

August 16, 2018

CORRECTION

ALL COUNTY WELFARE DIRECTOR LETTER

TO: ALL COUNTY WELFARE DIRECTORS

FROM: M. AKHTAR KHAN, Chief
Research Services Branch
Administrative Division

SUBJECT: IMPLEMENTATION OF REVISED CALWORKS HOUSING SUPPORT
PROGRAM (HSP) MONTHLY STATUS REPORT HSP 14 (9/18)

REFERENCE: [SENATE BILL \(SB\) 855 \(CHAPTER 29, STATUTES OF 2014\);](#)
[WELFARE AND INSTITUTIONS CODE SECTION 11330.5; ALL](#)
[COUNTY WELFARE DIRECTORS LETTER DATED JULY 18, 2014](#)

The purpose of this correction is to amend the instruction for Item 20b in the HSP 14 (9/18) report form instructions.

The purpose of this letter is to inform County Welfare Departments (CWDs) participating in the California Work Opportunity and Responsibility to Kids (CalWORKs) Housing Support Program (HSP) of a revised HSP 14 data report. During the Fiscal Year (FY) of 2017-18, the California Department of Social Services (CDSS) Housing and Homelessness Bureau (HHB) and Data Systems and Survey Design Bureau (DSSDB), have worked with HSP counties and the County Welfare Directors Association (CWDA) to revise the HSP 14 report. The revised report will be effective starting with the September 2018 report month.

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Background

The HSP 14 report was implemented on December 5, 2014, via All County Welfare Directors Letter dated December 4, 2014, to fulfill data requirements as outlined in the Welfare and Institutions Code (WIC) Section 11330.5. The report captures data regarding referrals, approvals, denials, temporary housing, permanent housing, and exits. It also includes the frequency, types, and amount of HSP financial assistance as well as the types of HSP services issued to the family.

Summary of Changes

Below is an overview of the major changes that have been made to the HSP 14 report.

- The report due date has been changed to the 1st calendar day of the second month following the report month (e.g., January's report is due March 1st).
- Item 6 (Requests/Referrals denied during the month) has been expanded to include data collection on families who have self-resolved, families who have found help with other programs, and families who were unreachable.
- Item 8 has been expanded to include additional age categories.
- Items 18 and 20 have been expanded to include additional categories regarding length of time.
- Items 22a7 and 22b7 (median amount of rental assistance expenditures) of the HSP 14 (9/14) report have been removed.
- Items 27 and 28 of the HSP 14 (9/14) report have been combined into Item 27 (Interim/temporary housing issued during the month) on the HSP 14 (9/18) report.
- Item 23 (Additional rental payments issued for a case during the month) was added to the HSP 14 (9/18) report to collect data on cases that received multiple rental payments during the month.

Completion and Submission

To complete the electronic form, HSP 14 opt in counties are to download a copy of the accessible HSP 14 report from the [California Department of Social Services, Data Systems and Survey Design Section \(DSSDS\) website](#). The electronic form contains links to the instructions and validations. All participating counties are required to submit the report via e-mail to the designated [HSP 14 report inbox](#) by the 1st calendar day of the month two months after the report month. The report for September 2018 will be due on November 1, 2018. The July and August 2018 reporting months will be due on the 20th of the month, per previous instructions. The revised HSP 14 report, instructions, and validations are attached in PDF as reference material.

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Contacts

If you have any questions regarding the completion of this report, please contact the DSSDB at (916) 651-8269 or email the HSP 14 report inbox. Any program related questions should be directed to the HHB at (916) 651-5155 or the [HHB inbox](#).

Attachments

**CalWORKs Housing Support Program (HSP)
Monthly Status Report
HSP 14**

DOWNLOAD REPORT FORM FROM:
<http://www.cdss.ca.gov/inforesources/Research-and-Data/DSSDB>
E-MAIL COMPLETED REPORT FORM TO:
admccb18@dss.ca.gov

Please keep the file in .xism or .xls extensions.

COUNTY NAME Select County Name	VERSION Initial	REPORT MONTH Select Month	REPORT YEAR Select Year
When completing the report each month, complete Items 1 and 11 first, using last month's report as reported to CDSS as the source.			
PART A. REQUESTS/REFERRALS FOR SERVICES			Total Requests/ referrals
Requests/Referrals Issued			
1. Requests/Referrals pending at the end of last month, as reported to CDSS in Item 10 on last month's report	1		
2. Requests/Referrals adjustment <i>This item is a correction to last month's Item 10 entry. If Item 2 is zero, leave the Item 2 Explanation box in the Comments section blank. If Item 2 is not zero, explain the reason for the adjustment/correction in the Item 2 Explanation box.</i>	2		0
3. Requests/Referrals pending at the beginning of the month	3		
4. Requests/Referrals received during the month	4		
5. Total requests/referrals on hand during the month	5		0
Requests/Referrals Denied			
6. Requests/Referrals denied during the month <i>In Items 6a through 6h, select the primary reason for the denial.</i>	6		0
a. Family does not have a CalWORKs recipient	7		
b. Family is not in an eligible residence situation (not homeless or in receipt of a court ordered eviction)	8		
c. Family does not meet additional county prioritization plan	9		
d. HSP funding is not available	10		
e. Family self-resolved	11		
f. Family found help with another program	12		
g. Family was unreachable	13		
h. Other denials including withdrawals (Explain in Item 6h Explanation box)	14		
Requests/Referrals Approved			
7. Requests/Referrals approved during the month	15		0
8. Of the requests/referrals approved in Item 7, total persons in the family <i>In Items 8a through 8e, include all persons in the family's request/referral, including those not in the CalWORKs Assistance Unit. Report their age at time of HSP approval.</i>	16		0
a. Age 0 - 5 years	17		
b. Age 6 - 12 years	18		
c. Age 13 - 17 years	19		
d. Age 18 - 24 years	20		
e. Age 25 years and older	21		
9. Of the requests/referrals approved in Item 7, the family's residence status at time of approved request/referral	22		0
a. Family lacks fixed and regular nighttime residence	23		0
1) Family has a primary nighttime residence that is a supervised publicly or privately operated shelter designed to provide temporary living accommodations	24		
2) Family resides in a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings	25		
b. Family is in receipt of a judgment for eviction, as ordered by the court	26		
10. Requests/Referrals pending at the end of the month (This month's Item 10 will be next month's Item 1)	27		0
PART B. CASELOAD MOVEMENT			Total Cases
Active Cases			
11. Cases carried forward from last month, as reported to CDSS in Item 19 on last month's report	28		
12. Cases adjustment <i>This item is a correction to last month's Item 19 entry. If Item 12 is zero, leave the Item 12 Explanation box in the Comments section blank. If Item 12 is not zero, explain the reason for the adjustment in the Item 12 Explanation box.</i>	29		0
13. Cases at the beginning of the month	30		
14. New cases added during the month	31		0
15. Total cases on hand during the month	32		0

