SUPPORTIVE SERVICES ACCESS PLAN (SSAP)
Annual Update

**INSERT PROJECT NAME**

**INSERT PROJECT ADDRESS**

Date: (MM/DD/YYYY)

<table>
<thead>
<tr>
<th>Contact Information</th>
<th>Owner</th>
<th>Management Agent</th>
<th>Services Coordinator/Provider</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organization</td>
<td></td>
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<tr>
<td>Primary Contact</td>
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<td>Email</td>
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<tr>
<td>Street Address</td>
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<tr>
<td>City, State, Zip</td>
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</table>

A. **Type of Housing**

**Transitional Housing**

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

**Emergency Housing**

- Domestic Violence: _____
- Homeless: ______

- Number of dwelling units
- Number of bedrooms
- Number of beds

**Permanent Housing**

- Number of dwelling units
- Number of bedrooms
- Number of beds

**Hospice**

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

Describe type of living situation for residents:
- Single Family House _______, Single Family Apartment _______,
- Single Room Occupancy (SRO) _______, Shared Bedroom _______
- Non-Shared Bedroom _____, Dormitory______, or Other (describe)

B. **Target Population**

Identify below the type(s) of population(s) that will be residents of the project (e.g. homeless, domestic violence survivors, disabled children, children in foster care, mentally ill, substance abuse recovery, HIV/AIDS, re-entry from prisons, etc.).
Has target population served changed since last review? 
If yes, what is new population or additional population served? 
Did you get approval from NCHFA? (if not – ask them to submit a letter to the Supportive Housing Development Team)

C. Type of Facility

<table>
<thead>
<tr>
<th>Is this a licensed facility?</th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>License Type:</td>
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<tr>
<td>License Number:</td>
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<table>
<thead>
<tr>
<th>Is this a licensed Group Home?</th>
<th>Yes</th>
<th>No</th>
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<tr>
<td>License Type:</td>
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<tr>
<td>License Number:</td>
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</tbody>
</table>

| Licensed Renewed:            | Yes | NO |

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

<table>
<thead>
<tr>
<th>Has funding remained stable or increased/decreased?</th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>Increased</td>
<td></td>
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<tr>
<td>Decreased</td>
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<tr>
<td>Stable</td>
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If funding has changed summarize why it has changed and the affect on services provided:


D. Residents Access to Support and Services

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


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

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

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

E. Referral, Screening and Communication Plan

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

F. Access to Supportive Services

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

G. Facility Security Plan

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

H. Emergency Plan/Disaster Plan

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

I. Other Monitoring Agencies

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

J. ACTION PLAN REQUIRED BY OWNER/AGENT:

_____None

_____Update plan to reflect current program & submit for approval

_____Modify plan & program to target your current resident mix. Submit proposal to Manager of Supportive Housing for approval.

_____Implement the plan submitted with the development application.

_____Develop a facility or emergency/disaster plan & incorporate into resident handbook and/or distribute to the residents.

Owner/Representative Signature  Date