

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: WI-501 - Milwaukee City & County CoC

1A-2. Collaborative Applicant Name: United Way Greater Milwaukee & Waukesha County

1A-3. CoC Designation: CA

1A-4. HMIS Lead: Institute for Community Alliances

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	0
2.	CDBG/HOME/ESG Entitlement Jurisdiction(s)	Yes	2
3.	Certified Community Behavioral Health Clinic (CCBHC)	Yes	1
4.	Community Mental Health Center (CMHC)	Yes	1
5.	Disability Advocate(s)	Yes	1
6.	Disability Service Organization(s)	Yes	1
7.	Emergency Medical Services (EMS)/Crisis Response Team(s)	Yes	1
8.	Employment Assistance Program(s) (e.g., Local Workforce Development, American Job Center)	Yes	1
9.	Faith-based Organization(s)	No	
10.	Homeless or Formerly Homeless Person(s)	Yes	1
11.	Hospital(s)	Yes	0
12.	Other Primary Healthcare Provider(s) (e.g., Federally Qualified Health Center, Healthcare for the Homeless)	Yes	1
13.	Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)	No	
14.	Law Enforcement	Yes	0
15.	Local Court Systems, Including Specialty Courts (e.g., Mental Health Court, Drug Court, Care Court)	Yes	0
16.	Local Government Staff/Official(s)	Yes	3

17.	State Government Staff/Official(s)	No	
18.	State or Local Elected Public Official(s)	Yes	1
19.	Local Jail(s)	Yes	1
20.	Mental Health Service Organization(s)	Yes	1
21.	Mental Illness Advocate(s)	Yes	1
22.	Organization(s) led by and serving people with disabilities	Yes	1
23.	Other homeless subpopulation advocate(s)	Yes	2
24.	Other nonprofit homeless assistance provider(s)	Yes	3
25.	Other social service provider(s)	Yes	1
26.	Public Housing Agencies	Yes	2
27.	Recovery Housing or Sober Living Provider(s)	Yes	0
28.	School Administrators/Homeless Liaison(s)	Yes	0
29.	School District(s)	Yes	0
30.	Street Outreach Team(s)	Yes	4
31.	Substance Abuse Advocate(s)	Yes	1
32.	Substance Abuse Service Organization(s)	Yes	1
33.	Universities	Yes	1
34.	Veteran Serving Organization(s)	Yes	0
35.	Agencies Serving Survivors of Human Trafficking	Yes	1
36.	Victim Service Provider(s)	Yes	2
37.	Domestic Violence Advocate(s)	Yes	2
38.	Other Victim Service Organization(s)	Yes	1
39.	State Domestic Violence Coalition	Yes	0
40.	State Sexual Assault Coalition	Yes	0
41.	Youth Advocate(s)	Yes	1
42.	Youth Homeless Organization(s)	Yes	1
43.	Youth Service Provider(s)	Yes	1
44.	Other Homeless Assistance Provider(s)	Yes	1
45.	Local Business or Chamber of Commerce or a Member of a Business Improvement District	Yes	0
	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 Milwaukee CoC membership application is posted on the CoC website milwaukeeccoc.com available to the public, which states that CoC membership is open to any individual or agency located in or serving Milwaukee County and interested in the CoC's work. The invitation to join the CoC and application process are published in the public e-newsletter, and the application is invited & encouraged in all-member meetings. CoC staff communicates with interested candidates for orientation to the CoC membership process & structure of the CoC. The Milwaukee Youth Action Board (YAB) essential to the Youth Homelessness Demonstration Program will also, by design, bring in new members. CoC is active in online outreach via Facebook, aiding membership awareness by sharing CoC member news & accomplishments with an invitation to apply. CoC communication inviting membership includes alt-text & PDF for accessible communication with persons with disabilities. CoC meetings are on TEAMS, recorded, with closed captioning options, and those meeting minutes are sent out. The CoC website is updated with accessibility features. Outreach to new members is performed every year whenever there is a funding opportunity and during several different outreach events the CoC participates in.

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 CoC seeks input from various sources, including diverse perspectives within the CoC board, committees, and planning meetings. They hold community meetings with Milwaukee City and County government, the Downtown Business District, the Milwaukee Police Department, District Attorney, Marquette University, and the Wisconsin Department of Transportation to address homelessness and fundraising. CoC collaborates with the Wisconsin Interagency Council on Homelessness to explore innovative ideas from different service sectors. We engage with HMOs and private hospitals to discuss housing, healthcare partnerships, and funding for CoC initiatives. Furthermore, the CoC partners with the CoC Peer Collaborative, engages with faith communities and involves people with lived experience in their initiatives for both youth and adult populations. There are many faith-based organizations represented on the CoC's warming committee that plans, fundraises, and administers additional housing options during severe temperatures (St. Ben's, Repairers of the Breach, Unity Church). Meeting minutes are made available to the public on the CoC's website. Surveys have been distributed to CoC members via email and social media platforms to solicit input on CoC funding priorities, particularly in relation to full body meetings and various trainings/panel discussions. Additionally, the CoC Lead and its members actively engage in the City of Milwaukee Community Development Block Grant public meetings to elicit feedback from the community. CoC media includes alternative text and PDFs for easy access by people with disabilities. CoC offers live closed captioning for individuals with disabilities. The CoC Lead consults with the City of Milwaukee Equal Rights Commission to ensure that CoC communications, meetings, & records are accessible. The CoC website is regularly updated with features that enhance accessibility. CoC members participate in public focus groups, share input via surveys, and provide insight and public comment on homeless service needs for the Con. Plan update. CoC public meetings engage in discussions about the most critical needs, which led to the formation of workgroups to explore non-traditional approaches to expanding affordable housing & supportive services.

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.
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(limit 2,500 characters)

The CoC welcomes project applications from organizations that have not previously received funding. To publicize these opportunities, the CoC has shared information about the bonus project application on its social media pages, website, and in the e-newsletter, all of which are accessible to the public. The CoC has provided details on how to apply and has encouraged organizations that have not previously received funding to reach out to the CoC lead agency for support in their application, including holding eSnaps trainings and offering recording of said trainings. Additionally, the CoC has worked with prospective applicants to manage expectations and assist those who are new to working with HUD and CoC in the application process. The CoC announcement clearly detailed the process for submitting project applications, reaching the public through the CoC website, social media, and the e-newsletter. It unequivocally stated that CoC project applications must be submitted as email attachments to CoC staff by the deadline, which was prominently featured in a published timeline on the CoC website. The recent announcement from the CoC outlines the process for determining project approval, including project review, rating and ranking policies, as well as summarizing scores for all new and renewed CoC funding applications. The announcement also detailed the criteria that new project applications must meet to be accepted by the CoC and submitted to HUD for funding. Emphasis was placed on new projects that align with CoC and community priorities along with HUD priorities in this current NOFO. The results of these efforts are one new agency, never funded before, SMILE, Inc. being ranked as a bonus project in this application.

1B-5	Plan for Comprehensive Strategies for Reducing Homelessness.
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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)

Early 2026, CoC Leadership Committee reviewed system performance data & stakeholder feedback, including input from people with lived experience, to identify gaps and establish a plan to improve the homelessness response system. CoC identified 4 priority gaps: the number of people experiencing homelessness, particularly unsheltered homelessness; the number of people experiencing homelessness for the first time; inconsistent program effectiveness & staff capacity; and the sustainability of resources needed to prevent & end homelessness. To address these gaps, the CoC established four committees with quantifiable goals: Lowering the Point-in-Time Count, Preventing Homelessness, Program Efficacy & Staff Training, & Sustainable Funding. All four committees are guided by Data-Driven Decision-Making, Centering Lived Experience, and Making Good Use of Committee Time. Membership includes people with lived experience, CoC Board members, providers, and community partners. Committees meet every other month, with the full CoC leadership group meeting in alternating months to review progress, address barriers, and coordinate implementation. Strategies will address the needs of all relevant subpopulations through prevention & diversion for households at imminent risk, rapid rehousing and permanent housing interventions, targeted outreach and housing navigation for people experiencing unsheltered homelessness, and strengthened services for families, individuals, youth, veterans, older adults, people with disabilities, and people experiencing chronic homelessness. These activities use the interventions authorized under 42 U.S.C. 11386b(d) and other targeted approaches based on identified needs. CoC will measure progress through HMIS & System Performance Measures, with the goal of improving overall system performance by the end of 2027. Measures will include reductions in the PIT Count, first-time homelessness, returns to homelessness, and length of time homeless, as well as increases in exits to permanent housing & program effectiveness. CoC Leadership Committee and CoC Board will oversee implementation & accountability. As United Way is the body responsible for overseeing strategic implementation, CoC will leverage resources and their 5-year initiative to prevent homelessness for 40,000 individuals including efforts to reduce street homelessness & returns to homelessness. Funding will include CoC Planning funds, agency match, community donations, and in-kind resources.

1B-5a	Confirmation of Plan Coverage.
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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

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

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?	63%

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)

Funded projects at Guest House, Mercy Housing Johnston Center, Outreach Community Health Centers and Milwaukee County Housing Division all have access to onsite mental health and substance use services. Our CoC places an emphasis on having the widest possible range of services available to our community. Outreach Community Health Centers, Guest House and Milwaukee County Behavioral Health Division all offer out patient mental health and substance use disorder services to our clients. Individuals living within the CoC have access to all the services of Milwaukee County, which are scaled based on client need. 24-hour emergency psychosocial interventions are available through the Milwaukee County Health Emergency Center run in partnership with the 4 area health systems. There are access clinics available to uninsured Milwaukee County Residents (this covers 100% of CoC Geo area). Access clinics offer mental health and substance use assessment, therapeutic check-ins, peer support, medication evaluation and linkage to long term mental health and substance use services. Insured individuals have access to this same array of services through the private health system. Additional services available to individuals in the CoC range from CCS, which requires agreement to being in Mental Health or Substance Use recovery, but allows access to broad services from protective payee to supportive case management, to CARS, which offers in home supports to individuals struggling with mental health, to Targeted Case Management, which offers in home supports and medication management and other recovery supports. In addition to emergency suicide prevention available through 24 hour emergency room services, and the Milwaukee County Health Emergency Center, there is also access to the nationwide 988 suicide prevention hotline. Finally, CoC funded agency, Hope House of Milwaukee, Inc. serves as the fiscal agency for Milwaukee County to assist in putting more than \$1,000,000 per year into the Milwaukee community to provide substance use treatment through the Better Ways to Cope Program. This funding is focused on Opioids, but funds agencies that provide a wide array of substance use services. This includes drop in treatment for those wishing to start their substance use disorder recovery journey, in-patient treatment for single individuals, mothers with their children, fathers with their children, and services specifically targeted to pregnant women with substance use disorder.

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)

CoC recognizes peer support and recovery navigation as valuable approaches to building trust, strengthening service engagement, and promoting long-term recovery and housing stability. Through partnerships with behavioral health providers, youth-serving agencies, and community-based organizations, the CoC supports access to peer specialists and individuals with lived experience who help people experiencing homelessness navigate services, develop skills, and pursue individualized recovery and stability goals. Guest House employs 1 part time peer support specialist for the Pathways program. Peer Support specialist is in charge of one on one support for those in recovery and in providing and recruiting others to run various groups onsite. Pathfinders Milwaukee demonstrates this approach through several programs. In partnership with Milwaukee County's Behavioral Health Division, Pathfinders' Coordinated Opportunities for Recovery and Empowerment (CORE) program employs a full-time Peer Specialist serving youth ages 12–23 experiencing a first episode of psychosis. Peer support assists participants with recovery navigation, skills-building, therapy, employment and education support, and medication management. Pathfinders' Emergency Youth Shelter also employs a state-funded Peer Specialist with lived experience of homelessness and instability who facilitates prevention education, supportive groups, and training while serving as a positive role model and bridge between youth and staff. A federally funded peer support component further assists youth with aftercare, external resources, and activities that promote stability following shelter. In partnership with Milwaukee County, Hope House of Milwaukee administers Better Ways to Cope grant funding for recovery services, including several projects utilizing peer support as part of their model. Activities include AODA education, life-skills groups, access to basic needs, and opportunities for participant feedback to strengthen program effectiveness. The CoC also financially supports Pathfinders' Power of Paths Youth Action Board (YAB), composed of young people with lived experience of homelessness and housing instability. YAB members serve as credible messengers, co-facilitate life-skills trainings, connect peers to mainstream resources, and share strategies for navigating challenges beyond formal 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)

Our CoC and our County Department of Health and Human Services both take a no wrong door approach to identifying and connecting individuals experiencing serious mental illness with the services necessary to promote stability. Beginning with Street Outreach, CoC members create an individualized plan to meet homeless persons where they're at and ensure that anyone in need has the ability to connect to appropriate services. Case Managers within CoC funded programs all create individual service plans with every client to identify and connect those with a wide range of psychosocial issues including serious mental illness.

Individuals living within the CoC have access to the services of Milwaukee County, which are scaled based on client need. 24-hour emergency psychosocial interventions are available through the Milwaukee County Health Emergency Center run in partnership with the 4 area health systems. There are access clinics available to uninsured Milwaukee County Residents (this covers 100% of CoC geographic area). Access clinics offer mental health and substance use assessment, therapeutic check-ins, peer support, medication evaluation and linkage to long term mental health and substance use services. Insured individuals have access to this same array of services through the private health system. Additional services available to individuals in the CoC range from CCS, which requires agreement to being in Mental Health or Substance Use recovery, but allows access to broad services from protective payee to supportive case management, to CARS, which offers in home supports to individuals struggling with mental health, to Targeted Case Management, which offers in home supports and medication management and other recovery supports. An Assertive Community Treatment team that is accessed through the CARS process. It is for people with the most difficult, severe mental illnesses. This tiered system of care allows for services to be scaled as needed. In addition, this application proposes to fund an expansion to a mental health clinic that is located within a local CoC funded provider, Guest House of Milwaukee, Inc. This proposed expansion is solely for the purposes of creating faster and more tailored identification and connection services specifically to individuals experiencing homelessness in our CoC.