Cases Discontinued (Family Exits)	In Permanent Housing	Not in Permanent Housing	Total Cases
16. Cases discontinued (family exits) during the month <i>In Items 16a through 16g, select the primary reason for exiting.</i>	33	34	35
a. Family housing has stabilized	0	0	0
b. Family entered another housing program	36	37	38
c. Family no longer has a CalWORKs recipient	39	40	41
d. Family is no longer eligible per county requirements (Explain in Item 16d Explanation Box)	42	43	44
e. Family moved out of the county	45	46	47
f. Family whereabouts are unknown/family is unreachable	48	49	50
g. Family has other reason for exiting (Explain in Item 16g Explanation box)	51	52	53
17. Of the cases in Item 16, the family's housing situation at exit	54	55	56
a. Family is in permanent housing and will not receive housing support moving forward	57	58	59
b. Family is or will be receiving a (non-HSP) housing subsidy/service	60		
c. Of those reported in Item 9b, family retained permanent housing after receipt of judgment for eviction, as ordered by the court	61	62	63
d. Family is sharing housing with relatives/friends	64		
e. Family is in a shelter or nighttime residence that is a supervised publicly or privately operated shelter	65	66	67
f. Family is residing in a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings		68	
g. Family has unknown housing situation		69	
h. Family has other housing situation (Explain in Item 17h Explanation box)	70	71	72
18. Of the cases in Item 17a, 17b, and 17h, families in permanent housing at the time of exit <i>In Items 18a through 18g, select the length of time in HSP after securing permanent housing.</i>	73	74	75
a. 1 calendar month or less (includes families receiving only deposit and/or 1st month's rent)	76		
b. 2 - 3 months	77		
c. 4 - 5 months	78		
d. 6 - 8 months	79		
e. 9 - 11 months	80		
f. 12 - 18 months	81		
g. 19 - 24 months	82		
83			
Case Status at the End of the Month			Total Cases
19. Cases on hand at the end of the month (This month's Item 19 will be next month's Item 11)			84
20. Of the cases in Item 19, the housing status of the family at the end of the month			85
a. Family is not in permanent housing.			86
b. Family attained permanent housing during the month (Item 20b is to be completed ONLY in the month the family obtains permanent housing) <i>In Items 20b1 through 20b6, select the number of days between request/referral and secured permanent housing.</i>			87
1. 29 days or less			88
2. 30 - 45 days			89
3. 46 - 60 days			90
4. 61 - 75 days			91
5. 76 - 90 days			92
6. 91 days or more			93
c. Family is in ongoing permanent housing			94
PART C. FINANCIAL ASSISTANCE			Expenditures Total Cases
21. Of the cases in Item 15, cases that were issued financial assistance during the month (Unduplicated cases) <i>Cell 96 is an unduplicated HSP case count.</i> <i>In Items 22-29, select all the services that apply.</i>	95		96
22. Total rental assistance issued to the family during the month	97	\$0	98
a. Full monthly rental subsidy issued	99	\$0	100
1. Less than \$501	101		102
2. \$501 - \$750	103		104
3. \$751 - \$1,000	105		106
4. \$1,001 - \$1,300	107		108
5. \$1,301 - \$1,800	109		110
6. More than \$1,800	111		112

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<u>Item 29 Explanation</u>		
<u>Item 31g Explanation</u>		
<u>Revised Report Explanation (Complete if Revised is selected. If Initial is selected this box remains blank)</u>		
CONTACT PERSON	TELEPHONE	EXTENSION
JOB TITLE/CLASSIFICATION	E-MAIL	
SUPERVISOR	TELEPHONE	EXTENSION
JOB TITLE/CLASSIFICATION	E-MAIL	
		DATE SUBMITTED

**CalWORKs HOUSING SUPPORT PROGRAM (HSP)
MONTHLY STATUS REPORT
HSP 14 (9/18)**

INSTRUCTIONS

CONTENT

The monthly HSP 14 report contains statistical information about the CalWORKs Housing Support Program (HSP) during the report month. The report provides information about CalWORKs families that have requested or been referred to HSP services and have been approved, denied or discontinued, and provides the reasons for denials and discontinuances. The report provides the family's residence status when entering and exiting the program. The data also includes the number and type of HSP services and amount of HSP financial assistance issued to the family.

PURPOSE

Effective July 1, 2014, HSP became a new component of the CalWORKs program that provides housing support, services and financial assistance to families that meet the criteria set forth in [Senate Bill 855 \(Chapter 29, Statutes of 2014\)](#). HSP is outlined in the [All County Welfare Directors Letter, dated July 18, 2014](#). The HSP 14 report provides county, state and federal entities with information needed for budgeting, staffing, program performance, and program planning.

COMPLETION AND SUBMISSION

The County Welfare Department (CWD) is responsible for ensuring that this report is fully and accurately completed. If portions of the report are completed by more than one entity within the CWD and/or by outside agencies, the contact person responsible for submitting the report to the state shall review the report for completeness and accuracy prior to submittal. Reports are to be received on or before the 1st calendar day of the second month following the report month (e.g., January's report is due March 1st). If the report's due date is on a Saturday, Sunday or state holiday, the report is due on the next business day.

If a county determines that a revision is needed to its previously submitted report, the county shall submit a revised report for the applicable month(s). The California Department of Social Services' (CDSS) policy requires counties to revise current State Fiscal Year (FY) reports and two prior FYs if needed. Revisions involving additional fiscal years will be evaluated by CDSS and the county to determine the corrections needed. When sending revisions, only include one report per email. Emails containing multiple reports will not be accepted.

Download an Excel version of the report form from [CDSS, Data Systems and Survey Design Bureau \(DSSDB\)](#), complete the downloaded form, and e-mail to the designated [HSP 14 report inbox](#). The electronic submission process contains automatic computations of some cells and provides for the e-mail transmission of completed forms to DSSDB. The website contains specific instructions and guidance. If you have questions regarding the completion or submission of this report, contact DSSDB at (916) 651-8269.

GENERAL INSTRUCTIONS

Enter in the boxes provided at the top of the form the county's name, report version (Initial or Revised) and enter the report month and year.

