

**SUPPORTIVE SERVICES PLAN OUTLINE and Questionnaire**

Describe the proposed **Supportive Services Plan** using this outline and submit with a completed **Service Provider Questionnaire**. Services must be specific to the proposed development and must ensure access to comprehensive services relevant to this population without major barriers to participate. Demonstrated commitment of sufficient funds for at least 15 years and meeting or exceeding the recommended minimum on-site staffing may result in an additional 5 points. A maximum of 10 points can be awarded.

The Supportive Services Plan is prepared by the primary service provider and shall include the following information:

- **Memorandum of Understanding (MOU)** – A Memorandum of Understanding (MOU) or agreement is between the owner/sponsor, the property management company, the primary service provider, and any other interested party, describing how the role and responsibilities will be coordinated with all parties. The MOU should describe the intent of the housing and service model; define terms and eligibility, the specific duties of each party, funding resources, number of hours of service, and terms of agreement. **(PHFA will provide a sample.)**
- **62+ Memorandum of Understanding (MOU)** - A Memorandum of Understanding (MOU) or agreement specific to the 62+ health services and is between the healthcare and management company. **(PHFA will provide a sample.)**

**Service Plan** - Identify characteristics of target population & preference(s):

<b>Supportive Services Populations</b>	<b># Units</b>
General Occupancy	
Senior 62+ Occupancy	
Senior 55+	
Market Rate	
20% AMI	
Accessible Units (Mobility)	
Accessibly Units (H/V)	
<b>Total in Development</b>	

<b>Preferences</b>	<b># Units</b>
Tab 31 Supportive Housing	
62+ with Health Services	

## **Program Goals**

- **General Occupancy** – goals to include improve residents’ ability to uphold their lease obligations, improve building and unit maintenance, increase family assets through programs for employment, education and income/asset building, enhance quality of life through child and youth development, community building and improving access to services.
- **Senior Occupancy**- goals to improve residents’ ability to uphold the lease through the aging process through improved access to health and other services, enhance quality of life through community building, socialization and other appropriate programs.
- **62+ with Health Services**- show targeted, coordinated health and long-term services and supports will be provided for residents to improve health related outcomes, quality of life, and will result in residents’ ability to maintain their tenancy. This can be accomplished through robust partnerships with hospitals, home health care agencies, managed care organizations and other health care insurance organizations, LIFE (Living Independently for Elders- outside PA knows as PACE) programs and other health care providers or coordinating agencies. Expected services include identifying people in need and engineering a service-delivery or care management function for their needs. Additional Long Term Services and Supports can include a service coordinator to work with the health care partner while enhancing socialization, activities and providing other tenancy support functions. **Note:** *For on-site service coordinator hours, make clear what is on-site resident service coordination and what is an additional wellness program and/or activity that supports the 62+ preference. For agencies that employ RNs as on-site Resident Service Coordinators, the service plan should reflect what part of the RN’s time is spent on traditional service coordination vs. wellness activities.*
- **Supportive Housing Target Populations** (Special needs populations)- goals based on the strengths and needs of the target population. Specific to the needs of the preference and/or set-aside population the applicant is serving. **(Details in Tab 31 Supportive Housing Preference.)**

## **Service Plan:**

- Identify measurable targeted outcomes related to each goal.
- Describe how program will identify resident needs at start-up and respond to changing needs over time (resident meetings, needs assessments, surveys, etc.)
- Identify where service will be provided. For services not provided at the site, identify how barriers to participation will be overcomes.
- Frequency of program or activity (daily, weekly, monthly, etc.)
- Identify any eligible requirements or fees for services for resident participation.
- Identify methods to market the service program and encourage resident participation.

- **Staffing:** Identify staff position(s) involved, their location and number of hours per week dedicated exclusively to services at the development. **Recommended minimum:** 1 hour/week for every 5 units. (Note: this formula does not include market rate units, but supportive services **must** be made available to all residents, regardless of income levels.) If staffing is less than 10 hours per week, please indicate how the position will be marketed, staffed and retained.
- Describe supervision and support (office space, computer and Internet/email access).
- **Budget and source of funds:** Identify the annual cost and the source of funds to pay for services and staffing. If funded by a supportive services escrow account, include amount of funding to be escrowed and **draft supportive services escrow agreement**.
- **Coordination with/commitment of community resources:** If other service providers are integral to this plan of services, include a **letter of intent** describing what services they will provide.

### **SERVICE PROVIDER QUESTIONNAIRE**

This form is used by PHFA to determine the capacity of the applicant to meet the needs of residents as described in the Supportive Services Plan Outline.

PHFA Proposed Development: \_\_\_\_\_  
Name of Owner or Agent: \_\_\_\_\_  
Name of Service Provider: \_\_\_\_\_  
Occupancy Type \_\_\_\_\_

**Please attach a narrative with a maximum of 5 typed pages which answers the following questions:**

#### **GENERAL INFORMATION**

- Summarize the service provider's mission and goals for the current fiscal year.
- How many years has the service provider been active in delivering social services?
- Is the service provider currently involved in service-enriched housing? If yes, summarize experience in providing on-site services for residents. Include name of housing development(s), property management company, and type of services provided. If no, please describe methods that will be used to increase your company's knowledge and understanding of providing service-enriched housing.
- Describe collaborative efforts that demonstrate the service provider's capacity to deliver supportive services. Please identify organizations or companies involved in the collaboration and the nature of the organization's involvement.

#### **PERSONNEL**

- How many people are employed by the service provider organization?

- List the job titles of personnel who will work directly with residents of the proposed property. Attach an organizational chart.
- Attach job description(s) and qualifications of key personnel who will be responsible for providing services in this proposed development, whether staff are existing or must be hired. Identify resources to pay for cost of salaries.
- Are key personnel currently involved in service-enriched housing programs at other properties? If yes, explain how many properties, how many total units, where they are located, and how staff's time will be divided between current responsibilities and responsibilities at the new development.
- List the professional training courses and workshops completed in the past 3 years by key personnel at this proposed development. (List job title of staff, training attended, and date of training.)
- Will participation in this service-enriched housing program require additional staff professional development? If yes, will staff be approved to attend PHFA-sponsored training?

**SERVICE PROVIDER'S OFFICE LOCATION(S)**

Address of Principal Office: \_\_\_\_\_

Name/Title of Contact Person: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

Areas Served: (County(s), Neighborhood(s), etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other Offices close to Proposed development: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Is the service provider a subsidiary of another organization? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please provide name and address of the parent organization and describe relationship, tax status: \_\_\_\_\_.

Has the service provider or any of its current personnel ever been involved in governmental investigation or judicial action or settlement concerning charges of a violation of local, state or federal laws or regulations concerning discrimination, fair housing violations or other civil rights laws, or concerning violations of federal, state or local regulations regarding use of funds?

\_\_\_\_\_ Yes \_\_\_\_\_ No

Have any service grants or contracts held by the service provider over the past five years been terminated prior to their expiration dates?

\_\_\_\_\_ Yes \_\_\_\_\_ No

Have any grants or contracts held by the service provider over the past five years not been renewed upon expiration?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If you answered **yes** to question C, D, or E, please explain and attach any supporting documentation:

I certify that the information contained herein and attached is accurate and complete.

_____	_____
NAME OF CEO/EXECUTIVE STAFF	SIGNATURE
_____	_____
TITLE	ORGANIZATION NAME
_____	
DATE	

**Revised 7/17/19**