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)

Milwaukee County Housing Division

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)

CoC coordinates with Milwaukee County Housing Division (MCHD) and other system partners to support housing stability, successful participation in services, and movement toward long-term independence. MCHD participates in multidisciplinary team meetings with court-based and community programs, including Drug Treatment Court and Mental Health Treatment Court, where partners collaboratively review participant needs, address barriers, and identify housing and/or treatment solutions. Through this coordination, MCHD provides housing-related consultation, facilitates connections to available housing opportunities, and helps participants access resources and supports necessary to maintain housing stability. Stable housing is often foundational to an individual's ability to successfully comply with court orders and program expectations. Individuals experiencing homelessness or housing instability may face significant barriers to consistently attending court appearances, meeting with case managers, accessing treatment, managing medications, or maintaining other requirements established through diversion or treatment programs. By addressing housing instability, MCHD and CoC partners help create the conditions necessary for individuals to meet these obligations and remain successfully engaged in community-based programs rather than experiencing program failure or incarceration. CoC views specialty court-based interventions as an opportunity to connect individuals with housing and supportive services that promote long-term stability and independence. Coordination among housing providers, specialty courts, behavioral health systems, and other community partners allows housing needs to be considered as part of a broader plan for successful community integration. This collaborative approach supports individuals in maintaining housing, meeting court and service expectations, strengthening connections to care, and progressing toward greater independence.

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)

The Milwaukee Mobile Crisis team supports callers on the Milwaukee County Crisis Line, (414) 257-7222, and provides mental health crisis responses and intervention in the community. This non-police mobile response provides services 24 hours a day, seven days a week and is composed of counselors, therapists, psychologists and nurses. Milwaukee Mobile Crisis also provides: mental health assessments, assistance with stabilization, and connections to on-going resources.

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.	0
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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)

Outreach Community Health Centers, Milwaukee County Behavior Health

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)

Milwaukee County Housing Division

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)

CoC coordinates with several of our funded providers, including Outreach Community Health Centers and the Milwaukee County Housing Division, mainstream systems, health care providers, behavioral health and substance use disorder (SUD) providers, and housing partners to identify individuals at risk of homelessness and facilitate warm hand-offs to appropriate housing and supportive services. Coordination occurs through CoC committees, cross-system partnerships, community events, outreach, and direct referrals, with partners sharing information about available resources, eligibility changes, and service pathways. A particular focus is connecting individuals experiencing or at risk of homelessness with SUD and mental health services. CoC outreach teams are trained to identify behavioral health and substance use needs, and outreach teams have access to mental health and SUD professionals who can engage individuals and connect them to treatment and recovery supports. CoC also works with Medicaid-funded behavioral health programs and other community providers to connect eligible individuals to treatment, case management, and ongoing supportive services. These connections are incorporated into housing navigation and individualized service plans whenever appropriate. The Milwaukee Health Care Partnership provides another important pathway for prevention and early intervention. Participating hospitals, community health centers, and Children's Hospital clinics screen patients for housing instability and homelessness and connect those identified with housing navigation, behavioral health, and SUD resources. This allows housing needs and substance use concerns to be addressed before they contribute to a loss of housing or prevent successful housing placement. CoC also brings housing, health care, behavioral health, and SUD providers together through community-wide initiatives such as Project Homeless Connect, where participants receive direct connections and warm hand-offs to housing and supportive services. By coordinating across systems and establishing direct connections rather than relying solely on referrals, the CoC helps individuals address substance use and other barriers, obtain and maintain housing, and avoid entry or re-entry into homelessness.

1C-2. Supportive Services Investment.

	Number
1. Enter your CoC's FY 2026 Annual Renewal Demand (ARD).	\$17,614,003
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.	\$6,210,842
3. Percent of your CoC's FY 2026 ARD (from element 1 above) that is supportive services funding (from element 2 above).	35%
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.	\$4,403,501
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).	60%

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%
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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 Continuum of Care (CoC) consults with Emergency Solutions Grants (ESG) recipients through regular joint planning meetings, data sharing via the Homeless Management Information System (HMIS), and collaborative review of written standards. The most recent review of written standards occurred in July of 2026. The CoC Board has representation from both entitlement areas that receive ESG (City of Milwaukee and Milwaukee County) on the CoC Board. At these meetings, HMIS Lead (ICA) regularly presents all data including the Point-in-Time, Housing Inventory Chart, System Performance Measures and LSA data to inform decision making. CoC participates in weekly Shelter call with ESG-funded shelter providers and HMIS lead. In addition, there is representation on the CoC Leadership and Coordinated Entry Committees from both ESG recipients (City ESG and County ESG). The authorizing official of the Milwaukee County Consolidated Plan is chairing the Lowering the Point in Time Workgroup, which is using data to identify and implement strategies to lower the Point in Time Count in our CoC. Moving forward, the CoC will maintain these aligned allocation strategies and joint performance evaluations to address local housing needs. Coordinated Entry Committee meets monthly to actively align shelter eligibility, prioritization and policies to ensure up to date assessment.

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)

CoC coordinates closely with emergency shelter providers to ensure that individuals and families entering shelter are connected to Coordinated Entry (CE), housing resources, and other CoC assistance as quickly as possible. Shelter providers are integrated into the CoC's coordinated system and work with CE, HMIS, outreach teams, housing navigators, and other service providers to assess needs, make referrals, and connect households to appropriate housing and supportive services. CoC's uses a "no wrong door" approach, which allows individuals and families to access assistance through shelters, CE, outreach, and other community entry points. Shelter staff help identify housing barriers and other needs, facilitate connections to CE, and support households in completing the assessment and housing navigation process. The CoC also uses HMIS and coordinated referral processes to improve communication between shelters and community providers and to support timely connections to available resources. For families and youth, the CoC maintains strong partnerships with Milwaukee Public Schools (MPS) and other local education agencies. Shelter and family providers connect school-age children and youth experiencing homelessness with the MPS Homeless Education Program and other McKinney-Vento services, including enrollment, transportation, and educational supports. MPS participates in CoC planning and family homelessness efforts, helping ensure that educational stability is addressed alongside housing needs. CoC also works with shelter providers to connect residents to mainstream benefits, health and behavioral health services, employment resources, prevention/diversion assistance, and permanent housing opportunities. These partnerships are reinforced through CoC committees, provider meetings, training, and community-wide initiatives. By integrating shelters into the broader coordinated response system, the CoC helps ensure that shelter is a pathway to housing rather than an endpoint, with households receiving individualized assistance to move toward stable housing and greater independence.

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 shares PIT, HIC, HMIS, and System Performance Measure (SPM) data with state and local government partners, as permitted by law, to support planning, resource allocation, service coordination, and improvements to the homelessness response system. HMIS is the CoC's primary source for information on people experiencing homelessness, service utilization, housing outcomes, and system performance. Institute for Community Alliances; the HMIS Lead Agency, provides data and annual reports (SPM data, PIT, HIC) making them publicly available in continuously updated dashboards. PIT and HIC data are collected and reviewed annually and shared with local government leadership and the Wisconsin Department of Administration (DOA) for statewide compilation and analysis. The HMIS Policies and Procedures manual (<https://icalliances.org/wisconsin-governance>), specifically section 3.1, contains language on all data uses and disclosures, which outlines the use of aggregated data to be shared publicly. HIC information is also updated and shared with CoCs statewide on a monthly basis to support awareness of shelter and housing capacity. PIT, HIC, and SPM data are available to state and local government partners upon request. Aggregate HMIS and system-level information is shared as appropriate to help partners understand changes in homelessness, available capacity, service demand, and system outcomes. CoC protects client privacy when sharing data. Information shared outside of HMIS is aggregated or de-identified as appropriate and does not include personally identifiable information unless there is a legal basis and appropriate authorization. Data is shared through direct communication with government partners, meetings, email, planning activities, and public reporting. The CoC also makes PIT and SPM information publicly available through its Point-in-Time Data and SPM Compare resources. In 2026, the CoC contributed data to the Statewide Interagency Council on Homelessness to support statewide planning and coordination. CoC uses the data it shares with government partner to identify changes in homelessness, service and housing capacity needs, system gaps, and performance trends. This information informs community planning, Coordinated Entry and housing capacity discussions, resource decisions, and strategies to improve outcomes for people experiencing or at risk of homelessness.

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)

CoC utilizes HMIS as its primary source for understanding homelessness, service utilization, housing outcomes, and system performance, while incorporating primary research and secondary data sources to develop a more comprehensive understanding of community needs. This approach helps identify emerging trends, populations and needs that may be underrepresented in HMIS, and factors contributing to housing instability and homelessness. CoC also considers secondary community and administrative data, including Milwaukee Health Care Partnership data to understand health and health care needs; IMPACT 211 call and needs data to identify changing demand for housing, shelter, utilities, food, behavioral health, and other basic needs; and Wisconsin Department of Health Services mental health/AODA dashboards to assess broader patterns in service need and utilization. HMIS contributes data to the Wisconsin Administrative Data Core (<https://www.irp.wisc.edu/wadc/>). This resource combines data from several statewide sources to provide opportunities for research and policy development to improve service delivery and maximize program efficacy. HMIS also has a monthly data sharing agreement with the State of Wisconsin Division of Medicaid Services to identify Medicaid members who access homeless assistance services to improve benefits for them, connect them with care managers, and understand utilization and cost patterns. This data exchange will provide DMS a definitive understanding of how many members experience homelessness and to inform future DMS policies and benefits. Milwaukee Police Department crime data, including domestic violence incidents, informs understanding of the intersection between victimization, safety, and housing instability. Court eviction filing data provides an additional indicator of housing instability and displacement risk. CoC uses these sources to identify needs not fully visible within the homeless response system. Together, these data inform CoC planning, funding priorities, program design, prevention and intervention strategies, Coordinated Entry practices, cross-system partnerships, and resource allocation. Examining HMIS alongside health, social service, public safety, eviction, and population-specific data enables the CoC to identify disparities and service gaps, anticipate emerging needs, target resources, and improve coordination for people experiencing or at risk of homelessness.

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)

CoC maintains a broad network of partnerships with workforce development organizations, educational institutions, and employment service providers to connect individuals experiencing homelessness with career pathways, skill-based training, and sustainable employment. These partnerships support increased income, economic stability, and long-term housing retention, while creating opportunities for individuals with lived experience to participate in the homelessness response system. CoC Board includes a representative from the local Workforce Development Board, who collaborates with the CoC on employment outreach and connections to apprenticeship programs, trade certifications, on-the-job training, and other workforce resources. Employ Milwaukee is currently expanding their tabling to Sojourner Family Peace Center and are planning to expand to shelters within the geographic area. CoC also works with local and state workforce development partners to coordinate employment resource outreach during Employment Awareness Week. Milwaukee Area Technical College (MATC) shares information on scholarships, financial aid, and educational services available to individuals with low incomes or experiencing homelessness. CoC membership meetings also provide information on accessing Wisconsin Works (W-2) and other state employment services. CoC creates professional development and employment opportunities for people with lived experience. The Youth Action Board, comprised of individuals with lived experience of homelessness, receives compensation for its consultation on youth planning and other CoC activities. Employment referrals are facilitated through direct service connections, 211, and interagency partnerships. Additional partnerships provide individualized employment support. Maximus, the FoodShare Employment and Training (FSET) program operator and a CoC member, connects participants to skills training and employment resources while helping address housing barriers, including security deposits and first month's rent. Its shared location with the CoC's Rental Housing Resource Center improves access to both employment and housing stability services. Goodwill has partnered with the CoC to provide on-site supportive employment services to shelter guests and housing program participants. MKE Co connects eligible participants to Individual Placement and Support (IPS), through County Behavioral Health Services for individuals with mental health and substance use disorders.

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)

Street Outreach and law enforcement have a strong relationship in our CoC. Street Outreach teams prioritize building strong relationships with the local law enforcement. This has led to several good things happening in our CoC recently. Recently a Police Captain from District 6 of the Milwaukee Police Department has joined the CoC Board. His willingness to be a part of the Board came directly from his work with Street Outreach teams. Police and Street Outreach workers have worked to co-respond to specific encampments in a park in District 6. This has allowed police to feel like they're able to give a response that provides an actual solution (housing) and street outreach workers to have a feeling of safety as they respond. Any law enforcement officer is able to reach out directly to Milwaukee County Street Outreach teams and request a co-response. Recently, a call came into the Mayor's office for a homeless individual living outdoors next to her property. The Mayor's office contacted police District #2. The Police Captain reached out to Milwaukee County Outreach teams for a co-response with the squad she was sending. All police districts know this is an option and take advantage.

In addition, CoC recently created a new encampment protocol for prioritizing and closing encampments. The creation of this encampment closure protocol came at the request of street outreach teams. The group that participated in the project was comprised of the Milwaukee County Sheriff's Office, the Milwaukee Police Department, the Downtown Business Improvement District (BID), the Harbor District BID, the State of Wisconsin Department of Public Works (DPW), the Milwaukee County DPW, the City of Milwaukee DPW, City of Milwaukee and Milwaukee County Health Departments, and all 4 funded Street Outreach Teams within the CoC. The group developed a protocol for encampment closures within the CoC Geographic area. This protocol includes a tool for prioritizing encampments for closure based on 4 areas: Public Safety, Encampment Size & Location, Public Health, and Environmental Concerns. The protocol then instructs Coordinated Entry in identifying (based on score) the "priority encampment" for closure. The protocol also includes a timeline that will work with street outreach, wider homeless system, departments of public works, and law enforcement to close encampment within 14-30 days. Law enforcement has been significantly involved and excited about finalizing this protocol.

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)

CoC and its funded agencies recognize family and support-network reunification as an important strategy for promoting long-term housing stability and improved well-being when reunification is safe, appropriate, and desired by the participant. Family-serving agencies prioritize reunification whenever feasible and work collaboratively to remove barriers that may prevent individuals and families from reconnecting with children, relatives, and other natural supports. CoC-funded agencies support parents pursuing reunification by ensuring that housing placements can accommodate children returning to the household. For participants moving into master-leased or tenant-based transitional, permanent, or rapid rehousing, agencies work to secure appropriately sized units. If an existing unit cannot accommodate reunification, providers assist participants in transitioning to a larger unit when feasible. Case Managers also coordinate with Child Protective Services (CPS) to support parents in meeting reunification requirements, accessing needed services, and establishing stable housing environments that support children's needs. For individuals and families experiencing homelessness, Case Managers develop individualized service plans that incorporate social history, participant goals, and an assessment of available natural supports, including family members and healthy friends. When appropriate and consistent with participant preferences and safety, Case Managers facilitate connections with these networks and help coordinate reunification. When reunification is not possible or appropriate, providers continue to offer supportive case management and help participants develop alternative support systems. When financial barriers prevent reunification, agencies may access flexible funding through Hope House, Milwaukee County, The Salvation Army, and the Cathedral Center to assist with costs and other needs associated with reconnecting participants to supportive networks. These resources help expand options for individuals and families whose natural supports are located outside the Milwaukee area. CoC also maintains regular communication with other CoCs throughout Wisconsin, supporting cross-jurisdictional coordination when reunification involves relocation to another geographic area. Through these partnerships, providers can coordinate with receiving communities to explore housing and service options, facilitate connections to local resources, and support continuity of care.