Enter the data required for each item. Enter "0" if there is nothing to report for an item. **Do not leave any items blank unless otherwise noted.** If your county does not provide a particular service/activity or the service/activity is provided but the county is unable to collect or track the data, enter "0" and explain in the Comments box. Values should be whole numbers. Numbers with decimals will cause errors and be circled in red.

Enter in the boxes provided at the bottom of the form the contact name, job title or classification, telephone number, and e-mail address of the person to contact if there are questions about the report. This person may or may not be the person who completed the report. Enter in the boxes provided at the bottom, the contact person's supervisor, job title or classification, telephone number, and email address. Enter the date the report is submitted. This is the date when the report is e-mailed to DSSDB.

DEFINITIONS

Approved: Authorized to receive HSP housing and/or relocation services and/or financial assistance.

Calendar month: One calendar month does not mean 30 days; rather it means a single month (e.g., the month of January). Since rent is typically paid in monthly installments (with some exceptions, such as paying last month's rent), think of each of these months as a page of a calendar. For example: Joe is housed in March and rent is paid for March and April. Joe exits April 30th. He received two months of HSP subsidies. If Sally is housed in March and exits March 31st (and HSP doesn't pay for April), she received one month of HSP subsidy.

CalWORKs Assistance Unit: A group of related persons living in the same home who have been determined eligible for CalWORKs and for whom cash aid has been authorized.

Case: A case is a family that has been approved for HSP.

County eligibility criteria: The eligibility criteria determined by the county. This includes criteria outlined within the county's HSP proposal or other written policies or procedures relevant to HSP created by the county.

Denial: When an applicant is not granted HSP housing and/or relocation services and/or financial assistance after the submittal of a referral on behalf of the family or a request for services.

Discontinuance: When an HSP case is no longer receiving any HSP housing and/or relocation services and/or financial assistance and/or HSP case management.

Eligible residence: To be eligible for HSP, a family must be homeless (see definition) or in receipt of a court-ordered eviction. A family has "an eligible residence" when the family meets the definition of homeless or has a court-ordered eviction.

Family: A family is household living together with at least one person who is a CalWORKs recipient. The family members are those related to the CalWORKs recipient and/or known to the CalWORKs case.

Family does not meet county prioritization plan: A family may be denied from HSP because they fall outside of the county's prioritization plan. In order for this to be the case, best practices would recommend that the family has been assessed using an evidence-based assessment tool (e.g., VI-SPDAT) and it was determined that they do not demonstrate sufficient need for HSP or that there is a more appropriate program elsewhere in the county that is better suited to meet the family's need.

Family self-resolved: A family self-resolves when they have been able to stabilize their own housing situation without HSP assistance. Some examples of when a family has self-resolved include, living with a relative or finding their own place to stay.

Family was unreachable: This occurs when the case worker has made numerous good-faith attempts to contact the family (e.g., phone calls, visiting where they think the family may be) and the case worker is unable to locate or speak with the family. This definition also includes families who repeatedly do not show up to appointments and are not reachable via phone or in-person visits.

Family's housing has stabilized: HSP (either alone or in conjunction with other housing services) were provided to the family and they are now in stable housing. One example of multiple funding streams would be if a family used CalWORKs Family Stabilization to access motels, received a Housing Choice voucher for permanent supportive housing, and used HSP for the housing navigation, deposit, and to make the home habitable. With the Housing Choice voucher, the family is able to maintain housing for the foreseeable future.

Family entered another housing program: The family has transitioned from HSP to another housing program and did not receive any HSP financial assistance for their permanent housing (e.g., subsidies or deposits). They may have received other HSP assistance (e.g., temporary housing, case management, making home habitable, utilities).

Homeless: For the purposes of HSP, a family is considered homeless when the family lacks a fixed and regular nighttime residence, and either:

- The family's primary nighttime residence is a supervised publicly or privately operated shelter designed to provide temporary living accommodation; or
- The family resides in a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings.

Interim/Temporary housing: Housing that is not intended or designed to be permanent (e.g., motels, shelters, bridge housing).

Making home habitable: This can include basic furnishings and household goods to make the home more comfortable and habitable (e.g., beds, cooking ware, linens, cleaning supplies, and/or tables) and small repairs or maintenance to the rental unit as part of landlord negotiations (e.g., repairing a broken window).

New case: A case that is approved for HSP in the report month.

Ongoing case: A case that was approved for HSP in a prior month.

Permanent housing: Housing for the family that is meant to be long-term, there is no anticipated end date, and there is typically a written agreement (e.g., lease, written tenant protections). Permanent housing may be subsidized or unsubsidized, and it does not necessarily need to be funded by HSP. Examples of permanent housing could include: family moves into a home with HSP rental subsidy; family moves into a home paid for through a combination of voucher and client income; family moves into a home and HSP only assists with the deposit and move in costs; family moves in with a family member typically with a written agreement in place and no HSP funds assisted with the housing.

Requests for services: A request for HSP services and/or assistance. This may vary by county and can include requests/referrals from case workers, the coordinated entry system, and/or clients may self-refer. In counties where funding is braided/blended or HSP is a component of other housing services, a request for services may also be a request for HSP as a funding source. For the purposes of this report, the terms "request for services," "referral for services," and "HSP applications" are interchangeable.

Unduplicated: Unduplicated means that a family is only counted once. If family has received multiple subsidies (e.g., rental subsidies, utility subsidies, and move in assistance) during the report month, they are only being counted once in the unduplicated cell.

Withdrawals: Requests for services (applications) that have been voluntarily withdrawn by the family.

ITEM INSTRUCTIONS

PART A. REQUESTS/REFERRALS FOR SERVICES

Part A summarizes the HSP requests or referrals that are received, denied, or approved during the month. It includes the reasons for denials and the family's residence situation at time of the approved request for services.

Requests/referrals Received

1. Requests/referrals pending at the end of last month, as reported to CDSS in Item 10 on last month's report: Enter Item 10 Requests/referrals pending at the end of the month, **from last month's report.** [Cell 1]
2. Requests/referrals adjustment: **Item 2 is automatically calculated and is equal to Item 3 minus Item 1.** This item is a correction to last month's Item 10, Requests/referrals pending at the end of the month. This item can be a positive or negative number. This adjustment is provided in the event a county's ending balance last month is not the same as this month's beginning balance due to a delay or error in posting an action that applies to last month's requests/referrals. **If Item 2 is not zero, then the Item 2 Explanation box must be completed.** [Cell 2]
3. Requests/referrals pending at the beginning of the month: Enter the number of HSP requests/referrals for services that were pending at the beginning of the month. These are cases that have rolled over from a previous month and have been neither approved nor denied for HSP services and/or funding. [Cell 3]
4. Requests/referrals received during the month: Enter the number of HSP requests/referrals for services that were received during the month. [Cell 4]
5. Total requests/referrals on hand during the month: **Item 5 is automatically calculated and is the sum of Item 3 and Item 4.** [Cell 5]

Requests/referrals Denied

6. Requests/referrals denied during the month: ***Item 6 is automatically calculated and is the sum of Items 6a through 6h.*** This is the number of HSP requests/referrals denied during the month. [Cell 6]

In Items 6a through 6h, select the primary reason for the denial.

