

Before Starting the CoC Application

You must submit all three of the following parts in order for us to consider your Consolidated Application complete:

1. the CoC Application,
2. the CoC Priority Listing, and
3. all the CoC's project applications that were either approved and ranked, or rejected.

As the Collaborative Applicant, you are responsible for reviewing the following:

1. The FY 2026 CoC Program Competition Notice of Funding Opportunity (NOFO) for specific application and program requirements.
2. The FY 2026 CoC Application Detailed Instructions which provide additional information and guidance for completing the application.
3. All information provided to ensure it is correct and current.
4. Responses provided by project applicants in their Project Applications.
5. The application to ensure all documentation, including attachment are provided.

Your CoC Must Approve the Consolidated Application before You Submit It

- 24 CFR 578.9 requires you to compile and submit the CoC Consolidated Application for the FY 2026 CoC Program Competition on behalf of your CoC.
- 24 CFR 578.9(b) requires you to obtain approval from your CoC before you submit the Consolidated Application into e-snaps.

1A. Continuum of Care (CoC) Identification

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants; and
- Frequently Asked Questions

1A-1. CoC Name and Number: NJ-508 - Monmouth County CoC

1A-2. Collaborative Applicant Name: County of Monmouth

1A-3. CoC Designation: CA

1A-4. HMIS Lead: NJ HMFA

1B. Coordination and Engagement–Accountable Structure and Participation

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

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- Frequently Asked Questions

1B-1.	Accountable Structure and Participation.	
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In the chart below for the period from June 1, 2025 to May 31, 2026:

1.	select 'Yes' or 'No' in the chart below if the entity listed participated in CoC meetings or select 'Nonexistent' if the entity does not exist in your CoC's geographic area, and
2.	enter the number of persons on the board for each category where you answered 'Yes' in the Participated in CoC Meetings column.

You must click Save at the bottom of the form before entering the number of persons for each category where you answered 'Yes'.

	Entity	Participated in CoC Meetings	Number of Board Members
1.	Affordable Housing Developer(s)	Yes	1
2.	CDBG/HOME/ESG Entitlement Jurisdiction(s)	Yes	1
3.	Certified Community Behavioral Health Clinic (CCBHC)	Yes	
4.	Community Mental Health Center (CMHC)	Yes	
5.	Disability Advocate(s)	Yes	
6.	Disability Service Organization(s)	Yes	
7.	Emergency Medical Services (EMS)/Crisis Response Team(s)	Yes	
8.	Employment Assistance Program(s) (e.g., Local Workforce Development, American Job Center)	Yes	
9.	Faith-based Organization(s)	Yes	1
10.	Homeless or Formerly Homeless Person(s)	Yes	2
11.	Hospital(s)	Yes	
12.	Other Primary Healthcare Provider(s) (e.g., Federally Qualified Health Center, Healthcare for the Homeless)	Yes	
13.	Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)	Nonexistent	
14.	Law Enforcement	No	
15.	Local Court Systems, Including Specialty Courts (e.g., Mental Health Court, Drug Court, Care Court)	Yes	
16.	Local Government Staff/Official(s)	Yes	2

17.	State Government Staff/Official(s)	Yes	1
18.	State or Local Elected Public Official(s)	Yes	
19.	Local Jail(s)	No	
20.	Mental Health Service Organization(s)	Yes	1
21.	Mental Illness Advocate(s)	Yes	
22.	Organization(s) led by and serving people with disabilities	Yes	
23.	Other homeless subpopulation advocate(s)	Yes	2
24.	Other nonprofit homeless assistance provider(s)	Yes	2
25.	Other social service provider(s)	Yes	1
26.	Public Housing Agencies	Yes	
27.	Recovery Housing or Sober Living Provider(s)	Yes	1
28.	School Administrators/Homeless Liaison(s)	Yes	
29.	School District(s)	No	
30.	Street Outreach Team(s)	Yes	
31.	Substance Abuse Advocate(s)	Yes	
32.	Substance Abuse Service Organization(s)	Yes	
33.	Universities	Yes	
34.	Veteran Serving Organization(s)	Yes	1
35.	Agencies Serving Survivors of Human Trafficking	Yes	
36.	Victim Service Provider(s)	Yes	1
37.	Domestic Violence Advocate(s)	Yes	
38.	Other Victim Service Organization(s)	Yes	
39.	State Domestic Violence Coalition	Yes	
40.	State Sexual Assault Coalition	Yes	
41.	Youth Advocate(s)	Yes	
42.	Youth Homeless Organization(s)	Yes	
43.	Youth Service Provider(s)	Yes	
44.	Other Homeless Assistance Provider(s)	Yes	
45.	Local Business or Chamber of Commerce or a Member of a Business Improvement District	Yes	
	Other: (limit 50 characters)		
46.			
47.			

1B-2.	Open Invitation for New Members.	
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Describe your CoC's transparent process (e.g., communicated to the public on the CoC's website) to invite new members to join the CoC at least annually.

(limit 2,500 characters)

The Homeless System Collaborative (HSC), the CoC, holds quarterly Meetings & monthly subcommittee meetings which are open to all interested stakeholders. Any interested person or agency may request membership in the CoC on a rolling basis. Solicitations for new members are sent out on an annual basis prior to the first CoC meeting of a new year. This solicitation goes out via email to the full CoC listserv and is also in the policies on the HSC website. In order to become a member, participants must submit a request to be approved at the full membership meeting. Once the full membership approves the nomination for general membership the request is sent to the Exec Committee (EC) for review & approvals. Meeting notices are sent out via email to human service listservs & meeting dates & locations are posted on the CoC website. The CoC has the membership process posted on the CoC website which is an accessible format for those with disabilities so interested parties can initiate the process at any time. The CoC has switched to all virtual meetings to ensure health & safety of participants as well as maximize attendance. The EC has been focused on expanding membership in the HSC to all agencies providing resources to those experiencing homelessness. This is happening with the full participation of Monmouth ACTS (Assisting Community Through Services) a public-private partnership between Monmouth County government and human services and community stakeholders. With the Community Engagement Network of Monmouth ACTS, the EC is identifying, educating, and encouraging local agencies regarding available federal, state, and local funding and providing technical assistance to assist with the expansion of their funding sources and develop viable CoC programs for the future.

1B-3.	CoC's Strategy to Solicit and Consider Opinions on Preventing and Ending Homelessness.	
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Describe your CoC's transparent process (e.g., communicated to the public on the CoC's website) to solicit and consider opinions regarding the CoC's general performance, strategies, and priority setting process from a broad array of individuals and organizations that have knowledge of homelessness or an interest in preventing or ending homelessness in the CoC's geographic area.
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(limit 2,500 characters)

The Homeless System Collaborative (HSC), the CoC, holds quarterly meetings & monthly subcommittee meetings which are open to all interested stakeholders. Any interested person or agency may request membership in the CoC on a rolling basis. In order to become a member, participants must submit a request to be approved at the full membership meeting. Once the full membership approves the nomination for general membership the request is sent to the Exec Committee (EC) for review & approval. Meeting notices are sent out via email to human service listservs & meeting dates & locations are posted on the CoC website. The CoC has the membership process posted on the CoC website which is an accessible format for those with disabilities so interested parties can initiate the process at any time. There is also an open discussion agenda item on all CoC general and Executive membership meetings to solicit input from members and public participants. The CoC has switched to all virtual meetings after soliciting input from all CoC members, which voted on moving forward with virtual meetings as they are more accessible.

During full HSC meetings (quarterly) and case conferencing meetings (monthly) there is an agenda item to discuss new or emerging trends. This allows providers the opportunity to discuss barriers they are seeing in making shelter/permanent housing placements. The Exec committee chair takes note of any issues to bring to the next Exec committee meeting. Ad Hoc meetings will be scheduled with the CoC Lead, Community Development office, coordinated entry agency.

1B-4.	Public Notification for Proposals from Organizations Not Previously Awarded CoC Program Funding.	
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Describe your CoC's transparent process to accept and consider proposals from organizations that have not previously received CoC Program funding including faith-based organizations.

(limit 2,500 characters)

Agencies were notified that the Executive Committee was accepting proposals for both new and renewal projects on June 8th, 2026 and the announcement was publicly posted on the CoC website. A technical assistance (TA) Training was held on June 15th, 2026. The CoC Lead Agency was available to answer questions about completing the local application process from any agency (currently funded and those not previously funded) prior to the final submission deadline on July 10, 2026. The apps were to be submitted electronically in Survey Monkey Apply. This was on the public announcement that was issued and was posted on the website. This was also announced at the TA session. The CoC announcement included the scoring tool which would be utilized to score all new and renewal projects as well as a pdf of the application tool that was in survey monkey apply. During the TA session these materials were provided and the criteria for eligible projects as well as the CoC's funding priorities were explained to all applicants. For those that could not attend the TA session it was recorded and sent out and questions were directed to the review committee and the CoC lead from any applicants. The RFP materials were sent out electronically in PDF & Word format via email and posted on the CoC website.

FY2026 CoC Application	Page 6	09/26/2026
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1B-5 Plan for Comprehensive Strategies for Reducing Homelessness.

Describe how your CoC will incorporate comprehensive strategies for reducing homelessness, including interventions in 42 U.S.C. 11386b(d) and other targeted projects for specific subpopulations, by providing a plan to address a gap in the CoC's current homelessness system.

(limit 2,500 characters)

The CoC Executive Board has two strategic planning sessions: the last meeting of a year and the first of the following year. At these meetings the Executive Board tracks progress on the previous years goals as well as the goals in the community's 10 year plan to end homelessness. The Executive Board then provides priority issues to work on to subcommittees for the coming year, develops working groups, ensures proper stakeholder engagement, or discusses alternative strategies. In 2026 the CoC Executive Board's goals were to implement the data strategic plan the community developed in 2025 and to launch the coordinated prevention system the CoC subcommittee worked to develop. The goal for the coordinated prevention system is to significantly reduce the number of persons entering homelessness. The CoC hired a data analyst in 2025 and the data analyst is tasked with tracking all strategic measures to ensure the system developed is effective.

1B-5a Confirmation of Plan Coverage.

Select 'Yes' or 'No' in the chart below to indicate whether your narrative in question 1B-5 addresses the following aspects of your plan to address a gap in the CoC's current homelessness system.

1. Identifies the gap, using data or stakeholder feedback	Yes
2. The strategy to address the needs of all relevant subpopulations	Yes
3. Sets quantifiable performance measures	Yes
4. Identifies timelines for the completion of specific tasks	Yes
5. Identifies specific funding sources for planned activities	Yes
6. An individual or body responsible for overseeing implementation of specific strategies	Yes

1C. Coordination and Engagement

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	1C-1. Treatment and Recovery Services—On-site Substance Use Treatment Availability.	
	You must upload the List of TH/RRH/PSH Projects and Treatment Providers with On-Site Substance Use Treatment attachment to the 4A. Attachments Screen.	
	What percent of your TH/RRH/PSH projects have substance use treatment available on site?	67%

If you are a rural CoC, describe what substance use treatment is available in your CoC and how people you serve access those services.

(limit 2,500 characters)

n/a

1C-1a. Treatment and Recovery Services—Outpatient Treatment for Mental Health and Substance Use Disorders.

Describe how your CoC partners with, or has projects that provide, outpatient treatment for mental health and substance use disorders with a range of appropriate levels of care, psychosocial interventions, medication management, suicide prevention, and recovery supports.

(limit 2,500 characters)

Monmouth County (MC) directly contracts with multiple behavioral health treatment providers to ensure quick, seamless access to a continuum of behavioral health services including withdrawal management (detox), residential treatment, intensive outpatient, outpatient, and halfway house services. Most of these providers have a psychiatrist on staff and can address co-occurring disorders. MC also funds community-based medication management and nursing services to support overall health care coordination for individuals with substance use or mental health disorders. Services are available for adolescents and adults, including pregnant women. MC also contracts with community-based organizations to deliver evidence-based suicide prevention programming throughout the county. We have established a Postvention Loss Team of mental health specialists under the Department of Health & Human Services (DHHS) that provides education, guidance, and resource linkage for communities and families up to 18 months following a traumatic loss. MC facilitates an overdose fatality review team and suicide fatality review team, looking at decedent journeys to determine system gaps and barriers. The team of providers and key experts make recommendations to prevent overdose and suicide deaths as well address local system issues.

MC also contracts with multiple non-profits that provide case management and peer recovery support services. Additionally, we fund Hope Sheds Light's HONOR program. The HONOR program receives referrals and builds meaningful partnerships with law enforcement and first responders to create seamless and often immediate navigation support. Once a referral is received, they respond within 24 hours by meeting with the participant in the community (face to face services) to provide recovery support and help navigate treatment and recovery resources. Through this grant, even if we are unable to make contact with the individual, we are often able to work with and support family members who are also in need of services. They work with these referrals to connect them to treatment and ongoing recovery support.

MC DHHD has a dedicated Office of Mental Wellness & Supportive Services that engages with the CoC to plan and coordinate behavioral health services for residents housed under CoC funds. In addition to formal contracts mentioned, there is strong partnership with all major hospital systems and other crisis-oriented programs including PESS, EISS, 988 and more.

1C-1b. Treatment and Recovery Services—Peer Support and Recovery Navigation.

Describe how your CoC partners with, or has projects that provide access to, peer recovery specialists or other forms of peer support and recovery navigation.

(limit 2,500 characters)

Monmouth County contracts with Preferred Behavioral Health Group, Visiting Nurse Association, Trinity Church, and Hope Sheds Light to provide a variety of peer recovery supports and case management with recovery navigation as a primary need. Through these contracts, peer specialists and case managers assist individuals with substance use disorder through wraparound services, including helpline navigation, placement into sober living, and connections to treatment and other recovery resources. As an example, Trinity Church has 2 case managers to engage with clients to provide wrap-around case management to address housing, job training, financial stabilization, and referrals for health care needs to support recovery from substance use disorder. Hope Sheds Light, a recovery community organization, also supports vocational training, recovery groups, transportation when needed, and wellness programs such as yoga and community events. These services help individuals build stability and maintain long-term recovery. They also provide family coaches who offer one-on-one support to family members by reaching out weekly. Also includes family support meetings for loved ones affected by substance use. They also offer two support groups for parents in recovery: one for moms and one for dads. These meetings are designed to address the specific challenges parents have to navigate in early recovery.

Monmouth County operates Resource Connect which includes behavioral health specialist social workers and service coordinators. Resource Connect is one number for County residents to call to be connected to a variety of resources. For individuals with substance use issues, there is a warm hand off directly to the appropriate agency to address the individual's substance use or recovery needs. Agencies have MOUs with the County to receive these referrals and provide priority access to services. Additionally, service coordinators can meet with residents in community to develop a service plan when hands on engagement is needed. Monmouth County also has the Ride for Recovery transportation program that provides rides to recovery related activities so that residents can continue to be engaged in the programs and supports that keep them on the road to recovery and in compliance with any court mandates where applicable. Rides are provided to AA/NA meetings, outpatient treatment, probation appointments, court, and church/worship services.

1C-1c. Treatment and Recovery Services—Connecting Individuals Experiencing Serious Mental Illness with the Services Necessary to Promote Stability.

Describe how your CoC identifies individuals experiencing Serious Mental Illness and connects them with the services necessary to promote stability, such as Assertive Community Treatment teams and other models that combine intensive care coordination and assertive outreach with comprehensive treatment.

(limit 2,500 characters)

In addition to the above-mentioned contracts and MOUs, CoC, through coordination with the broader Department of Health & Human Services, has strong partnerships with community-based crisis services as well as several initiatives aimed at identifying residents with serious mental illness and quickly connecting them to wrap-around services to meet their host of needs. For example, Monmouth County has Arrive Together teams partnering mental health providers with police departments to address mental health needs in real time. Link2Care, another initiative of the Prosecutor's Office, allows local law enforcement to send referrals to a team multi-disciplinary team of mental health providers, hospital systems, housing navigators, and others to ensure services are coordinated according to the individual's needs.

Monmouth County also has a Systems Review Committee, pulling together the crisis system partners to case conference individuals identified as having chronic persistent mental illness in need of an intensive care plan with a hands-on approach. These meetings include partners such as PACT, ICMS, Involuntary Outpatient, hospital crisis units, PESS, and more. In partnership with our County Correctional Institution, we can coordinate care for individuals identifying as having mental health needs prior to release. Through partnership with CPC Integrated Health, there is a mobile outreach van that goes to "hot spots" in the community to engage with residents and directly link them to services initiated on the outreach van.

1C-1d. Treatment and Recovery Services—Coordination with Providers in Connection with Drug or Other Specialty Courts.

Identify at least one partnership the CoC has with a provider or entity providing services in connection with Drug Courts and other specialty courts serving individuals with mental and substance use disorders, Assisted Outpatient Treatment (AOT) programs, and inpatient civil commitment.

(limit 500 characters)

MDHHS has a strong partnership with the MC Prosecutor's office that manages Drug Court. MC has a regional Recovery Diversion Program, which is the drug court model offered at the municipal court level. MCDHHS directly supports this program providing funding for peer recovery services & substance use treatment for program participants. The Prosecutor's Office also has Restart Diversion program, where non-violent, low-level offenders with mental health disorders are connected to treatment.