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)

CoC created new encampment closure protocol. The policy came at the request of street outreach teams. Participants were Milwaukee County Sheriff's Office, Milwaukee Police Department, Downtown Business Improvement District (BID), Harbor District BID, State, County and City DPWs, Milwaukee County and City Health Departments, and all 4 funded Street Outreach Teams (SO) within the CoC. The group developed protocol for closures within 100% of CoC Geo area. This includes a tool for prioritizing encampments for closure based on: Public Safety, Encampment Size & Location, Public Health, and Environmental Concerns. The protocol then instructs Coordinated Entry (CE) to identify (based on score) the "priority encampment" for closure. It also includes a timeline that will work with SO, wider homeless system, and first responders to close encampment within 30 days.

The timeline for closure is:

When an encampment is located (1) SO is notified, completes the Encampment Scoring Tool. They document the location, services offered, and number of individuals in the encampment, then gives scoring tool to CE. SO documents the location, services offered, and number of individuals in the encampment, gives scoring tool to CE. SO then (2) connects with agencies for support based on individual needs. SO (3) connects with appropriate agencies to coordinate encampment resolution date. This includes, but is not limited to, Coordinated Entry, Public Works, Law Enforcement, Business Improvement Districts, interested community partners, etc. During this step SO provides intensive engagement and service connections for 30 days prior to the encampment resolution date. Public Works (4) places signage 7 business days in advance to notify occupants of the date and time of closure, while SO verbally notifies residents of information. Signage includes contact info for SO. At the next stage (5) SO completes By-Name List and continue concentrated engagements with residents. SO also provides storage options as closure nears. During encampment resolution (6) temporary and/or long term placement is offered based on availability, with prioritization of this encampment in CE. Individuals may accept housing or relocate, with Law Enforcement to move any remaining individuals. The final stage (7) involves clean-up. DPW works to clean up encampment once SO confirms it is vacant and assists with clean up. DPW secures site so encampment will not return.

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)

Milwaukee's encampment response is shaped by local ordinances, state law, and coordinated practices that balance public safety, property management, and connections to services. Milwaukee County Ordinance § 47.25 prohibits sleeping, camping, or lodging in County parks and parkways. While this provides a basis for addressing encampments on County parkland, Milwaukee County Outreach works with the Parks Department to coordinate timely relocations and connect individuals with available shelter, housing beds, and other services. Wisconsin Stat. § 86.025 addresses camping on public highways and adjacent lands and establishes notice to remove as a prerequisite to unlawful camping under the statute. This notice provision can create a valuable opportunity for outreach teams to engage individuals, assess needs, and coordinate service connections before removal. The CoC will leverage this opportunity by coordinating with relevant jurisdictions and property owners to align notice periods with outreach engagement, service referrals, and identification of available shelter or housing options. CoC has also developed an Encampment Closure Protocol through collaboration among law enforcement, Departments of Public Works, Business Improvement Districts, and Street Outreach teams. The protocol uses a four-factor scoring tool—Location, Public Safety, Health, and Environmental Factors—to prioritize encampments requiring the most immediate attention. This shared process supports consistent, coordinated responses while incorporating outreach and service connections into closure planning. CoC will build on these partnerships by engaging outreach teams early in the closure process, coordinating with property owners and public agencies, and prioritizing individualized service connections and available placements. Where restrictive policies or expedited closures limit engagement, the CoC will work with jurisdictions to maximize advance notice when feasible, conduct timely outreach, and identify appropriate alternatives to unsheltered displacement. Coordinated Entry records service connections and referrals, including a 46% reduction in encampments over the past 2 years, demonstrating the system's capacity to connect people with resources outside traditional HMIS access points.

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)

The Milwaukee CoC continues to identify tents and encampments as a significant concern and has made reducing unsheltered homelessness a priority. The CoC Board has approved a policy to prioritize individuals identified through encampment outreach for timely engagement, assessment, and connection to shelter or permanent housing. Prioritization is based on an objective assessment of vulnerability, including factors such as safety concerns, length and severity of homelessness, health and other vulnerabilities, and other documented circumstances. This approach is intended to ensure that limited housing and shelter resources are directed to individuals with the greatest demonstrated need rather than based solely on the location of an encampment. The CoC's goal is to connect individuals residing in encampments to an appropriate shelter or housing intervention within seven days of identification, whenever possible and based on available resources, individual circumstances, and eligibility. Street outreach, Coordinated Entry, housing navigators, shelter providers, municipalities, law enforcement, and other partners will coordinate to support safe and timely engagement, transportation, and placement. The response is housing-focused rather than displacement-focused. Outreach staff will work to establish engagement, identify barriers, complete assessments, and connect individuals to appropriate interventions, including emergency shelter, rapid rehousing, permanent supportive housing, and other available resources. The CoC will use HMIS, Coordinated Entry records, outreach documentation, and PIT/HIC data to monitor outreach, referrals, placements, and housing outcomes and to identify barriers and improve response times. This coordinated approach is intended to reduce unsheltered homelessness while ensuring individuals living in tents and encampments have meaningful access to safe shelter, permanent housing, and supportive services.

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)

Wisconsin's laws prohibiting the possession and public use of illicit controlled substances provide an enforcement framework that can help address public drug use and connect individuals to appropriate services or law enforcement when necessary. The Milwaukee CoC will leverage this framework while emphasizing service connection and engagement as part of the community's broader response to substance use and homelessness. Milwaukee County has also invested opioid settlement funding in expanded access to substance use treatment and recovery services. These investments provide important resources for individuals experiencing homelessness who may be using substances in public and need immediate assistance. For example, Serenity Inns operates a drop-in treatment clinic that serves individuals regardless of insurance status, allowing people to access treatment when they are ready rather than waiting for an appointment or insurance determination. Serenity Inns also provides residential treatment, transitional living, and sober living resources, creating pathways from immediate engagement to longer-term recovery. The United Community Center, also supported through County resources, provides a crisis line during evenings and weekends, expanding access to assistance outside traditional business hours. This creates an alternative to emergency departments for individuals experiencing a substance use or behavioral health crisis and can facilitate connection to appropriate services before a situation escalates. CoC will continue strengthening coordination among outreach teams, Coordinated Entry, substance use treatment providers, behavioral health providers, emergency services, and law enforcement. Outreach staff will engage individuals experiencing unsheltered homelessness and substance use, provide referrals and warm handoffs to treatment and recovery resources, and assist individuals in navigating barriers to accessing care. Where restrictive laws or enforcement actions may create barriers to continued engagement, the CoC will mitigate those effects by ensuring that individuals have access to outreach, treatment referrals, transportation, shelter, housing navigation, and other supportive services. The goal is to use available enforcement and community resources to reduce harmful public drug use while increasing immediate access to treatment, recovery, housing, and other services.

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)

Milwaukee County overdose deaths overall have fallen 42.6% since their 2022 peak of 674, with 387 being reported in 2025. There is not a reliable countywide statistic that measures "people using illicit drugs in public" in the same way that overdose deaths or EMS calls are measured. Available public-health data measure overdoses and emergency responses far better than they measure illicit drug use occurring on sidewalks, in parks, transit areas, or other public locations. Therefore, precise countywide claims about trends in public drug use should be made cautiously. Nevertheless, public drug use and related disorder remain visible concerns in portions of Milwaukee County. Public-facing drug use and overdose risk remain sufficiently visible, however, that Milwaukee County has invested in treatment infrastructure in public locations. This includes beds for those actively dealing with opioid addiction, with the goal of moving people out of street environments and into a safer setting. Milwaukee has expanded EMS overdose response, Narcan/Naloxone availability, street outreach, and follow-up after nonfatal overdoses. Overall, Milwaukee County is experiencing a significant improvement in overdose mortality, but it is not a post-drug-crisis environment. The goal should be not simply to prevent death, but to move people from the street toward treatment, recovery, stability, and productive community life—while restoring safe and accessible public spaces for everyone.

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)

Wisconsin's Chapter 51 provides a legal framework for responding to those experiencing a mental health or substance use crisis who present a substantial risk of physical harm to themselves or others. Milwaukee County provides 24/7 behavioral health crisis services, including crisis assessment, emergency intervention, & access to the Mental Health Emergency Center. If statutory criteria are met, law enforcement & behavioral health professionals can initiate emergency intervention, providing a pathway to immediate safety & clinical assessment. The primary limitation is involuntary intervention requires specific statutory criteria. Homelessness, substance use, mental illness, or refusal of services alone do not meet the threshold. Those with significant behavioral health needs may remain in the community if they do not meet the legal standard for involuntary commitment, creating challenges for outreach teams, shelters, & housing providers. CoC addresses this gap through a step-up, step-down response that does not rely on involuntary commitment as the primary intervention. Street outreach & shelter staff are trained to recognize escalating behavioral health & safety concerns, use de-escalation strategies, & connect individuals to the appropriate level of crisis response. If the legal threshold is met, staff engage crisis services or law enforcement. For example, Safe Haven has identified & pursued a guardian-ad-litem for clients in crisis. Staff also use warm handoffs to voluntary behavioral health, substance use, crisis, & housing services rather than disengaging. CoC will strengthen the connection between crisis response & housing through clear referral pathways & follow-up after a crisis encounter, emergency department visit, or emergency detention. Outreach & housing staff assist with identification, benefits, treatment, transportation, & barriers to placement. Individuals will be prioritized through Coordinated Entry based on documented vulnerability & safety concerns & connected to permanent supportive housing or other appropriate interventions. CoC will also use case conferencing & multidisciplinary coordination among outreach, behavioral health, substance use treatment, housing, & shelter providers to identify individuals experiencing repeated crises & develop proactive service plans. This leverages Wisconsin's emergency intervention framework while addressing the gap for individuals who need substantial support but do not meet commitment standards.

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)

Milwaukee Code §106-51 restricts certain registered sex offenders from establishing a residence in designated areas, subject to specified exceptions. Other municipalities within Milwaukee County maintain their own restrictions, creating a patchwork of requirements.

CoC plans to:

- establish a formal coordination protocol with Wisconsin DOC, Milwaukee County and municipal law enforcement to verify registration requirements and lawful placement locations;
- use HMIS for service coordination while relying on the Wisconsin registry and law enforcement as authoritative sources for SORNA information;
- screen proposed housing locations for applicable municipal restrictions before placement;
- develop a countywide inventory of lawful housing options, including locations covered by applicable exemptions;
- coordinate with registration authorities when a person's location changes so that the most specific lawful information is reported; and
- track affected individuals, housing options screened, successful and failed placements, returns to homelessness, and time to placement.

The CoC will not circumvent legitimate public-safety requirements. It will improve lawful information sharing, location verification, and housing coordination so that SORNA compliance and public safety are maintained while unnecessary barriers to housing and prolonged homelessness are reduced.

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)

CoC uses a Street Outreach Strategy to identify and engage individuals and families experiencing homelessness, including people who are not connected to traditional homeless services. The strategy prioritizes proactive engagement and rapid connection to shelter, housing, treatment, health care, and other appropriate services. The CoC uses a formal Street Outreach Policy, which consistently undergoes evaluation. It requires proactive outreach throughout 100% of the geographic area, including locations where people experiencing homelessness may be difficult to identify or access (encampments, wooded areas, underpasses, transportation areas, and locations not routinely reached through traditional service settings.) CoC-funded outreach teams coordinate with faith-based organizations, volunteer/community groups, public transportation partners, law enforcement, health care providers, the VA, and other community partners to expand coverage and identify people who may not otherwise seek assistance. Law enforcement partners have assisted outreach teams in engaging individuals at encampments and Park & Ride locations. Health care partners refer individuals to CE when appropriate, while volunteer and faith/community-based teams regularly share information with CoC outreach workers to identify emerging locations and improve coverage. CoC uses a targeted approach to focus resources on people with the greatest barriers to accessing assistance. Weekly Shelter Call staffing meetings provide an additional mechanism for coordinating placements for individuals with higher acuity or complex needs. VA conducts outreach with CoC teams and participates in weekly coordination to connect veterans with appropriate housing resources. Milwaukee YHDP has also strengthened outreach to youth, who historically have been less likely to independently request assistance. Through this coordinated model, CoC works to reach people throughout its geographic area, with emphasis on those who are unsheltered, disconnected from services, or facing significant barriers to accepting assistance. Weekly coordination, partner referrals, shared information, and housing-focused engagement help identify people who might otherwise remain outside the homeless-services system and connect them to shelter, treatment, housing, and long-term stability.

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)	Yes
5.	Head Start	Yes
6.	Healthy Start	Yes
7.	Public Pre-K	Yes
8.	Tribal Home Visiting Program	No
	Other (limit 150 characters)	

9.		
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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)

CoC maintains written policies and procedures to ensure that children, youth, and families who become homeless, in 100% of our geographic area, are promptly informed of and connected to educational services available under the McKinney-Vento Homeless Assistance Act. The CoC emphasizes early identification, continuity of school enrollment and attendance, and coordinated services that support family stability. Milwaukee Public Schools (MPS) is an active CoC partner. An MPS representative served on the CoC Board up until 2026, and CoC plans to extend that invite to a different MPS rep in 2026. MPS does have a member on the CoC's Shelter Task Force. MPS provides current information regarding eligibility and access to the Milwaukee Public Schools Homeless Education Program (MPS-HEP) and Head Start. CoC Lead distributes this information through its stakeholder e-newsletter, and MPS-HEP eligibility and referral information is available on the CoC website. CoC has written procedures for connecting families and youth entering shelter with MPS-HEP staff. HEP social workers participate in Shelter Task Force meetings, and shelters are instructed to contact HEP when eligible families or youth enter shelter. MPS also provides online enrollment options, and students identified as homeless within MPS are connected to HEP services. Information is available in seven languages to reduce barriers to access. CE materials and assessment tools are available through local schools, and education-service information is incorporated into the CE process so providers can identify educational needs and facilitate appropriate referrals. For older youth and adults, the CoC partners with Milwaukee Area Technical College (MATC) and other providers to expand access to GED/HSED preparation. MATC provides regular GED preparation resources to CoC agencies, while CoC providers offer on-site small-group and individualized instruction in English and Spanish. Through these established procedures and partnerships, the CoC works to ensure that homelessness does not unnecessarily interrupt children's education or prevent adults from pursuing educational and workforce opportunities. The CoC will continue to strengthen coordination and monitor implementation through provider communication, referrals, and partner feedback, with a focus on educational continuity, family stability, and progress toward self-sufficiency.