- 6a. Family does not have a CalWORKs recipient: Enter the number of requests/referrals that were denied during the month because the family does not have a CalWORKs recipient. [Cell 7]
- 6b. Family is not in an eligible residence situation (not homeless or in receipt of a court ordered eviction): Enter the number of requests/referrals denied during the month because the family is not in an eligible residence situation (not homeless or does not have a court ordered eviction. [Cell 8]
- 6c. Family does not meet additional county prioritization plan: Enter the number of requests/referrals that were denied during the month because the family does not meet the county's prioritization plan. [Cell 9]
- 6d. HSP funding is not available: Enter the number of requests/referrals that were denied during the month because the county did not have HSP funding available. [Cell 10]
- 6e. Family self-resolved: Enter the number of requests/referrals that were denied during the month because the family self-resolved their housing. [Cell 11]
- 6f. Family found help with another program: Enter the number of requests/referrals that were denied during the month because the family found help through another program and no longer needs/is eligible for HSP. [Cell 12]
- 6g. Family was unreachable: Enter the number of requests/referrals that were denied during the month because the family was unreachable. [Cell 13]
- 6h. Other denials including withdrawals: Enter the number of requests/referrals that were denied during the month due to a reason not listed above (e.g., other reason). An example of this includes families that have voluntarily withdrawn their application. ***If Item 6h is not zero, then the Item 6h Explanation box must be completed.*** [Cell 14]

Requests/referrals Approved

7. Requests/referrals approved during the month: ***Item 7 is automatically calculated.*** This is the total number of approved requests/referrals that have become active HSP cases in the month. [Cell 15]
8. Of the requests/referrals approved in Item 7, total persons in the family: ***Item 8 is automatically calculated and is the sum of Items 8a through 8e.*** This is the total number of persons in the families reported in Item 7 during the month. [Cell 16]

In Items 8a through 8e include all persons in the family (persons known to be a part of the referral), including those not in the CalWORKs Assistance Unit, when they are known to the case. Record their ages at the time of approval only.

- 8a. Age 0 to 5 years: Enter the number of persons age 0 to 5 years in the family during the month. [Cell 17]
- 8b. Age 6 to 12 years: Enter the number of persons age 6 to 12 years in the family during the month. [Cell 18]
- 8c. Age 13 to 17 years: Enter the number of persons age 13 to 17 years in the family during the month. [Cell 19]
- 8d. Age 18 to 24 years: Enter the number of persons age 18 to 24 years in the family during the month. [Cell 20]
- 8e. Age 25 years and older: Enter the number of persons age 25 years and older in the family during the month. [Cell 21]
9. Of the requests/referrals approved in Item 7, the family's residence status at the time of request/referral: ***Item 9 is automatically calculated and is the sum of Items 9a and 9b.*** This item is also the same as Item 7. [Cell 22]
- 9a. Family lacks fixed and regular nighttime residence: ***Item 9a is automatically calculated and is the sum of Items 9a1 and 9a2.*** [Cell 23]
- 9a1. Family has a primary nighttime residence that is a supervised publicly or privately operated shelter designed to provide temporary living accommodations: Enter the number of families during the month that have a primary nighttime residence that is a supervised publicly or privately operated shelter designed to provide temporary living accommodations. [Cell 24]
- 9a2. Family resides in a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human

beings: Enter the number of families during the month that are residing in a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings. [Cell 25]

- 9b. Family is in receipt of a judgment for eviction, as ordered by the court: Enter the number of families in the month that are in receipt of a judgment for eviction, as ordered by the court. [Cell 26]
10. Requests/referrals pending at the end of the month: **Item 10 is automatically calculated and is equal to Item 5 minus Item 6 minus Item 7.** This month's Item 10 will be used to enter next month's Item 1. [Cell 27]

PART B. CASELOAD MOVEMENT

Part B summarizes active HSP cases. Active cases are all new cases from the current month or continuing from the prior month. It provides the reasons for discontinuances, as well as the family's residence status at the time of being discontinued. This part also includes information about the cases that remain active at the end of the month, including the family's residence status. An active case may or may not receive HSP financial assistance. Consequently, cases entered in Part B in the report month may or may not be counted in Part C.

Active Cases

11. Cases carried forward from last month, as reported to CDSS in Item 19 on last month's report: Enter Item 19 Cases on hand at the end of the month, from last month's report. [Cell 28]
12. Cases adjustment (correction): **Item 12 is automatically calculated and is Item 13 minus Item 11.** This item is a correction to last month's Item 19 Cases on hand at the end of the month and can be a positive or negative number. This adjustment is provided in the event a county's ending balance last month is not the same as this month's beginning balance due to a delay or error in posting a case action that applies to last month's cases. **If Item 12 is not zero, then the Item 12 Explanation box must be completed.** [Cell 29]
13. Cases at the beginning of the month: Enter the number of cases that were active at the beginning of the month. [Cell 30]

14. New cases added during the month: ***Item 14 is automatically calculated and item is the same as Item 7 Requests/referrals approved during the month.*** A request/referral becomes an active case in the month the request is approved.
[Cell 31]
15. Total cases on hand during the month: ***Item 15 is automatically calculated and is the sum of Item 13 and Item 14.*** [Cell 32]

Cases Discontinued (Family Exits)

In Items 16a through 16g and Items 17a through 17h, enter cases in the In Permanent Housing column or in the Not in Permanent Housing column as applicable. If the family's housing status at the time of exiting HSP is unknown, use the last known residence in determining the column entry.

16. Cases discontinued (family exits) during the month: ***Item 16 is automatically calculated and is the sum of Items 16a through 16g.*** This item is also the same as Item 17. ***Total Cases Column (Cell 35) is automatically calculated.***
[Cells 33 to 35]

In Items 16a through 16g, select the primary reason for exiting.

