



Great Plains Housing Authority

Serving Dickey, Eddy, Foster, Logan, Sargent, Stutsman, and Wells Counties

EAGLE FLATS PREFERENCE

Eagle Flats – Long-Term Homeless Preference

Great Plains Housing Authority Long-Term Homeless Preference is available Eagle Flats PBV units to a household, where at least one adult head of household meets the definition of chronically homeless, as follows:

Chronically homeless means:

1. A “homeless individual with a disability,” as defined in section 401(9) of the
2. McKinney-Vento Homeless Assistance Act (42 U.S.C. 11360(9)), who:
3. [An individual who can be diagnosed with one or more of the following conditions: substance use disorder, serious mental illness, developmental disability (as defined in sec on 102 of the Developmental Disabilities Assistance Bill of Rights Act of 2000 (42 U.S.C. 15002)), post-traumatic stress disorder, cognitive impairments resulting from brain injury, or chronic physical illness or disability]
 - i. Lives in a place not meant for human habitation, a safe haven, or in an emergency shelter; and
 - ii. Has been homeless and living as described in paragraph (1)(i) of this definition continuously for at least 12 months [one year] or on at least 4 separate occasions in the last 3 years,[where each homeless occasion was at least 15 days] as long as the combined occasions equal at least 12 months and each break in homelessness separating the occasions included at least 7 consecutive nights of not living as described in paragraph (1)(i). Stays in institutional care facilities for fewer than 90 days will not constitute a break in homelessness, but rather such stays are included in the 12-month total, as long as the individual was living or residing in a place not meant for human habitation, a safe haven, or an emergency shelter immediately before entering the institutional care facility;
4. An individual who has been residing in an institutional care facility, including a jail, substance abuse or mental health treatment facility, hospital, or other similar facility, for fewer than 90 days and met all of the criteria in paragraph (1) of this definition, before entering that facility; or
5. A household with the adult head of household who meets all of the criteria in paragraph (1) or (2) of this definition, including a household whose composition has fluctuated while the head of household has been homeless.

Eagle Flats – Supportive Service Preference

Great Plains Housing Authority Support Service Preference is available Eagle Flats PBV units to a household, where at least one adult head of household meets the definition of using supportive

Mailing address: 300 2nd Ave NE – Suite 200, Jamestown, ND 58401

Toll free: 800-340-4537

Web: www.greatplainsha.com

Phone: 701-252-1098

Email: office@greatplainsha.com

Fax: 701-252-7735

Locations: Carrington, Ellendale, Jamestown, New Rockford





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services under the CoC.

What are eligible supportive services? ([§ 578.53](#))

The CoC Interim Rule specifies which eligible supportive services can be paid for with CoC Supportive Service funds ([§ 578.53\(a\)\(1\)](#)). All supportive services provided must help program participants obtain and maintain housing. Services not specified in the CoC Interim Rule are not eligible ([§ 578.53\(d\)](#)).

Looking for definitions of the common CoC and ESG Program terms referenced throughout the Virtual Binders?

[Virtual Binders Glossary](#)

Eligible supportive services are:

- Annual Assessment of Services ([§ 578.53\(e\)\(1\)](#))
- Moving costs ([§ 578.53\(e\)\(2\)](#))
- Case management ([§ 578.53\(e\)\(3\)](#))
- Childcare ([§ 578.53\(e\)\(4\)](#))
- Education services ([§ 578.53\(e\)\(5\)](#))
- Employment assistance and job training ([§ 578.53\(e\)\(6\)](#))
- Food ([§ 578.53\(e\)\(7\)](#))
- Housing search and counseling services ([§ 578.53\(e\)\(8\)](#))
- Legal services ([§ 578.53\(e\)\(9\)](#))
- Life skills training ([§ 578.53\(e\)\(10\)](#))
- Mental health services ([§ 578.53\(e\)\(11\)](#))
- Outpatient health services ([§ 578.53\(e\)\(12\)](#))
- Outreach services ([§ 578.53\(e\)\(13\)](#))
- Substance abuse treatment services ([§ 578.53\(e\)\(14\)](#))
- Transportation ([§ 578.53\(e\)\(15\)](#))
- Utility deposits ([§ 578.53\(e\)\(16\)](#))

I certify that my household meets the definition of long-term homelessness or receives supportive services as defined by the McKinney Vento Homeless Act. Misrepresenting information for preferences will result in termination of application or assistance.

| | | |
|-----------------------------|------------------------|------|
| Head of Household signature | Head of Household name | Date |
|-----------------------------|------------------------|------|

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