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)

CoC recognizes the importance of coordinating with foster care and child welfare systems to support youth transitioning to adulthood and prevent homelessness. Through partnerships among child welfare agencies, housing providers, and youth-serving organizations, the CoC works to connect young people transitioning from public systems of care with housing assistance, individualized support, and community resources that promote long-term stability and self-sufficiency. These efforts emphasize early engagement, youth-directed goal planning, independent living skills, and continuity of support during the transition to adulthood. Pathfinders Milwaukee exemplifies this coordination through its state-funded PATHS (Permanent Connections, Academics, Training and Employment, Housing, and Social and Emotional Well-being) program, which provides youth-led goal planning and individualized case management for young people aging out of foster care. The program partners with Milwaukee Child Welfare Services to verify eligibility and identify youth who may benefit from services, beginning at age 16.5 and continuing through age 25. Following an individualized assessment of each youth's needs, independent living skills, and goals, participants receive tailored support, including home visits, rental and utility assistance, furniture and maintenance support, tenant education, independent living skills training, and connections to peer support and community resources. Pathfinders also maintains a formal partnership with the Housing Authority of the City of Milwaukee (HACM), supporting access to project-based supportive housing in the Westlawn Gardens community for youth aging out of foster care. Through this partnership, youth and eligible families may also be connected to Fostering Youth Independence (FYI) and Family Unification Program (FUP) vouchers, helping address housing barriers while promoting long-term independence. Pathfinders and HACM participate in Wisconsin Department of Children and Families (DCF) Region 3 collaborative meetings and trainings, strengthening coordination among state and local child welfare partners and direct service providers. Both organizations also participate in CoC meetings, contributing to planning and implementation of youth-specific housing and supportive services. Through these partnerships, the CoC works to strengthen pathways from foster care to stable housing, supportive relationships, and successful community integration.

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)

CoC coordinates closely with its two RHY-funded providers, Walker's Point Youth and Family Center and Pathfinders Milwaukee, which collectively serve the CoC's geographic area. RHY-funded providers are integrated into the broader homelessness response system through Coordinated Entry, shelter referrals, case conferencing, system planning, and CoC governance. Where specific RHY program types are available, including Street Outreach, Basic Center, and Transitional Living services, the CoC works to ensure youth can move between RHY and mainstream homeless services based on their needs. RHY-funded Street Outreach connects with Youth Coordinated Entry, which coordinates with the CoC's broader Coordinated Entry system to ensure youth whose needs cannot be addressed through the youth-specific system can access the full range of CoC resources. Emergency shelter providers are aware of RHY-funded services and make direct referrals to appropriate programs, including Transitional Living services at Pathfinders. The broader shelter system also coordinates with RHY providers when youth need short-term shelter or when a temporary separation from a family shelter setting may strengthen family stability. Youth staying throughout the system are connected to Pathfinders' drop-in services, with shelter case managers assisting with referrals and transportation when needed. RHY providers are also incorporated into CoC-level policy and planning. The Youth Coordinated Entry Manager serves on the CoC-wide Coordinated Entry Committee, which develops policies and procedures for the system. The Executive Directors of both RHY-funded organizations serve on the CoC Leadership Committee, which advises the Board on system-level priorities and implementation. The Pathfinders Executive Director also serves on the CoC Board, and the President of the Youth Action Board, whose members have lived experience of homelessness and housing instability, serves on the Board to ensure youth perspectives inform planning and service coordination. This structure allows RHY-funded providers to function as an integrated part of the CoC system while maintaining specialized pathways for youth experiencing homelessness.

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)

Hope House Family Bonds, Outreach Community Health Centers RRH for Families

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 Hope House Family Bonds RRH & Outreach Community Health Centers (OCHC) RRH for families projects provide individualized supportive services designed to help participants increase income, strengthen financial stability, and ultimately maintain housing. At enrollment, participants receive an assessment of employment history, income, education, skills, transportation, benefits eligibility, and other barriers to employment and housing stability. Staff use this information with each participant to develop a participant-driven housing stability and service plan with measurable goals related to employment, education, income, benefits, and independent living. Case managers provide employment and income-focused support, including job-readiness and life-skills training, employment counseling, assistance identifying and addressing barriers to work, and connections to workforce development, job training, apprenticeship, and employment opportunities. Projects connect participants to community and mainstream workforce partners, including WIOA-funded services and other employment and training organizations, for experiential learning, job placement, skills development, and access to income resources. Where appropriate, staff also assist participants in obtaining mainstream benefits and disability income, including through SOAR-informed practices. For example, OCHC partners with Employ Milwaukee working with clients to incorporate job search and skill development into their case management plan. Services are tailored to participants' strengths, goals, and needs and may include assistance with education, transportation, benefits acquisition, financial stability, and preparation for increased employment and income. Case managers monitor progress toward individualized goals and adjust services as circumstances change. As participants' income and stability improve, case managers support a gradual transition toward greater financial responsibility, including increased contributions toward rent and household expenses and, when appropriate, preparation for lease assumption. These services create a pathway from homelessness to increased self-sufficiency and the ability to sustain permanent housing with reduced reliance on program assistance.

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)

In 100% of CoC's geographic area, projects leverage mainstream Federal, State, and local family service systems to supplement CoC-funded services and provide participants with resources that support housing stability and long-term self-sufficiency. For example, Outreach Community Health Centers RRH and Hope House Family Bonds RRH begin their work connecting the client with mainstream family service systems. At enrollment and throughout participation, staff assess eligibility for mainstream benefits and assist participants with applications, documentation, eligibility issues, and maintaining benefits. Depending on individual eligibility, participants are connected to programs including Wisconsin Works (W-2), which provides TANF-funded employment and economic support, SNAP/FoodShare, Medicaid/BadgerCare, SSI/SSDI, Medicare, unemployment benefits, childcare assistance, and other public benefits. Case managers coordinate with mainstream benefit providers and community partners to help participants access and retain these resources, reducing reliance on project funds for basic needs and increasing household resources available to maintain housing. Projects also leverage established partnerships with healthcare, behavioral health, workforce development, education, and community-based organizations to provide services beyond those supported by CoC funding. These partnerships expand access to healthcare, mental health and substance use services, employment and job training, education, transportation, legal assistance, and financial and other family supports. Where appropriate, Projects use specialized benefits assistance and SOAR-informed practices to help eligible participants experiencing homelessness obtain SSI/SSDI and related healthcare benefits. By coordinating CoC assistance with mainstream family and public benefit systems, identified projects maximize available resources, address barriers to stability, and strengthen participants' ability to secure income and maintain 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)

Identified projects, Hope House Family Bonds RRH and Outreach Community Centers RRH for families, combine housing assistance with coordinated supportive services that address the broader needs of participants and families, recognizing that housing stability is closely connected to access to healthcare, childcare, education, parenting supports, and other family resources. For example, Hope House's Joint RRH-TH for Families coordinate access to childcare assistance, parenting education and support, pregnancy-related services, pediatric and family healthcare, and early childhood programs. Case managers and supportive service staff assess participant needs, make referrals to appropriate community-based and mainstream service providers, and assist participants with navigating enrollment and accessing available resources. Through these direct connections, participants are linked to healthcare and family service systems, including Medicaid/BadgerCare, childcare assistance, W-2, SNAP/FoodShare, and other State and local resources. Projects also leverage partnerships with healthcare providers, behavioral health agencies, schools, educational institutions, and community-based organizations to facilitate referrals and expand access to services that cannot be supported through CoC funding alone. Education and employment supports are incorporated into housing stabilization planning, with case managers connecting participants to GED and post-secondary education, job training, workforce development, and employment resources. Staff help address practical barriers, including transportation, benefits access, and childcare, that may interfere with participation in education or employment. Through individualized service planning, referrals, and coordination with community partners, housing assistance is paired with the family, health, education, and economic supports participants need to achieve stability. Services are adjusted as needs change, with the goal of strengthening family well-being, increasing income and self-sufficiency, and helping participants maintain permanent housing.

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)

VASH (Center for Veterans Issues)

 nbsp;

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)

Milwaukee County Older Adult Services; City of Milwaukee District Attorney's Office Domestic Violence Unit; Milwaukee County's Elder Adults/Adults-at-Risk Interdisciplinary Team (I-Team); Office on Violence Against Women's Enhanced Training and Services to End Abuse in Later Life Program; City of Milwaukee Commission on Domestic Violence and Sexual Assault; Benedict Center; ASHA Project; Fresh Start, Milwaukee County Victim Service Providers; Inner Beauty Center;

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)

Project Return for reentry housing from incarceration, Milwaukee County Re-Entry Housing Task Force for systemic reentry planning for housing, SMILE, Inc. for youth exiting juvenile incarceration (application for additional housing in this CA)

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)

Outreach Community Health Centers, Milwaukee County Behavioral Health Services, Milwaukee Healthcare Partnership funds an Outreach worker to work directly with Emergency Rooms to connect with high healthcare utilizers

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)

Elder Justice Program dedicated to homeless persons over the age of 55 to provide immediate shelter and medical respite, and Milwaukee County Dept. of Aging

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)

Hope House, Outreach Community Health Centers, Milwaukee County Housing Division, Guest House, Mercy Housing - Lakefront, Pathfinders, Walker's Point, Community Advocates, CVI. All CoC-funded agencies listed prioritize chronically homeless individuals and families.

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)

Milwaukee CoC prioritizes access to services where people live and receive housing assistance. CoC-funded projects use multiple models to provide or connect participants to onsite behavioral healthcare. Guest House operates an onsite behavioral health clinic available to participants in its programs. Through a bonus project in this application, Guest House will expand the clinic's capacity to provide behavioral health services to individuals in other CoC-funded programs, increasing access to care without requiring participants to travel to another provider. Outreach Community Health Centers (OCHC) provides accessible primary care and behavioral health services regardless of insurance status. OCHC prioritizes participants in its programs while also serving the broader community, allowing individuals experiencing homelessness to access behavioral healthcare in an established community health setting. Community Advocates employs a full-time Psychiatric Nurse who provides crisis intervention and ongoing behavioral health support to individuals living in its CoC-funded housing, providing direct access to behavioral health expertise within their housing environment. Pathfinders is a CCS provider and can deliver Medicaid-funded behavioral health services onsite, including within participants' housing units, for youth enrolled in its programs. This allows services to be delivered where youth are most comfortable and reduces barriers to engagement. Walker's Point Youth & Family Center operates a privately funded counseling clinic at its primary location. The clinic does not bill insurance but provides counseling services to program participants as needed. Mercy Housing-Lakefront contracts with a behavioral health counselor who provides onsite services to residents on a recurring basis. Hope House previously used a similar onsite counseling model and is working to identify a replacement provider following the closure of its contracted provider. For veterans, Center for Veterans Issues (CVI) connects participants to behavioral health services through the VA healthcare system, including the Milwaukee VA Medical Center. Projects without dedicated onsite behavioral health staff use established community partnerships and referral networks to connect participants to appropriate services. The CoC will continue expanding onsite and mobile behavioral health capacity to reduce barriers to care and improve housing stability.

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)

Milwaukee CoC policy requires funded agencies to use case management and individualized service planning to regularly assess each program participant's needs, including whether a higher level of care is appropriate. Projects identified in 1C-19, including Hope House, Outreach Community Health Centers, MCHD, Guest House, Mercy Housing-Lakefront, Pathfinders, Walker's Point, Community Advocates, and CVI, develop an Individual Service Plan for each participant and update it at least annually or whenever significant concerns arise. These plans provide a structured opportunity for case managers and participants to identify goals, barriers, safety concerns, and service needs. When a participant experiences a housing, behavioral health, or other significant concern, the case manager revisits the plan and determines whether additional services or a higher level of care may be appropriate. For example, following a lease violation related to substance use or disruptive behavior, the case manager works with the participant to identify the underlying issue, review available treatment options, and determine whether outpatient or residential treatment is appropriate. The CoC uses a stepped approach, connecting participants to the least intensive service that appropriately addresses their needs while increasing the level of care when necessary. When residential treatment is indicated, case managers provide referrals, assist with access and enrollment, and continue supporting the participant while they await placement. Serenity Inns provides an example of the community resources available to support this process, offering a drop-in treatment clinic regardless of insurance status, as well as residential treatment, transitional living, and sober living. Additional options include Meta House for women and mothers with children and United Community Center for men, women, and fathers with children. This approach allows CoC-funded projects to identify changing needs early, connect participants to appropriate services, and support housing stability while avoiding unnecessarily intensive interventions.

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)

Our CoC requires every funded agency to fill out a move-on assessment for each client annually. This information is input into the HMIS system so that system-wide we are aware of which people/families are ready to move-on to independent living. This means that CoC-funded projects at Hope House, Outreach Community Health Centers, MCHD, Guest House, Mercy Housing - Lakefront, Pathfinders, Walker's Point, Community Advocates, CVI all complete this assessment on at least an annual basis. This information is checked when the Lead performs their monitoring of CoC funded agencies. The move on assessment was designed by Case Managers from our Permanent Supportive Housing system to aid them in creating more units in the system to assist more homeless individuals and families. The assessment scores individuals on a scale of 1-5 using these 16 criteria: 1. Housing Stability, 2. Rent Payment, 3. Outstanding Rent Arrears, 4. Past Evictions, 5. Maintaining or Increasing Income, 6. Current Debt & Financial Obligations, 7. Mental Healthcare use, 8. Medication Adherence, 9. Current Goal Achievement, 10. Connection to Mainstream Primary Healthcare, 11. Connection to Community Supports, 12. Service Utilization, 13. Clinical Crisis Interventions, 14. Legal Issues, 15. Independence Skills, 16. Support required for Compliance within last 6 months. Using this assessment clients are scored and once they hit 80% case managers begin to talk with them about moving on within 6 months to a more independent unit.

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.	09/28/2026
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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.	09/29/2026
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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.	08/07/2026
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.	09/21/2026
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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.

(limit 2,500 characters)

1. CoC has a standard written process for reallocation. A CoC committee determines which projects are candidates for reallocation based on changing funding priorities, option for projects to voluntarily reallocate CoC funds to create new projects, and the CoC Board's determinations of potential reallocations based on poor performance over multiple years. The CoC Lead performs routine monitoring in order to notice trends in low performance. If a project is found in need of reallocation, the process involves the CoC Board, Lead Agency, and the local HUD field office first. It is only pursued further if the Lead Agency has exhausted any other mitigation tactics with the project in question.