- 16a. Family's housing has stabilized: Enter the number of families during the month that have exited due to stable housing. ***Total Cases Column (Cell 38) is automatically calculated.*** [Cells 36 to 38]
- 16b. Family entered another housing program: Enter the number of families during the month that have exited because they entered another housing program (e.g., housing voucher, other community housing program). ***Total Cases Column (Cell 41) is automatically calculated.*** [Cells 39 to 41]
- 16c. Family no longer has a CalWORKs recipient: Enter the number of families during the month that have exited because they no longer have a CalWORKs recipient. ***Total Cases Column (Cell 44) is automatically calculated.***
[Cells 42 to 44]
- 16d. Family is no longer eligible per county requirements: Enter the number of families during the month that are no longer eligible per county requirements. ***If 16d is not zero, then the Item 16d Explanation box must be completed. Total Cases Column (Cell 47) is automatically calculated.*** [Cells 45 to 47]
- 16e. Family moved out of the county: Enter the number of families during the month that moved out of the county. ***Total Cases Column (Cell 50) is automatically calculated.*** [Cells 48 to 50]

- 16f. Family whereabouts are unknown/family is unreachable: Enter the number of families during the month whose whereabouts are unknown or the family is unreachable after repeated attempts to contact them. **Total Cases Column (Cell 53) is automatically calculated.** [Cells 51 to 53]
- 16g. Family has other reason for exiting: Enter the number of families exiting for reasons other than those listed in Items 16a through 16f during the month. If **Item 16g is not zero, then the Item 16g Explanation box must be completed. Total Cases Column (Cell 56) is automatically calculated.** [Cells 54 to 56]
17. Of the cases in Item 16, the family's housing situation at exit: **Item 17 is automatically calculated and is the sum of Items 17a through 17h.** This item is also equal to Item 16. [Cells 57 to 59]
- 17a. Family is in permanent housing and will not receive housing support moving forward: Enter the number of families in permanent housing that will not be receiving housing support (Including subsidies and services) moving forward (e.g., after they exit the HSP). [Cell 60]
- 17b. Family is or will be receiving a (non-HSP) housing subsidy/service: Enter the number of families in permanent housing that are receiving or will be receiving a non-HSP subsidy at the time of exiting the HSP. **Total Cases Column (Cell 63) is automatically calculated.** [Cells 61 to 63]
- 17c. Of those reported in Item 9b, family retained permanent housing after receipt of judgment for eviction, as ordered by the court: Enter the number of families that were reported in Item 9b in the report month or in a prior month that are still in the same residence at the time of exiting the HSP, as at the time of the request/referral. [Cell 64]
- 17d. Family is sharing housing with relatives/friends: Enter the number of families sharing housing with relatives/friends, either permanent or not permanent at time of exiting the HSP. **Total Cases Column (Cell 67) is automatically calculated.** [Cell 65 to 67]
- 17e. Family is in a shelter or nighttime residence that is a supervised publicly or privately operated shelter: Enter the number of families in a shelter or nighttime residence that is a supervised publicly or privately operated shelter at time of exiting the HSP. [Cells 68]
- 17f. Family is residing in a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings: Enter the number of families residing in a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings at time of exiting the HSP. [Cell 69]

- 17g. Family has unknown housing situation: This is the number of families whose housing situation is unknown at the time of exiting the HSP. **Total Cases Column (Cell 72) is automatically calculated.** [Cells 70 to 72]
- 17h. Family has other housing situation: Enter the number of families in housing situations other than those listed in Items 17a through 17g at time of exiting the HSP. **If Item 17h is not zero, then the Item 17h Explanation box must be completed. Total Cases Column (Cell 75) is automatically calculated.** [Cells 73 to 75]
18. Of the cases in 17a, 17b, 17d and 17h, families in permanent housing at the time of exit: **Item 18 is automatically calculated and is the sum of Items 18a through 18g.** [Cell 76]
- In Items 18a through 18g, select the length of time in HSP after being placed in permanent housing.
- 18a. 1 calendar month or less (includes families receiving only deposit and/or first month's rent): Enter the number of cases placed in permanent housing (does not need to be subsidized by HSP) for one calendar month or less at time of exiting the HSP. [Cell 77]
- 18b. 2 to 3 months: Enter the number of cases placed in permanent housing for two to three months at time of exiting the HSP. [Cell 78]
- 18c. 4 to 5 months: Enter the number of cases placed in permanent housing for four to five months at time of exiting the HSP. [Cell 79]
- 18d. 6 to 8 months: Enter the number of cases placed in permanent housing for six to eight months at time of exiting the HSP. [Cell 80]
- 18e. 9 to 11 months: Enter the number of cases placed in permanent housing for nine to eleven months at time of exiting the HSP. [Cell 81]
- 18f. 12 to 18 months: Enter the number of cases placed in permanent housing for twelve to eighteen months at time of exiting the HSP. [Cell 82]
- 18g. 19 to 24 months: Enter the number of cases placed in permanent housing for nineteen to twenty-four months at time of exiting the HSP. [Cell 83]

Case Status at the End of the Month

19. Cases on hand at the end of the month: **Item 19 is automatically calculated and is Item 15 minus Item 16.** This month's Item 19 is used to enter next month's Item 11. [Cell 84]

20. Of the cases in Item 19, the housing status of the family at the end of the month:
Item 20 is automatically calculated and is the sum of Items 20a through 20c.
[Cell 85]

20a. Family is not in permanent housing: Enter the number of families at the end of the month that are not in permanent housing. [Cell 86]

20b. Family obtained permanent housing during the month: ***Item 20b is automatically calculated and is the sum of Items 20b1 to 20b6.*** Item 20b is to be completed **only** in the month the family obtains/moves into permanent housing. [Cell 87]

In Items 20b1 through 20b6, select the time period that represents the number of days from the date the family's request/referral was approved to the date the family was placed in permanent housing.

20b1. 29 days or less: Enter the number of families with 29 days or less between the date the request/referral was approved and the date placed in permanent housing. [Cell 88]

20b2. 30 to 45 days: Enter the number of families with 30 to 45 days between the date the request/referral was approved and the date placed in permanent housing. [Cell 89]

20b3. 46 to 60 days: Enter the number of families with 46 to 60 days between the date the request/referral was approved and the date placed in permanent housing. [Cell 90]

20b4. 61 to 75 days: Enter the number of families with 61 to 75 days between the date the request/referral was approved and the date placed in permanent housing. [Cell 91]

20b5. 76 to 90 days: Enter the number of families with 76 to 90 days between the date the request/referral was approved and the date placed in permanent housing. [Cell 92]

20b6. 91 days or more: Enter the number of families with 91 days or more between the date the request/referral was approved and the date placed in permanent housing. [Cell 93]

20c. Family is in ongoing permanent housing: Enter the number of families in ongoing permanent housing. Families entered in this item obtained permanent housing in a prior month and continued to be in permanent housing in the current month. [Cell 94]

PART C. FINANCIAL ASSISTANCE

Part C summarizes the types and amounts of HSP financial assistance that were issued to CalWORKs families during the month. An active case may or may not receive HSP financial assistance during the month. Consequently, cases entered in Part B in the report month may or may not be counted in Part C.

