SAMHSA SOAR. https://www.samhsa.gov/soar

[17] VA DCHV. https://www.va.gov/homeless/dchv.asp

[18] CARES Act. https://www.appropriations.senate.gov/imo/media/doc/FINAL%20FINAL%20CARES%20ACT.pdf (page 798)

[19] CARES Act. https://www.appropriations.senate.gov/imo/media/doc/FINAL%20FINAL%20CARES%20ACT.pdf (page 798)