Describe how your CoC coordinates with the provider or entity identified above to support housing stability and movement towards independence, including by leveraging court orders.

(limit 2,500 characters)

Through the initiatives of the Monmouth County Prosecutor's Office, the court system is leveraged by providing treatment and wrap-around supports as a requirement of the programs to prevent or divert involvement with the criminal justice system. Wrap around supports include housing navigation, case management, substance use/mental health treatment, connection to work opportunities, including soft skill training, in addition to other resource connection that will support housing stability. Monmouth County also has a robust re-entry program for residents who have been incarcerated, with a reentry coordinator positioned in the county jail. The coordinator refers directly to ResourceConnect when an inmate is approaching release to provide immediate engagement and resource linkage. There is also regular communication and resources sharing with the County Adjuster who sits under DHHS, whose role is to schedule and coordinate court hearings for residents committed to the hospital.

1C-1e. Treatment and Recovery Services—Partnership with Local Crisis System of Care.

Identify at least one partnership the CoC has with the local crisis system of care including 988 and crisis contact centers, mobile crisis and outreach services, and crisis stabilization services.

(limit 500 characters)

MCDHHS has a dedicated Office of Mental Wellness & Supportive Services that engages with the CoC to plan and coordinate behavioral health services for residents housed under CoC funds. There is strong partnership with all major hospital systems and other crisis-oriented programs including PESS, EISS, 988 and their mobile response teams, Involuntary Outpatient Commitment, Drug Court, and more. There are regular meetings with these partners and case conferencing when needed.

1C-1f.	Treatment and Recovery Services—Availability of Units for Persons Reporting Chronic Substance Use.	
	You must upload the List of CoC Program Projects and the Number of Units that require Substance Abuse Treatment attachment to the 4A. Attachments Screen.	
	Identify the number of CoC Program-funded units that require program participant engagement in substance abuse treatment services as a condition of continued participation in the program in accordance with 24 CFR 578.75.	100

1C-1g.	Treatment and Recovery Services—24/7 Access to Detox, Residential, or Inpatient Treatment.	
Is there 24/7 access to detox, residential, and inpatient behavioral health treatment within the geographic area of your CoC?		Yes

1C-1h. Treatment and Recovery Services—Formal Partnership with Behavioral and Mental Health Facilities.

Identify at least one formal partnership the CoC has with a Certified Community Behavioral Health Clinic (CCBHC), Community Mental Health Center (CMHC), SAMHSA Projects for Assistance in Transition from Homelessness (PATH) provider, Grants for the Benefit of Homeless Individuals (GBHI) provider, or a similar facility if none of the above are located in the geographic area.

(limit 500 characters)

DHHS has a strong partnership with CPC Integrated Health, MC's largest community mental health center and CCBHC. In addition to their services through CCBHC, they have contracts with MC to provide various mental health and substance use treatment and recovery services. Additionally, we have a direct partnership with Mental Health Association with MC that is our PATH provider. CPC and MHA are both engaged in the various County initiatives mentioned previously (Arrive Together, Link2Care).

1C-1i. Treatment and Recovery Services—Sober Housing Availability.

Identify at least one new or existing CoC Program-funded project that operates sober housing in accordance with 24 CFR 578.93(b)(5).

(limit 500 characters)

Monmouth County provides funding to Hope Sheds Light that can give security deposit and one-month sober living funding for residents. If the residents agree to participate in their recovery program and work-ready activities, they can receive additional sober living assistance.

1C-1j. Treatment and Recovery Services—Warm Hand-Offs to Stable Housing Providers.

Describe how your CoC coordinates with the programs named in questions 1C-1a through 1C-1i to facilitate warm hand-offs to stable housing providers and prevent entry into homelessness.

(limit 2,500 characters)

Dept. of Health & Human Services has a strong partnership with CPC Integrated Health, Monmouth County's largest community mental health center and CCBHC. In addition to their services through CCBHC, they have contracts with Monmouth County to provide various mental health and substance use treatment and recovery services. Additionally, we have a direct partnership with Mental Health Association with Monmouth County that is our PATH provider and coordinated entry agency. CPC and MHA are both engaged in the various County initiatives mentioned previously (Arrive Together, Link2Care, Homeless System Collaborative, etc.) that aim to identify, outreach, and connect residents with mental health and/or substance disorders to treatment and wrap-around services, housing, and other human services.

1C-2.	Supportive Services Investment.	
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	Number
1. Enter your CoC's FY 2026 Annual Renewal Demand (ARD).	\$5,498,519
2. Of projects your CoC proposed to be funded in the FY 2026 CoC Program Competition, enter the total amount of funding for the supportive services budget line items.	\$1,619,059
3. Percent of your CoC's FY 2026 ARD (from element 1 above) that is supportive services funding (from element 2 above).	29%
4. Enter the amount of funding, leverage, match, and funding commitment from other formal partnerships in supportive services for the projects included in your CoC's FY 2026 ARD.	\$437,236
5. Percent of your CoC's FY 2026 ARD (from element 1 above) that is the supportive services funding in proposed projects (from element 2 above) plus the amount of funding, leverage, match, and funding commitment from other formal partnerships in supportive services (from element 4 above).	37%

1C-3.	Participation Requirements for Supportive Services.
	You must upload the Language from Project Supportive Service Agreements attachment to the 4A. Attachments Screen.
	What percent of your housing projects (TH, PH-PSH, PH-RRH, and Joint projects) require program participants to take part in supportive services (e.g. case management, employment training, substance use disorder treatment) in line with 24 CFR 578.75(h)?
	100.00%

1C-4. Consulting with ESG Recipients.

Describe how your CoC has and will continue to consult with ESG recipients in the planning and allocation of ESG funds.

(limit 2,500 characters)

The Monmouth County Office of Community Development (MCOCD) is the designated con-plan jurisdiction & ESG recipient in the region. MCOCD is a member of the CoC Executive Committee (EC). As a member of the EC, MCOCD integrates CoC identified needs & strategies into the ESG plan development & often brings ESG specific issues to the CoC table for discussion & strategy development. The NJ Department of Community Affairs (DCA) is the other ESG funded recipient funding projects in the CoC region. DCA hosts a public comment conference call after they have developed their funding priority recommendations for ESG funds annually. In addition, DCA hosted a CoC specific meeting to discuss how ESG funds could best be used in the community. The CoC participated in the meeting to provide feedback about the best ways to target ESG funding. All projects requesting funding through DCA ESG process must obtain a letter of support from the CoC. The CoC EC reviews all proposals requesting funding through the DCA ESG program & issues letters of support to those projects that are in line with local funding priorities & that demonstrate an ability to work with the CoC in ending homelessness. The CEA hosts monthly case conferencing calls to monitor the ESG RRH funded agencies to ensure are referrals come from the CEA agency & prioritization list. The CEA & CoC lead monitor the process to ensure no referrals are denied & all homeless persons have access to the vouchers.

1C-4a. Coordination with Emergency Shelter Providers.

Describe how your CoC coordinates with shelter providers to connect individuals and families with CoC assistance.

(limit 2,500 characters)

The emergency shelter providers, Jersey Shore Rescue Mission, Habcore's Fort Monmouth Shelter, Linkages-Family Shelter, Family Promise, and 180 (DV shelter), are members of the CoC and are actively involved with the CoC's coordinated entry system. The CoC's coordinated entry case conferencing meets monthly and is made up of stakeholders including street outreach providers, Dept of Social Services, and emergency shelter providers, case management, and housing providers who discuss the highest prioritized clients on the list, provide status updates, and coordinate permanent housing referrals. The emergency shelter providers then have the opportunity to discuss any high needs clients or new clients to their shelter that have not been assessed by coordinated entry. The emergency shelter providers have access to the prioritization assessment and can complete the assessment and send it to coordinated entry for inclusion on the prioritization list and referral to permanent housing opportunities.

1C-5. Data Sharing to Inform the Homelessness Response System.

Describe how your CoC has or will share PIT, HIC, HMIS, and System Performance data with state and local government as permitted by law in order to inform the homelessness response system.

(limit 2,500 characters)

The CoC Lead, Monmouth County Dept of Human Services (MCDHS), is the CoC Lead for the Monmout CoC and coordinates the PIT. MCDHS is responsible for data collection analysis, and reporting of all PIT, HIC, HMIS, and SPMs to HUD. MCDHS completes all data requirements, shares the data with local emergency management systems for inclusion in the seasonal planning for Code Blue and Code Red and helping the community ensure there are sufficient warming center sites available during the winter season. The PIT data is also shared with the county and municipal government community development offices for inclusion in their consolidated plans for ESG, CDBG and HOME funding. The CoC also has a dedicated data analyst responsible for implementing the community's data strategic plan. The data analyst receives requests from all locally coordinated human service or community needs committees to complete analysis, provide raw data for community planning, or preparing local reports to ensure the county leadership is informed and able to implement plans in response to real time needs.

1C-5a. Using Other Data Sources Alongside HMIS to Improve Care.

Describe how your CoC utilizes other data sources alongside HMIS to improve care (e.g., health care utilization and claims data, electronic health care record data; admission, discharge, and transfer data; and law enforcement and corrections system data).

(limit 2,500 characters)

The Monmouth County CoC coordinates with healthcare systems and the NJ courts to collect data surrounding frequent utilizers of health care systems and persons with eviction filings. The CoC has developed a hospital discharge planning committee which includes monthly case conferencing of high utilizers of Emergency Depts with the three major health care systems. The coordinated entry agency, Mental Health Association (MHA), facilitates these meetings and ensures all persons identified by the health care system are assessed, included on the prioritization list, and referred for permanent housing opportunities. There is a shared data agreement and the proper consents for data sharing are signed by all parties. The CoC also has a member agency, Community Action and Resource Center (CARC), that provides prevention funding in the community and is situated within the court house in Monmouth County atleast three days per week to provide resources. The agency coordinates with the court system to ensure those households at imminent risk of eviction are linked to proper resources. In 2022 through the Emergency Rental Assistance Program the MCDHS and the court system entered into a data sharing agreement to ensure prevention funds are linked with real time court data to prevent households from entering homelessness. This data sharing agreement is still in place.

1C-6. Employment and Workforce Development Partnership.

Identify at least one partnership the CoC has with employment and workforce development programs and organizations such as the Local Workforce Development Board, State Workforce Agency, American Job Center (also known as One-Stop Career Centers), registered apprenticeship program, community and technical college, union training program, adult education provider, or State Vocational Rehabilitation agency.

(limit 2,500 characters)

The financial recovery initiative (FRI) was developed by the Monmouth County Human Services Advisory Committee. The Financial Recovery Initiative organizes a structure at the County level to make connections among local communities, families and individual residents and government funding opportunities and other organizations providing financial support. The CoC works with the Workforce Development program, childcare resources, unemployment, and the division of social services to provide households with the support they need to access jobs and work to increase income. Staff from WDP and DSS sit on the CoC full committee and DSS is on the Exec Committee. DSS also works with the CE agency to ensure all homeless households have access

1C-7. Street Outreach—Cooperation with First Responders and Law Enforcement.

Describe in the field below how your CoC's street outreach projects (including co-response) cooperate with first responders and law enforcement to increase positive interactions in order to increase housing and service engagement and promote use of CoC services.

(limit 2,500 characters)

Mental Health Association of Monmouth County (MHA) operates the PATH program, coordinated entry, and street outreach. MHA encourages first responders to contact the agency when they encounter individuals or encampments experiencing homelessness. Local police departments are provided contact information and have a LINK2CARE program that provides direct referrals from law enforcement to MHA's outreach teams along with CPC for mental health care. engagement and connections to services.

1C-8. Family or Support Network Reunification.

Describe how your CoC, or your recipients, assist with family or support-network reunification efforts for individuals experiencing homelessness or living in CoC Program-funded housing (e.g., case management, travel costs, arrangement of assistance in another geographic area).

(limit 2,500 characters)

Monmouth DHHS behavioral health and substance abuse treatment providers work with families and support networks to coordinate discharge planning to ensure the individual leaving treatment has safe, secure housing; as well as the proper familial and community supports to ensure ongoing sobriety and treatment are effective. New Hope, Hope Sheds Light, and MHA all have flexible funding sources to assist with in and out of state transportation, moving or relocation costs, and other special assistance needed to coordinate stable discharges.

1C-9	Partnering with Public Housing Agencies—Agreement to Enable Transition to HUD Assisted Housing.		
	Does your CoC have an agreement with at least one public housing agency to enable participants to transition from Transitional Housing, Rapid Re-Housing, and Permanent Supportive Housing to HUD assisted housing?	Yes	

1C-10. Protecting Public Safety—Cooperation with Law Enforcement.

You must upload the Evidence of Coordination and Non-Interference with Local Efforts to Advance Protecting Public Safety attachment to the 4A. Attachments Screen.

Describe how your CoC cooperates and does not interfere with or impede local efforts to advance the objectives below, and assists first responders in providing services to homeless individuals.

(limit 2,500 characters)

Police officers frequently encounter individuals who appear to have untreated mental-health issues or could benefit from mental-health or special-needs resources. To avoid regular and ongoing police contact, the commission of crime, and any further decompensation, the Monmouth County Prosecutor's Office, under the leadership of Prosecutor Raymond S. Santiago, created a countywide program called the Monmouth County Prosecutor's Office Link 2 Care Referral and Follow-Up Program. Through Link 2 Care, Monmouth County police officers can refer individuals before a crisis to a team of mental health specialists from CPC Integrated Health and the Mental Health Association of Monmouth County (MHA) for case review, treatment, and management. For those individuals with substance-use issues who overdosed and/or are at a risk of an overdose, referrals will be sent to Hope Sheds Light to provide certified peer recovery services and linkage to treatment.

Mental-health specialists from CPC and MHA will receive the mental-health or special-needs referrals and contact the individual to set up an intake and collaborative treatment plan. The Link 2 Care mental-health specialists will also conduct case reviews, perform case management services, and work collaboratively with Monmouth County's ARRIVE Together Team to organize follow-up care with RWJ Barnabas Health's Monmouth Medical Center, which will participate in co-responding to behavioral crisis calls with selected police departments in Monmouth County. Certified peer recovery specialists from Hope Sheds Light will receive the substance use referrals and will contact the individual to educate them on the risk of overdose, motivate them to seek treatment, and provide them with 24/7 peer recovery support and resources.

1C-10a. Protecting Public Safety—Plan to Quickly Clear Tents and Encampments.

Identify local laws, policies, or other practices that help or hinder the CoC's ability to quickly clear tents and encampments on public property and connect individuals who are camping in public with appropriate services and provide a plan explaining how the CoC will leverage beneficial policies while overcoming the harmful effects of restrictive ones. If you cannot provide any mitigating steps, please explain why.

(limit 2,500 characters)

In Monmouth county, a local encampment was located on private property, which created some barriers but also provided an opportunity to encourage residents to transition to permanent housing. The timeline provided for the relocation helped create urgency, although it was difficult for individuals who had resided in the encampment for many years. A significant barrier remained the limited availability of affordable housing and vacancies and limited engagement from residents. The support of the local law enforcement and township to provide the necessary timeline for removal to residents allowed service providers to work with urgency to relocate residents.

1C-10b. Protecting Public Safety—Current Status of Tents and Encampments.

Describe the current status of tents and encampments in the CoC's geographic area.

(limit 2,500 characters)

Since the closure of the primary encampment in Monmouth County, there have not been large, concentrated tent encampments. Instead, tents are more sporadic, and individuals frequently move locations to avoid enforcement or camping in areas where they are not permitted.

1C-10c. Protecting Public Safety—Plan to Decrease the Public Use of Illicit Drugs.

Identify local laws, policies, or other practices that help or hinder the CoC's ability to decrease the public use of illicit drugs and quickly connect individuals who are using illicit drug in public with appropriate services and/or law enforcement and provide a plan explaining how the CoC will leverage beneficial policies while overcoming the harmful effects of restrictive ones. If you cannot provide any mitigating steps, please explain why.

(limit 2,500 characters)

Local nonprofits have developed rapport with the homeless population that have identified substance use issues. Outreach and engagement are ongoing, but additional resources are needed for substance-use treatment, particularly rehabilitation facilities that accept Medicaid and are accessible to clients geographically. Location and transportation barriers can prevent individuals from engaging in treatment or result in treatment being used primarily as a temporary solution to avoid homelessness during the winter. Additionally, making sure that Medicaid benefits and renewals are accessible to people experiencing homelessness given the change in renewal timelines. The CoC is working to overcome these barriers with the development of a transportation hub through Dept of Human Services to assist eligible persons in getting to treatment and a comprehensive collaborative of treatment providers meeting regularly.

1C-10d. Protecting Public Safety—Current Status of Overdoses and Illicit Drug Use in Public Spaces.

Describe the current status of overdoses and illicit drug use in public spaces in the CoC's geographic area.

(limit 2,500 characters)

Monmouth County has several policies and practices that support a public health/public safety approach to substance use.

Locally, we in Monmouth County have a well-established OFR (overdose fatality review) team and Community Outreach Committee that bring together public health, law enforcement, treatment, recovery and community partners. The County's Community Outreach Team specifically targets areas affected by substance use and overdose and provides resources to help connect individuals with treatment and recovery support services.

Another resource is our Recovery Diversion Program, which provides treatment support and resources to individuals with substance use and co-occurring disorders who become involved with the criminal justice system.