If expenditures are entered in the Expenditures Column, a caseload count must be entered in the corresponding cell of the Total Cases Column. If a cell in the Total Cases Column is zero, then the corresponding cell in the Expenditures Column must be zero. Expenditures must be entered as whole numbers. Entries with decimals will cause an error and require a revision from the county.

21. Of the cases in Item 15, cases that were issued financial assistance during the month (Unduplicated cases): Enter the number of the cases in Item 15 that were issued financial assistance during the month. This is an **unduplicated** case count. ***Expenditures Column [Cell 95] is automatically calculated and is the sum of Items 22 through 29 in the Expenditures Column. [Cells 95 to 96]***

Of the cases in Item 21, select all the types of financial assistance in Items 22 to 29 that apply. Families entered in Item 22a cannot be entered in Item 22b and vice versa.

22. Total rental assistance issued during the month: ***Item 22 is automatically calculated and is the sum of Items 22a and 22b. [Cells 97 to 98]***

22a. Full monthly rental subsidy issued: ***Item 22a is automatically calculated and is the sum of Items 22a1 through 22a6. [Cells 99 to 100]***

22a1. Less than \$501: Enter the dollar amount of rental assistance issued during the month that was less than \$501 in the Expenditures Column. Enter the number of cases with rental assistance issued during the month that was less than \$501 in the Total Cases Column. ***[Cells 101 to 102]***

22a2. \$501 to \$750: Enter the dollar amount of rental assistance issued during the month that was between \$501 and \$750 in the Expenditures Column. Enter the number of cases with rental assistance issued during the month that was between \$501 and \$750 in the Total Cases Column. ***[Cells 103 to 104]***

- 22a3. \$751 to \$1,000: Enter the dollar amount of rental assistance issued during the month that was between \$751 and \$1,000 in the Expenditures Column. Enter the number of cases with rental assistance issued during the month that was between \$751 and \$1,000 in the Total Cases Column. [Cells 105 to 106]
- 22a4. \$1,001 to \$1,300: Enter the dollar amount of rental assistance issued during the month that was between \$1,001 and \$1,300 in the Expenditures Column. Enter the number of cases with rental assistance issued during the month that was between \$1,001 and \$1,300 in the Total Cases Column. [Cells 107 to 108]
- 22a5. \$1,301 to \$1,800: Enter the dollar amount of rental assistance issued during the month that was between \$1,301 and \$1,800 in the Expenditures Column. Enter the number of cases with rental assistance issued during the month that was between \$1,301 and \$1,800 in the Total Cases Column. [Cells 109 to 110]
- 22a6. More than \$1,800: Enter the dollar amount of rental assistance issued during the month that was more than \$1,800 in the Expenditures Column. Enter the number of cases with rental assistance issued during the month that was more than \$1,800 in the Total Cases Column. [Cells 111 to 112]
- 22b. Partial rental assistance issued: ***Item 22b is automatically calculated and is the sum of Items 22b1 through 22b6.*** [Cells 113 to 114]
- In Items 22b1 through 22b6 part of the family's rent is paid by the HSP and part is paid by the family.
- 22b1. Less than \$501: Enter the dollar amount of rental assistance issued during the month that was less than \$501 in the Expenditures Column. Enter the number of cases with rental assistance issued during the month that was less than \$501 in the Total Cases Column. [Cells 115 to 116]
- 22b2. \$501 to \$750: Enter the dollar amount of rental assistance issued during the month that was between \$501 and \$750 in the Expenditures Column. Enter the number of cases with rental assistance issued during the month that was between \$501 and \$750 in the Total Cases Column. [Cells 117 to 118]

- 22b3. \$751 to \$1,000: Enter the dollar amount of rental assistance issued during the month that was between \$751 and \$1,000 in the Expenditures Column. Enter the number of cases with rental assistance issued during the month that was between \$751 and \$1,000 in the Total Cases Column. *[Cells 119 to 120]*
- 22b4. \$1,001 to \$1,300: Enter the dollar amount of rental assistance issued during the month that was between \$1,001 and \$1,300 in the Expenditures Column. Enter the number of cases with rental assistance issued during the month that was between \$1,001 and \$1,300 in the Total Cases Column. *[Cells 121 to 122]*
- 22b5. \$1,301 to \$1,800: Enter the dollar amount of rental assistance issued during the month that was between \$1,301 and \$1,800 in the Expenditures Column. Enter the number of cases with rental assistance issued during the month that was between \$1,301 and \$1,800 in the Total Cases Column. *[Cells 123 to 124]*
- 22b6. More than \$1,800: Enter the dollar amount of rental assistance issued during the month that was more than \$1,800 in the Expenditures Column. Enter the number of cases with rental assistance issued during the month that was more than \$1,800 in the Total Cases Column. *[Cells 125 to 126]*
23. Additional rental payments issued for a case during the month: Enter the dollar amount of additional rental payments issued during the month in the Expenditures Column. Enter the number of cases that were issued additional rental payments during the month in the Total Cases Column. *[Cells 127 to 128]*
- This is when additional rental payments are issued on behalf of a single family.
- Example 1: The Smith family moved into their new home January 15th and HSP paid rent for the remainder of January and for all of February, then in the January report, enter their partial rent in 22b and enter February's rent in 23. For the February report, you will not report these expenditures again.
- Example 2: If payment is issued for first and last month's rent, first month's rent would be entered in the appropriate cell in Item 22 and last month's rent would be entered in Item 23.
24. Security deposits issued during the month: Enter the dollar amount of security deposits (including rental security deposits and any utility security deposits) issued during the month in the Expenditures Column. Enter the number of cases that were issued all or part of a security deposit during the month in the Total Cases Column. *[Cells 129 to 130]*