2. The CoC did not identify projects for reallocation through the process.

3. The CoC did not reallocate any low-performing projects during this year's competition.

4. As the CoC policy requires looking at the most recent year performance and community need for projects, in addition to long-term performance, reallocation based on last year's performance was not justifiable, fair or appropriate for CoC and providers in this year's competition. Based on ARD and data pulled from HMIS and APRs, CoC did not reallocate low performing/less needed projects because CoC did not identify any projects that qualify for reallocation. All reallocations were either voluntary or due to the program becoming a Transitional Housing Project.

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)	Institute for Community Alliances
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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.	Single CoC
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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)

Not Applicable

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)

Our CoC has a sound strategy to reduce the number of people in encampments. During the 12 month period we measured, from January 24, 2024 to January 22, 2025, which is Point-in-Time to Point-in-Time count days in our CoC, we were able to reduce the number of encampments by 20%. While this is impressive, if you look at the January 2023 to January 2024 Point-in-time Counts, we were able to reduce the number of encampments by 38%. These reductions are accomplished through a combination of strategies that provide long lasting results:

1. Street Outreach workers committed to meeting each individual in an encampment where they're at and working to get them the housing and services they need
2. Clear communication and signage surrounding impending closure of the encampment
3. Targeted rent assistance specifically for those in encampments
4. Housing navigators dedicated to the people living in encampments to assist in quickly locating housing and facilitation of application process
5. Storage for individuals stuff while they are in shelter or temporary housing.

This targeted process is effective in closing encampments while moving people to housing. Given the low rate of returns to homelessness in our CoC, we plan to continue this targeted process. The main challenge is having the rental dollars readily available to focus on encampment closures. We are able to connect people to long term supportive services through Milwaukee County once we have people housed.

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.	10
2. Enter the reduction in the number of encampments during your evaluation period.	2

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.	61
2. Enter the reduction in the number of people in encampments during your evaluation period.	9

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

Not Applicable

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)

CoC uses a coordinated prevention and diversion strategy designed to identify households at risk of homelessness early, resolve the immediate housing crisis, and preserve existing housing whenever possible. The goal is to prevent homelessness before it occurs and reduce reliance on emergency shelter and other crisis services. CoC works with MPS, health systems, behavioral health providers, and the criminal justice system to identify individuals and families experiencing housing instability or circumstances that could result in homelessness. Once identified, households receive an assessment to determine the level and type of assistance needed. CE incorporates a prevention-needs assessment and uses an acuity-based approach to connect households with appropriate community resources, mainstream benefits, affordable housing, financial assistance, and diversion services. CoC partners with Milwaukee Rental Housing Resource Center, which provides centralized access to legal assistance, mediation, eviction-prevention services, and housing education. CoC also supports the Right to Counsel initiative in partnership with EvictionFreeMKE, helping eligible tenants navigate eviction proceedings, understand legal documents, and pursue resolution agreements that can preserve housing. CoC leverages multiple funding sources to expand prevention capacity. ESG-funded projects provide direct homelessness-prevention services, while Milwaukee County tax-levy resources support prevention activities. United Way's Family Flex Fund provides longer-term prevention case management and flexible assistance for families at high risk of homelessness. In addition, the United Way recently announced their goal to prevent homelessness for 40,000 people by 2032. CoC will continue to strengthen this system by prioritizing early identification, expanding diversion and eviction-prevention resources, improving coordination among referral partners, and directing flexible assistance toward households with the greatest risk of becoming homeless. Progress will be evaluated through prevention and diversion outcomes, including households remaining housed, successful housing resolutions, shelter entries avoided, and connections to mainstream resources. CoC created a committee this year to reduce first-time homelessness and ensure that individuals and families receive the least intensive intervention necessary to resolve their housing crisis.

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)

CoC uses strategy that combines early identification, targeted outreach, housing navigation, coordinated assessment, rapid exits from shelter, and prioritization of people experiencing the longest periods of homelessness, to reduce the Length of Time Homeless (LOTH) and move individuals and families from homelessness to stable housing as quickly as possible. CE uses the By-Name List to identify individuals and families with the longest LOTH and regularly updates housing progress, outreach contacts, and barriers to placement. Street Outreach teams share contacts and assignments with CE staff so that people who have been homeless the longest remain visible to the system. CoC utilizes housing navigators from many of our housing providers dedicated to expediting housing placements for people experiencing homelessness. CE requires ongoing reporting on housing plans for people with the longest LOTH and uses peer consultation and case coordination to address barriers and maintain accountability. A rapid-exit policy requires shelters to identify individuals who may be capable of exiting within 30 days and connect them to appropriate housing resources. CoC also uses targeted prioritization for populations with significant barriers to housing, including people experiencing chronic homelessness, youth, veterans, and survivors of domestic violence. 100% of CoC PSH is dedicated to individuals and families experiencing chronic homelessness, preserving this resource for people with the greatest and longest-standing housing needs. CE's prevention assessment connects households to mainstream benefits, affordable housing resources, financial assistance, and diversion when appropriate. In 2027, the CoC will strengthen this approach by using HMIS and CE data to identify bottlenecks, monitor LOTH by project and population, and hold providers accountable for documented housing progress. Weekly outreach and case-coordination meetings will be used to address individuals who remain homeless the longest and resolve barriers to placement. This strategy aligns with HUD's 2026 emphasis on measurable reductions in LOTH, successful exits, recovery, and long-term self-sufficiency. The CoC's objective is straightforward: make homelessness rare, brief, and non-recurring by identifying people quickly, removing barriers to housing, and moving individuals and families toward stable housing and self-sufficiency as efficiently as possible.

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?	51.50%

Describe how you calculated the data for this response.

(limit 2,500 characters)

Using HMIS data and ICA's data dashboard, the Milwaukee CoC identified the universe of program participants who exited Transitional Housing (TH), Rapid Re-Housing (RRH), and Permanent Supportive Housing (PSH) projects during FY 2025. The analysis was limited to these project types, consistent with the NOFO instructions, and used the participants' recorded HMIS Exit Destination (Data Element 3.12) to determine whether exits were to unsubsidized permanent housing. The analysis reviewed the permanent housing destinations identified in the NOFO: "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." ICA's dashboard allows the CoC to further break down permanent exits by the specific destination reported in HMIS and provided an additional validation point for the calculation. For FY 2025, 40.1% of exits from the TH/RRH/PSH universe were to "Rental by client, no ongoing housing subsidy," and 11.0% were to "Staying or living with family, permanent tenure." Together, these qualifying exit destinations accounted for 51.1% of all exits in the defined universe. No other exit destinations were included in the reported percentage. The CoC reviewed the underlying HMIS exit destination data through ICA's reporting and dashboard tools to ensure the calculation reflected the appropriate project types and qualifying destination categories. This process also allows the CoC to monitor exit outcomes by project and destination and identify opportunities to strengthen pathways to housing without ongoing subsidy. The resulting 51.10% demonstrates that more than half of participants exiting TH, RRH, and PSH during FY 2025 exited to a qualifying unsubsidized permanent housing destination identified in the NOFO. The CoC will continue using HMIS and dashboard reporting to monitor these outcomes and support program-level review of housing exits.

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.	01/28/2026
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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	646	57	703	108.82%
2. Safe Haven (SH) beds	47	0	47	100.00%
3. Transitional Housing (TH) beds	167	0	167	100.00%
4. Rapid Re-Housing (RRH) beds	587	0	587	100.00%
5. Permanent Supportive Housing (PSH) beds	1,665	0	1,665	100.00%
6. Other Permanent Housing (OPH) beds	43	0	43	100.00%

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)

Not Applicable

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?	Yes
2.	Do you expect to use at least 50% of the proposed activities/projects in Opportunity Zones Census Tracts?	Yes

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	WI-501 Projects w...	09/23/2026
02. 1C-1f. List of CoC Program Projects and Number of Units that require Substance Abuse Treatment	Yes	List of AODA Proj...	09/23/2026
03. 1C-3. Language from Project Supportive Service Agreements	Yes	WI-501 Supportive...	09/24/2026
04. 1C-10. Evidence of Coordination and Non-Interference with Local Efforts to Advance Public Safety	Yes	Encampment Protoc...	09/23/2026
05. 1D-1. Local Competition Scoring Tool	Yes	WI-501 NOFO FY202...	09/20/2026

06. 1D-2c. Local Competition Selection Results	Yes	WI-501 NOFO FY202...	09/28/2026
07. 2A-8b. FY 2026 HDX Competition Report	Yes	WI-501 HDX Report	09/20/2026
08. 3A-1. HUD-2996 Certification for Opportunity Zone Preference Points	No	WI-501 NOFO 2996	09/20/2026
09. 3A-2a. Project List for Other Federal Statutes	No		
10. 3A-DP. Your CoC's Policy or Statement to Advance Recovery	No		
11. Other	No		

Attachment Details

Document Description: WI-501 Projects with onsite Substance Use Treatment

Attachment Details

Document Description: List of AODA Projects

Attachment Details

Document Description: WI-501 Supportive Services Agreement template

Attachment Details

Document Description: Encampment Protocol and Scoring Tool

Attachment Details

Document Description: WI-501 NOFO FY2026 New Project & Renewal Scoring Tool

Attachment Details

Document Description: WI-501 NOFO FY2026 Ranks and Scores

Attachment Details

Document Description: WI-501 HDX Report

Attachment Details

Document Description: WI-501 NOFO 2996

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Submission Summary

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

Page	Last Updated
1A. CoC Identification	09/25/2026
1B. Coordination and Engagement–Accountable Structure and Participation	09/26/2026
1C. Coordination and Engagement	09/28/2026
1D. Project Review/Ranking	09/25/2026
2A. HMIS Implementation	09/27/2026
3A. Policy Initiatives	09/25/2026
4A. Attachments Screen	09/28/2026
Submission Summary	No Input Required

1C-1.

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

Milwaukee County TBRA 3 FY26
Milwaukee County TRA - SPC My Home FY26
Hope House Family Allies PSH FY26
Milwaukee County St. Anthony's FY26 (TBRA II)
Mercy Housing Johnston Center
Pathfinders YHDP Joint TH-RRH
Autumn West Permanent Housing
Veterans Gardens 2026
Milwaukee County Mercy Housing
Milwaukee County Capuchin Housing
Autumn West Safe Haven
Hope House Family Bonds TH
ORCHC Singles TH 2026
ORCHC Family TH 2026
Homelinc TH
Milwaukee County RRH to TH FY2026
Milwaukee County TH DV Bonus
St. Catherine's of Hope House TH
Walker's Point Insights 26 TH
The Asha Project
SMILE, Inc. Safe Haven Transitional Housing
Housing Stabilization for Youth
Guest House Expanded Clinical Services
Bridgepoint Transitional Housing

1C-1f

List of CoC Program Projects and Number of Units that require Substance Use Treatment

No current or proposed funded projects require substance use treatment to receive housing. Our CoC partners with many organizations who have beds specifically connected to substance use treatment. All projects, both renewal and proposed, will have on-site access to Substance Use Treatment.

1C-3

**Language from Project Supportive
Service Agreement**

Mandatory Supportive Services Agreement

As a person receiving housing assistance from XXXXXXX Program, I agree to participate in up to, but not limited to, 20 hours per week of supportive services in line with federal law 24 CFR 578.75(h). This services may include but are not limited to:

- Case Management
- Mental Health treatment
- Alcohol and other drug treatment
- Housing Counseling
- Landlord Mediation

Failure to participate in these services will affect my ability to reside in XXXXX program.

Signed: _____
Signature Date

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

Encampment Protocol

Original Date: 07/30/2026

Date Last Reviewed:

Policy:

Prioritizing and closing encampments located in places not meant for human habitation is an integral part of ending homelessness and increasing a sense of public safety. This policy is designed to close encampments by finding those in need, building rapport, making referrals to any available temporary or transitional options, and working with people who may not choose to take temporary indoor placement on an ongoing basis. The primary goal is to find a housing solution for those who are homeless and sleeping outside or in places not meant for human habitation. While working toward housing, street outreach workers help people move toward interim safety by making connections to emergency housing solutions, income, and other social service supports to address behavioral and physical health needs. This Protocol is not meant to usurp, but rather serve in harmony with, the Street Outreach Policy.

While closing encampments will be a broad effort including street outreach workers, law enforcement, elected officials, community residents, departments of public works, etc., street outreach workers will be the primary CoC points of contact. Milwaukee CoC-, ESG-, PATH-, and other-funded street outreach teams focus on the entire geographical area of Milwaukee County.

Street Outreach teams use evidence-based practices, including harm reduction, housing first, motivational interviewing and trauma-informed care. They develop partnerships and lead by example in using these practices to provide services to people experiencing unsheltered homelessness. Example partners are, but not limited to, police departments, business districts, behavioral health case managers, and publicly funded long term care.

Once an encampment is prioritized using this protocol, the goal is that encampment is appropriately resolved within 14-30 days. Timeline will be predicated on resources available, encampment scoring tool, and outreach system capacity.

Definitions:

Category 1- a HUD-designated category of homelessness where the person is verified as sleeping in an emergency shelter or place not meant for habitation.

Category 2- a HUD-designated category of homelessness where the person is sleeping indoors but will need to leave that place within 14 days.

Category 3- a HUD designated category of homelessness that are unaccompanied youth under 25 years of age, or families with Category 3 children and youth, who do not otherwise qualify as homeless under this definition, but are defined as homeless under the other listed federal statutes, have not had a lease, ownership interest in permanent housing during the 60 days prior to the homeless assistance application, have experienced persistent instability as measured by two moves or more during in the preceding 60 days; and can be expected to continue in such status for an extended period of time due to special needs or barriers

Category 4- a HUD-designated category of homelessness where the person is fleeing domestic violence or sex trafficking, and may be sleeping indoors, a shelter, or a place not meant for habitation.

Verification- official documentation of Category 1 status. For the purposes of HUD-funded programs, street outreach workers focus on seeing people living or sleeping in a place not meant for human habitation. This generally is accomplished during overnight hours, between 10pm-8am. Per HUD guidelines, official verification must occur at least once monthly, without evidence of the person sleeping indoors, for them to have continuous street homeless, Category 1 status.

Engaging- a phase of working with a person such that information is being gathered in order to create a plan of action. Information gathered includes demographic information, income information, physical and mental health, potential barriers to housing (i.e., history of evictions, criminal background), and information surrounding the homeless episode, including verified length of time and potential antecedents. During this phase, multiple outreach workers may connect with the person and coordinate information gathered.

Assigned- During this phase, generally only one outreach worker is engaging with the person. The assigned outreach worker is having dedicated follow-up meetings with the individual to work toward a housing plan and to address any other needs or concerns that may become identified.