Overdose remains an important issue in Monmouth County, while available data indicates that overdose deaths have declined from the levels seen several years ago, overdose remains a significant concern. For 2025 there were a total of 89 fatal overdoses and reportedly 344 non-fatal. The CoC reviewed all street outreach encounters for the past 6 months in HMIS and only 9% of individuals contacted reported a substance abuse issue.

We in Monmouth County have been specifically looking at nontraditional locations and vulnerable populations. Our Overdose Fatality Review Team work has led to community outreach efforts targeting areas affected by substance use and overdose, motels, rooming houses/group homes, lunch programs and other locations where people congregate. These efforts include connections to medication and substance use and mental health treatment.

Overall, the situation is an ongoing overdose and substance-use issue with evidence of improvement in fatal overdose rates, but with continued concern regarding fentanyl (and the ever-changing landscape of adulterants and analogs), the priority should be continuing to bring outreach, treatment and housing connections directly to these individuals and locations rather than relying solely on individuals to enter the traditional service system on their own.

1C-10e. Protecting Public Safety—Standards to Address Danger to Self or Others.

Identify local laws, policies, or other practices that help or hinder the CoC's ability to utilize standards that address homeless individuals who are a danger to themselves or others (e.g., involuntary commitment) and provide a plan explaining how the CoC will leverage beneficial policies while overcoming the harmful effects of restrictive ones. If you cannot provide any mitigating steps, please explain why.

(limit 2,500 characters)

NJ Mental Health involuntary commitment laws are danger to self, others, or property and PESS goes into community to screen. PESS referrals can be initiated by anyone, including housing providers, other community members, agencies, family, etc. They go out with the police. If the person meets criteria or isn't cooperative, they can be involuntarily transported to the hospital. Our local PESS unit also has a preventative outreach program where they will go see a resident to engage them, even if they don't meet criteria for commitment. We do not have involuntary commitment for substance use disorder. For substance use, we leverage our partnership with recovery coaches to keep individuals engaged and communication open to navigate into recovery services and treatment.

1C-10f. Protecting Public Safety—Share Information in Accordance with SORNA.

Identify local laws, policies, or other practices that help or hinder the CoC's ability to comprehensively share information, including location information, in accordance with the Sex Offender Registry and Notification Act (SORNA) and provide a plan explaining how the CoC will leverage beneficial policies while overcoming the harmful effects of restrictive ones. If you cannot provide any mitigating steps, please explain why.

(limit 2,500 characters)

MCDHHS works collaboratively with behavioral health, substance abuse treatment, and housing partners across the CoC. MCDHHS as the CoC lead is able to facilitate cross care coordination and strengthen the partnerships of service partners across the continuum. MCDHHS enters into Business Associate Agreements (BAAs) with all providers that receive funds from the county that include consent information surrounding communication with the county about any high risk concerns for individuals in housing or treatment. The treatment providers also ensure proper consents with all community based service providers are signed upon entry to treatment to ensure care coordination. The treatment providers are mandatory reporters and will make the proper calls to law enforcement, child welfare, or 988/PESS if an individual is assessed and considered a danger to themselves or others.

1C-11. Outreach Strategy.

Describe your CoC's strategy to outreach to all individuals and families experiencing homelessness across your geographic area.

(limit 2,500 characters)

Mental Health Association (MHA) operates outreach teams in the CoC region, the PATH Team and the Housing Navigation Program (HNP Teams identify locations to target through reports from community partners (police, hospitals, churches etc) and work with clients they serve to discover additional locations that may be known only to other unsheltered persons. MHA expanded their outreach team in 2021 through ESG-CV funding to respond to the need in the community and was able to sustain the level of service by expanding their CoC contract in FY2022. In 2022 NJ DCA funded an additional street outreach team, Garden State, that covers the entire county. The outreach teams work collaboratively to cover the entire CoC. In 2024 NJ DCA funded an additional outreach team, CSPNJ, to cover the state. CSPNJ is a peer led agency with a Wellness Center in the CoC. Outreach staff operating out of this Wellness Center work specifically to engage unsheltered persons and coordinate with DSS and CE to connect people to resources. All four teams cover 100% of the geographic area targeting known locations, responding to calls for assistance/reports of unsheltered persons from community members and local law enforcement, and visiting key locations where unsheltered persons frequent such as libraries, soup kitchens, hospitals etc. Recently the teams have worked collaboratively to engage and house members of an encampment. MHA directs the unsheltered PIT count annually. They conduct outreach 5 days a week with on-call staffing after hours and on the weekends. Garden State works 7 days a week to outreach those experiencing unsheltered homelessness. They respond to encampments, work with local municipalities and law enforcement to ensure service connections are made and facilitate permanent housing placement. Outreach teams work with community liaisons to engage those who don't seek services connecting with religious and civic institutions serving different communities to help improve access to services. Teams use bi-lingual staff and translation services as necessary when working with persons with limited English proficiency. Additionally all teams are mobile enabling them to respond to clients wherever their need is.

1C-12.	Collaboration Related to Children and Youth–Written Agreements with Early Childhood Services Providers.	
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Select 'Yes' or 'No' in the chart below to indicate whether your CoC or HUD-funded projects in the CoC have written agreements with the listed providers of educational supports and services for children ages 0-5:

		Written Agreement
1.	Child Care (including Child Care and Development Fund)	Yes
2.	Early Childhood Providers	Yes
3.	Early Head Start	Yes
4.	Home Visiting Program (including Maternal, Infant and Early Childhood Home and Visiting or MIECHV)	No
5.	Head Start	Yes
6.	Healthy Start	Yes
7.	Public Pre-K	No
8.	Tribal Home Visiting Program	No

Other (limit 150 characters)	
9. n/a	No

1C-12a.	Collaboration Related to Children and Youth—Formal Partnerships with Schools and Youth Education Providers.	
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Select 'Yes' or 'No' in the chart below to indicate the youth education providers your CoC has a formal partnership with:

1.	McKinney-Vento Liaison(s) (including State Education Agency (SEA) or Local Education Agency (LEA))	Yes
2.	School District(s)	Yes
3.	General Education Development (GED) Program(s)	Yes
4.	Community College(s)	Yes
5.	Technical College(s)	Yes
6.	Other Post-Secondary Education Provider(s)	Yes

1C-12b. Collaboration Related to Children and Youth—Informing Individuals and Families who Become Homeless about Eligibility for Educational Services.

Describe your CoC's written policies and procedures to inform individuals and families who become homeless of their eligibility for educational services.

(limit 2,500 characters)

The CoC has adopted a policy requiring any agency providing services to households with school aged children to address the educational needs of the children in the household. Community agencies may fulfill this requirement by ensuring agency case managers are trained in the educational responsibilities & entitlements provided through the McKinney Vento legislation, or they connect students to community providers equipped to address their educational needs. All sheltering programs serving school aged youth are required to reach out to the school to inform them of the change in the household housing status & ensure the school district accommodates the student if they choose to continue their education there.

The Youth provider, Covenant House New Jersey (CHNJ), assists with the immediate needs of youth experiencing homelessness and linking them to critical services. CHNJ also connects with youth by presenting at committee meetings, community centers, events, and schools. The team visits schools and attends community events several times a year to hand out flyers and postcards (in English and Spanish) with information on CHNJ programs and to receive information about educational opportunities for their clients. Additionally, the CoC is working on developing a partnership between NJ211 & local McKinney-Vento homeless liaisons to expedite homeless families for assistance & connect them to the single point of entry & social services.

1C-12c. Collaboration Related to Children and Youth—Coordination with Foster Care or Child Welfare Services.

Describe how your CoC coordinates with foster care or child welfare services to assist youth transitioning from public systems of care.

(limit 2,500 characters)

The New Jersey Division of Children and Families (DCF) has local child welfare offices situated within each county in the state. The local offices are directly connected with the CoCs through a dedicated staff designee, Resource Development Specialist (RDS). The RDS and the assigned child welfare worker will coordinate supports to assist in stabilizing households, specifically with youth transitioning out of foster/public welfare placements, with access to permanent housing.

The Foster Youth Initiative program provides youth with long term housing vouchers and DCF has funded youth service providers statewide to provide housing navigation and supportive services to any youth in FYI or FUP vouchers. Monmouth County PHA and Asbury Park PHA both have adopted FYI initiatives. The NJDCF developed the Keeping Families Together program that provides long term case management and state rental assistance vouchers to families with children who have open child welfare cases and in need of housing supports, case management, linkage to substance abuse and recovery services. There are 60 vouchers through Bright Harbor Health under the KFT initiative in Monmouth County.

1C-12d. Collaboration Related to Children and Youth—Coordination with Runaway and Homeless Youth (RHY)-funded Providers.

Describe how your CoC coordinates with RHY-funded providers including Street Outreach Programs, Basic Center Programs, Transitional Living Programs, and Maternity Group Homes where such providers exist.

(limit 2,500 characters)

The Youth provider, Covenant House New Jersey (CHNJ), assists with the immediate needs of youth experiencing homelessness and linking them to critical services. Covenant House NJ has a transitional living program in the CoC and is requesting funding through this NOFO for funding to support and expand services to the CoC. Covenant House is also the service provider coordinating housing navigation to youth eligible for FYI vouchers through the Monmouth County and Asbury Park PHAs. Covenant House is an active member of the CoC and participates in fundamental system functions such as coordinated entry prioritization and referral process.

1C-13. Collaboration Related to Families with Children—TH or RRH Project Dedicated to Serving Families with Children.

Identify at least one Rapid Rehousing (RRH) or Transitional Housing (TH) project in the CoC that primarily or exclusively serves families with children experiencing homelessness in accordance with 24 CFR 578.93(b).

(limit 500 characters)

180 turning Lives around through both their TH-RRH program and DV Bonus RRH program primarily serves families with children.

1C-13a. Collaboration Related to Families with Children—Supportive Services to Improve Income to Pay Rent.

Describe how the project(s) identified in 1C-13 provides supportive services focused on improving incomes to pay rent, such as workforce development, job training, or registered apprenticeship programs.

(limit 2,500 characters)

The service needs of every survivor is assessed during intake, and a Safety Plan and a Service Plan is co-created with the survivor; both are updated periodically. The survivor is placed in housing first, while they work to improve income, credit scores and other barriers to housing. Supportive Services include:

180 will provide a wide range of supportive services through mainstream health, social service and employment programs:

- Housing Search and Counseling—180's will partner with the County's Central Intake /Housing Navigator to help place clients in housing, helping to find units based on client needs and preferences, provide trauma-informed housing counseling including safety planning, make appointments and maintain excellent relationships with landlords, so that even clients with poor credit are also able to find housing.
- Education and Employment Services—180 will work with the Monmouth County Workforce Development to assist with GED, job training, job search and employment. 180 links clients in need ESL classes with free classes held by the Community Affairs and Resource Center. 180 will partner with Brookdale
- Community College's Displaced Homemaker program to enroll survivors in short-term job training classes, leveraging an OVW grant to assess clients and provide such training.
- Legal services—180 will assist DV survivors to pursue child custody by making legal services available through its pro bono legal services, especially through its Family Justice Center. The latter provides information and court accompaniment and provides free legal assistance through an OVW grant with South Jersey Legal Services (for divorce, property owner issues) and NJ Crime Victims Law Center (child custody, restraining orders), and immigration assistance through American Friends Service Committee. 180 assists clients with applications for Victims of Crime Compensation Office (VCCO) funds, will provide transportation, as needed, and a support group for clients experiencing similar challenges.
- Bad Credit History— 180 will assess whether survivors need credit repair services, provided through our partner, Navicore, which specializes in assisting survivors to restore their credit. 180 will also use the National Network to End Domestic Violence (NNEDV)'s microloan program called the Independence
- Project. Microloans of \$100 are provided and the client pays \$10/month, with no interest, so their credit score can go up 50 points.

1C-13b. Collaboration Related to Families with Children—Leveraging Funding from Mainstream Family Service Systems.

Describe how the project(s) identified in 1C-13 leverages funding from mainstream family service systems, such as Temporary Assistance for Needy Families (TANF).

(limit 2,500 characters)

180 will provide information about community resources that include local food pantries, assistance applying for SNAP benefits, utilities payment assistance, health insurance, childcare and other services. 180 will leverage DV Housing First Flex Funds from the NJ Dept of Children and Families to help with survivors with any other needs related to obtaining affordable, safe housing, including childcare expenses, back rent, furniture and home goods, utilities payments, food, diapers, assistive devices, education and training. 180 also assists with gifts for holidays, school supplies, hygiene and other items, from donations it obtains from the community.

- Safety Planning – 180 partners with the nonprofit Safe Way Out, which provides workshops for clients to assess and fix cameras, alarms and other security items for client permanent housing,

1C-13c. Collaboration Related to Families with Children—Combining Housing Assistance with Parental Support.

Describe how the project(s) identified in 1C-13 combines housing assistance with childcare, parenting support, pregnancy-related and child healthcare, and education.

(limit 2,500 characters)

180 provides a variety of opportunities for program participants to connect; participation is voluntary. Group sessions at 180 allow for peer-to-peer support, guided by fully trained and experienced 180 staff personnel during these sessions. 180 offers groups related to financial empowerment as well as Support Advocacy Guidance and Empowerment (SAGE) groups on key topics that all survivors need to move forward – including the dynamics of domestic violence, safety, legal rights and legal options, services and legal assistance available through the Family Justice Center, as well as community resources. All resources, referrals and information that is available is shared with participants throughout their time in 180 programming.

- 180 staff strive to identify gaps in parenting skills; parenting groups and individual sessions are held as needed. Many of 180's SAGE groups are devoted to parenting issues unique to domestic violence survivors and the effect domestic violence has on parenting and children. Additionally, Amanda's Easel, 180's trauma-informed art therapy program, often pairs parents and children together, and then provides separate parent meetings to discuss how to enhance parenting for children who have experienced trauma.

1C-14. Collaboration with Veteran Serving Organizations—Partnership with the U.S. Department of Veterans Affairs or Veteran Serving Organization.

Identify at least one partnership the CoC has with the Department of Veterans Affairs or other Veteran Serving Organizations.

(limit 500 characters)

Soldier On, SSVF, and Garden State Homes, Bringing Veterans Home (BVH) provider are active CoC members. BVH is a statewide initiative that has helped the CoC reach functional zero for Veterans Homelessness

1C-14a	Collaboration with Veteran Serving Organizations.	
	Select 'Yes' or 'No' in the chart below to indicate whether the partnership(s) identified in 1C-14 does the following:	

1.	Refers veterans identified by the CoC to VA or other Veteran Serving Organizations for assistance?	Yes
2.	Coordinates the provision of emergency shelter, supportive services, and housing for veterans?	Yes
3.	Ensures access to a full spectrum of employment and career pathway opportunities?	Yes
4.	Shares data with the Department of Veterans Affairs as appropriate?	Yes
5.	Identifies service gaps for veterans?	Yes
6.	Fills service gaps for veterans?	Yes

1C-15. Collaboration with Organizations who Address the Needs of Survivors of Domestic Violence, Dating Violence, Sexual Assault, and Stalking.

Identify at least one partnership your CoC has with victim service providers, state domestic violence coalitions, state sexual assault coalitions, anti-trafficking service providers or other organizations who help provide shelter, housing, and services to individuals and families of persons experiencing trauma or a lack of safety related to fleeing or attempting to flee domestic violence, dating violence, sexual assault, and stalking.

(limit 500 characters)

180 Turning Lives Around, DV provider for the CoC operates ES, TH, and RRH and providers comprehensive services to survivors of DV.

1C-16. Collaboration with Justice System Re-entry Partners.

Identify at least one partnership your CoC has to prevent homelessness among people transitioning from prisons, jails, or court-ordered programs.

(limit 500 characters)

NJ Reentry and IDRC are programs designed to assist these homeless individuals in the community

1C-17. Collaboration with Partners to Address High Utilizers of Healthcare Systems.

Identify at least one partnership or project your CoC has to provide specialized supportive services for homeless individuals with a high level of medical needs.

(limit 500 characters)

Two programs these services are Visiting Nurses Association (VNA) and Adult Protective Services (APS). VNA has access to mobile units to do outreach. APS serves individuals experiencing homelessness with high medical needs.

1C-18. Collaboration with Partners to Address the Needs of Aging and Elderly Individuals Experiencing Homelessness.

Identify at least one partnership or project your CoC has to serve aging and elderly individuals experiencing homelessness, such as with a provider of residential care, assisted living, or medical respite services.

(limit 500 characters)

BoldAge PACE, is a Program of All-Inclusive Care for the Elderly. It is a Medicaid/Medicare program designed to help older adults get the care that they need in their homes/community. A PACE care team is made up of an 11-discipline interdisciplinary team provides you and your family with multiple layers of support that enable you to live at home, where you want to be, with services designed around your needs and personal goals. PACE is both the healthcare provider and the insurance provider.

1C-19. Permanent Supportive Housing for Chronically Homeless Individuals and Families—Project that Prioritizes Individuals Experiencing Chronic Homelessness.

Identify at least one Rapid Rehousing (RRH) or Permanent Supportive Housing (PSH) project that prioritizes individuals experiencing chronic homelessness.

(limit 500 characters)

Collaborative Support Programs of New Jersey, Monmouth County Tenant Based Rental Assistance Program is PSH dedicated to the chronically homeless.

1C-19a. Permanent Supportive Housing for Chronically Homeless Individuals and Families—On-site Behavioral Healthcare.

Describe how the project(s) identified in 1C-19 provides on-site behavioral healthcare.

(limit 2,500 characters)

CSPNJ assesses all participants upon intake and sets up an individualized service plan determining all needs including behavioral health. Those who qualify for and have a need for Community Support Services (CSS) will receive an initial Comprehensive Rehabilitation Plan Needs Assessment (CRNA) and Preliminary Individualized Rehabilitation Plan (PIRP) from our staff licensed clinician which will identify the level of service needs provided by our certified peer and or licensed behavioral health staff at the intervals determined in their PIRP. They will then receive updated Individualized Rehabilitation Plans (IRP) at the required intervals. Areas that are identified and goals are worked towards include illness management, crisis intervention and coordination of permanent housing and natural supports.

For those who either do not have a qualifying diagnosis for CSS or are not Medicaid billing eligible for other reasons, a similar though slightly less structured process is followed. With at least annual service plans conducted and goals identified. Case workers and peer support workers meet with individuals within their homes to work on the 8 dimensions of wellness including: Physical, spiritual, social, intellectual, emotional/mental, occupational, environmental and financial health.

For any of the above if a worker identifies a program participant in crisis, first an attempt will be made to stabilize the individual within the residence, second option is to see if a respite bed is appropriate and available, last measure is to call or transport the individual to the local screening center should they prove to be a danger to themselves, others or property.

1C-19b. Permanent Supportive Housing for Chronically Homeless Individuals and Families—Assesses Need for Higher Level of Care.

Describe how the project(s) identified in 1C-19 has a policy for assessing program participant need for higher level of care (i.e., assisted living, residential treatment).

(limit 2,500 characters)

During visits and annual assessments individuals are observed and documented with regard to their ADL (Activity of Daily Living) skills. Should an individual show signs of inability to clean, cook, maintain lease requirements, the first step is to see if increased support from our staff and/or community care managers will allow the individual to remain independent or if this is a temporary crisis that will pass. Should the individual continue to show a decline in the above skills or exhibit behaviors that could be dangerous to themselves or others in the community (hoarding, leaving cooking appliances on and unattended) a plan would be made to work toward alternate placement.

For physical health situations, an inability to safely ambulate in the community would lead to assessment for rehabilitation or long-term care through linkage to the program participants medical professionals.

Should the situation be related to a relapse into substance use, if the individual is no longer able to remain sober with outpatient treatment models, a residential substance use treatment center would be located and the process of referral begins.

1C-19c. Permanent Supportive Housing for Chronically Homeless Individuals and Families—Assesses Readiness for Moving On.

Describe how the project(s) identified in 1C-19 has a policy for assessing program participant readiness for moving on to unsubsidized or other permanent housing.

(limit 2,500 characters)

When a client is able to demonstrate stable adequate income such that they are paying 75% or higher of their unit rent, the individual will be assessed for moving on to a nonCOC voucher. Assessment would also include ability to follow lease terms and demonstrate positive landlord tenant and community relations. When a client is paying 95-100% of the rent on their unit, should they remain at this level of income for 6 months or more, they would be moved off the voucher program and the voucher reissued to another individual off of the coordinated assessment agency's list.

1D. Project Capacity, Review, and Ranking–Local Competition

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- Frequently Asked Questions

1D-1.	Project Review and Ranking Process Your CoC Used in Its Local Competition. We use the response to this question along with the required attachment as a factor when determining your CoC's eligibility for bonus funds and for other NOFO criteria below.	
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You must upload the Local Competition Scoring Tool attachment to the 4A. Attachments Screen.

Select 'Yes' or 'No' in the chart below to indicate how your CoC reviewed, rated, and ranked project applications during your local competition:

1.	Established total points available for each project application type.	Yes
2.	At least 50 percent of the total available points were based on objective criteria to review, rate, and rank project applications.	Yes
3.	At least 25 percent of the total available points were based on system performance measures to review, select and rate project applications.	Yes
4.	Considered returns to homelessness in reviewing, rating, and ranking housing projects (TH, PH-PSH, PH-RRH).	Yes
5.	Considered employment income in reviewing, rating, and ranking housing projects (TH, PH-PSH, PH-RRH).	Yes
6.	Considered supportive service participation requirements in reviewing, rating, and ranking housing projects (TH, PH-PSH, PH-RRH).	Yes

1D-2.	New Proposals.	
	Does your CoC invite new proposals from entities that have not previously received funding, if such eligible entities exist?	Yes

1D-2a.	Web Posting of CoC-Approved Consolidated Application Before the CoC Program Competition Application Submission Deadline.	
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	Enter the date your CoC posted all parts of the CoC-approved Consolidated Application on the CoC's website or partner's website—which included: 1. the CoC Application, and 2. Project Priority Listings.	
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You must enter a date in question 1D-2a.

1D-2b.	Notification to Community Members and Key Stakeholders by Email that the CoC-Approved Consolidated Application is Posted on the Website.	
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	Enter the date your CoC notified community members and key stakeholders that the CoC-approved Consolidated Application was posted on your CoC's website or partner's website.	
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You must enter a date in question 1D-2b.

1D-2c.	Local Competition Selection Results for All Projects.	
	You must upload the Local Competition Selection Results attachment to the 4A. Attachments Screen.	

	Does your attachment include: 1. Project Names, 2. Project Scores, 3. Project Rank, 4. Project Status—Accepted, Rejected, Reduced Reallocated, Fully Reallocated, 5. Amount Requested from HUD, and 6. Reallocated Funds +/-.	Yes
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1D-2d.	Projects Rejected/Reduced—Notification Outside of e-snaps.	
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1.	Did your CoC reject or reduce any project application(s) submitted for funding during its local competition?	Yes
2.	If you selected 'Yes' for element 1 of this question, enter the date your CoC notified applicants that their project applications were being rejected or reduced, in writing, outside of e-snaps.	07/29/2026
3.	Did your CoC inform applicants why your CoC rejected or reduced their project application(s) submitted for funding during its local competition?	Yes

1D-2e.	Projects Accepted—Notification Outside of e-snaps.	
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	Enter the date your CoC notified project applicants that their project applications were accepted and ranked on the New and Renewal Priority Listings in writing, outside of e-snaps.	07/29/2026
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1D-3.	Reallocation—Reviewing Performance of Existing Projects.	
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	Describe:
1.	your CoC's reallocation process to reallocate from lower performing projects to create new high performing projects, including how your CoC determined which projects are candidates for reallocation because they are low performing or less needed,
2.	whether your CoC identified any low performing or less needed projects through the process described in element 1 of this question during your CoC's local competition this year,
3.	whether your CoC reallocated any low performing or less needed projects during its local competition this year; and

4.	why your CoC did not reallocate low performing or less needed projects during its local competition this year, if applicable.
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(limit 2,500 characters)

1)Each renewal project is monitored on their performance based on data in HMIS and APRs for non-HMIS participating projects. Full points are received for projects where at least:

- 85% of households will remain housed for at least 12 months, exit to other PH, or continue in PH retention
- Less than 10% of those exiting PH return to homelessness
- 85% of households will maintain or increase income at exit and annual assessment
- 20% of adults who are not on SSI/SSD will be employed at program exit or annual assessment
- 85% of households will maintain or obtain mainstream non-cash benefits at program exit or annual assessment
- The project reports over 90% occupancy
- The project has less than 10% of data quality errors in HMIS

This monitoring score is then factored into the renewal local selection score

(2) The CoC reallocated projects this funding cycle based on project type and prioritized fundamental system components (HMIS and CE) and PSH; the projects that were able to transition to new SSO or TH component types were prioritized next.

(3)The CoC reallocated the lower priority projects based on criteria above

1D-3a.	Reallocation Between FY 2021 and FY 2026.	
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Did your CoC cumulatively reallocate at least 20 percent of its ARD between FY 2021 and FY 2026?	Yes
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2A. Homeless Management Information System (HMIS) and System Performance

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants; and
- Frequently Asked Questions

2A-1.	HMIS Vendor.	
	Not Scored—For Information Only	

	Enter the name of the HMIS Vendor your CoC is currently using.(limit 75 characters)	Foothold
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2A-2.	HMIS Implementation Coverage Area.	
	Not Scored—For Information Only	

	Select from dropdown menu your CoC's HMIS coverage area.	Multiple CoCs
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2A-3.	PIT Count—Methodology Change.	
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	Describe:
1.	any changes your CoC made to your unsheltered PIT count implementation, including methodology or data quality changes between 2025 and 2026, if applicable, and
2.	how the changes affected your CoC's PIT count results.

(limit 2,500 characters)

The CoC Outreach teams partnered with volunteers to count the unsheltered population more effectively throughout the CoC geographic region. 6 virtual trainings were conducted & readily available to all agencies, interviewers, and volunteers alike prior to the count. PIT Count & outreach trainings were also organized & co-facilitated by the Advisory Board. Outreach trainings had a heavy focus on motivational interviewing. PIT trainings provided viewers a full understanding of data collection requirements for all elements associated with PIT analysis including homeless history & disabling condition. The changes affected the CoC PIT Count. From 2025-2026 there was a 16 person decrease in the overall homeless population, both sheltered and unsheltered. The CoC has an extensive network of providers that assist with outreach activities throughout the year. The Outreach teams worked to identify locations where unsheltered persons stay & to improve engagement and secure participation in the PIT & on-going services in the community. Outreach efforts strengthened this year's PIT process. 64% of the PIT data was collected through HMIS & the remaining 36% of data was collected via client surveys. As a result of these changes, the CoC saw an increase in volunteer engagement & a reduction in the number of potentially duplicate surveys.

2A-4. Reduce Encampments—Actions to Reduce Encampments.

Describe in the field below the actions your CoC took to reduce the number of encampments or the number of people residing in encampments during your evaluation period.

(limit 2,500 characters)

The CoC has expanded the street outreach teams in the past three years. Two state funded street outreach teams, CSPNJ and GSH, as well as PATH, the Coordinated Entry street outreach staff all worked together to engage with an encampment discovered on private property in Neptune. In partnership with law enforcement over the course of the fall 2024 to late spring 2025 over 40 individuals were engaged and transitioned into permanent housing opportunities. Since there have been 2-3 new encampments that have arose, but significantly smaller only a handful of people in each.

2A-4a.	Reduce Encampments—Number of Encampments.	
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1. Enter the estimated number of encampments in the beginning of your evaluation period.	1
2. Enter the reduction in the number of encampments during your evaluation period.	0

2A-4b.	Reduce Encampments—Number of People in Encampments.	
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1. Enter the estimated number of people in encampments in the beginning of your evaluation period.	3
2. Enter the reduction in the number of people in encampments during your evaluation period.	0

 nbsp;

2A-4c. Reduce Encampments—Plans to Reduce Encampments.

If there has been no reduction in encampments or persons in encampments in your CoC, describe the plans your CoC has to participate in efforts to reduce these numbers.

(limit 2,500 characters)

Although the number of encampments has not reduced from 2025-2026, there has been significant progress in reducing the number of people staying in encampments. The dissolution of the encampment in Neptune in early 2025 was the most significant success of the coordinated outreach efforts. The case conferencing and intensive outreach supports continue to be deployed for all persons experiencing unsheltered homelessness to ensure another large encampment does not develop.

2A-5. Reducing the Number of First Time Homeless—CoC's Plan.

Describe your CoC's plan to decrease the number of individuals and families becoming homeless for the first time.

(limit 2,500 characters)

The Monmouth HSC prevention subcommittee was initiated in May 2025. The committee was tasked with developing a coordinated prevention system to more effectively utilize prevention and diversion funds in the community. All prevention providers, including faith based and grass roots agencies, were invited to design the system. All households at risk of homelessness and in need of homelessness prevention services can seek prevention services with any prevention service provider in the County or the HSC's coordinated entry provider. Contact information for each prevention organization is available through Monmouth Resource connect hotline.. The client will receive the same screening at all service providers, allowing the client to only initially connect with one agency, even if they would be better served by another partner agency.

Prevention organizations must ensure their funding amounts and eligibility criteria is in the Allco software system and service provider information is updated and accurate upon any change in staff or programming. Contact list must include hours of operations, timeframes for outreach, funding availability and any restrictions to when a prevention referral could be processed. The pilot of this system launches on November 1st 2026. The agencies are being trained on the software system in October.

2A-6. Reducing Length of Time Homeless—CoC's Plan.

Describe your CoC's plan to reduce the length of time individuals and families remain homeless.

(limit 2,500 characters)

The CoC is working to reduce the length of time (LOT) homeless through prioritization in the Coordinated Assessment (CA) process. The CA Agency, Mental Health Association (MHA), prioritizes households by CH status, vulnerability score & LOT homeless. Through this households with the longest histories of homelessness are the first connected to PH opportunities. MHA works to connect individuals as quickly as possible & will assist consumers in document collection & completing housing applications. MHA has been working diligently to connect PH opportunities to the system working with Low Income Housing Tax Credit Projects, Affordable Housing Developers & Private landlords in addition to CoC funded PSH. MHA is working to secure preference for referrals from all housing providers getting those agencies to sign MOUs detailing the referral & preference process.

A strategy that was implemented utilizing ERAP funds by the CoC was to implement a landlord engagement program. The housing navigators work to quickly fill units & facilitate PH opportunities for homeless households. The CoC utilizes the CEA & the prioritization list (PL) to identify those experiencing homelessness the longest. The CEA also has outreach case managers that continuously work in the community to engage & meet homeless people where they are to ensure they are connected to the PL, PH opportunities, & services. The CoC Lead Agency & the CEA work together to develop and implement strategies to reduce the LOT persons are homeless in the community.

2A-7.	Successful Permanent Housing Placement—Exits to Unsubsidized Housing.	
	Based on HMIS data, what percent of program participants exited from TH/RRH/PSH collectively to unsubsidized housing?	19.00%

Describe how you calculated the data for this response.
 (limit 2,500 characters)

To calculate this measure, HMIS data were reviewed for clients who exited Transitional Housing (TH), Rapid Re-Housing (RRH), or Permanent Supportive Housing (PSH). HMIS ReportBuilder reports was run for October 1, 2023–September 30, 2024 NJ-508.

The combined file was limited to records with an HMIS Project Type of Transitional Housing, PH – Rapid Re-Housing, or PH – Permanent Supportive Housing; all other project types were excluded. Because the reports include everyone enrolled during the period, records were then filtered by Discharge Date so that only exits occurring within the reporting period were counted.

Exits were then filtered using the HMIS Destination field to identify exits to the following unsubsidized permanent housing destinations:

- Staying or living with family, permanent tenure;
- Staying or living with friends, permanent tenure;
- Rental by client, no ongoing housing subsidy; and
- Owned by client, no ongoing housing subsidy.

Pivot tables were used to count qualifying exits for each destination, grouped by CoC and project type. The four destination totals were summed to produce the numerator. The denominator was the total number of TH, RRH, and PSH exits during the period to any destination. The measure was calculated by dividing the numerator by the denominator, producing the percent of program participants exiting TH, RRH, and PSH collectively to unsubsidized housing.

2A-8.	Housing Inventory Count (HIC) and Point-in-Time (PIT) Count Date.	
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	Enter the date your CoC conducted its 2026 Housing Inventory Count (HIC) and Point-in-Time (PIT) count.	01/27/2026
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2A-8a.	HIC and PIT Count Data–HDX 2.0 Submission Date.	
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	Did your CoC submit its 2026 Housing Inventory Count (HIC) and Point-in-Time (PIT) count data in HDX 2.0 by April 30, 2026, 8:00 p.m. EDT?	Yes
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2A-8b.	Longitudinal System Analysis (LSA) Data–HDX 2.0 Submission Date.	
	You must upload your CoC's FY 2026 HDX Competition Report to the 4A. Attachments Screen.	

Did your CoC submit at least two usable LSA data files to HUD in HDX 2.0 by January 16, 2026, 11:59 p.m. EST?	Yes
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2A-8c.	System Performance Measures (SPM) Data–HDX 2.0 Submission Date.	
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	Did your CoC submit its FY 2025 System Performance Measures data in HDX 2.0 by March 4, 2026, 8:00 p.m. EDT?	Yes
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2A-9.	HMIS and Comparable Database Participation—Bed Coverage Rate.	
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Using the FY 2026 HDX Competition Report we issued your CoC, enter data in the chart below by project type:

Project Type	Adjusted Total Year-Round, Current Non-VSP Beds	Adjusted Total Year-Round, Current VSP Beds	Total Year-Round, Current, HMIS Beds and VSP Beds in an HMIS Comparable Database	HMIS and Comparable Database Coverage Rate
1. Emergency Shelter (ES) beds	139	38	146	82.50%
2. Safe Haven (SH) beds	0	0	0	0.00%
3. Transitional Housing (TH) beds	42	7	22	45.00%
4. Rapid Re-Housing (RRH) beds	42	63	95	90.00%
5. Permanent Supportive Housing (PSH) beds	771	0	466	60.00%
6. Other Permanent Housing (OPH) beds	105	0	0	0.00%

2A-9a.	Partial Credit for Bed Coverage Rates of 84.99 Percent or Lower for Any Project Type in Question 2A-9.	
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For each project type with a bed coverage rate that is 84.99 percent or lower in question 2A-9, describe:

1.	steps your CoC will take over the next 12 months to increase the bed coverage rate to at least 85 percent for that project type, and
2.	how your CoC will implement the steps described to increase bed coverage to at least 85 percent.

(limit 2,500 characters)

The CoC will explore the following steps:

ES, TH, PSH project types:

Have the agencies complete quarterly bed inventory reports that we then enter in HMIS for them.

Have the agencies complete project status reports to see which projects need to be discontinued in HMIS that are no longer operating, and for which clients need to have their discharges backdated.

Send quarterly reports and guidance to agencies on discharging clients with dated last contact dates and no discharge date.

For projects no longer using HMIS and refusing to go back to using it and not using a comparable database – making sure their project is marked as ‘non-HMIS participating’.

For projects using comparable databases – if they are not already importing their data by CSV into HMIS – work with them to do so.

Encourage (meet with) service providers that don’t use HMIS and don’t have the capacity to use it - to fill out proxy data entry forms that can be entered into HMIS by the CoC.

Encourage (meet with) service providers that don’t use HMIS that do have the capacity to use HMIS – to start using HMIS; mention training and the importance of using it; offer to pay for licenses.

PSH projects:

Send quarterly reports and guidance to agencies that are missing Permanent Housing Move In dates, with quarterly meetings.

Encourage the NJ HMIS vendor to make the location of the Permanent Housing Move In Date field in HMIS more intuitive and with mouse over explanations for clarity.

2.) The CoC will implement the above steps in the following ways:

For the quarterly bed inventory reports and project status reports:

Work on creating intuitive forms, potentially utilizing tools such as AirTable or Microsoft Power Pages.

Decide on the best way to reach out to providers regarding the completion of these forms.

For reaching out to agencies with projects that are not discharging clients or inputting PH Move In Dates, and projects that are no longer using HMIS:

Create custom reports to identify the clients and projects.

Decide on the best way to reach out to the relevant agencies.

For reaching out to agencies that don’t use HMIS:

First identify which ones use comparable databases, which ones have the capacity to use HMIS but are not, and which ones do not have the capacity to use HMIS.

Schedule meetings with them to discuss the best data entry path forward for them, along with training and resources available to them.

3A. Policy Initiatives

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- Frequently Asked Questions

3A-1.	Supporting Activities within an Opportunity Zone.	
	You must upload the HUD-2996 Certification for Opportunity Zone Preference Points attachment to the 4A. Attachments Screen.	

1.	Will the proposed activities/projects occur within Opportunity Zone Census Tracts?	No
2.	Do you expect to use at least 50% of the proposed activities/projects in Opportunity Zones Census Tracts?	No

3A-2	Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes.
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Is your CoC requesting to designate one or more of its SSO, TH, or Joint TH and PH-RRH component projects to serve families with children or youth experiencing homelessness as defined by other Federal statutes?

No

4A. Attachments Screen For All Application Questions

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants; and
- Frequently Asked Questions

We have provided the following guidance to help you successfully upload attachments and get maximum points:

1.	You must include a Document Description for each attachment you upload; if you do not, the Submission Summary screen will display a red X indicating the submission is incomplete.		
2.	You must upload an attachment for each document listed where 'Required?' is 'Yes'.		
3.	We prefer that you use PDF files, though other file types are supported—please only use zip files if necessary. Converting electronic files to PDF, rather than printing documents and scanning them, often produces higher quality images. Many systems allow you to create PDF files as a Print option. If you are unfamiliar with this process, you should consult your IT Support or search for information on Google or YouTube.		
4.	Attachments must match the questions they are associated with.		
5.	Only upload documents responsive to the questions posed—including other material slows down the review process, which ultimately slows down the funding process.		
6.	If you cannot read the attachment, it is likely we cannot read it either.		
	. We must be able to read the date and time on attachments requiring system-generated dates and times, (e.g., a screenshot displaying the time and date of the public posting using your desktop calendar; screenshot of a webpage that indicates date and time).		
	. We must be able to read everything you want us to consider in any attachment.		
7.	After you upload each attachment, use the Download feature to access and check the attachment to ensure it matches the required Document Type and to ensure it contains all pages you intend to include.		
8.	Only use the 'Other' attachment option to meet an attachment requirement that is not otherwise listed in these detailed instructions.		
Document Type	Required?	Document Description	Date Attached
01. 1C-1. List of TH/RRH/PSH Projects and Treatment Providers with On-Site Substance Use Treatment	Yes	1C-1. List of TH...	09/26/2026
02. 1C-1f. List of CoC Program Projects and Number of Units that require Substance Abuse Treatment	Yes	1C-1f. List of Co...	09/26/2026
03. 1C-3. Language from Project Supportive Service Agreements	Yes	1C-3. Language fr...	09/26/2026
04. 1C-10. Evidence of Coordination and Non-Interference with Local Efforts to Advance Public Safety	Yes	1C-10. Evidence o...	09/26/2026
05. 1D-1. Local Competition Scoring Tool	Yes	1D-1. Local Comp...	09/26/2026

06. 1D-2c. Local Competition Selection Results	Yes	1D-2c. Local Comp...	09/26/2026
07. 2A-8b. FY 2026 HDX Competition Report	Yes	2A-8b. FY 2026 HD...	09/26/2026
08. 3A-1. HUD-2996 Certification for Opportunity Zone Preference Points	No		
09. 3A-2a. Project List for Other Federal Statutes	No		
10. 3A-DP. Your CoC's Policy or Statement to Advance Recovery	No	3A-DP. Your CoC's...	09/26/2026
11. Other	No		

Attachment Details

Document Description: 1C-1. List of TH/RRH/PSH Projects and Treatment Providers with On-Site Substance Use Treatment

Attachment Details

Document Description: 1C-1f. List of CoC Program Projects and Number of Units that require Substance Abuse Treatment

Attachment Details

Document Description: 1C-3. Language from Project Supportive Service Agreements

Attachment Details

Document Description: 1C-10. Evidence of Coordination and Non-Interference with Local Efforts to Advance Public Safety

Attachment Details

Document Description: 1D-1. Local Competition Scoring Tool

Attachment Details

Document Description: 1D-2c. Local Competition Selection Results

Attachment Details

Document Description: 2A-8b. FY 2026 HDX Competition Report

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description: 3A-DP. Your CoC's Policy or Statement to Advance Recovery

Attachment Details

Document Description:

Submission Summary

Ensure that the Project Priority List is complete prior to submitting.

Page	Last Updated
1A. CoC Identification	09/24/2026
1B. Coordination and Engagement–Accountable Structure and Participation	09/26/2026
1C. Coordination and Engagement	09/26/2026
1D. Project Review/Ranking	Please Complete
2A. HMIS Implementation	09/26/2026
3A. Policy Initiatives	09/26/2026
4A. Attachments Screen	09/26/2026
Submission Summary	No Input Required

1C-1

List of TH/RRH/PSH Projects and Treatment Providers with On-Site Substance Use Treatment

- 1) Lunch Break: Family Promise TH program
- 2) Habcore Leasing Transition: TH program
- 3) Habcore Stonehurst RA Program: PSH
- 4) Catholic Charities: Linkages TH program and DV TH program
- 5) CSPNJ Monmouth TBRA program: PSH
- 6) Trinity Episocopal Radical Wellbeing: RRH

1C-1f

List of CoC Program Projects and Number of Units that Require Substance Abuse Treatment

Tier	Rank	Score	Agency	Project	Program Type	Units	Substance Abuse Required (# units)
1	1	92	Trinity Episcopal Church	Trinity Center for Community's Radical Well-being Pro	PH	4	4
1	3	89	Collaborative Support Programs of New Jersey	Monmouth County Tenant Based Rental Assistance	PH	13	13
1	4	89	HABcore, Inc.	HABcore Stonehurst RA FY24	PH	7	7
1	5	84	County of Monmouth	Homeward Bound Renewal 2024	PH	68	0
1	6	84	180 Turning Lives Around, Inc.	TH/RRH FY2024	Joint TH & PH-RRH	5	0
1/2	9	93	HABcore, Inc.	Habcore Monmouth Leasing Transition Grant	TH	86	86
2	10	82	Covenant House New Jersey, Inc	Covenant House NJ Rights of Passage Asbury Park TH	TH	10	10
2	13	93	Catholic Charities	Linkages-DV	TH	16	16
2	13	93	Catholic Charities	Linkages	TH	12	12
2	15	93	180 Turning Lives Around, Inc.	RRH Project 2026	PH-RRH	20	0
2	16	84	Lunchbreak	Family Promise	TH	4	4

1C-3

Language from Project Supportive Service Agreements

- 1) Catholic Charities-
Linkages
- 2) 180 Turning Lives
Around- TH-RRH and
RRH DV Bonus
- 3) Covenant House: SSO and
Rights of Passage
- 4) Habcore: Stonehurst and
Transitional Housing
- 5) Lunch Break- Family
Promise
- 6) CSPNJ- TBRA



LINKAGES TRANSITIONAL HOUSING: SERVICE PARTICIPATION AGREEMENT

Participant Name: _____

Household Members: _____

Program Case Manager/Representative: _____

Effective Date: _____

Term of Agreement: From _____ to _____

1. PURPOSE

This Service Participation Agreement ("Agreement") establishes the terms and conditions under which the Participant will receive services and assistance through the Housing Program ("Program"). The purpose of the Program is to provide housing-related support, resources, and services designed to assist Participants in achieving and maintaining stable housing.

This Agreement is not a lease, rental agreement, or property management contract unless otherwise specified in writing.

2. SERVICES PROVIDED

Subject to Program availability and eligibility requirements, the Program may provide one or more of the following services:

- Housing placement assistance
- Rental assistance
- Case management services
- Financial literacy education
- Employment and benefits counseling
- Life skills training
- Referrals to healthcare, counseling, and community resources
- Tenant education and advocacy
- Other housing-related support services

The Program reserves the right to modify services based on funding, availability, or Participant needs.

3. PARTICIPANT RESPONSIBILITIES

The Participant agrees to:

A. Maintain Eligibility

- Provide accurate and complete information to Program staff.
- Notify the Program of any changes in income, household composition, employment status, contact information, or housing status within ten (10) business days.

B. Participate in Services

- Attend scheduled meetings, assessments, and appointments.
- Engage in service planning and goal-setting activities.
- Cooperate with Program staff in developing and implementing a housing stability plan.

C. Comply with Housing Requirements

- Follow all applicable lease terms and property rules.
- Maintain the housing unit in a safe and sanitary manner.
- Avoid activities that may threaten the safety, well-being, or rights of others.

D. Financial Responsibilities

- Pay any required participant contributions, rent portions, utilities, or fees as required by the Program or housing provider.
 - Provide documentation necessary to verify income and eligibility.
-

4. PROGRAM RESPONSIBILITIES

The Program agrees to:

- Treat Participants with dignity and respect.
 - Provide services in a professional and nondiscriminatory manner.
 - Maintain confidentiality of Participant information as permitted by law.
 - Inform Participants of available services, requirements, and any significant Program changes.
 - Respond to Participant questions and concerns in a timely manner.
-

5. CONFIDENTIALITY

Information collected by the Program will be kept confidential and used only for Program administration, service coordination, reporting requirements, and legal compliance, except as authorized by the Participant or required by law.

The Participant may be asked to sign separate consent forms authorizing the release of information to other service providers, landlords, or agencies.

6. NONDISCRIMINATION

The Program shall not discriminate based on race, color, religion, sex, gender identity, sexual orientation, national origin, age, disability, veteran status, marital status, or any other protected characteristic under applicable law.

7. GRIEVANCE PROCEDURE

Participants may submit complaints or grievances regarding Program services by:

1. Submitting a written complaint to the Program Representative.
2. Participating in a review meeting if requested.
3. Receiving a written response regarding the outcome of the review.

The filing of a grievance shall not result in retaliation.

8. TERMINATION OF PARTICIPATION

Program participation may be terminated for any of the following reasons:

- Failure to maintain Program eligibility.
- Repeated failure to participate in required services.
- Fraud, misrepresentation, or intentional withholding of information.
- Threatening, violent, or illegal behavior.
- Violation of Program policies.

When practicable, the Program will provide written notice of termination and information regarding any appeal process.

Participants may voluntarily withdraw from the Program at any time by providing written notice.

9. LIMITATION OF SERVICES

The Program does not guarantee:

- Permanent housing placement.
- Approval for rental assistance.
- Continued funding availability.
- Employment, benefits, or specific housing outcomes.

Services are contingent upon available resources, eligibility, and Program requirements.

10. INDEMNIFICATION

To the extent permitted by law, the Participant agrees that the Program shall not be liable for losses, damages, injuries, or claims arising from the Participant's actions, omissions, or use of housing services, except where caused by the negligence or willful misconduct of the Program.

11. ACKNOWLEDGMENT

By signing below, the Participant acknowledges that:

- They have read and understand this Agreement.
 - They have had an opportunity to ask questions.
 - They agree to comply with Program requirements.
 - They understand participation is voluntary and subject to Program policies.
-

PARTICIPANT

Participant Name: _____ Signature: _____

Date: _____

PROGRAM REPRESENTATIVE

Representative Name: _____ Title: _____

Signature: _____ Date: _____



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September 22, 2026

Monarch Housing
226 North Avenue
West Cranford, NJ 07016

180 Turning Lives Around provides emergency shelter and rapid rehousing services, including transitional housing, to victims of domestic violence, sexual violence, dating violence and stalking.

In accordance with the Violence Against Women Act (reauthorized in 2022) and the Office on Violence Against Women under the U.S. Department of Justice, domestic violence survivors who receive housing assistance cannot be mandated to engage in supportive services to receive housing support.

All survivors are encouraged to voluntarily participate in case management, counseling, financial counseling, job skills, employment assistance, and other services offered by 180 and its program partners as part of their Housing Stability Plan.

Sincerely,

A handwritten signature in black ink, appearing to read 'Andrea'.

Andrea Melancon
Chief Operating Officer

COVENANT HOUSE NEW JERSEY

Rights of Passage (ROP)

Occupancy and Supportive Services Agreement

Transitional Housing • HUD Continuum of Care Program (24 CFR Part 578)

What This Agreement Is

This agreement explains what it means to live at Rights of Passage (ROP). It describes what Covenant House New Jersey (“we,” “CHNJ”) promises to you, and what we ask of you (“you,” the “resident”) while you live here. Please read it carefully and ask questions about anything that is unclear. Signing this agreement is required to live at ROP, as required by 24 CFR 578.77(a). It also serves as your supportive services agreement under 24 CFR 578.75(h).

ROP is transitional housing. It is a safe place to live while you build the income, skills, and connections you need for a home of your own. It is not permanent housing.

Resident name: _____

Room / unit: _____ **Move-in date:** _____

Program address: _____

How Long You Can Stay

This agreement begins on your move-in date and lasts for one month. It renews automatically each month as long as you are meeting the terms of this agreement. Because ROP is transitional housing, the total time you can stay is up to 24 months. Your case manager will work with you from day one on a plan to move to stable housing before that time is up.

What We Provide

- A furnished place to live, with utilities included.
- A dedicated case manager and a written service plan built around your goals.
- Supportive services described in the next section, at no cost to you.
- A safe, respectful environment, guided by our commitment to Unconditional Love and Absolute Respect.
- Help planning your move to permanent housing

Supportive Services: What We Ask of You

ROP is more than a room — the services are the heart of the program. We require you to take part in supportive services as a condition of living here. By signing this agreement, you agree to:

- **Meet with your case manager** at least once a week, and work together on your individualized service plan within your first two weeks.
- **Take part in employment and education activities** that fit your plan — for example: job readiness and employment training, job search, work, school, GED/HSE classes, or vocational programs.
- **Take part in life skills services** such as budgeting and money management, cooking and household skills, healthy relationships, and tenancy skills.
- **Attend house meetings** and scheduled program activities.

- **Follow through on referrals you and your case manager agree to** — for example, benefits enrollment, health care, childcare, legal help, or transportation assistance.
- **Engage in at least 20 hours per week of services, activities or employment for all program participants**, except for a program participant over age 62 or who is an individual with handicaps as defined in 24 CFR 8.3 or a with a developmental disability as defined under 24 CFR 578.3, examples of services or activities include case management, counseling, treatment, volunteering, work therapy, education, job training, community-building activities, etc. Employment may contribute to the 20 hours per week of engagement.

We also offer, and can connect you to, counseling, mental health services, and substance use treatment. We will encourage these services when they can help you, and they can be included in your service plan with your agreement. Consistent with 24 CFR 578.75(h), we will never require you to take part in disability-related services (such as mental health treatment or medication) as a condition of living here.

If you are working or in school, your service schedule will be adjusted so it fits around your job or classes. If you are struggling to participate, we will not give up on you — our staff practice Relentless Engagement, which means we keep reaching out, keep offering, and keep adjusting the plan with you.

Occupancy Charge and Savings

You may be asked to pay a monthly occupancy charge. It will never be more than what federal rules allow (24 CFR 578.77(b)): the highest of 30% of your monthly adjusted income, 10% of your monthly gross income, or the housing portion of any public assistance you receive. If you have no income, you pay nothing.

Monthly occupancy charge at move-in: \$ _____

Your charge will be recalculated when your income changes — tell your case manager about any change within two weeks. Part of the ROP model is saving for your future: your case manager will work with you on a savings plan so you leave the program with money set aside for your own housing.

Your Responsibilities as a Resident

- Follow the ROP house rules, which you will receive and sign separately.
- Treat other residents, staff, and neighbors with respect. Violence, threats, and weapons are not allowed.
- Do not use or share alcohol or illegal drugs on the property.
- Keep your room clean and safe, and report anything that needs repair.
- Follow the guest and overnight policies in the house rules.
- Give honest information about your income and household so we can calculate your occupancy charge correctly.

Ending This Agreement

If you choose to leave: You may leave the program at any time. Please give us as much notice as you can so we can help you plan your next step.

If we end your stay: Ending someone's housing is a last resort, used only for serious or repeated violations of this agreement, and only after we have tried other steps first —

like extra check-ins, a revised plan, or a behavior agreement. If we do move to end your stay, federal rules (24 CFR 578.91) guarantee you a fair process:

- You will get written notice that clearly explains the reason.
- You can respond and present your side, in writing or in person, and you may bring a support person.
- Your appeal will be reviewed and decided by someone other than the person who made the original decision.
- You will get a prompt written decision.

Even if your stay at ROP ends, we will not simply put you out with nowhere to go. We will work to connect you to other housing and services whenever possible.

Safety exception: You will never be penalized or asked to leave because you are a victim of domestic violence, dating violence, sexual assault, or stalking. You have protections under the Violence Against Women Act (VAWA), and you will receive a separate notice of those rights.

Your Rights

- You will not be discriminated against because of race, color, religion, national origin, sex, sexual orientation, gender identity, disability, familial status, or age.
- If you have a disability, you may request a reasonable accommodation at any time.
- If English is not your preferred language, we will provide free interpretation and translated documents.
- Your personal information is kept confidential. Information entered into HMIS (the Homeless Management Information System) is protected, and staff will explain what is shared and why.
- You may file a grievance at any time using CHNJ's grievance procedure, without fear of retaliation. Staff will give you a copy and explain how it works.

Agreement

By signing below, we each agree to everything in this document. You will receive a signed copy to keep. This agreement renews automatically each month for up to 24 months total, unless it is ended as described above.

Resident signature

Date

Resident name (printed)

CHNJ staff signature

Date

CHNJ staff name and title (printed)

A copy of this signed agreement was given to the resident on: _____



HABcore, Inc. Supportive Services Agreement

I, _____ agree to accept supportive services

from HABcore Supportive Housing Coordinators as a requirement of participating in HABcore's Housing Program.

Services include, but are not limited to the following:

- Individual assessment & development of Individualized Service Plan;
- Assistance with the location and stabilization of housing;
- Tenant/landlord mediation as needed;
- Service referral and coordination;
- Advocacy;
- Linkage with community resources;
- Assistance in obtaining entitlements;
- Supportive counseling;
- Crisis intervention;
- Development of social skills;
- Access to Supportive Housing Coordinator by phone # _____
- Bolstering natural support networks.

Name (Print)

Signature

Date

Supportive Housing Coordinator (Print)

Signature

Date



Your Responsibilities

You must follow all Rules in your Program Handbook, occupancy agreement and any lease associated with the property.

Participation in the transitional housing organization's program

- You must seek employment, education, or training when appropriate.
- You must participate in assessment and case management services.
- You must seek appropriate permanent housing.

HABcore's Right to Transfer or Terminate You from the Program

HABcore Transitional Housing Program can TRANSFER you to another provider/program.

- You must receive at least 15 days' oral and written notice of the transfer date and the reason for the transfer. However, in the case of an emergency transfer, this does not apply.
- You can be transferred through direct arrangements with other shelter or housing organizations or with HABcore.
- You can be transferred when you consent to the transfer.
- You can be transferred without your consent if:

HABcore Transitional Housing Program identifies and secures a placement that more appropriately meets your medical, mental health, behavioral, or rehabilitative service needs; or

You do not comply with the rules and responsibilities of the HABcore program.

HABcore Transitional Housing Program can TERMINATE your services.

- You can be terminated from HABcore Transitional Housing Program if you:

Violate rules in the Program Handbook

Violate terms of any occupancy agreement or lease.

Fail to participate in services as required by HUD.

Case Management Requirements

You are required to meet regularly with your assigned Supportive Housing Coordinator (SHC). Please see your Program Handbook for specific expectations. You will develop a Individualized Service Plan with your Supportive Housing Coordinator, listing short- and long-term service goals. You have the right to and are encouraged to participate and provide input into the creation of these goals.

You must follow the plan and must follow up on all referrals made by your SHC and other team members.

If your service plan requires you to meet with other treatment providers such as substance abuse counselors or mental health counselors, etc. these meetings and participation in treatment will be mandatory.



If your plan includes attendance at weekly substance abuse educational groups, individual substance abuse counseling sessions, and Narcotics Anonymous (NA) or Alcoholics Anonymous (AA) meetings, such attendance is mandatory.

You must be honest and truthful with your SHC and provide truthful and accurate information to the best of your knowledge regarding your progress. Knowingly making any false or misleading statements or misrepresentations or providing forged or counterfeit documents is a violation of these Program Rules.

Financial Planning

You will be asked to submit documentation of all forms of income, if documentation is not already on file. Income is considered to be but is not limited to: employment (full time and part time), Supplemental Security Income (SSI), Social Security Disability Income (SSDI), Temporary Assistance for Needy Families (TANF), child support, unemployment benefits, Supplement Nutrition Assistance Program (SNAP) benefits or food stamps.

Please see Program Handbook for Rent Calculation Worksheet and expectations.

Education, Employment Training, or Employment

If your service plan goals include either education (such as General Education Development (GED) classes, literacy development, or parenting skills classes) or employment training (such as nursing training or daycare aide classes), you will be expected to follow up on any recommendations or referrals to appropriate trainings or programs.

Permanent or Supportive Housing Search

HABcore appreciates your participation in finding housing that suits your needs. Please see the accompanying Notice of Property Denial for expectations.

Signed Acknowledgment

I acknowledge that I have received, understand, and accept the Service Expectations of the program.

Program Participant Signature

Printed Name

Date

Staff Member's Signature and Printed Name

Date

Staff Member's Title

SERVICE PARTICIPATION AGREEMENT

Lunch Break Family Promise

Housing Program Name: _____

Participant Name: _____

Participant Address (if applicable): _____

Program Case Manager/Representative: _____

Effective Date: _____

Term of Agreement: From _____ to _____

1. PURPOSE

This Service Participation Agreement ("Agreement") establishes the terms and conditions under which the Participant will receive services and assistance through the Housing Program ("Program"). The purpose of the Program is to provide housing-related support, resources, and services designed to assist Participants in achieving and maintaining stable housing.

This Agreement is not a lease, rental agreement, or property management contract unless otherwise specified in writing.

2. SERVICES PROVIDED

Subject to Program availability and eligibility requirements, the Program may provide one or more of the following services:

- Housing placement assistance
- Rental assistance
- Case management services
- Financial literacy education
- Employment and benefits counseling
- Life skills training
- Referrals to healthcare, counseling, and community resources

- Tenant education and advocacy
- Other housing-related support services

The Program reserves the right to modify services based on funding, availability, or Participant needs.

3. PARTICIPANT RESPONSIBILITIES

The Participant agrees to:

A. Maintain Eligibility

- Provide accurate and complete information to Program staff.
- Notify the Program of any changes in income, household composition, employment status, contact information, or housing status within ten (10) business days.

B. Participate in Services

- Attend scheduled meetings, assessments, and appointments.
- Engage in service planning and goal-setting activities.
- Cooperate with Program staff in developing and implementing a housing stability plan.

C. Comply with Housing Requirements

- Follow all applicable lease terms and property rules.
- Maintain the housing unit in a safe and sanitary manner.
- Avoid activities that may threaten the safety, well-being, or rights of others.

D. Financial Responsibilities

- Pay any required participant contributions, rent portions, utilities, or fees as required by the Program or housing provider.
 - Provide documentation necessary to verify income and eligibility.
-

4. PROGRAM RESPONSIBILITIES

The Program agrees to:

- Treat Participants with dignity and respect.

- Provide services in a professional and nondiscriminatory manner.
 - Maintain confidentiality of Participant information as permitted by law.
 - Inform Participants of available services, requirements, and any significant Program changes.
 - Respond to Participant questions and concerns in a timely manner.
-

5. CONFIDENTIALITY

Information collected by the Program will be kept confidential and used only for Program administration, service coordination, reporting requirements, and legal compliance, except as authorized by the Participant or required by law.

The Participant may be asked to sign separate consent forms authorizing the release of information to other service providers, landlords, or agencies.

6. NONDISCRIMINATION

The Program shall not discriminate based on race, color, religion, sex, gender identity, sexual orientation, national origin, age, disability, veteran status, marital status, or any other protected characteristic under applicable law.

7. GRIEVANCE PROCEDURE

Participants may submit complaints or grievances regarding Program services by:

1. Submitting a written complaint to the Program Representative.
2. Participating in a review meeting if requested.
3. Receiving a written response regarding the outcome of the review.

The filing of a grievance shall not result in retaliation.

8. TERMINATION OF PARTICIPATION

Program participation may be terminated for any of the following reasons:

- Failure to maintain Program eligibility.
- Repeated failure to participate in required services.
- Fraud, misrepresentation, or intentional withholding of information.
- Threatening, violent, or illegal behavior.
- Violation of Program policies.

When practicable, the Program will provide written notice of termination and information regarding any appeal process.

Participants may voluntarily withdraw from the Program at any time by providing written notice.

9. LIMITATION OF SERVICES

The Program does not guarantee:

- Permanent housing placement.
- Approval for rental assistance.
- Continued funding availability.
- Employment, benefits, or specific housing outcomes.

Services are contingent upon available resources, eligibility, and Program requirements.

10. INDEMNIFICATION

To the extent permitted by law, the Participant agrees that the Program shall not be liable for losses, damages, injuries, or claims arising from the Participant's actions, omissions, or use of housing services, except where caused by the negligence or willful misconduct of the Program.

11. ACKNOWLEDGMENT

By signing below, the Participant acknowledges that:

- They have read and understand this Agreement.
- They have had an opportunity to ask questions.
- They agree to comply with Program requirements.
- They understand participation is voluntary and subject to Program policies.

PARTICIPANT SIGNATURE

Participant Name: _____

Signature: _____

Date: _____

PROGRAM REPRESENTATIVE

Representative Name: _____

Title: _____

Signature: _____

Date: _____

EMERGENCY CONTACT (OPTIONAL)

Name: _____

Relationship: _____

Phone Number: _____

SERVICE PARTICIPATION AGREEMENT

Housing Program Name: CSPNJ COC Permanent Supportive Housing Program

Participant Name: _____

Participant Address (if applicable): _____

Program Case Manager/Representative: _____

Effective Date: _____

Term of Agreement: From _____ to _____

1. PURPOSE

This Service Participation Agreement ("Agreement") establishes the terms and conditions under which the Participant will receive services and assistance through the Housing Program ("Program"). The purpose of the Program is to provide housing-related support, resources, and services designed to assist Participants in achieving and maintaining stable housing.

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- Life skills training
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- Attend scheduled meetings, assessments, and appointments.
- Engage in service planning and goal-setting activities.
- Cooperate with Program staff in developing and implementing a housing stability plan.

C. Comply with Housing Requirements

- Follow all applicable lease terms and property rules.
- Maintain the housing unit in a safe and sanitary manner.
- Avoid activities that may threaten the safety, well-being, or rights of others.

D. Financial Responsibilities

- Pay any required participant contributions, rent portions, utilities, or fees as required by the Program or housing provider.
 - Provide documentation necessary to verify income and eligibility.
-

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The Program agrees to:

- Treat Participants with dignity and respect.
- Provide services in a professional and nondiscriminatory manner.
- Maintain confidentiality of Participant information as permitted by law.
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-

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The Participant may be asked to sign separate consent forms authorizing the release of information to other service providers, landlords, or agencies.

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The Program shall not discriminate based on race, color, religion, sex, gender identity, sexual orientation, national origin, age, disability, veteran status, marital status, or any other protected characteristic under applicable law.

7. GRIEVANCE PROCEDURE

Participants may submit complaints or grievances regarding Program services by:

1. Submitting a written complaint to the Program Representative.
2. Participating in a review meeting if requested.
3. Receiving a written response regarding the outcome of the review.

The filing of a grievance shall not result in retaliation.

.

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Program participation may be terminated for any of the following reasons:

- Failure to maintain Program eligibility.
- Repeated failure to participate in required services.

- Fraud, misrepresentation, or intentional withholding of information.
- Threatening, violent, or illegal behavior.
- Violation of Program policies.

CSPNJ will provide written notice of termination and information regarding any appeal process.

Participants may voluntarily withdraw from the Program at any time by providing written notice.

9. LIMITATION OF SERVICES

The Program does not guarantee:

- Permanent housing placement.
- Approval for rental assistance.
- Continued funding availability.
- Employment, benefits, or specific housing outcomes.

Services are contingent upon available resources, eligibility, and Program requirements.

10. INDEMNIFICATION

To the extent permitted by law, the Participant agrees that the Program shall not be liable for losses, damages, injuries, or claims arising from the Participant's actions, omissions, or use of housing services, except where caused by the negligence or willful misconduct of the Program.

11. ACKNOWLEDGMENT

By signing below, the Participant acknowledges that:

- They have read and understand this Agreement.
 - They have had an opportunity to ask questions.
 - They agree to comply with Program requirements.
 - They understand participation is voluntary and subject to Program policies.
-

PARTICIPANT SIGNATURE

Participant Name: _____

Signature: _____

Date: _____

PROGRAM REPRESENTATIVE

Representative Name: _____

Title: _____

Signature: _____

Date: _____

.

EMERGENCY CONTACT (OPTIONAL)

Name: _____

Relationship: _____

Phone Number: _____

1C-10

Evidence of Coordination and Non-Interference with Local Efforts to Advance Public
Safety
Monmouth County Prosecutor's Office Letter



**OFFICE OF THE COUNTY PROSECUTOR
COUNTY OF MONMOUTH**

132 JERSEYVILLE AVENUE
FREEHOLD, NJ 07728-2374

(732) 431-7160

RAYMOND S. SANTIAGO
MONMOUTH COUNTY PROSECUTOR

September 23, 2026

U.S. Department of Housing and Urban Development,
Office of Community Planning and Development

**RE: Evidence of Coordination and Non-Interference with
Local Efforts to Advance Protecting Public Safety, FY
2026 Continuum of Care Program Competition.**

To Whom It May Concern:

I am writing on behalf of the Monmouth County Prosecutor's Office in my capacity as the appointed Monmouth County Prosecutor to confirm our working relationship with the Monmouth County Continuum of Care in support of the FY 2026 CoC Program application.

The Monmouth County Prosecutor's Office [MCPO] is responsible for law enforcement and public safety in the CoC's geographic area. Our agency has worked with the CoC through participation in CoC meetings, joint street outreach, and referral coordination such as our "Arrive Together," "Linked2Care," Operation Helping Hands programs. Our programs along with their Housing Navigation Program allows for appropriate services and resources to be provided to members of our community experiencing homelessness.

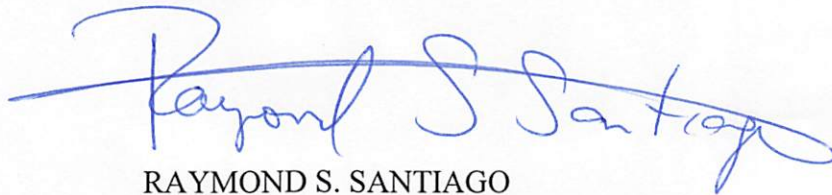
Based on our experience, I can confirm the following:

1. The CoC cooperates with MCPO and has not interfered with or impeded our efforts to advance public safety in our community. The CoC also supports first responders in connecting people experiencing homelessness to services.

2. The CoC has not obstructed our efforts to address tents and encampments on public property.
3. The CoC has not obstructed our efforts to reduce public drug use.
4. The CoC has not obstructed our agency from connecting individuals to evaluation, crisis response, or treatment under applicable state and local standards.
5. The CoC has not impeded on information sharing consistent with the Sex Offender Registry and Notification Act (SORNA) and applicable law.

Without reservation, I highly recommend the Mental Health Association of Monmouth County's CoC for consideration of the "FY 2026 Continuum of Care Competition and Youth Homelessness Demonstration Program Grants NOFO." I am available to answer questions about this letter and can be reached at 732-431-7160 Ext. 7888 or rsantiago@mcponj.org.

Sincerely,



RAYMOND S. SANTIAGO
MONMOUTH COUNTY PROSECUTOR

1D-1

Local Competition Scoring Tool

2026 Monmouth HSC Local Competition New Project Scoring Tool

Agency Name: _____

Project Name: _____

Project Type: _____

New Project: _____

DV Focused Project? _____

THRESHOLD REVIEW		Response
1. Is the project an eligible HUD component under the FY2026 CoC Competition?		
2. Does the organization agree to become a member of the Monmouth CoC?		
3. Does the program agree to participate in Coordinated Entry?		
4. Does the program agree to participate in HMIS or a comparable database for Domestic Violence programs?		
5. Is this project applying as a transition grant?		
LOCAL APPLICATION - New & Renewal Projects	Possible Score	Score
<i>Overall Scope and Service Provision - All new projects projects</i>		
1. Applicant Provides a complete and concise description that addresses the entire scope of the proposed project. In order to receive full points, the narrative must address the entire scope of the project, including a clear picture of the community/target population(s) to be served, the plan for addressing the identified needs/issues of the CoC community/target population(s), and projected outcome(s).	20	
2. Applicant provides A) depth and breadth of experience providing similar housing services to the homeless; and B) Depth and breadth of experience providing similar supportive services to the homeless	10	
3. Applicant demonstrates a plan for rapid implementation of the program; the project narrative must document how the project will be ready to begin housing the first program participant within 6 months of the award.	5	
4. The project is necessary to assist people in exiting homelessness and increasing self-sufficiency.	10	
5. The project demonstrates that supportive services are a requirement of the program.	10	
6. PH or TH Only: Are there substance abuse treatment services available on-site for this project?	5	
7. Do the supportive services and assistance that will be offered ensure that the participant is able to successfully obtain and retain permanent housing?	10	
<i>New Transitional Housing Projects ONLY</i>		
1. The project will provide and/or partner with other organizations to provide eligible supportive services that are necessary to assist program participants to obtain and maintain housing.	5	
2. The applicant has previously operated or currently operates a transitional housing or another homelessness project, or has a plan in place to ensure that at least 50% of participants exit within 24 months and at least 50% exit with employment income.	5	
3. The project demonstrates that the it will provide 20 hours per week of customized services for each participant. The 40 hours a week may be reduced proportionately for participants who are employed and does not apply to participants over age 62 or who have a physical or development disability/	10	
<i>New Supportive Services Only Projects ONLY</i>		
1. The project has a strategy for providing supportive services to eligible program participants including those with histories of unsheltered homelessness and those who do not traditionally engage with supportive services.	10	
2. OUTREACH ONLY - The applicant has a history of partnering with first responders and law enforcement to engage people living in places not meant for human habitation to access emergency shelter, treatment programs reunifications with family, transitional housing or independent living. The applicant will cooperate, assist, and not interfere or impede with law enforcement to enforce local laws such as public camping and public drug use laws.	5	
<i>New Rapid Rehousing DV ONLY</i>		
1. Project is dedicated to families with children.	5	
2. RRR ONLY - Applicant has previously operated homelessness projects where at least 50% of participants exit within 24 months and at least 50% of participants exit with employment income.	5	
<i>New Domestic Violence Projects Only</i>		
1. Applicant clearly demonstrates how the project will improve the safety of victims of domestic violence entering the project.	5	
<i>Project Budget and Application Submission - All New Projects</i>		
1. Budget items correlate with program design, goals and performance	5	
2. Project's cost effectiveness - per household cost is less than average (up to 5 points), per household is comparable to average (up to 3 points), per household cost is more than average (1 point or less)	5	
3. The project will be supplemented with resources from other public or private sources which may include mainstream health, social and employment programs such as Medicare, Medicaid, SSI, and SNAP.	5	
4. Timeliness, organization and detail of application and budget	5	

New Project Scoring	Possible Score	Final Score	Final Percentage
Overall Scope and Service Provision	70	0	0%
Project Type Specific Points	40	0	0%
Project Budget and Application Submission	20	0	0%
Total	130	0	0%

2026 Monmouth HSC Local Competition Renewal Project Scoring Tool

Agency Name: _____

Project Name: _____

Project Type: _____

Renewal Project: _____

DV Focused Project? _____

THRESHOLD REVIEW			Response
1. Is the project an eligible HUD component under the FY2026 CoC Competition?			
2. Does the project utilize racial preference, other illegal discrimination or uses a definition of sex other than as binary in humans?			
3. Does the project operate "safe consumption sites" under the pretext of "harm reduction?"			
OBJECTIVE CRITERIA - System Performance & Project Monitoring	Result	Possible Score	Score
<i>System Performance</i>			
1. Program operates at least 90% capacity		10	
2. 85% of households are receiving some form of income		5	
3. 20% of households are connected to earned income		10	
4. 85% of households are connected to mainstream benefits, including healthcare		5	
5. 20% of households will exit to unsubsidized permanent housing		5	
6. 85% of households will remain in or will exit to permanent housing		10	
7. 90% of households exiting permanent housing will not return to homelessness		10	
<i>General Program Implementation</i>			
1. Did the agency attend at least 4 of the last 6 CoC meetings?		3	
2. Did all client files contain all required documentation?		10	
<i>Program Prioritization, Referrals and Eligibility</i>			
1. All new clients that entered the program in 2025 came through HNP		5	
2. All clients are eligible based on homeless status		5	
3. For PSH, all clients are eligible based on having a disabling condition		5	
<i>Supportive Services</i>			
1. Are individualized services plans created with all clients?		5	
2. Did all client files contain evidence of supportive services?		5	
<i>Financial Review</i>			
1. Agency conducts at least quarterly drawdowns		5	
2. Based on the most recent APR, the project utilized at least 85% of HUD funding		5	
3. Based on the most recent APR, adequate match is being provided by the project		5	
4. Does the organization have a chart of accounts and an accounting manual which includes written procedures for the authorization and recording of transactions?		5	
5. Does the organization have documentation of adequate separation of duties for all financial transactions (that is, all financial transactions require the involvement of at least two individuals)?		5	
6. Does the organization have any outstanding debts?		5	
7. Are the program expenditures in line with the contracted number of households to be served?		9	
8. Did the organization have an audit completed within the last 12 months that was conducted consistent with the standards of OMB A-133?		5	
8a. If there were audit citations, have steps been taken to ensure a timely resolution of these findings/citations?		5	
<i>Program and Organization Oversight</i>			
1. The project submitted the most recent APR to HUD within the 90 days window		5	
2. Does the agency have a current and approved Code of Ethics on file with HUD?		3	
3. Does the agency have a signed copy of the most recent grant agreement?		5	
LOCAL APPLICATION		Possible Score	Score
<i>Target Population - All Projects</i>			
1. % of clients who belong to one or more vulnerable subpopulation (chronically homeless, substance use, mental health, age 55+, developmentally disabled, physical disability)		5	
<i>Service Provision - All projects</i>			
1. Are supportive services a requirement for program participation?		10	
2. Are there substance abuse treatment services available on-site for this project?		5	
3. Do the supportive services and assistance that will be offered ensure that the participant is able to successfully obtain and retain permanent housing?		5	
<i>Moving On Efforts - PSH RENEWALS ONLY</i>			
1. Applicant tries to move clients on from CoC vouchers. Maximum points if PSH has positive exits to other non-CoC permanent housing.		5	
<i>Domestic Violence Projects ONLY</i>			
1. Applicant clearly demonstrates how the project will improve the safety of victims of domestic violence entering the project.		5	
<i>Project Budget and Application Submission</i>			
1. Budget items correlate with program design, goals and performance		5	
2. Project's cost effectiveness - per household cost is less than average (up to 5 points), per household is comparable to average (up to 3 points), per household cost is more than average (1 point or less)		5	
3. The project has been ranked within Tier 1 for the CoC for the last 3 competitions.		3	
4. Timeliness, organization and detail of application and budget		2	

Renewal Project Scoring	Possible Score	Final Score	Final Percentage
Objective Criteria - System Performance & Project Monitoring	155	0	0%
Local Application	45	0	0%
Total	200	0	0%

1D-2c

Local Competition Selection Results

Tier 1/2 (no DV)	#REF!	#REF!
Annual Renewal Demand	\$ 5,498,519	\$
Monmouth CoC PPRN	\$ 3,618,996	\$
Allowable Planning Grant	\$ 274,926	
Anticipated Tier 1	\$ 3,299,111	
Total PH Bonus Allowable	\$ 824,778	
Total DV Bonus Allowable	\$ 723,799	
Anticipated Tier 2	\$ 3,747,985	#REF!
Total Amount of Project Funding	\$ 7,047,096	
Total Amount of Funding	\$ 7,322,022	

Middletown
Howell
Asbury Park
Monmouth County
Long Branch

2A-8b

FY 2026 HDX Competition Report

2026 HDX Competition Report

This workbook contains summary information about your CoC's data as it was entered into the HDX for your use as part of the 2026 Competition.

To Print this Workbook:

This document has been configured as printable with preset print areas of relevant sections. To print it, go to "File", then "Print", then select "Print Entire Workbook" or "Print Active Sheets" depending on your needs.

To Save This Workbook as a PDF:

Click the "File" Tab, then click "Save As" or "Save a Copy", then click "Browse" or "More Options" then select "PDF", click "Options", select "Entire Workbook", press "OK", and click "Save". These instructions may differ depending on your version of Microsoft Excel.

On Accessibility, Navigability, and Printability:

This workbook attempts to maximize accessibility, navigability, printability, and ease of use. Merged cells have been avoided. All tables and text boxes have been given names. Extraneous rows and columns outside printed ranges have been hidden.

For Questions:

If you have questions, please reach out to HUD via the "Ask a Question" page, <https://www.hudexchange.info/program-support/my-question/> and choose "HDX" as the topic.

2025 HDX Competition Report

2026 Competition Report - Summary

NJ-508 - Monmouth County CoC

HDX Data Submission Participation Information

Government FY and HDX Module Abbreviation	Met Module Deadline*	Data From	Data Collection Period in HDX
2025 LSA	Yes	Government FY 2025 (10/1/24 - 9/30/25).	November 2025 to January 2026
2025 SPM	Yes	Government FY 2025 (10/1/24 - 9/30/25).**	February 2026 to March 2026
2026 HIC	Yes	Government FY 2026. Exact HIC and PIT dates vary by CoC. For most CoCs, it was within the last 10 days of January, 2026.	March 2026 to April 2026
2026 PIT	Yes	Government FY 2026. Exact HIC and PIT dates vary by CoC. For most CoCs, it was within the last 10 days of January, 2026.	March 2026 to April 2026

- 1) FY = Fiscal Year
- 2) *This considers all extensions where they were provided.
- 3) **"Met Deadline" in this context refers to FY25 SPM submissions. Resubmissions from FY24 (10/1/2023 - 9/30/2024) were also accepted during the data collection period, but the previous year's submission is voluntary.

2025 HDX Competition Report

2026 Competition Report - LSA Summary & Usability Status

NJ-508 - Monmouth County CoC

FY 2025 Reporting Year: 10/1/2024 - 9/30/2025

LSA Usability Status 2025

Category	EST AO	EST AC	EST CO	RRH AO	RRH AC	RRH CO	PSH AO	PSH AC*	PSH CO
Fully Usable	☒	☒	☒	☒	☒	☒	☒	N/A	☒
Partially Usable								N/A	
Not Usable								N/A	

Glossary: EST = Emergency Shelter, Save Haven, & Transitional Housing; RRH = Rapid Re-housing; PSH = Permanent Supportive Housing; AO = Persons in Households without Children; AC = Persons in Households with at least one Adult and one Child; CO=Persons in Households with only Children
*Usability was not determined for PSH-AC due to built-in conflicts between HOMES and HMIS. As

2025 HDX Competition Report

2026 Competition Report - SPM Data

NJ-508 - Monmouth County CoC

FY 2025 Reporting Year: 10/1/2024 - 9/30/2025

Measure 1: Length of Time Persons Remain Homeless

This measures the number of clients active in the report date range across ES, SH (Metric 1.1) and then ES, SH and TH (Metric 1.2) along with their average and median length of time homeless. This includes time homeless during the report date range as well as prior to the report start date, going back no further than the look back stop date or client's date of birth, whichever is later.

Metric 1.1: Change in the average and median length of time persons are homeless in ES and SH projects.

Metric 1.2: Change in the average and median length of time persons are homeless in ES, SH, and TH projects.

a. This measure is of the client’s entry, exit, and bed night dates strictly as entered in the HMIS system.

Metric	Universe (Persons)	Average LOT Homeless (bed nights)	Median LOT Homeless (bed nights)
1.1 Persons in ES-EE, ES-NbN, and SH	760	220.6	93.5
1.2 Persons in ES-EE, ES-NbN, SH, and TH	825	231.4	110.0

2025 HDX Competition Report

2026 Competition Report - SPM Data

NJ-508 - Monmouth County CoC

FY 2025 Reporting Year: 10/1/2024 - 9/30/2025

b. This measure is based on data element 3.917

This measure includes data from each client’s Living Situation (Data Standards element 3.917) response as well as time spent in permanent housing projects between Project Start and Housing Move-In. This information is added to the client’s entry date, effectively extending the client’s entry date backward in time. This “adjusted entry date” is then used in the calculations just as if it were the client’s actual entry date.

Metric	Universe (Persons)	Average LOT Homeless (bed nights)	Median LOT Homeless (bed nights)
1.1 Persons in ES-EE, ES-NbN, SH, and PH (prior to “housing move in”)	907	508.9	339.0
1.2 Persons in ES-EE, ES-NbN, SH, TH, and PH (prior to “housing move in”)	972	508.1	335.5

2025 HDX Competition Report

2026 Competition Report - SPM Data

NJ-508 - Monmouth County CoC

FY 2025 Reporting Year: 10/1/2024 - 9/30/2025

Measure 2: Returns to Homelessness for Persons who Exit to Permanent Housing (PH) Destinations

This measures clients who exited SO, ES, TH, SH or PH to a permanent housing destination in the date range two years prior to the report date range. Of those clients, the measure reports on how many of them returned to homelessness as indicated in the HMIS for up to two years after their initial exit.

	Total # of Persons Exited to a PH Destination (2 Yrs Prior)	Returns to Homelessness in Less than 6 Months (0 - 180 days)		Returns to Homelessness from 6 to 12 Months (181 - 365 days)		Returns to Homelessness from 13 to 24 Months (366 - 730 days)		Number of Returns in 2 Years	
Metric	Count	Count	% of Returns	Count	% of Returns	Count	% of Returns	Count	% of Returns
Exit was from SO	23	1	4.4%	1	4.4%	1	4.4%	3	13.0%
Exit was from ES	118	0	0.0%	0	0.0%	5	4.2%	5	4.2%
Exit was from TH	11	0	0.0%	0	0.0%	1	9.1%	1	9.1%
Exit was from SH	0	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Exit was from PH	53	1	1.9%	0	0.0%	0	0.0%	1	1.9%
TOTAL Returns to Homelessness	205	2	1.0%	1	0.5%	7	3.4%	10	4.9%

2025 HDX Competition Report

2026 Competition Report - SPM Data

NJ-508 - Monmouth County CoC

FY 2025 Reporting Year: 10/1/2024 - 9/30/2025

Measure 3: Number of Homeless Persons

Metric 3.1 – Change in PIT Counts

Please refer to PIT section for relevant data.

Metric 3.2 – Change in Annual Counts

This measures the change in annual counts of sheltered homeless persons in HMIS.

Metric	Value
Universe: Unduplicated Total sheltered homeless persons	835
Emergency Shelter Total	769
Safe Haven Total	0
Transitional Housing Total	71

2025 HDX Competition Report

2026 Competition Report - SPM Data

NJ-508 - Monmouth County CoC

FY 2025 Reporting Year: 10/1/2024 - 9/30/2025

Measure 4: Employment and Income Growth for Homeless Persons in CoC Program-funded Projects

This measure is divided into six tables capturing employment and non-employment income changes for system leavers and stayers. The project types reported in these metrics are the same for each metric, but the type of income and universe of clients differs. In addition, the projects reported within these tables are limited to CoC-funded projects.

Metric 4.1 – Change in earned income for adult system stayers during the reporting period

Metric	Value
Universe: Number of adults (system stayers)	167
Number of adults with increased earned income	10
Percentage of adults who increased earned income	6.0%

2025 HDX Competition Report

2026 Competition Report - SPM Data

NJ-508 - Monmouth County CoC

FY 2025 Reporting Year: 10/1/2024 - 9/30/2025

Metric 4.2 – Change in non-employment cash income for adult system stayers during the reporting period

Metric	Value
Universe: Number of adults (system stayers)	167
Number of adults with increased non-employment cash income	65
Percentage of adults who increased non-employment cash income	38.9%

Metric 4.3 – Change in total income for adult system stayers during the reporting period

Metric	Value
Universe: Number of adults (system stayers)	167
Number of adults with increased total income	70
Percentage of adults who increased total income	41.9%

Metric 4.4 – Change in earned income for adult system leavers

Metric	Value
Universe: Number of adults who exited (system leavers)	14
Number of adults who exited with increased earned income	3
Percentage of adults who increased earned income	21.4%

2025 HDX Competition Report

2026 Competition Report - SPM Data

NJ-508 - Monmouth County CoC

FY 2025 Reporting Year: 10/1/2024 - 9/30/2025

Metric 4.5 – Change in non-employment cash income for adult system leavers

Metric	Value
Universe: Number of adults who exited (system leavers)	14
Number of adults who exited with increased non-employment cash income	11
Percentage of adults who increased non-employment cash income	78.6%

Metric 4.6 – Change in total income for adult system leavers

Metric	Value
Universe: Number of adults who exited (system leavers)	14
Number of adults who exited with increased total income	13
Percentage of adults who increased total income	92.9%

2025 HDX Competition Report

2026 Competition Report - SPM Data

NJ-508 - Monmouth County CoC

FY 2025 Reporting Year: 10/1/2024 - 9/30/2025

Measure 5: Number of Persons who Become Homeless for the First Time

This measures the number of people entering the homeless system through ES, SH, or TH (Metric 5.1) or ES, SH, TH, or PH (Metric 5.2) and determines whether they have any prior enrollments in the HMIS over the past two years. Those with no prior enrollments are considered to be experiencing homelessness for the first time.

Metric 5.1 – Change in the number of persons entering ES, SH, and TH projects with no prior enrollments in HMIS

Metric	Value
Universe: Person with entries into ES-EE, ES-NbN, SH or TH during the reporting period.	593
Of persons above, count those who were in ES-EE, ES-NbN, SH, TH or any PH within 24 months prior to their entry during the reporting year.	134
Of persons above, count those who did not have entries in ES-EE, ES-NbN, SH, TH or PH in the previous 24 months. (i.e. Number of persons experiencing homelessness for the first time)	459

2025 HDX Competition Report

2026 Competition Report - SPM Data

NJ-508 - Monmouth County CoC

FY 2025 Reporting Year: 10/1/2024 - 9/30/2025

Metric 5.2 – Change in the number of persons entering ES, SH, TH, and PH projects with no prior enrollments in HMIS

Metric	Value
Universe: Person with entries into ES, SH, TH or PH during the reporting period.	774
Of persons above, count those who were in ES, SH, TH or any PH within 24 months prior to their entry during the reporting year.	176
Of persons above, count those who did not have entries in ES, SH, TH or PH in the previous 24 months. (i.e. Number of persons experiencing homelessness for the first time.)	598

2025 HDX Competition Report

2026 Competition Report - SPM Data

NJ-508 - Monmouth County CoC

FY 2025 Reporting Year: 10/1/2024 - 9/30/2025

Measure 6: Homeless Prevention and Housing Placement of Persons defined by category 3 of HUD’s Homeless Definition in CoC Program-funded Projects

Measure 6 is not applicable to CoCs in this reporting period.

Measure 7: Successful Placement from Street Outreach and Successful Placement in or Retention of Permanent Housing

This measures positive movement out of the homeless system and is divided into three tables: movement off the streets from Street Outreach (Metric 7a.1); movement into permanent housing situations from ES, SH, TH, and RRH (Metric 7b.1); and retention or exits to permanent housing situations from PH (other than PH-RRH).

Metric 7a.1 – Change in SO exits to temp. destinations, some institutional destinations, and permanent housing destinations

Metric	Value
Universe: Persons who exit Street Outreach	159
Of persons above, those who exited to temporary & some institutional destinations	72
Of the persons above, those who exited to permanent housing destinations	45
% Successful exits	73.6%

2025 HDX Competition Report

2026 Competition Report - SPM Data

NJ-508 - Monmouth County CoC

FY 2025 Reporting Year: 10/1/2024 - 9/30/2025

Metric 7b.1 – Change in ES, SH, TH, and PH-RRH exits to permanent housing destinations

Metric	Value
Universe: Persons in ES-EE, ES-NbN, SH, TH and PH-RRH who exited, plus persons in other PH projects who exited without moving into housing	481
Of the persons above, those who exited to permanent housing destinations	175
% Successful exits	36.4%

Metric 7b.2 – Change in PH exits to permanent housing destinations or retention of permanent housing

Metric	Value
Universe: Persons in all PH projects except PH-RRH who exited after moving into housing, or who moved into housing and remained in the PH project	423
Of persons above, those who remained in applicable PH projects and those who exited to permanent housing destinations	419
% Successful exits/retention	99.1%

2025 HDX Competition Report

2026 Competition Report - SPM Data

NJ-508 - Monmouth County CoC

FY 2025 Reporting Year: 10/1/2024 - 9/30/2025

System Performance Measures Data Quality

Data coverage and quality will allow HUD to better interpret your SPM submissions.

Metric	All ES, SH	All TH	All PSH, OPH	All RRH	All Street Outreach
Unduplicated Persons Served (HMIS)	771	71	444	173	239
Total Leavers (HMIS)	379	32	30	94	125
Destination of Don't Know, Refused, or Missing (HMIS)	162	0	0	0	1
Destination Error Rate (Calculated)	42.7%	0.0%	0.0%	0.0%	0.8%

2025 HDX Competition Report

2026 Competition Report - SPM Notes

NJ-508 - Monmouth County CoC

FY 2025 Reporting Year: 10/1/2024 - 9/30/2025

Notes For Each SPM Measure

Measure		Notes
Measure 1	No notes.	
Measure 2	No notes.	
Measure 3	No notes.	
Measure 4	No notes.	
Measure 5	No notes.	
Measure 6	No Notes. Measure 6 was not applicable to CoCs in this reporting period.	
Measure 7	No notes.	
Data Quality	No notes.	

2025 HDX Competition Report

2026 Competition Report - HIC Summary

NJ-508 - Monmouth County CoC

For HIC conducted in January/February of 2026

HMIS Bed Coverage Rates

Project Type	Total Year-Round, Current Beds	Total Year-Round, Current Non-VSP Beds in HMIS or Comparable Database	Total Year-Round, Current, Non-VSP Beds	Removed From Denominator: OPH EHV [†] Beds or Beds Affected by Natural Disaster*	Adjusted*** Total Year-Round, Current, Non-VSP Beds	Adjusted*** HMIS Bed Coverage Rate for Year-Round, Current Beds
ES	177	108	139	0	139	77.7%
SH	0	0	0	0	0	NA
TH	49	15	42	0	42	35.7%
RRH	105	32	42	0	42	76.2%
PSH	771	466	771	0	771	60.4%
OPH	105	0	105	105	0	NA
Total	1,207	621	1,099	105	994	62.5%

2025 HDX Competition Report

2026 Competition Report

NJ-508 - Monmouth County Co

For HIC conducted in January/

HMIS Bed Coverage Rates

Project Type	Total Year-Round, Current Beds	Total Year-Round, Current, VSP Beds in an HMIS-Comparable Database	Total Year-Round, Current, VSP Beds	Removed From Denominator: OPH EHV [†] Beds or Beds Affected by Natural Disaster ^{**}	Adjusted*** Total Year-Round Current, VSP Beds	HMIS Comparable Bed Coverage Rate for VSP Beds
ES	177	38	38	0	38	100.00%
SH	0	0	0	0	0	NA
TH	49	7	7	0	7	100.00%
RRH	105	63	63	0	63	100.00%
PSH	771	0	0	0	0	NA
OPH	105	0	0	0	0	NA
Total	1,207	108	108	0	108	100.00%

2025 HDX Competition Report

2026 Competition Report

NJ-508 - Monmouth County Co

For HIC conducted in January/

HMIS Bed Coverage Rates

Project Type	Total Year-Round, Current Beds	Total Year-Round, Current, HMIS Beds and VSP Beds in an HMIS-Comparable Database	Adjusted*** Total Year-Round, Current, Non-VSP and VSP Beds	HMIS and Comparable Database Coverage Rate
ES	177	146	177	82.49%
SH	0	0	0	NA
TH	49	22	49	44.90%
RRH	105	95	105	90.48%
PSH	771	466	771	60.44%
OPH	105	0	0	NA
Total	1,207	729	1,102	66.15%

2025 HDX Competition Report

2026 Competition Report - HIC Summary

NJ-508 - Monmouth County CoC

For HIC conducted in January/February of 2026

- 1) † EHV = Emergency Housing Voucher
- 2) *This column includes Current, Year-Round, Natural Disaster beds not associated with a VSP that are not HMIS-participating. For OPH Beds, this includes beds that are Current, Non-HMIS, and EHV-funded.
- 3) **This column includes Current, Year-Round, Natural Disaster beds associated with a VSP that are not HMIS-participating or HMIS-comparable database participating. For OPH Beds, this includes beds that are Current, VSP, Non-HMIS, and EHV-funded.
- 4) ***Adjusted bed counts exclude non-HMIS participating OPH EHV Beds and Beds Affected by Natural Disaster
- 5) Data included in these tables reflect what was entered into HDX 2.0.
- 6) In the HIC, "Year-Round Beds" is the sum of "Beds HH w/o Children", "Beds HH w/ Children", and "Beds HH w/ only Children". This does not include Overflow ("O/V Beds") or Seasonal Beds ("Total Seasonal Beds").
- 7) In the HIC, "Current" beds are beds with an "Inventory Type" of "C" and not beds that are Under Development ("Inventory Type" of "U").
- 8) For historical data: Aggregated data from CoCs that merged are not displayed if HIC data were created separately - that is, only data from the CoC into which the merge occurred are displayed. Additional reports can be requested via AAQ for any CoCs that have been subsumed into other CoCs.

2025 HDX Competition Report

2026 Competition Report - PIT Summary

NJ-508 - Monmouth County CoC

For PIT conducted in January/February of 2026

Submission Information

Date of PIT Count	Received HUD Waiver
1/27/26	Not Applicable

Total Population PIT Count Data

Category	2024	2025	2026
PIT Count Type	Sheltered and Unsheltered Count	Sheltered and Unsheltered Count	Sheltered and Unsheltered Count
Emergency Shelter Total	305	460	558
Safe Haven Total	0	0	0
Transitional Housing Total	123	124	26
Total Sheltered Count	428	584	584
Total Unsheltered Count	69	106	117
Total Sheltered and Unsheltered Count*	497	690	701

1) *Data included in this table reflect what was entered into HDX 2.0. This may differ from what was included in federal reports if the PIT count type was sheltered only.

2) Aggregated data from CoCs that merged is not displayed if PIT data were entered separately - that is, only data from the CoC into which the merge occurred are displayed. Additional reports can be requested via AAQ for any CoCs that have been subsumed into other CoCs.

Total People Experiencing Chronic Homelessness

Category	2024	2025	2026
PIT Count Type	Sheltered and Unsheltered Count	Sheltered and Unsheltered Count	Sheltered and Unsheltered Count
Total Sheltered Count	64	129	77
Total Unsheltered Count	39	41	52
Total	103	170	129

3A-DP

Your CoC's Policy or Statement to Advance Recovery

- 1) CoC Statement
- 2) CoC Funded Agency Certifications
 - a) Habcore
 - b) 180 Turning Lives Around
 - c) Covenant House
 - d) CSPNJ
 - e) Catholic Charities

**Monmouth Continuum of Care
Certification to Advance Recovery**

The Monmouth Homeless Services Collaborative, which serves as the Continuum of Care, is committed to helping people experiencing homelessness achieve stability, health and recovery. We recognize that substance use disorders are factors that may contribute to homelessness and so recovery should be encouraged through all CoC funded projects. For this reason, the CoC is asking all CoC funded providers to certify the following:

- CoC-funded housing projects will not operate drug injection sites or “safe consumption sites”, knowingly distribute drug paraphernalia on or off property under its control, knowingly permit the use or distribution of illicit drugs on property under its control, or conduct any of these activities under the pretext of “harm reduction”; and
- All CoC-funded projects should encourage and provide opportunity for households to receive substance use disorder treatment and recovery housing, when needed.

By signing this certification, the agency is acknowledging that:

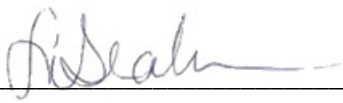
- The Monmouth HSC Continuum of Care will not restrict or prohibit CoC-funded housing projects that require program participants to be sober or to participate in treatment as a condition of assistance; and
- If an organization has signed this form, but does not adhere to the certifications listed above, it will be evaluated by the CoC Executive Committee for continuation of its Continuum of Care funding.

Agency Certification:

Agency Name: 180 Turning Lives Around

Names of CoC Funded Projects: TH-RRH and RRH DV Set Aside

Liz Graham
Name


Signature

Chief Executive Officer
Title

9/22/26
Date

**Monmouth Continuum of Care
Certification to Advance Recovery**

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- All CoC-funded projects should encourage and provide opportunity for households to receive substance use disorder treatment and recovery housing, when needed.

By signing this certification, the agency is acknowledging that:

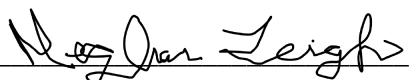
- The Monmouth HSC Continuum of Care will not restrict or prohibit CoC-funded housing projects that require program participants to be sober or to participate in treatment as a condition of assistance; and
- If an organization has signed this form, but does not adhere to the certifications listed above, it will be evaluated by the CoC Executive Committee for continuation of its Continuum of Care funding.

Agency Certification:

Agency Name: Covenant House New Jersey

Names of CoC Funded Projects: FY26 Asbury Park Rights of Passage

Meghan Leigh
Name


Signature

Senior Director
Title

9/25/26
Date

**Monmouth Continuum of Care
Certification to Advance Recovery**

The Monmouth Homeless Services Collaborative, which serves as the Continuum of Care, is committed to helping people experiencing homelessness achieve stability, health and recovery. We recognize that substance use disorders are factors that may contribute to homelessness and so recovery should be encouraged through all CoC funded projects. For this reason, the CoC is asking all CoC funded providers to certify the following:

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- All CoC-funded projects should encourage and provide opportunity for households to receive substance use disorder treatment and recovery housing, when needed.

By signing this certification, the agency is acknowledging that:

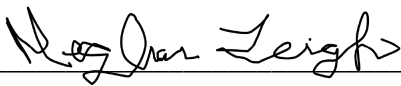
- The Monmouth HSC Continuum of Care will not restrict or prohibit CoC-funded housing projects that require program participants to be sober or to participate in treatment as a condition of assistance; and
- If an organization has signed this form, but does not adhere to the certifications listed above, it will be evaluated by the CoC Executive Committee for continuation of its Continuum of Care funding.

Agency Certification:

Agency Name: Covenant House New Jersey

Names of CoC Funded Projects: FY25 CHNJ Monmouth SSO

Meghan Leigh
Name


Signature

Senior Director
Title

9/25/26
Date

**Monmouth Continuum of Care
Certification to Advance Recovery**

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- CoC-funded housing projects will not operate drug injection sites or “safe consumption sites”, knowingly distribute drug paraphernalia on or off property under its control, knowingly permit the use or distribution of illicit drugs on property under its control, or conduct any of these activities under the pretext of “harm reduction”; and
- All CoC-funded projects should encourage and provide opportunity for households to receive substance use disorder treatment and recovery housing, when needed.

By signing this certification, the agency is acknowledging that:

- The Monmouth HSC Continuum of Care will not restrict or prohibit CoC-funded housing projects that require program participants to be sober or to participate in treatment as a condition of assistance; and
- If an organization has signed this form, but does not adhere to the certifications listed above, it will be evaluated by the CoC Executive Committee for continuation of its Continuum of Care funding.

Agency Certification:

Agency Name: HABcore Inc.

Names of CoC Funded Projects: HABcore Monmouth Leasing AP16a, HABcore Stonehurst RA

Steve Heisman



Name

Signature

CEO

9-25-26

Title

Date

**Monmouth Continuum of Care
Certification to Advance Recovery**

The Monmouth Homeless Services Collaborative, which serves as the Continuum of Care, is committed to helping people experiencing homelessness achieve stability, health and recovery. We recognize that substance use disorders are factors that may contribute to homelessness and so recovery should be encouraged through all CoC funded projects. For this reason, the CoC is asking all CoC funded providers to certify the following:

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- All CoC-funded projects should encourage and provide opportunity for households to receive substance use disorder treatment and recovery housing, when needed.

By signing this certification, the agency is acknowledging that:

- The Monmouth HSC Continuum of Care will not restrict or prohibit CoC-funded housing projects that require program participants to be sober or to participate in treatment as a condition of assistance; and
- If an organization has signed this form, but does not adhere to the certifications listed above, it will be evaluated by the CoC Executive Committee for continuation of its Continuum of Care funding.

Agency Certification:

Agency Name: Collaborative Support Programs of NJ

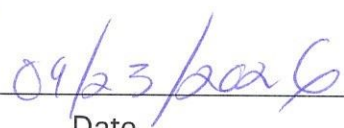
Names of CoC Funded Projects: Monmouth County TBRA

Joan Butcher-Farkas
Name



Signature

Director of Public Housing
Title



Date

**Monmouth Continuum of Care
Certification to Advance Recovery**

The Monmouth Homeless Services Collaborative, which serves as the Continuum of Care, is committed to helping people experiencing homelessness achieve stability, health and recovery. We recognize that substance use disorders are factors that may contribute to homelessness and so recovery should be encouraged through all CoC funded projects. For this reason, the CoC is asking all CoC funded providers to certify the following:

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- All CoC-funded projects should encourage and provide opportunity for households to receive substance use disorder treatment and recovery housing, when needed.

By signing this certification, the agency is acknowledging that:

- The Monmouth HSC Continuum of Care will not restrict or prohibit CoC-funded housing projects that require program participants to be sober or to participate in treatment as a condition of assistance; and
- If an organization has signed this form, but does not adhere to the certifications listed above, it will be evaluated by the CoC Executive Committee for continuation of its Continuum of Care funding.

Agency Certification:

Agency Name: Catholic Charities Diocese of Trenton

Names of CoC Funded Projects: Linkages Transitional Housing

Marlene Lao-Collins
Name


Signature

Executive Director
Title

9/22/26
Date