25. Utility payments issued during the month: Enter the dollar amount of utility payments issued during the month in the Expenditures Column. Enter the number of cases that were issued all or part of utility payments during the month in the Total Cases Column. [Cells 131 to 132]
26. Moving costs issued during the month: Enter the dollar amount of moving costs issued during the month in the Expenditures Column. Enter the number of cases that were issued all or part of moving costs during the month in the Total Cases Column. [Cells 133 to 134]
27. Interim/Temporary Housing (e.g., motel, shelter) issued during the month: Enter the dollar amount of interim/temporary housing (e.g., motels, shelters, or bridge housing) issued during the month in the Expenditures Column. Enter the number of cases that had interim/temporary housing during the month in the Total Cases Column. [Cells 135 to 136]
28. Making home habitable costs issued during the month: Enter the dollar amount of “making home habitable” costs issued during the month in the Expenditures Column. Enter the number of cases that were issued “making home habitable” costs during the month in the Total Cases Column. [Cells 137 to 138]
29. Other financial assistance issued during the month: Enter the dollar amount of financial assistance issued for reasons other than those listed in Items 22 through 29 and are related to securing or maintaining housing during the month in the Expenditures Column. Enter the number of cases that were issued financial assistance for reasons other than those listed in Items 22 through 29 during the month in the Total Cases Column. ***If Item 29 is not zero, then the Item 29 Explanation box must be completed.*** [Cells 139 to 140]

Examples of other financial assistance include repairs after someone moves out of a unit, finder’s fees, credit/eviction repair, etc.

PART D. HOUSING AND RELOCATION SERVICES

Part D summarizes the number and types of HSP housing and/or relocation services that were provided to CalWORKs families during the month. These may include those funded by the HSP, or those that are not funded by the HSP but ones in which the client is referred to or is receiving in relation to HSP.

Each case entered in Item 30 will usually (but not always) have at least one service entered in Items 31a through 31g and may have up to six types of services entered. As a result, Items 30 and 31 will be less than or equal to Item 15.

30. Of the cases in Item 15, cases that were provided housing services and/or relocation services during the month (Unduplicated cases): Enter the number of cases in Item 15 that were provided housing and/or relocation services during the month. This is an **unduplicated** case count. *[Cell 141]*
31. Of the cases in Item 30, the number of cases provided with each service during the month: ***Item 31 is automatically calculated and is the sum of Items 31a to 31g.*** *[Cell 142]*

In Items 31 through 31g select all services that apply. If a family received any individual service more than once in the report month, count the service only once per case per month.

- 31a. Case management: Enter the number of case management services provided during the month. *[Cell 143]*
- 31b. Interim housing: Enter the number of families that were in interim housing (regardless of if HSP paid for it or not). For example, some families might be temporarily staying with family after it was established that they're homeless and therefore no cost is incurred. *[Cell 144]*
- 31c. Landlord engagement: Enter the number of landlord engagement services provided during the month. Examples of landlord engagement include outreach to landlords, negotiating with landlords, assisting/facilitating client and landlord meetings, etc. *[Cell 145]*
- 31d. Housing search and placement: Enter the number of housing search and placement services provided during the month. Examples of housing search and placement include assisting clients to fill out paperwork, helping clients look for housing (e.g., looking at apartment listings), arranging for a moving truck, etc. *[Cell 146]*
- 31e. Legal services: Enter the number of referrals to legal services provided during the month. For example, when the county refers the client to legal services in order to clear a client's criminal record in order to help them find housing more easily or using legal services to help mitigate an eviction. *[Cell 147]*
- 31f. Credit repair: Enter the number of credit repair services or referrals for credit repair services provided during the month. For example, referring a client to credit repair resources to pay down debt or paying off part of a client's eviction. *[Cell 148]*

31g. Other: Enter the number of housing and/or relocation services other than those listed in Items 31a through 31f that were provided during the month. ***If Item 31g is not zero, then the Item 31g Explanation box must be completed. [Cell 149]***

COMMENT SECTION

Use the Comments section to:

- Explain any “0” data entry for an item if the county does not provide the service or if the county is unable to collect or track the data.
- Explain any major fluctuations in data, including major changes in procedures, programming or staffing that have affected the data.
- Provide any other comments the county determines necessary.
- Explain the reason for the adjustment (correction) to last month’s ending balance of requests/referrals pending in the Item 2 Explanation box.
- Explain the reason for the adjustment (correction) to last month’s ending balance of cases carried forward in the Item 12 Explanation box.
- Explain the “other” reasons in the Items 6h, 16g, 17h, 30, and 31g explanation boxes.
- Explain the reason for revision in the Revised Report Explanation box.

**CalWORKs Housing Support Program (HSP)
Monthly Status Report
HSP 14 (9/18)**

VALIDATION RULES AND EDITS

All data cells in this report must be greater than or equal to 0, except Item 2 (Cell 2) and Item 12 (Cell 29) which may be either a positive or negative number. Enter whole numbers only: no decimals. No data cell should be left blank.

Initial reports: If Initial is selected, the Revised Report Explanation box must be left blank.

Revised reports: If Revised is selected, enter the reasons for the revision in the Revised Report Explanation box.

Important Note: For Part C, the Expenditures Column must be greater than or equal to the Total Cases Column. If the Total Cases Column is zero, then the Expenditures Column must be zero.

PART A. REQUESTS/REFERRALS FOR SERVICES

Requests/Referrals Received

Item 2 must be equal to (Item 3 – Item 1)

Cell 2 must be equal to (Cell 3 – Cell 1)

Item 5 must be equal to (Item 3 + Item 4)

Cell 5 must be equal to (Cell 3 + Cell 4)

Requests/Referrals Denied

Item 6 must be less than or equal to Item 5

Cell 6 must be less than or equal to Cell 6

Requests/Referrals Approvals

Item 7 must be less than or equal to Item 5 AND equal to Item 9 and Item 14

Cell 15 must be less than or equal to Cell 5 AND equal to Cell 22 and Item 31

Item 8 must be greater than or equal to Item 7

Cell 16 must be greater than or equal to Cell 15

Item 9 must be equal to Item 7 and Item 14

Cell 22 must be equal to Cell 15 and Cell 31

Item 10 must be equal to (Item 5 – Item 6 – Item 7)

Cell 27 must be equal to (Cell 5 – Cell 6 – Cell 15)

Item 14 must be equal to Item 7 and Item 9

Cell 31 must be equal to Cell 15 and Cell 22

PART B. CASELOAD MOVEMENT

Active Cases

Item 12 must be equal to (Item 13 – Item 11)

Cell 29 must be equal to (Cell 30 – Cell 28)

Item 14 must be equal to Item 7

Cell 31 must be equal to Cell 15

Item 15 must be equal to (Item 13 + Item 14) AND greater than or equal to Item 30

Cell 32 must be equal to (Cell 30 + Cell 31) AND greater than or equal to Cell 141

Cases Discontinued (Family Exits)

Item 16 must be equal to Item 17

Cell 33 must be equal to Cell 57

Cell 34 must be equal to Cell 58

Cell 35 must be equal to Cell 59

Item 17 must be equal to Item 16

Cell 57 must be equal to Cell 33

Cell 58 must be equal to Cell 34

Cell 59 must be equal to Cell 35

Item 17 Permanent Housing Column must be equal to Item 18

Cell 57 must be equal to Cell 76

Item 18 must be equal to Item 17 Permanent Housing Column

Cell 76 must be equal to Cell 57

Cases Status at the End of the Month

Item 19 must be equal to (Item 15 – Item 16) AND equal to Item 20

Cell 84 must be equal to (Cell 32 – Cell 35) AND equal to Cell 85

Item 20 must be equal to Item 19

Cell 85 must be equal to Cell 84

PART C. FINANCIAL ASSISTANCE

Item 21 Expenditure Column must be equal to (Item 22 + Item 23 + Item 24 + Item 25 + Item 26 + Item 27 + Item 28 + Item 29)

Cell 95 must be equal to (Cell 97 + Cell 127 + Cell 129 + Cell 131 + Cell 133 + Cell 135 + Cell 137 + Cell 139)

Item 21 Total Cases Column must be less than or equal to Item 15 AND greater than or equal to Item 22, Item 23, Item 24, Item 25, Item 26, Item 27, Item 28, and Item 29 of the Total Cases Column

Cell 96 must be less than or equal to Cell 32 AND greater than or equal to Cell 98, Cell 128, Cell 130, Cell 132, Cell 134, Cell 136, Cell 138, and Cell 140

Item 22 Total Cases Column must be less than or equal to Item 21 Total Cases Column

Cell 98 must be less than or equal to Cell 96

Item 22a1 Expenditures Column must be greater than or equal to (Item 22a1 Total Cases Column × \$1) AND less than or equal to (Item 22a1 Total Cases Column × \$500)

Cell 101 must be greater than or equal to (Cell 102 × \$1) AND less than or equal to (Cell 102 Total Cases Column × \$500)

Item 22a2 Expenditures Column must be greater than or equal to (Item 22a2 Total Cases Column × \$501) AND less than or equal to (Item 22a2 Total Cases Column × \$750)

Cell 103 must be greater than or equal to (Cell 104 × \$501) AND less than or equal to (Cell 104 Total Cases Column × \$750)

Item 22a3 Expenditures Column must be greater than or equal to (Item 22a3 Total Cases Column × \$751) AND less than or equal to (Item 22a3 Total Cases Column × \$1,000)

Cell 105 must be greater than or equal to (Cell 106 × \$751) AND less than or equal to (Cell 106 Total Cases Column × \$1,000)

Item 22a4 Expenditures Column must be greater than or equal to (Item 22a4 Total Cases Column × \$1,001) AND less than or equal to (Item 22a4 Total Cases Column × \$1,300)

Cell 107 must be greater than or equal to (Cell 108 × \$1,001) AND less than or equal to (Cell 108 Total Cases Column × \$1,300)

Item 22a5 Expenditures Column must be greater than or equal to (Item 22a5 Total Cases Column × \$1,301) AND less than or equal to (Item 22a5 Total Cases Column × \$1,800)

Cell 109 must be greater than or equal to (Cell 110 × \$1,301) AND less than or equal to (Cell 110 Total Cases Column × \$1,800)

Item 22a6 Expenditures Column must be greater than or equal to (Item 22a6 Total Cases Column × \$1,801)

Cell 111 must be greater than or equal to (Cell 112 × \$1,801)

Item 22b1 Expenditures Column must be greater than or equal to (Item 22b1 Total Cases Column × \$1) AND less than or equal to (Item 22b1 Total Cases Column × \$500)

Cell 115 must be greater than or equal to (Cell 116 × \$1) AND less than or equal to (Cell 116 Total Cases Column × \$500)

Item 22b2 Expenditures Column must be greater than or equal to (Item 22b2 Total Cases Column × \$501) AND less than or equal to (Item 22b2 Total Cases Column × \$750)

Cell 117 must be greater than or equal to (Cell 118 × \$501) AND less than or equal to (Cell 118 Total Cases Column × \$750)

Item 22b3 Expenditures Column must be greater than or equal to (Item 22b3 Total Cases Column × \$751) AND less than or equal to (Item 22b3 Total Cases Column × \$1,000)

Cell 119 must be greater than or equal to (Cell 120 × \$751) AND less than or equal to (Cell 120 Total Cases Column × \$1,000)

Item 22b4 Expenditures Column must be greater than or equal to (Item 22b4 Total Cases Column × \$1,001) AND less than or equal to (Item 22b4 Total Cases Column × \$1,300)

Cell 121 must be greater than or equal to (Cell 122 × \$1,001) AND less than or equal to (Cell 122 Total Cases Column × \$1,300)

Item 22b5 Expenditures Column must be greater than or equal to (Item 22b5 Total Cases Column × \$1,301) AND less than or equal to (Item 22b5 Total Cases Column × \$1,800)

Cell 123 must be greater than or equal to (Cell 124 × \$1,301) AND less than or equal to (Cell 124 Total Cases Column × \$1,800)

Item 22b6 Expenditures Column must be greater than or equal to (Item 22b6 Total Cases Column × \$1,801)

Cell 125 must be greater than or equal to (Cell 126 × \$1,801)

Item 23 Total Cases Column must be less than or equal to Item 21 Total Cases Column

Cell 128 must be less than or equal to Cell 96

Item 24 Total Cases Column must be less than or equal to Item 21 Total Cases Column

Cell 130 must be less than or equal to Cell 96

Item 25 Total Cases Column must be less than or equal to Item 21 Total Cases Column

Cell 132 must be less than or equal to Cell 96

Item 26 Total Cases Column must be less than or equal to Item 21 Total Cases Column

Cell 134 must be less than or equal to Cell 96

Item 27 Total Cases Column must be less than or equal to Item 21 Total Cases Column

Cell 136 must be less than or equal to Cell 96

Item 28 Total Cases Column must be less than or equal to Item 21 Total Cases Column

Cell 138 must be less than or equal to Cell 96

Item 29 Total Cases Column must be less than or equal to Item 21 Total Cases Column

Cell 140 must be less than or equal to Cell 96

PART D. HOUSING AND RELOCATION SERVICES

Item 30 must be less than or equal to Item 15 and Item 30

Cell 141 must be less than or equal to Cell 32 and Cell 142

Item 31 must be greater than or equal to Item 30

Cell 142 must be greater than or equal to Cell 141