Prioritization-- The Coordinated Entry Team (CET) will maintain the Encampment Prioritization list. Street Outreach workers identifying an encampment will use the Encampment Assessment Prioritization tool to score each encampment (attached). This tool scores each encampment based on size, location, safety, criminal activity, etc The CET will collect these tools and compare. They will identify the “focus encampment” for the next 14-30 days. Once this encampment is identified, they will identify a team of Street Outreach Workers that will focus on this encampment and when assigning the outreach lists on a daily basis. This will ensure a continuity of care for encampment residents,

rapport building with Street Outreach Teams, and a level of focus that will lead to expedited encampment closure.

Encampment—The use of the word encampment varies among different people and can reference a single individual with an established sleep space or a number of individuals cohabitating an area. For the purposes of this protocol, focus will generally be on encampments that are scoring the highest on the scoring tool.

Procedure:

Locate

- Street outreach teams receive information about encampments from a wide array of sources. This procedure is meant to apply to identified encampments regardless of the referral source.
- Street outreach programs will have regularly scheduled outreach locations where people experiencing homelessness tend to congregate. This includes inreach at places where people sleeping in places not meant for habitation might gather during the day, for example, meal sites, day shelters, etc.
- A part of regular street outreach is engaging in exploratory outreach- going to areas where people might be likely to sleep- including under bridges, in parks, in woods areas, etc.
- At least once per week, Street Outreach programs will engage in a late night/early morning shift where they look for people sleeping outside and in places not meant for human habitation.
- Requests for connection to Street Outreach teams/workers happen through calling 211, emailing ceteam@milwaukeecountywi.gov or connecting with Coordinated Entry through an inreach site. Individual teams also receive requests via the Outreach Community Health Centers' website, calling the Milwaukee County street outreach line or calling the Community Advocates street outreach line at 414-671-6337, extension 5208.

Engage and Assess

- Street outreach workers will engage people experiencing homelessness with dignity and respect.

- Street outreach workers will announce their presence and identify their agency when approaching someone.
- Street outreach workers will listen and engage in a person-first conversation, allowing the person to guide the conversation, and will respect people's wishes and not engage further if that is requested or if we lack a sense of safety.
- Assessment of the encampment will be completed once an encampment is identified. Encampment will be given a score based on the tool (attached here). Once encampment is scored, it will be placed in the queue to ensure that those encampments most in need of services will be prioritized first. Encampments will be reassessed every 30 days.
- The scoring tool must be completed by any outreach team that identifies or is assigned an encampment. These tools are then collected and prioritized by Coordinated Entry ensuring that the highest needs encampment is served first.
- An Encampment that is prioritized by Coordinated Entry using the results of the scoring tool will become the priority encampment for the next 14-30 days until encampment is resolved.
- Being a Priority Encampment triggers weekly meetings with Coordinated Entry, Street Outreach, Police, Public Works and other invited parties. These meetings will review timeline, overall needs, and progress on individual resident timelines.
- Street Outreach workers will assess for safety and create plans for interim safety, which may include shelter if the individual is willing to consider.
- For those requesting and/or who are otherwise eligible, Street Outreach workers will have a representative in the daily shelter call, on behalf of their clients, in order to refer them to shelter when appropriate.
- Street outreach workers will engage other systems as appropriate, including Aging and Disability and Behavioral Health resources, as well as more intensive services such as hospitalization or referrals to emergency medical/mental health services.
- Street Outreach workers will assess for social service and income supports, including ongoing case management, employment agencies, and SSI/SSDI applications.
- Street Outreach workers will assess for vital documents and will assist people in getting all vital documents to help with the housing process. Critical vital documents include:

- ID
- SS Card
- Birth Certificate
- Proof of Income if applicable
- DD-214 for individuals who served in the military
- Street outreach workers will assess for and discuss with their assigned clients, specialized services within the CoC, including:
 - Veteran outreach – refer to Center for Veterans Issues
 - Youth outreach – refer to Pathfinders up to a person's 26th birthday
 - People fleeing violence- refer to 414 Life, Department of Community Wellness & Families, Project Ujima
 - Engaged in survival sex – refer to Benedict Center
 - Fleeing domestic violence – refer to Asha Family Service, Sojourner Family Peace Center, Milwaukee Women's Center
 - LGBTQA+-refer to Courage (youth), Pathfinders (youth), Diverse and Resilient, Marsha's House, LGBT Community Center
- Street outreach workers should assess for and discuss housing options outside of the CoC with their assigned clients, including:
 - Veterans housing
 - Senior housing
 - Section 8 in any municipality
 - Section 42
 - privately subsidized housing
 - Natural supports
 - Transportation or other support to get back to an existing residence
 - Market-rate housing, including rooming houses and Adult Family Homes

Whenever available Rental Assistance resources will be first directed towards this protocol.

Refer and Follow Up

- When a street outreach worker is assigned to a specific person, they will continue to engage and assess.
- Once assigned, street outreach workers are expected to see clients at least every 1-2 weeks for dedicated follow-up and create an action plan with 1-2 referral steps. This action plan will vary depending on the assessment of the person's needs and eligibility, but should be housing and safety-focused, which will be reviewed with supervising staff. If a client is difficult to locate and/or has trouble keeping scheduled appointments, additional attempts to locate may be needed on any given week
- In order to be able to engage individuals most effectively, these meetings and referrals with clients will likely happen during regular business hours at the time of location of client choosing.
- Street Outreach workers have a representative at all appropriate housing events and on weekly housing staffings, bringing forward their clients' desires and needs for permanent housing. They will complete referral paperwork and other tasks related to getting people into permanent housing.
- If the client has case management from another system, such as CARS or Family Care, the Street Outreach worker will focus on maintaining the client's connection to their outside case manager and collaborate on housing and act as a liaison to CE as needed. The Street Outreach worker will otherwise defer to the other case manager on their area of expertise due to the long-term nature of their services.
- Street outreach workers will make referrals to ancillary services identified during the assessment phase, including, but not limited to: publicly funded long term care, CARS case management, vital documents acquisition services, housing outside of the CoC, and income support services.

Access to Storage

A key component in the resolution process is to avoid the destruction or loss of personal belongings when an encampment closes and provide storage for at least 30 days to allow individuals to collect their belongings. The fear of losing personal items and belongings can be a determining factor of whether a person chooses to transition into a shelter or other temporary or transitional housing. When an encampment is closing and/or when individual residents are moving to shelter/housing, street outreach teams will work together and move individual's belongings to the designated storage site. Individuals in encampments

will be given written information on how and when they're able to access their belongings on an ongoing basis.

Timeline

Encampment Located • Street Outreach is notified of or discovers an encampment and completes the Encampment Prioritization Scoring Tool • Street Outreach documents the location, services offered, and number of individuals in the encampment and gives completed scoring tool to Coordinated Entry
Notify Appropriate Agencies • Street Outreach team assigned to priority encampment connects with appropriate agencies for support based on individual resident needs. • Street Outreach continues to engage and encourage service connections and work on housing plans
Coordinate Date for Resolution • Street Outreach connects with appropriate agencies to coordinate encampment resolution date. This includes but is not limited to Coordinated Entry, Public Works, Law Enforcement, Business Improvement Districts, interested community partners, etc. • Street Outreach provides intensive engagement and encourage service connections for 30 days prior to the encampment resolution date.
Signage Placement • Assigned maintenance agency of the land places signage at least 7 business days in advance of encampment resolution to notify occupants of the date and time of closure • Outreach teams verbally notify residents of information on signage • Signage includes contact for Street Outreach • Street Outreach workers follow up in person to encourage to assure that individuals will be prioritized for available resources and to discourage mobilization to a different outdoor location prior to closure
Outreach Engagement • Street Outreach Teams will work on an ongoing basis to keep encampment as orderly as possible and not grow during resolution period • Street Outreach Teams compile a By-Name List for the encampment site • Concentrated engagements continue throughout the 30-day process to encampment resolution • Outreach workers provide containers, bags, and storage options to encampment residents as moving day nears.

Encampment Resolution

- Temporary and/or long-term placement is offered and encouraged for residents based on availability. Focus encampments will be prioritized in Coordinated Entry process.
- Individuals may accept housing options or relocate prior to encampment clean up

Clean up

- Assigned maintenance agency of the land works to clean up encampment once Street Outreach confirms it is vacant
- Street Outreach assists with clean up
- Assigned maintenance agency of the land works to secure site so encampment will not return as much as possible or appropriate

Section	Criteria	Choice	Detail		Max Value	TOTAL VALUE
Location Characteristics	Is the camp located by (within 100 feet) any of the following? (Select Multiple)	MO-Dot Property	MO-Dot Property	5	25	52
		In-session school	In-session school	5		
		Right of way	Right of way	5		
		residing on private property	for example business or private residence	3		
		railroad property	railroad property	2		
		city-owned property	city-owned property	2		
		Unknown	Unknown	1		
		flood zone	flood zone	1		
		Inherently unsafe	inherently unsafe	1		
		0	0	0		
Number of persons sleeping in camp (Single)	1 to 3	Sleeping Spot	1	9		
	4 to 9	Encampment	3			
	10 or more	Large Encampment	5			
0	0	0				
Number of persons gathered during day (Single)	1 to 3	1 to 3	1	9		
	4 to 9	4 to 9	3			
	10 or more	10 or more	5			
0	0	0				
Type of structures present (Single)	No Evidence	No evidence	0	9		
	Evidence of prior camp, but no sustained presence	Evidence of bedding down, but not sustained presence	1			
	Active sleep structures with minimal visibility	Use of structures for sustained presence, but degree/visibility is moderate	3			
	Active sleep structures with high visibility	Use of structures for sustained presence, AND degree/visibility is high (trash piles, cooking fires, shopping carts)	5			
Safety	Violence/Crime (Multiple)	No indication of violence	No indication of violence	0	18	
		Signs of Violence or Aggression	tension between camp members	3		
			verbal aggression between camp members			
			non-violent crime occurring/reported			
			Conflict with business owner/neighbors			
			previous documented violent crime with youth present	3		
	History of Violent Crime	previous documented violent crime	2			
	Active Violence within last 72 hours	active violence occurring	5			
	Signs of Human Trafficking	human trafficking	5			
	No indication of substance use	no indication of drug use	0			
	Signs of alcohol use	no indication of drug production	1	15		
	Signs of alcohol abuse	no indication of drug dealing	2			
	Signs of moderate drug use (pipes, bubbles)	active drug use	3			
		active drug dealing (internal)				
	Signs of Intensive drug use (needles, tunicates, etc.	active drug dealing (external)	4			
	Reports of recent overdoses and death	active drug production	5			
	Fire (Single)	no indication of fire risk	no indication of fire risk	0	10	
		Evidence of Contained Fires	dry conditions, flammable debris	1		
		Evidence Multiple contained fires	flammable materials present (i.e. gasoline)	2		
		Signs of small uncontrolled fire		3		
Signs of large uncontrolled fire(s)		active fires, and/or signs of recent fire	4			
Animals (Single)	Present	observed aggressive animals	2	2		
	Not Present	observed at-large animals	0			
		no aggressive/at-large animals present	0			
Health	Are vulnerable populations present? (Single)	No		0	0	
		Yes, 1-3 persons		0		
		Yes, 3+ persons		0		
		Age 62+		2		
		LGB+		2		
	Which vulnerable populations are present? (Multiple)	Gender diverse		2	17	
		Women		3		
		Children (under 18, Youth (18-24)		3		
		Pregnancies		2		
		Low to Moderate DV		1		
		High DV		2		
		Human Trafficking Victims		2		
		Untreated Mental Health		3		
		Treated Mental Health		2		
		Developmental Disability		3		
Environment	Garbage and debris (Single)	Active AODA but interested		3	26	
		Untreated Chronic Illness		3		
		Treated Chronic Illness		2		
		Physical Ailments		3		
Amount of garbage (Single)	no garbage, debris		0	6		
	garbage, bagged		1			
	disorganized, loose		2			
	garbage, bulky items		3			
	none		0			
Select if any are present: (Multiple)	low		1	3		
	moderate		2			
	high		3			
	vermin		3			
	hazardous materials		2			
	Select if any are present: (Multiple)	biowaste		3	14	
		food waste		3		
		loose sharps		2		

Status: Can there be auto for 311 reports

Status	Queued for Assessment	
	Assessed	
	CS Closure	
	Sweep	
	Decommission	
Assessment Result	Low	<20
	Medium	20-49
	High	50-79
	Critical	>80

1D-1 Local Competition Scoring Tools

Milwaukee Coalition on Housing & Homelessness at United Way

FY2026 CoC NOFO Renewal Project Scoring Tool

Each CoC-funded renewal project will be scored and ranked using the Milwaukee CoC Project Scoring Tool. The scoring criteria is based on performance – as reported through HMIS reports that affect the CoC's annual system performance measures, information available in SAGE, information available in LOCCS, CoC participation, Housing First fidelity, the LSA, information provided in the project application form, and timely completion of essential CoC requirements. New projects, first year renewals, and renewals applying for the first time in the CoC's competitive project scoring process are exempt from this evaluation tool. The maximum possible number of points a project can earn without additional bonus points is **92**.

CoC Agency Name:	
Project Type:	Project Name:
Grant Award Amount:	Total Points Awarded: <i>pts.</i> / 92 <i>pts.</i>

	Scoring Criteria	Total Points Available	Total Points Awarded	Where	
Part 1	Timely Submission: • APR; • Project Application document; • PIT Count Submission; • Meeting Attendance -at least 80% of Leadership;	5 pts.	<i>pts.</i>	COC Compliance and Participation	6% of total
Part 2	Unit Utilization	16 pts.	<i>pts.</i>	From Average Utilization Report Submitted in annual CoC APR Report (most recent APR)	17% of total
Part 3	HUD Performance Measures: • Housing Stability (16 points) • Increased Total Income (2 points) • Reoccurrence (5 points)	23 pts.	<i>pts.</i>	From HMIS Reports including APR, CoC System Performance Measures	25% of total

Milwaukee Coalition on Housing & Homelessness at United Way

Part 4	Supportive Services	5 pts.	<i>pts.</i>	-Supportive Services Requirement Form	5% of total
Part 5	Risk Adjustment: -Coming from the Streets/Place Not Meant for Human Habitation, No Income, Disabling Conditions (HMIS) -Vulnerability Factors of Population to Be Served (Project application) -Serving disproportionate populations in the CoC's jurisdiction (HMIS)	20 pts.	<i>pts.</i>	-HMIS-Generated Report (10/1/21 – 9/30/22) (20 pts.)	22% of total
Part 6	Program Administration: Data Quality, Effective Use of Federal Funds, LOCCS Quarterly Draws	23 pts.	<i>pts.</i>	From ICA Monitoring Report, LOCCS Report Regarding Quarterly Drawdown and Expenditures	25% of total

Milwaukee Coalition on Housing & Homelessness at United Way

Point Breakdown:

***Part 1: CoC Compliance – (5 total points possible)*

Criteria	5 points	Points Awarded
a) Most recent HMIS APR submitted in SAGE on time, no later than 90 days after most recent operating year end date	On time	/1 pts.
c) Turned in Project Application for review on time	On time	/2 pts.
d) Participated in January 2023 Point in Time Count events	Participated	/1 pts.
e) Attended 80% or more CoC Leadership Meetings in most recent NOFO planning cycle (July 1 st 2025 – June 30 th 2026)	Attended	/1 pts.

***Part 2: Unit Utilization (16 total points possible)*

Projects will be scored on the outcome of their most recently completed grant years in unit utilization as recorded in their APR report submissions for the NOFO grant year. Score will be calculated on a sliding scale. 85% = 1 point, 100% and over will receive 16 points.

Criteria	16 points possible	Points Awarded:
Unit Utilization	APR within 85-100%	

Exceptions:

- Lead agency will take into consideration extenuating circumstances with proper notice and cooperation with the lead agency, then adjust the score accordingly.
- Agencies voluntarily reallocating project(s) shall be exempt from scoring in the category of “Unit Utilization.”

Milwaukee Coalition on Housing & Homelessness at United Way

****Part 3: HUD Performance Measures (23 total points possible)**

Criteria	23 points possible	Points Awarded:
a) HUD Goal: Housing Stability – Exits to Permanent Housing (PSH, RRH, S+C)	85% or higher (16 points possible)	
b) HUD Goal: Increased Total Income (Stayers and Leavers)	55% or higher (2 points possible)	

Reoccurrence (5 points possible)

Note: Recurrence is calculated based on the number of people that exit a COC funded housing program and return to homelessness within one year. Recurrence calculation is based off of report in HMIS. Projects with no exits will be awarded 2.5 points maximum.

Criteria	5 points possible	Points Awarded:
Reoccurrence Rate	0 – 5%	

Milwaukee Coalition on Housing & Homelessness at United Way

****Part 5: Risk Adjustment (20 total points possible)**

Projects indicating they will address 3+ vulnerability factors in their proposed projects in Vulnerability of population served by the renewal projects will also be assessed through HMIS reports by subpopulation:

- Coming from the streets (or a place not meant for human habitation), or Safe Haven
- Disabling condition
- No income at program entry

Criteria	6 points	Points Awarded:
Coming from the streets, place not meant for human habitation, or Safe Haven	30% or higher	

Criteria	8 points	Points Awarded:
Disabling condition	40% or higher	

Criteria	6 points	Points Awarded:
No income at program entry	30% or higher	

Milwaukee Coalition on Housing & Homelessness at United Way

*****Part 6: Program Administration (23 total points possible)***

Projects will be scored on the outcome of their most recently completed grant years in unit utilization and spending as recorded in the eLOCCS system (6a).

Exceptions:

Agencies voluntarily reallocating project(s) shall be exempt from scoring in the category of “Effective Use of Federal Funds”. If an agency cannot access LOCCS due to contractual issues with HUD, the agency is responsible for providing evidence of this situation to the Milwaukee CoC Lead Agency by a deadline established by the Lead Agency. If sufficient proof is provided by this deadline, the agency will be exempt from scoring in 6a and 6b and receive full points for 6a and 6b.

Criteria	14 points			Points Awarded:
a) Effective Use of Federal Funds	- Spent 97-100% of grant (projects without rent assistance budget line item) - Spent 90-100% of grant (projects with rent assistance budget line item)			
	5 points		0 points	
b) Completed Quarterly Draws	Agency Completed at minimum 1 quarterly draw for the most recent NOFO funding cycle (10/1/25 – 9/30/26)		Agency Did Not Complete at Minimum Quarterly Draws for 1 Most Recently Completed Operating Years	
	4 points			
c) Data Quality: Total Data Quality Error Percentage (from Data Completeness Report in HMIS)	0% - 1.0%			

Ranking of Scored Renewal Projects and Tiebreaker Scoring:

Milwaukee Coalition on Housing & Homelessness
Renewal Project Scoring Tool

Milwaukee Coalition on Housing & Homelessness at United Way

Once the total number of points awarded by scoring criterion is calculated based on point thresholds structured by all project outcomes, the number of points earned will be divided by the total possible points for that project type. The resulting percentage will be placed in descending order, highest at top and lowest at bottom. If there is a tie between renewal projects, a tiebreaker score will be used. The tiebreaker score will be based on cost effectiveness and further investigation into System Performance Measures. Cost effectiveness will be measured by the total HUD grant award amount being divided by the number of successful outcomes (leaving to permanent housing).

Example: A program gets \$100,000 grant. 25 households successfully went to permanent housing. The cost per successful outcome is: \$4,000.

Bonus Points Available for Renewal Projects (5 points total):

- **(Optional attachment for 2 bonus points – Competitive renewal projects only):** Please provide a letter stating that you will not run a safe injection site or provide a needle exchange on-site.
 - **(Optional attachment for 2 bonus points – Competitive renewal projects only):** Demonstrate you have AODA services onsite and/or AODA beds readily accessible.
 - **(Optional attachment for 1 bonus points – Competitive renewal projects only):** Letter signed by agency board chair/president or equivalent administrator if applying as a unit of local government, including the following statements exactly as written:
 - There was active representation of at least 1 person with lived experience of homelessness on the agency's board of directors from 2025-2026
- OR
- Feedback on agency service quality and service offerings was collected by an advisory board comprised of persons with lived experience of homelessness from 2025-2026



Milwaukee Coalition on Housing & Homelessness at United Way

FY2026 CoC NOFO New Project Scoring Tool

Each New Proposed CoC-Funded project application will be scored and ranked using a combination of MCHH's New Project Scoring Tool. The scoring criteria is based on HUD's criteria listed in the NOFO and Applicant responses in their Intent to Apply. The different project types are separated into different sections below based on their specific scoring criteria.

Provider Name:			
TRANSITIONAL HOUSING (TH) PROJECT		Project Name:	
Grant Award Amount Request:		Total Points Awarded: / 100 pts. Bonus Points:	
	Scoring Criteria	Total Points Available	Total Points Awarded
Part 1	Supportive Services: • Project requires supportive services for each participant in accordance with HUD requirements; • Applicant has plan adequately explaining how they will provide at least 20 hours per week of engagement in services, unless exempt due to age and/or disability; • Applicant demonstrates that 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;	30 pts.	pts.
Part 2	Experience with HUD Programs: • Applicant has previously operated HUD Transitional Housing programs -OR- • Has a plan in place to ensure that at least 50% of participants exit to a positive destination within 24 months AND at least 50% of participants exit with employment income; • IF applicant has previously operated or currently operates HUD Transitional Housing, demonstrates they have successfully helped homeless individuals and families exit homelessness within 24 months;	20 pts.	pts.

Milwaukee Coalition on Housing & Homelessness at United Way

Part 3	Community Resources: - The project will be supplemented with resources from other public or private sources, that may include mainstream health, social, and employment programs such as Medicare, Medicaid, SSI, and SNAP; - Project demonstrates plan for connecting participants with AODA services when needed;	15 pts.	<i>pts.</i>
Part 4	CoC Participation and Compliance: - Project will use Coordinated Entry for ALL program referrals; - Project will use HMIS; - Applicant will maintain adequate attendance at CoC meetings; - Applicant agrees to participate in planning or volunteering during annual Point-In-Time Count; - Applicant agrees to provide project-level data to the CoC; - Applicant has NO delinquent federal debts or outstanding arrears to HUD; - Project will complete APR on time;	5 pts.	<i>pts.</i>
Part 5	Self-Sufficiency: - Applicant demonstrates adequate plan to gain and increase employment income of participants; - Applicant demonstrates experience attaining and increasing income of their participants;	20 pts.	<i>pts.</i>
Part 6	Cost-effectiveness: Applicant demonstrates the average cost per household served for the project is reasonable per 2 CFR 200.404;	10 pts.	<i>pts.</i>

Milwaukee Coalition on Housing & Homelessness at United Way

Provider Name:			
SUPPORTIVE SERVICES ONLY – STREET OUTREACH & STANDALONE		Project Name:	
Grant Award Amount Request:		Total Points Awarded: / 80 pts. Bonus Points:	
	Scoring Criteria	Total Points Available	Total Points Awarded
Part 1	Supportive Services: - The project will be supplemented with resources from other public or private sources, that may include mainstream health, social, and employment programs such as Medicare, Medicaid, SSI, and SNAP; - Project demonstrates plan for connecting participants with AODA services when needed; - Proposed project demonstrates adequate 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;	30 pts.	pts.
Part 2	Experience with HUD Programs: Applicant adequately demonstrates experience providing outreach services, or a plan for providing outreach services, consistent with the activity description at 24 CFR 578.53(e)(13) and has a plan for or has demonstrated effectiveness at helping people successfully exit from places not meant for human habitation to emergency shelter, treatment programs, transitional housing or permanent housing programs.	20 pts.	pts.
Part 3	Community Resources: Applicant demonstrates that the applicant has a history of, or a plan for, partnering with first responders and law enforcement to engage people living in places not meant for human habitation to access emergency shelter, treatment programs, reunification with family, transitional housing or independent living.	15 pts.	pts.

Milwaukee Coalition on Housing & Homelessness at United Way

Part 4	CoC Participation and Compliance: • Project will use Coordinated Entry for ALL program referrals; • Project will use HMIS; • Applicant will maintain adequate attendance at CoC meetings; • Applicant agrees to participate in planning or volunteering during annual Point-In-Time Count; • Applicant agrees to provide project-level data to the CoC; • Applicant has NO delinquent federal debts or outstanding arrears to HUD; • Project will complete APR on time;	5 pts.	<i>pts.</i>
Part 5	Cost-effectiveness: • Applicant demonstrates the average cost per household served for the project is reasonable per 2 CFR 200.404;	10 pts.	<i>pts.</i>

Provider Name:			
RAPID REHOUSING (PH-RRH)		Project Name:	
Grant Award Amount Request:		Total Points Awarded: / 100 pts.	
	Scoring Criteria	Total Points Available	Total Points Awarded
Part 1	Supportive Services: • Project requires supportive services for each participant in accordance with HUD requirements; • Applicant has plan adequately explaining how they will provide at least 20 hours per week of engagement in services, unless exempt due to age and/or disability; • Applicant demonstrates that 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;	30 pts.	<i>pts.</i>

Milwaukee Coalition on Housing & Homelessness at United Way

Part 2	Experience with HUD Programs: - Applicant has previously operated HUD Rapid ReHousing programs -OR- - Has a plan in place to ensure that at least 50% of participants exit to a permanent housing within 24 months AND at least 50% of participants exit with employment income; IF applicant has previously operated or currently operates HUD Rapid rehousing, demonstrates they have successfully helped homeless individuals and families to permanent housing within 24 months;	20 pts.	<i>pts.</i>
Part 3	Community Resources: - The project will be supplemented with resources from other public or private sources, that may include mainstream health, social, and employment programs such as Medicare, Medicaid, SSI, and SNAP; - Project demonstrates plan for connecting participants with AODA services when needed;	15 pts.	<i>pts.</i>
Part 4	CoC Participation and Compliance: - Project will use Coordinated Entry for ALL program referrals; - Project will use HMIS; - Applicant will maintain adequate attendance at CoC meetings; - Applicant agrees to participate in planning or volunteering during annual Point-In-Time Count; - Applicant agrees to provide project-level data to the CoC; - Applicant has NO delinquent federal debts or outstanding arrears to HUD; - Project will complete APR on time;	5 pts.	<i>pts.</i>
Part 5	Self-Sufficiency: - Applicant demonstrates adequate plan to gain and increase employment income of participants; - Applicant demonstrates the type of supportive services and assistance that will be offered to program participants will ensure that the participant is able to successfully obtain self-sufficiency and exit homelessness;	20 pts.	<i>pts.</i>

Milwaukee Coalition on Housing & Homelessness at United Way

Part 6	Cost-effectiveness: Applicant demonstrates the average cost per household served for the project is reasonable per 2 CFR 200.404;	10 pts.	<i>pts.</i>
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Provider Name:			
PERMANENT SUPPORTIVE HOUSING (PH-PSH)		Project Name:	
Grant Award Amount Request:		Total Points Awarded: / 100 pts.	
	Scoring Criteria	Total Points Available	Total Points Awarded
Part 1	Supportive Services: - Project requires supportive services for each participant in accordance with HUD requirements; - Applicant has plan adequately explaining how they will provide at least 20 hours per week of engagement in services, unless exempt due to age and/or disability; - Applicant demonstrates that 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;	20 pts.	<i>pts.</i>
Part 2	Experience with HUD Programs: - Applicant has previously operated HUD PSH programs -OR- - Has plan in place to run a program that will fit the needs of participants including the number and configuration of proposed project; IF applicant has previously operated or currently operates HUD Permanent Supportive Housing, they must demonstrate having successfully fit the needs of participants through projects and how they plan to fit the needs of the participants in the proposed project;	30 pts.	<i>pts.</i>

Milwaukee Coalition on Housing & Homelessness at United Way

Part 3	Community Resources: - The project will be supplemented with resources from other public or private sources, that may include mainstream health, social, and employment programs such as Medicare, Medicaid, SSI, and SNAP; - Project demonstrates plan for connecting participants with AODA services when needed;	15 pts.	<i>pts.</i>
Part 4	CoC Participation and Compliance: - Project will use Coordinated Entry for ALL program referrals; - Project will use HMIS; - Applicant will maintain adequate attendance at CoC meetings; - Applicant agrees to participate in planning or volunteering during annual Point-In-Time Count; - Applicant agrees to provide project-level data to the CoC; - Applicant has NO delinquent federal debts or outstanding arrears to HUD; - Project will complete APR on time;	5 pts.	<i>pts.</i>
Part 5	Population: Project will serve homeless individuals or families with a disability in accordance with 24 CFR 578.37(a)(1)(i);	10 pts.	<i>pts.</i>
Part 6	Cost-effectiveness: Applicant demonstrates the average cost per household served for the project is reasonable per 2 CFR 200.404;	20 pts.	<i>pts.</i>

Bonus Points and Preference Available for New Projects:

- **(Optional attachment for 4 bonus points):** Please provide your policy stating the project applicant will not operate drug injection sites or "safe consumption sites" in violation of 21 U.S.C. 856(a)(1), knowingly permit the use or distribution of illicit drugs on property under their control in violation of 21 U.S.C. 856(a)(2), or knowingly distribute drug paraphernalia in violation of 21 U.S.C. 863.
- **Bonus Points for these HUD-Prioritized Project Types (10 Points, type in only one below and it will auto-populate to their respective bonus categories):**
 - Supportive Services Only
 - Transitional Housing

**FY2026 MILWAUKEE COC NOFO
PROJECT SCORE & RANKING**

RANK	AGENCY	PROGRAM	REQUESTED FUNDING AMOUNT	SCORE
Tier I				
1	Milwaukee County	Milwaukee County TBRA 3 FY 26	\$1,051,990.00	100.00
2	Milwaukee County	Milwaukee County TRA - SPC My Home FY 26	\$4,134,855.00	94.00
3	Hope House	Hope House Family Allies PSH FY 26 Renewal	\$265,289.00	93.00
4	Milwaukee County	Milwaukee County St. Anthony's FY 26 (TBRA II)	\$573,639.00	90.00
5	Mercy Housing	Johnston Center	\$49,105.00	88.00
6	ICA	HMIS	\$159,292.00	N/A
7	Milwaukee County	CE Expansion	\$222,162.00	N/A
8	Pathfinders	YHDP	\$1,498,416.00	N/A
9	Community Advocates	Autumn West Permanent Housing	\$1,558,412.00	85.00
10	Center for Veterans Issues	Veterans Gardens 2026	\$386,364.00	80.00
11	Milwaukee County	Mercy Housing	\$355,758.00	79.00
12	Milwaukee County	Capuchin	\$133,967.00	77.00
13	Community Advocates	Autumn West Safe Haven	\$179,153.00	76.00
Total TIER I (60%)			\$10,568,402.00	
Tier II				
13	Community Advocates	Autumn West Safe Haven	\$244,213.00	76.00
14	Pathfinders	YHDP-CE	\$100,808.00	N/A
15	Milwaukee County	CE	\$67,815.00	N/A
16	Hope House	HH Family Bonds TH FY2026	\$745,008.00	75.00
17	Outreach Community Health Center	ORCHC Singles Transitional Housing 2026	\$144,715.00	73.00
18	Outreach Community Health Center	ORCHC Family Transitional Housing 2026	\$617,760.00	67.00
19	Guest House of Milwaukee	Homelinc Transitional Housing	\$2,068,439.00	65.00
20	Milwaukee County	Milwaukee County RRH to TH FY 2026	\$763,224.00	64.00
21	Milwaukee County	Milwaukee County TH DV Bonus FY 26	\$1,087,625.00	60.00
22	Hope House	St. Catherine's of Hope TH FY2026	\$204,997.00	58.00
23	Walker's Point	Insights 26	\$344,918.00	49.00
24	Community Advocates	The Asha Project	\$656,079.00	40.00
Total TIER II (40%)			\$7,045,601.00	
Total TIER I and TIER II			\$17,614,003.00	
Bonus DV				
25	Sojourner Family Peace Center	Sojourner DV Advocacy and Housing Support	\$368,292.00	88.50
Total Bonus			\$368,292.00	
Regular Bonus				
26	SMILE, Inc.	Safe Haven Transitional Housing	\$751,517.00	97.50
27	Community Advocates	Housing Stabilization, Benefits Assistance & Protective Payee Project	\$360,750.00	97.25
28	Walker's Point/Pathfinders	Housing Stabilization for Youth	\$150,000.00	95.50
29	Guest House	Guest House Expanded Clinical Services	\$1,057,757.00	95.00
30	Walker's Point	Bridgepoint Transitional Housing	\$123,047.00	94.75
31	Milwaukee County	Street Outreach	\$550,000.00	88.00
32	CVI	SSO Milwaukee 2026	\$601,700.00	87.50
Total DV Bonus			\$3,594,771.00	
Planning				
33	United Way Greater Milwaukee & Waukesha County	Planning	\$1,181,590.00	N/A

Estimated Annual Renewal Demand	\$17,614,003.00
Tier I	\$10,568,402.00
Tier II	\$7,045,601.00
CoC Bonus	\$3,544,771.00
CoC DV Bonus	\$4,726,361.00

2A-8b WI-501 FY 2026 HDX Competition Report

2025 HDX Competition Report

2026 Competition Report - Summary

WI-501 - Milwaukee City & 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

WI-501 - Milwaukee City & 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

2026 Competition Report - SPM Data

WI-501 - Milwaukee City & 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	4,845	59.1	15.0
1.2 Persons in ES-EE, ES-NbN, SH, and TH	5,149	68.0	19.0

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.

2025 HDX Competition Report

2026 Competition Report - SPM Data

WI-501 - Milwaukee City & County CoC

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

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”)	5,094	133.4	27.0
1.2 Persons in ES-EE, ES-NbN, SH, TH, and PH (prior to “housing move in”)	5,367	149.2	35.0

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	46	10	21.7%	3	6.5%	4	8.7%	17	37.0%

2025 HDX Competition Report

2026 Competition Report - SPM Data

WI-501 - Milwaukee City & County CoC

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

Exit was from ES	391	37	9.5%	26	6.7%	31	7.9%	94	24.0%
Exit was from TH	216	38	17.6%	20	9.3%	27	12.5%	85	39.4%
Exit was from SH	27	0	0.0%	0	0.0%	2	7.4%	2	7.4%
Exit was from PH	378	34	9.0%	10	2.7%	42	11.1%	86	22.8%
TOTAL Returns to Homelessness	1,058	119	11.3%	59	5.6%	106	10.0%	284	26.8%

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	5,197
Emergency Shelter Total	4,847
Safe Haven Total	92
Transitional Housing Total	458

2026 Competition Report - SPM Data

WI-501 - Milwaukee City & 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)	835
Number of adults with increased earned income	34
Percentage of adults who increased earned income	4.1%

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)	835
Number of adults with increased non-employment cash income	338

2025 HDX Competition Report

2026 Competition Report - SPM Data

WI-501 - Milwaukee City & County CoC

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

Percentage of adults who increased non-employment cash income	40.5%
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Metric 4.3 – Change in total income for adult system stayers during the reporting period

Metric	Value
Universe: Number of adults (system stayers)	835
Number of adults with increased total income	362
Percentage of adults who increased total income	43.4%

Metric 4.4 – Change in earned income for adult system leavers

Metric	Value
Universe: Number of adults who exited (system leavers)	285
Number of adults who exited with increased earned income	34
Percentage of adults who increased earned income	11.9%

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

2025 HDX Competition Report

2026 Competition Report - SPM Data

WI-501 - Milwaukee City & County CoC

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

Metric	Value
Universe: Number of adults who exited (system leavers)	285
Number of adults who exited with increased non-employment cash income	89
Percentage of adults who increased non-employment cash income	31.2%

Metric 4.6 – Change in total income for adult system leavers

Metric	Value
Universe: Number of adults who exited (system leavers)	285
Number of adults who exited with increased total income	115
Percentage of adults who increased total income	40.4%

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.

2025 HDX Competition Report

2026 Competition Report - SPM Data

WI-501 - Milwaukee City & County CoC

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

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.	4,764
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.	1,191
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)	3,573

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

Metric	Value
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2025 HDX Competition Report

2026 Competition Report - SPM Data

WI-501 - Milwaukee City & County CoC

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

Universe: Person with entries into ES, SH, TH or PH during the reporting period.	5,231
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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.	1,407
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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.)	3,824
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2026 Competition Report - SPM Data

WI-501 - Milwaukee City & 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	635
Of persons above, those who exited to temporary & some institutional destinations	105
Of the persons above, those who exited to permanent housing destinations	80

2025 HDX Competition Report

2026 Competition Report - SPM Data

WI-501 - Milwaukee City & County CoC

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

% Successful exits	29.1%
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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	4,474
Of the persons above, those who exited to permanent housing destinations	665
% Successful exits	14.9%

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

Metric	Value
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2025 HDX Competition Report

2026 Competition Report - SPM Data

WI-501 - Milwaukee City & County CoC

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

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	1,765
Of persons above, those who remained in applicable PH projects and those who exited to permanent housing destinations	1,695
% Successful exits/retention	96.0%

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)	4,909	459	1,888	1,146	1,432
Total Leavers (HMIS)	4,362	325	257	515	607
Destination of Don't Know, Refused, or Missing (HMIS)	3,535	31	22	2	333

2025 HDX Competition Report

2026 Competition Report - SPM Data

WI-501 - Milwaukee City & County CoC

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

Destination Error Rate (Calculated)	81.0%	9.5%	8.6%	0.4%	54.9%
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2025 HDX Competition Report

2026 Competition Report - SPM Notes

WI-501 - Milwaukee City & 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.	

2026 Competition Report - HIC Summary
WI-501 - Milwaukee City & 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 ¹ 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	Total Year-Round, Current, VSP Beds in an HMIS-Comparable Database	Total Year-Round, Current, VSP Beds	Removed From Denominator: OPH EHV ¹ Beds or Beds Affected by Natural Disaster**	Adjusted*** Total Year-Round Current, VSP Beds	HMIS Comparable Bed Coverage Rate for VSP 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	703	646	646	0	646	100.0%	57	57	0	57	100.00%	703	703	100.00%
SH	47	47	47	0	47	100.0%	0	0	0	0	NA	47	47	100.00%
TH	167	167	167	0	167	100.0%	0	0	0	0	NA	167	167	100.00%
RRH	587	587	587	0	587	100.0%	0	0	0	0	NA	587	587	100.00%
PSH	1,665	1,665	1,665	0	1,665	100.0%	0	0	0	0	NA	1,665	1,665	100.00%
OPH	43	43	43	0	43	100.0%	0	0	0	0	NA	43	43	100.00%
Total	3,212	3,155	3,155	0	3,155	100.0%	57	57	0	57	100.00%	3,212	3,212	100.00%

2026 Competition Report - HIC Summary

WI-501 - Milwaukee City & 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

WI-501 - Milwaukee City & County CoC

For PIT conducted in January/February of 2026

Submission Information

Date of PIT Count	Received HUD Waiver
1/28/2026	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	641	756	730
Safe Haven Total	41	44	38
Transitional Housing Total	142	116	150
Total Sheltered Count	824	916	918
Total Unsheltered Count	61	52	60
Total Sheltered and Unsheltered Count*	885	968	978

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	34	34	32
Total Unsheltered Count	6	7	9
Total	40	41	41

**Certification for Opportunity Zones
Preference Points**

**U.S. Department of Housing and
Urban Development**

OMB Number: 2501-0044
Expiration Date: 02/28/2027

Type or clearly print the following information.

****Warning:** Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties (18 U.S.C §§ 287, 1001, 1010, 1012, 1014; 31 U.S.C. § 3729, 3802; 24 CFR § 28.10(b)(1)(iii)).

Applicant Organization: United Way Greater Milwaukee Waukesha County

Assistance Listing number and Federal Program name to which the Applicant is applying:

Include the funding opportunity number and name exactly as it appears in the applicable funding opportunity announcement (example: 14.896, Family Self-Sufficiency Program).

14.267, FY 2026 Continuum of Care Competition and Youth Homelessness Demonstration Program Grants NOFO

Opportunity Zone Census Tract(s), which the proposed activities/projects will benefit:

Include below the full 11-digit census tract number (example: 06067001101). Designated Opportunity Zone Census Tracts can be found at: <https://opportunityzones.hud.gov/resources>. Select the "CDFI Fund Opportunity Zones Resources" link and then select the "List of designated Qualified Opportunity Zones."

55079003800, 55079004400, 55079014100, 55079015800, 55079017500, 55079186000, 55079186200

The application meets which of the following criteria (please select one):

- ☐ The proposed activities/projects will occur solely within the Opportunity Zone Census Tract(s) listed above.
- ☒ The proposed activities/projects will occur within the Opportunity Zone Census Tract(s) listed above and other communities.
- ☐ The proposed activities/projects will occur outside Opportunity Zone Census Tracts, but substantial and direct benefits will accrue within the Opportunity Zone Census Tracts listed above.

Note: Projects which substantially and directly benefit Opportunity Zone Census Tracts, but which do not consist of activities delivered within Opportunity Zone Census Tracts may be considered for competitive preference. If applicable, the respective Federal Agency will clearly define "substantially and directly" in the relevant funding announcement.

Estimated Funding Allocations

Estimate a percentage of the total dollar amount of awarded federal funding that would result in a direct benefit within the Opportunity Zone Census Tracts listed above:

- ☒ 76% - 100%
- ☐ 51% - 75%
- ☐ 26% - 50%
- ☐ 11% - 25%
- ☐ 1% - 10%

Provide a narrative explaining and/or reference the section in the application that explains how the project will support public and private investment in urban and economically distressed areas, specifically qualified Opportunity Zones (300-word limit):

Example: "The Main Street project described in this application will stimulate economic opportunity and mobility, encourage entrepreneurship, expand quality educational opportunities, and promote workforce development for those families residing within the XYZ Opportunity Zone."

These housing programs operating within the listed Opportunity Zones seek to prevent street homelessness for all and connect those in need to the resources to meet those needs within our community. These programs will work to support people and allow them to live and work within their neighborhoods.

Check the following boxes that accurately reflect the nature or purpose of the proposed project:

- | | |
|---|---|
| ☐ Access to Capital | ☐ Workforce Development |
| ☐ Asset Building | ☐ Low Income Housing Tax Credit (LIHTC) or other rent restricted housing |
| ☐ Business Assistance | ☐ Market rate housing |
| ☐ Community Capacity Building | ☐ Industrial development |
| ☐ Economic Development | ☐ Commercial or retail development |
| ☐ Education | ☐ Other business development |
| ☐ Healthy Food Access | ☐ "Above ground" infrastructure – streets, sidewalks, lighting |
| ☒ Health | ☐ "Below ground" infrastructure – water, sewer, gas, electric |
| ☒ Housing | ☐ Schools or other educational facilities |
| ☒ Human Services and Family Support | ☐ Hospitals or other health care facilities |
| ☐ Community Infrastructure | |
| ☐ Public Safety | |

Certification of Authorized Representative for the Applicant:

****Under penalty of perjury, I certify on behalf of the Applicant that**

- (1) all information provided on this form is true, complete, and accurate, and
- (2) the Applicant will notify the Agency immediately upon learning of any change in the information provided on this form, and
- (3) I am authorized to speak for the Applicant regarding all information provided on this form.

Prefix: First Name: Middle Name:

Last Name: Suffix:

Title:

Organization:

Signature:

Date: