

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: AL-507 - Alabama Balance of State CoC

1A-2. Collaborative Applicant Name: Alabama Rural Coalition for the Homeless, Inc

1A-3. CoC Designation: CA

1A-4. HMIS Lead: Alabama Rural Coalition for the Homeless, Inc

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

17.	State Government Staff/Official(s)	Yes	
18.	State or Local Elected Public Official(s)	Yes	1
19.	Local Jail(s)	No	
20.	Mental Health Service Organization(s)	Yes	
21.	Mental Illness Advocate(s)	Yes	
22.	Organization(s) led by and serving people with disabilities	Yes	
23.	Other homeless subpopulation advocate(s)	Yes	
24.	Other nonprofit homeless assistance provider(s)	Yes	
25.	Other social service provider(s)	Yes	2
26.	Public Housing Agencies	Yes	
27.	Recovery Housing or Sober Living Provider(s)	Yes	
28.	School Administrators/Homeless Liaison(s)	Yes	
29.	School District(s)	Yes	
30.	Street Outreach Team(s)	Yes	
31.	Substance Abuse Advocate(s)	Yes	
32.	Substance Abuse Service Organization(s)	Yes	
33.	Universities	Yes	
34.	Veteran Serving Organization(s)	Yes	2
35.	Agencies Serving Survivors of Human Trafficking	No	
36.	Victim Service Provider(s)	Yes	
37.	Domestic Violence Advocate(s)	Yes	
38.	Other Victim Service Organization(s)	Yes	
39.	State Domestic Violence Coalition	Yes	
40.	State Sexual Assault Coalition	Yes	
41.	Youth Advocate(s)	Yes	
42.	Youth Homeless Organization(s)	Yes	
43.	Youth Service Provider(s)	Yes	
44.	Other Homeless Assistance Provider(s)	Yes	
45.	Local Business or Chamber of Commerce or a Member of a Business Improvement District	No	
	Other: (limit 50 characters)		
46.	Housing Finance Authority	Yes	
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 AL-507 Alabama Balance of State Continuum of Care maintains an open, transparent, and inclusive membership process. At least annually, ARCH, as the Collaborative Applicant, publicly invites individuals and organizations throughout the CoC's 37-county rural geographic area to join the CoC. The invitation is posted on the ARCH website and distributed through the CoC listserv, stakeholder emails, partner networks, public meetings, and community outreach.

Membership is open to organizations and individuals committed to preventing and ending homelessness, including nonprofit and faith-based organizations, victim service providers, housing providers and developers, public housing agencies, local governments, healthcare and behavioral-health providers, law enforcement, courts, workforce organizations, schools, advocates, and people with lived experience of homelessness. Membership is not limited to recipients of CoC Program funding.

The invitation includes information about the CoC's purpose, meeting schedule, membership process, and opportunities to participate in committees, Coordinated Entry, system planning, funding discussions, and other CoC activities. Monthly CoC meetings are open to interested parties. ARCH also conducts year-round outreach to broaden geographic, population, and sector representation and strengthen participation throughout the CoC.

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.

(limit 2,500 characters)

The CoC maintains a transparent and collaborative process for soliciting and considering opinions regarding its performance, strategies, priorities, and efforts to prevent and end homelessness. ARCH shares opportunities for input through its website, listserv, public CoC meetings, weekly Coordinated Entry meetings, committee meetings, stakeholder emails, surveys, public notices, and targeted community outreach.

Input is obtained from funded and non-funded providers, local governments, people with lived experience, victim service providers, faith-based organizations, housing providers and developers, healthcare and behavioral-health organizations, law enforcement, courts, schools, workforce partners, advocates, and other stakeholders throughout the CoC's 37-county rural geography.

The CoC considers Coordinated Entry and HMIS data, PIT and HIC findings, project-performance results, monitoring information, and stakeholder feedback to recognize accomplishments, identify emerging needs, and establish system priorities. Recommendations are presented to the appropriate committee, Board, or full CoC membership for consideration. Decisions and resulting actions are documented through meeting minutes, policies, planning documents, competition materials, or written communications. Individuals with conflicts of interest disclose those conflicts and do not participate in related funding decisions.

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)

ARCH publicly announces the local CoC Program competition through the ARCH website, CoC listserv, stakeholder emails, public meetings, and partner networks. The announcement clearly communicates that eligible organizations that have not previously received CoC Program funding, including faith-based organizations, may submit proposals.

The public notice provides the local competition schedule, eligible project types, submission requirements, evaluation criteria, technical-assistance opportunities, and access to HUD and local competition materials. New applicants receive the same information, deadlines, opportunities to ask questions, and technical assistance as previously funded organizations. ARCH also conducts outreach to organizations and sectors that may help expand housing and services within the CoC's rural communities.

All proposals are reviewed through the CoC's publicly established local competition process using consistent threshold and scoring criteria. Reviewers disclose conflicts of interest and do not evaluate proposals where a conflict exists. An organization's lack of previous CoC Program funding does not prevent its proposal from receiving full consideration. Applicants are notified of selection or rejection in writing, and required competition and project-ranking information is publicly posted. This process cultivates new partnerships and provides emerging organizations with a clear pathway toward CoC participation and future funding readiness.

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)

AL-507 identified a gap in the availability of local housing and supportive-service resources across its 37-county rural geography. Coordinated Entry data, HMIS data, PIT/HIC findings, project-performance information, and stakeholder feedback show that people can access the CoC's established Coordinated Entry system, but some counties have few or no participating homeless-service providers, emergency housing options, transportation resources, landlords, or permanent housing programs. Consequently, residents in those areas may be assessed through Coordinated Entry but have limited local resources available to resolve their homelessness.

During the upcoming grant year, the CoC will focus on expanding partnerships and resource connections in counties with limited homeless-service capacity. The strategy will address the needs of individuals, families with children, youth, Veterans, survivors of domestic violence, people with disabilities, people experiencing chronic homelessness, and people needing behavioral-health or substance-use treatment. Activities will include outreach to local governments, faith-based and community organizations, healthcare providers, housing authorities, landlords, developers, transportation providers, and other potential partners.

The CoC will:

1. Conduct targeted partner-development activities in at least five underserved counties;
2. Add or formally engage at least five new organizations in CoC or Coordinated Entry activities;
3. Conduct at least two rural housing and service-resource forums or training sessions;
4. Review Coordinated Entry data quarterly to identify geographic and population-level gaps; and
5. Develop a documented resource-expansion plan by the end of the grant year.

During the first quarter, ARCH will use system data and stakeholder feedback to identify priority counties. Partner outreach will begin during the second quarter, followed by training and formal engagement during the third quarter. During the fourth quarter, ARCH will evaluate progress and establish priorities for the following year.

Activities will be supported through CoC planning funds, ESG coordination, state and local partnerships, healthcare resources, and private or philanthropic support, as available. ARCH, as Collaborative Applicant and Coordinated Entry and HMIS Lead, will oversee implementation, with progress reviewed by the appropriate CoC committees, Board, and membership.

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
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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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	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?	0%

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)

AL-507 covers 37 rural Alabama counties, where distance, limited transportation, and uneven treatment availability create barriers to substance use care. Available resources include Alabama Department of Mental Health (ADMH)-certified providers. Integrea Community Mental Health System offers outpatient and intensive outpatient substance use treatment to residents of Chambers, Lee, and Tallapoosa counties within AL-507. West Alabama Mental Health Center provides outpatient substance use treatment to eligible residents of Choctaw, Greene, Hale, Marengo, and Sumter counties. Providers assess treatment needs and arrange referrals for services beyond their programs, including residential care. In Macon County, AL-507 maintains an active partnership with TEARS, Inc., an ADMH-listed substance use treatment provider offering adolescent early intervention, adolescent and adult outpatient treatment, and outpatient services for co-occurring disorders. TEARS also offers peer support and relapse prevention. Through a signed agreement, CoC meetings, weekly Coordinated Entry calls, referrals, and training, ARCH and TEARS connect participants to treatment and recovery resources while coordinating their housing needs.

Participants access treatment through Coordinated Entry, housing project case managers, and outreach and shelter partners. ARCH, as Coordinated Entry Lead, identifies reported treatment needs and supports referrals to appropriate providers with participant consent. TH, RRH, and PSH case managers connect participants to treatment as part of housing stabilization planning. Outreach and shelter partners connect individuals experiencing a behavioral health crisis to 988 and ADMH crisis services. Eligible Veterans are also connected to VA treatment resources.

To address rural access barriers, projects assist participants with telehealth access and transportation through available rural transit, Medicaid non-emergency transportation for eligible participants, and allowable project resources. Participants without insurance are connected to ADMH-funded providers offering income-based fees. SOAR assistance helps eligible participants pursue SSI/SSDI and associated health coverage.

ARCH shares treatment resources and referral information through CoC membership meetings and ARCH Academy trainings. These activities help housing and service providers identify available treatment options and support access across the CoC's rural geography.

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)

AL-507 partners with ADMH-certified community mental health centers and substance use treatment providers across our 37 counties to deliver outpatient care at the levels participants need. Available services include outpatient and intensive outpatient treatment, psychiatric evaluation, medication management, medication for opioid use disorder, individual and group therapy, and case management.

Levels of care: Partners use standardized assessments, including ASAM criteria for substance use disorders, to place participants in the right level of care, from routine outpatient counseling to intensive outpatient and, when needed, referral to withdrawal management or residential treatment. Participants step down to lower levels of care as they stabilize.

Psychosocial interventions: Partners provide evidence-based approaches such as cognitive behavioral therapy, motivational interviewing, trauma-informed care, and illness management and recovery. Our DV and youth partners provide trauma-focused services tailored to survivors and young people.

Medication management: Community mental health centers provide psychiatric prescribers, including telepsychiatry for rural counties without on-site psychiatrists. Project case managers help participants fill prescriptions, keep appointments, and access pharmacy assistance programs when uninsured.

Suicide prevention: CoC projects promote 988 and connect people at risk to ADMH crisis services and mobile crisis response. ARCH encourages frontline staff to complete suicide prevention training such as QPR or Mental Health First Aid, and projects use safety planning with participants who disclose risk.

Recovery supports: Partners link participants to peer support, mutual aid groups, recovery housing where appropriate, and employment services that build self-sufficiency.

The CoC strengthens these partnerships through Coordinated Entry referral protocols, shared participation in CoC meetings, and ARCH Academy trainings. Case managers follow up on every referral to confirm participants have engaged in treatment and help them stay connected.

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)

AL-507 connects participants to peer recovery specialists and other peer support through partnerships with ADMH-certified providers and recovery community organizations serving our 37 counties. Alabama credentials peer specialists through ADMH, and many community mental health centers and substance use treatment providers in our area employ Certified Peer Specialists who bring lived experience of mental illness or addiction recovery.

Peer support: When a participant in a CoC project has a substance use or mental health need, case managers make a warm referral to a peer specialist who can meet the person in the community, at the project, or by phone or video, which is essential in rural counties with long travel distances. Peer specialists help participants set recovery goals, attend appointments, and build natural supports.

Recovery navigation: Peer specialists and case managers help participants move through the treatment system: identifying the right provider, completing intake, accessing medication for opioid use disorder, arranging transportation, and reengaging quickly after a relapse. Participants are linked to mutual aid groups such as AA, NA, and faith-based recovery groups, which are often the most available recovery resource in our rural communities. Veterans are connected to VA peer support specialists.

Lived expertise in the CoC: AL-507 values the voice of people with lived experience of homelessness and recovery, who help inform how the CoC designs and delivers services.

Case managers encourage every participant with a substance use or mental health need to connect with a peer specialist and follow up to support ongoing engagement. ARCH shares peer and recovery resources through CoC meetings and ARCH Academy so projects across the CoC know how to connect participants.

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)

Identification: AL-507 identifies people experiencing Serious Mental Illness (SMI) through multiple points. ARCH, as Coordinated Entry Lead, uses a standardized assessment that captures disabling conditions, including mental health conditions, and HMIS records disability status at project entry. Street outreach, emergency shelter, jails, hospitals, and community mental health centers identify people with SMI who are experiencing homelessness and connect them to Coordinated Entry. Coordinated Entry prioritization considers disability and vulnerability, so people with SMI and long histories of homelessness are prioritized for Permanent Supportive Housing.

Connection to services: Once identified, participants are connected with their consent to ADMH-certified community mental health centers serving our counties. These centers provide psychiatric care, medication management, therapy, case management, and crisis services. Where available, participants with the highest needs are referred to Assertive Community Treatment (ACT) teams, which provide intensive, multidisciplinary, community-based care, including outreach to people where they live. In rural counties without ACT teams, community mental health center case managers and CoC project staff combine intensive care coordination with assertive outreach, including home visits and telehealth.

Promoting stability: PSH and RRH case managers coordinate with treatment providers on housing stabilization plans, help participants keep appointments and medications, and respond early when symptoms or housing problems arise. Projects use SOAR to secure SSI/SSDI income and health coverage, which supports long-term stability. When crises occur, projects connect participants to 988 and ADMH crisis services to prevent hospitalization, incarceration, and returns to homelessness, and coordinate discharge planning with hospitals and state facilities so people are not discharged into homelessness.

The CoC measures success by participants' engagement in treatment, housing stability, and progress toward self-sufficiency, including income and employment.

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)

AL-507 does not currently have an established partnership involving drug courts, other specialty courts, Assisted Outpatient Treatment, or inpatient civil commitment. ARCH partners with ADMH and connects participants to community treatment and housing resources through Coordinated Entry and project case management; this coordination does not involve court orders.

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)

AL-507 coordinates access to behavioral health treatment and housing assistance through ARCH's partnership with ADMH, community treatment providers, Coordinated Entry, and housing project case managers. The CoC does not currently have an established court-connected treatment partnership or use court orders to coordinate these services.

ARCH, as Coordinated Entry Lead, identifies reported housing and service needs and facilitates referrals with participant consent. Housing project case managers help participants connect to mental health and substance use treatment, address transportation and other access barriers, and maintain contact with service providers as appropriate. Treatment providers determine clinical needs and the appropriate level of care, while housing partners address housing eligibility, placement, and stabilization.

Case management connects treatment access with practical steps toward independence, including obtaining identification, applying for eligible benefits, accessing employment resources, and developing a housing stabilization plan. Assistance with appointments, transportation, and community resources helps participants remain engaged in care while working toward stable housing.

Although these activities support treatment access and housing stability, they are not conducted through drug courts, other specialty courts, Assisted Outpatient Treatment, or inpatient civil commitment partnerships. AL-507 therefore does not report leveraging court orders as part of its current coordination.

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)

AL-507 partners with ADMH and maintains referral connections with Hope Pointe, Craig Crisis Care Center, Carastar, WellStone, AltaPointe, SpectraCare, and South Central Alabama Mental Health Center. Providers receive CoC listserv updates. CoC partners connect participants to 988/crisis contact centers, mobile crisis and outreach services, and crisis stabilization. Some regional centers are outside AL-507 but serve its rural counties.

1C-1f.	Treatment and Recovery Services—Availability of Units for Persons Reporting Chronic Substance Use.	
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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.	
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Is there 24/7 access to detox, residential, and inpatient behavioral health treatment within the geographic area of your CoC?	Yes
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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)

AL-507 maintains formal partnerships with West Alabama Mental Health Center, serving Choctaw, Greene, Hale, Marengo, and Sumter counties, and Cahaba Center for Mental Health, serving Dallas, Perry, and Wilcox counties. These community mental health centers coordinate with the CoC to connect people experiencing homelessness to behavioral health care and housing resources that support stability and recovery.

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)

Homegirl Industry's H.I.R.R., a new transitional housing project proposed for CoC Program funding, will provide sober housing. Participants will sign a lease or occupancy agreement prohibiting possession, use, or being under the influence of illegal substances and/or alcohol on the premises, consistent with 24 CFR 578.93(b)(5).

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)

AL-507 coordinates warm hand-offs through ARCH, the Coordinated Entry Lead, and housing and service providers across its 37 rural counties. Coordination with ADMH, TEARS, Inc., West Alabama Mental Health Center, Cahaba Center for Mental Health, and regional crisis providers connects treatment and recovery services with housing assessment, referrals, and stabilization support.

TEARS participates in CoC meetings, weekly Coordinated Entry calls, referrals, and training through a signed agreement. This ongoing involvement supports direct communication about housing needs in Macon County. CoC meetings and listserv updates also help treatment and crisis partners identify housing resources and understand how to connect individuals to Coordinated Entry.

When a treatment or crisis provider identifies someone who lacks stable housing, ARCH completes Coordinated Entry triage and assesses housing needs and available options. With appropriate consent, coordination includes direct contact between referring and receiving providers, sharing information needed for the referral, and identifying next steps with the participant. Weekly Coordinated Entry calls provide a forum to review unresolved needs and address barriers to placement.

Housing connections follow applicable eligibility requirements, CoC prioritization, participant needs, and resource availability. Options may include emergency shelter or temporary hotel assistance when available, transitional housing, rapid rehousing, or permanent supportive housing. Case managers help participants obtain documentation, address transportation barriers, and remain connected to treatment, benefits, and recovery supports during the transition.

To prevent discharge into homelessness, the CoC encourages treatment and crisis providers to identify housing instability early and contact Coordinated Entry before discharge. When permanent housing is not immediately available, partners identify available interim options and continue coordinating the housing referral. For participants already housed, coordination focuses on maintaining housing and continuity of care during treatment or a crisis.

If funded, Homegirl Industry's H.I.R.R. transitional housing project will provide an additional sober housing option within this network, with planning for transition to permanent housing.

1C-2.	Supportive Services Investment.	
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	Number
1. Enter your CoC's FY 2026 Annual Renewal Demand (ARD).	\$1,662,470

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.	
3. Percent of your CoC's FY 2026 ARD (from element 1 above) that is supportive services funding (from element 2 above).	0%
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.	
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).	0%

You must provide a response for elements 1, 2
and 4 in question 1C-2.

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%

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)

AL-507 maintains ongoing coordination with the Alabama Department of Economic and Community Affairs (ADECA), the State ESG recipient, and ESG-funded organizations operating throughout the CoC's 37-county rural geography. ARCH provides system information concerning homelessness trends, Coordinated Entry activity, unmet needs, geographic service gaps, HMIS participation, and project performance to support ESG planning and funding decisions.

ARCH assists prospective and current ESG subrecipients with understanding Coordinated Entry, HMIS, eligibility, written standards, documentation, and alignment with CoC priorities. ESG recipients and applicants are invited to monthly CoC meetings and weekly Coordinated Entry meetings, where they provide updates and discuss service demand, housing barriers, resource availability, and emerging community needs.

The CoC also reviews ESG applicants' proposed geographic coverage, components, populations, and coordination with Coordinated Entry and HMIS. This consultation helps ensure that ESG resources complement CoC-funded housing and services, reduce duplication, and address rural communities with limited resources. ARCH will continue sharing system-level data, conducting technical assistance, and engaging ADECA and ESG recipients in planning, performance review, and resource coordination.

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)

AL-507 coordinates with emergency shelter providers and other crisis-housing partners through its established Coordinated Entry system. Because the CoC serves 37 rural counties, traditional emergency shelters are not available in every community. To extend emergency housing access across this large geography, ARCH and participating partners may use hotels and motels when eligible funding is available and placement is appropriate.

Shelters, 2-1-1, local governments, law enforcement, healthcare providers, victim service providers, faith-based organizations, and other community partners connect individuals and families to ARCH or another Coordinated Entry access point for triage, assessment, prioritization, and referral. When a hotel or motel placement is used, it functions as a temporary crisis response while the household works toward a safe and sustainable housing plan; it is not treated as the permanent resolution to homelessness.

ARCH coordinates approval, eligibility documentation, placement, and communication with the household and referring partner. Continued assistance is connected to an individualized housing plan and regular progress updates. Through Coordinated Entry and case conferencing, households may be connected to rapid rehousing, permanent supportive housing, transitional housing, homelessness prevention, Veterans' services, domestic-violence services, healthcare, behavioral-health treatment, mainstream benefits, and other available resources.

Participating shelter providers and partners attend weekly Coordinated Entry meetings, monthly CoC meetings, training, and system-planning activities. HMIS-participating organizations enter required data, while victim service providers use a comparable database. This flexible, coordinated approach allows AL-507 to respond across rural communities while remaining focused on movement from crisis housing to safe, stable, permanent housing.

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)

ARCH shares aggregate PIT, HIC, HMIS, Coordinated Entry, and System Performance Measures data with state and local governments as permitted by law. Information is shared through public reports, presentations, planning meetings, funding consultations, written data requests, CoC meetings, and coordination with state and local partners.

The data help government partners understand the number and characteristics of people experiencing homelessness, geographic patterns, available shelter and housing inventory, system utilization, exits to permanent housing, returns to homelessness, and remaining service needs. ARCH uses appropriate privacy, security, consent, and data-sharing requirements and does not publicly release personally identifiable information.

Data are used to support community planning, ESG consultation, funding decisions, development of housing and services, and evaluation of system performance. ARCH will continue improving the accessibility and use of aggregate data so that state and local leaders can make informed decisions responsive to rural 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)

AL-507 supplements HMIS information with Coordinated Entry records, victim service provider aggregate data, PIT and HIC results, 2-1-1 and community referral information, project reports, monitoring findings, shelter information, and feedback from people with lived experience and community partners.

With participant consent and as legally permitted, providers also coordinate individual care using information from healthcare and behavioral-health providers, hospitals, Veterans' systems, schools, child welfare agencies, corrections or reentry partners, and other service systems. The CoC does not require unrestricted access to external databases. Instead, authorized providers exchange the minimum information necessary to coordinate services, prevent duplication, support discharge or reentry planning, and connect participants to appropriate housing and care.

ARCH reviews these sources alongside HMIS data to identify changing needs, improve referrals, recognize people who interact with multiple systems, and address barriers that may not be fully reflected in HMIS. Personally identifiable information is protected according to applicable privacy requirements.

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)

AL-507 and its recipient organizations coordinate with the Alabama Career Center System, local workforce development boards, vocational rehabilitation services, community and technical colleges, adult-education providers, and other workforce partners serving the CoC's rural counties.

Through Coordinated Entry, case management, and housing-stability planning, participants are connected to employment assessments, job-search assistance, résumé development, interview preparation, skills training, GED services, vocational rehabilitation, registered training opportunities, supportive services, and assistance accessing transportation or work-related documentation. Providers also help participants identify and address barriers such as disability, limited transportation, childcare needs, interrupted work histories, and lack of technology.

Employment and income goals are incorporated into individualized housing plans when appropriate. Housing providers coordinate with workforce partners to monitor referrals and help participants access employment and career pathways that can increase income and support long-term housing stability.

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 within AL-507 is coordinated with law enforcement, emergency medical services, fire departments, healthcare providers, 2-1-1, local governments, and other community partners. Because the CoC covers 37 rural counties, first responders are often among the first to identify individuals living outside or experiencing a behavioral-health or medical crisis.

First responders and law-enforcement partners may contact ARCH, Coordinated Entry access points, outreach providers, 988, mobile crisis teams, or other local resources to connect individuals with assessment, shelter, treatment, housing, and supportive services. Outreach staff use engagement-focused approaches, explain available options, and seek to build trust through repeated contact when immediate placement is not possible.

The CoC promotes positive interactions by providing information about Coordinated Entry, eligibility, available resources, and appropriate crisis-response pathways. When safety concerns are present, outreach providers coordinate with first responders while continuing to support connection to housing and voluntary services. This cooperation strengthens engagement, reduces unnecessary duplication, and helps ensure that unsheltered individuals are connected to the most appropriate available response.

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)

AL-507 providers assess whether safe and appropriate family or support-network reunification could help resolve a participant's homelessness or strengthen housing stability. Reunification is voluntary, participant-driven, and pursued only when it is safe and consistent with the individual's housing plan.

Case managers may help participants locate and contact family members or other natural supports, mediate conversations, verify that the proposed placement is safe and stable, and coordinate assistance in another community. When allowable resources are available, providers may assist with transportation planning, bus tickets, identification, communication, transfer of benefits, medication continuity, and connection to housing or services at the destination.

For survivors of domestic violence, dating violence, sexual assault, stalking, trafficking, or other safety threats, providers apply survivor-centered confidentiality and safety-planning requirements before contacting family or support networks. Reunification is not used to replace an appropriate housing referral or pressure a participant to return to an unsafe environment.

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)

AL-507 cooperates with law enforcement, first responders, local governments, emergency medical services, behavioral-health providers, and community organizations to connect individuals experiencing homelessness with Coordinated Entry, crisis response, shelter, temporary hotel or motel assistance when available, treatment, and permanent housing resources.

ARCH does not interfere with lawful local public-safety activities or direct law-enforcement operations. Its role is to provide information about available resources, facilitate service connections, support outreach and case coordination, and help first responders identify alternatives when housing or treatment resources are available. When an individual presents an immediate danger to self or others, partners contact 911, 988, mobile crisis services, or the appropriate local authority.

The CoC promotes coordinated, lawful, and respectful responses that protect community safety while addressing the circumstances contributing to homelessness. Information is shared only as legally permitted, with appropriate consent and privacy protections. ARCH will continue educating first responders about Coordinated Entry and strengthening connections among law enforcement, crisis providers, outreach partners, and housing organizations.

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)

Policies governing camping, trespassing, sanitation, and use of public property vary among the 37 counties and their municipalities. These policies may support timely action when an encampment creates an immediate health or safety hazard; however, limited shelter, transportation, behavioral-health treatment, and affordable housing can make it difficult to relocate individuals to appropriate settings.

ARCH does not clear encampments or enforce local ordinances. When notified of an encampment, the CoC's role is to coordinate with the responsible local government, law enforcement, first responders, property owners, outreach partners, and service providers. When circumstances permit, outreach should occur before enforcement action so individuals can be offered Coordinated Entry, shelter, hotel or motel assistance when available, crisis services, treatment, transportation, and housing referrals.

The CoC will leverage beneficial local coordination practices by providing clear referral pathways and identifying available resources. To reduce the effects of restrictive policies or limited local capacity, ARCH will encourage advance notice to service partners, coordinated outreach, reasonable opportunities for individuals to accept services, protection of personal property consistent with applicable law, and follow-up after relocation.

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)

Homelessness in AL-507's 37 rural counties is geographically dispersed and does not always appear in large, permanent encampments. Individuals may stay in wooded areas, vehicles, abandoned structures, temporary camps, or other locations that are difficult to identify through traditional outreach. Encampments that do emerge are generally localized, and their size, visibility, and duration vary by community.

ARCH learns about unsheltered locations through PIT outreach, Coordinated Entry, 2-1-1, law enforcement, first responders, healthcare providers, local governments, faith-based organizations, service providers, and community members. Because conditions change and ARCH does not maintain a law-enforcement encampment registry, reported locations are assessed through outreach and partner communication rather than treated as a fixed inventory.

The CoC's principal challenge is not the presence of large concentrated encampments, but reaching people scattered across a wide rural geography where shelter, transportation, treatment, and permanent housing resources are limited. AL-507 responds through coordinated outreach, assessment, crisis assistance when available, and connection to housing and 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)

AL-507 will use its strong partnership with the Alabama Department of Mental Health (ADMH), regional crisis providers, and Coordinated Entry to decrease public illicit drug use through prompt intervention, treatment connections, and housing stabilization.

Beneficial policies and practices include Alabama's 988 crisis system, rural mobile crisis services, and naloxone access policies. These support early intervention and connections to care. ADMH identifies mobile crisis services through Cahaba Center for Mental Health and West Alabama Mental Health Center within AL-507's geography. Mobile teams can respond in community settings and coordinate with law enforcement when appropriate.

ARCH will leverage these resources by sharing county-specific response and referral procedures through CoC meetings, its listserv, and ARCH Academy. The plan will distinguish emergencies requiring 911, including suspected overdose or immediate threats to safety, from behavioral health and substance use crises appropriate for 988 and available mobile crisis teams. Outreach and housing partners will be encouraged to make direct, consent-based introductions to treatment providers and connect individuals to Coordinated Entry for housing assistance.

AL-507 has not identified a specific local ordinance as a documented barrier in this response. Across its rural geography, limited treatment availability and transportation impede rapid access. Provider practices such as restricted intake hours, documentation requirements, or discharge without a receiving provider may create additional barriers; ARCH will review these with partners rather than assume they apply throughout the CoC.

To address these obstacles, ARCH will work with providers to clarify intake requirements, identify after-hours options, assist with documentation, and coordinate available transportation. ARCH will seek referral arrangements with local law enforcement that connect individuals to crisis assessment and treatment when appropriate, alongside responses to immediate public safety concerns.

Weekly Coordinated Entry calls will support follow-up on unresolved housing referrals and coordination following treatment or crisis care. ARCH will review unsuccessful connections with partners, identify the policy or practice causing delay, and request workable alternatives. These steps aim to reduce repeated public drug use by improving access to treatment, recovery support, and stable housing.

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)

AL-507's 37-county rural geography includes communities with a documented history of substantial overdose-related harm. Walker County provides a specific example: the Alabama Department of Public Health's 2024–2029 State Health Improvement Plan identifies Walker as having the state's highest rate of suspected opioid overdose-related emergency department visits, based on 2022 surveillance data. This finding demonstrates the importance of overdose prevention and timely treatment access within the CoC's own service area.

These data describe overdose-related emergency care, not the prevalence of all illicit drug use. They also do not establish how many overdoses occurred in public spaces or involved people experiencing homelessness. The information available for this response does not provide a verified, current count of public-space overdoses or illicit drug-use incidents across all 37 counties. AL-507 therefore cannot reliably report a CoC-wide increase or decrease in those incidents.

Within this context, rural travel distances and limited nearby treatment options complicate access to services. ARCH's strong partnership with ADMH and connections with regional crisis and treatment providers support referrals for individuals with substance use needs, while Coordinated Entry addresses housing instability.

Walker County's documented overdose burden makes this a local concern for AL-507, rather than solely a statewide issue. A more precise description of current public-space conditions requires incident-level information from EMS, law enforcement, public health, and outreach partners. Historical overdose rankings should not be treated as evidence that public drug use is currently increasing or that people experiencing homelessness account for those incidents.

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)

Alabama's involuntary commitment framework, including Ala. Code §§22-52-1.2 and 22-52-10.4, helps AL-507 address situations involving individuals experiencing homelessness who may pose a danger to themselves or others. Petitions are filed in the probate court of the county where the individual is located. Inpatient commitment requires clear and convincing evidence of statutory criteria, including mental illness and a resulting real and present threat of substantial harm. This framework provides a pathway to treatment while protecting due process and requiring the least restrictive appropriate intervention.

Across AL-507's 37 counties, rural distances and access to clinical evaluations, transportation, and treatment placements can complicate timely intervention. Documentation requirements may be difficult to satisfy when individuals have fragmented treatment histories. Individuals who do not meet commitment criteria may still need immediate behavioral health assistance. ARCH will address these access and documentation barriers while respecting legal protections.

During the past year, ARCH documented 32 referrals to mental health or crisis assistance through Coordinated Entry triage. Individuals reported experiencing mental health crises, and staff responded primarily by connecting them to crisis assistance or mental health providers. Staff also requested emergency assistance when needed. These referrals demonstrate active intervention but do not establish that every individual met involuntary commitment criteria.

ARCH will work with community mental health providers, county probate courts, outreach partners, and emergency responders to clarify referral and petition procedures. Provider training will emphasize documenting specific behaviors, threats, and relevant history, recognizing emergencies, and obtaining professional assessment. Courts and qualified clinicians will retain their respective decision-making roles.

To reduce delays, ARCH will continue identifying and updating county crisis contacts, evaluation locations, and transportation options. Staff will continue connecting individuals who do not meet commitment criteria to voluntary services and outreach. Coordinated Entry will support housing referrals and follow-up after stabilization to reduce returns to homelessness. Building on existing triage documentation, ARCH will continue strengthening the tracking of crisis-related referrals, and known outcomes to identify service gaps.

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)

The Alabama Sex Offender Registration and Community Notification Act (ASORCNA), including Ala. Code §15-20A-12, supports SORNA implementation across AL-507 by requiring covered individuals experiencing homelessness to report to local law enforcement and provide location information despite lacking a fixed address. Weekly reporting and location descriptions provide a mechanism for maintaining current information.

During the past year, ARCH assisted three individuals subject to sex-offender registration with emergency shelter or permanent housing assistance, coordinating extensively with their parole officers. When arranging motel or hotel placements and assisting with permanent housing, staff maintained ongoing communication with supervising officers regarding placement needs and arrangements. This practice connects homelessness assistance with community supervision and supports coordination around housing locations. Communication with parole officers does not replace an individual's registration obligations with the responsible law enforcement agency.

Across AL-507's 37 counties, residency restrictions can limit shelter and housing options, while rural distances, transportation barriers, and changing sleeping locations can complicate reporting. ARCH will continue working with supervising officers and appropriate registration personnel to clarify placement restrictions before arranging assistance, identify permissible housing options, and help individuals connect with the agency responsible for registration and location updates.

ARCH will build on these practices by clarifying contacts and information-sharing procedures with parole officers, county sheriffs' offices, and municipal registration personnel. Staff guidance will address verifying requests, documenting the legal basis for disclosure, and securely communicating relevant location information when required or otherwise authorized by law. Disclosures will comply with applicable confidentiality requirements and the AL-507 HMIS Privacy Notice, including protections for survivors and confidential shelter locations.

ARCH will continue coordinating emergency and permanent housing assistance with supervising officers and strengthen documentation of registration-related assistance, placement barriers, authorized disclosures, and outcomes. These steps support public safety, accurate location reporting, and access to lawful housing options.

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)

AL-507's outreach strategy connects individuals and families experiencing homelessness throughout its 37-county rural service area, including people not otherwise engaged in services. Through ARCH as the Coordinated Entry (CE) lead, the CoC combines telephone access, community partnerships, and coordinated referrals to extend access across geographically dispersed communities.

Despite limited funding, ARCH has spent years strengthening outreach, public awareness, and collaboration so that people experiencing homelessness and organizations assisting them know where to turn. In August 2026, CE received 249 calls, including 181 from within AL-507 and 68 from outside the CoC. This volume demonstrates demand for assistance and awareness of CE extending beyond the CoC's boundaries.

The rural outreach strategy emphasizes connections through local partners to address geographic isolation, transportation barriers, and limited availability of nearby services. Its focus includes unsheltered individuals and families living outdoors, in vehicles, or in other places not meant for human habitation, as well as those least likely to seek assistance independently. Relationships with housing and shelter providers, victim service organizations, veteran-serving organizations, parole officers, youth-serving organizations, and aging services providers create multiple pathways to CE.

Telephone access allows individuals to begin triage without traveling to a central office. ARCH identifies housing needs and immediate concerns and connects callers to available shelter, housing assistance, and supportive services. Staff also complete triage for out-of-area callers and redirect them to resources serving their location.

Weekly CE meetings support coordinated referrals and review of needs and available resources. Separate monthly DV CE calls involving victim service providers and the Alabama Coalition Against Domestic Violence strengthen access for individuals and families fleeing violence.

AL-507 continues to strengthen community connections to reach people who remain disconnected from assistance. Its established CE network provides a consistent connection to resources across rural communities, while call volume underscores the need for additional housing and service capacity.

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	No

4.	Home Visiting Program (including Maternal, Infant and Early Childhood Home and Visiting or MIECHV)	No
5.	Head Start	No
6.	Healthy Start	No
7.	Public Pre-K	No
8.	Tribal Home Visiting Program	No
	Other (limit 150 characters)	
9.		

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)	No
4.	Community College(s)	No
5.	Technical College(s)	No
6.	Other Post-Secondary Education Provider(s)	No

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)

AL-507's CoC Written Standards and Coordinated Entry Policies establish procedures for informing individuals and families experiencing homelessness about eligibility for educational services. ARCH, as Coordinated Entry Lead, works with participating providers to implement these procedures across the CoC's 37 counties.

During Coordinated Entry triage and project intake, staff inform parents, guardians, and unaccompanied youth about educational rights and assistance available under the McKinney-Vento Act. Staff explain this information verbally and provide written materials so households have information they can review and use after the initial conversation. This approach gives families an opportunity to ask questions and helps ensure that access to information does not depend solely on their ability to navigate written materials.

The notification addresses educational protections, including immediate enrollment despite missing customary documents, school stability and transportation rights when applicable, and assistance available through the school district's McKinney-Vento liaison. Staff explain how to contact the appropriate liaison for eligibility questions, enrollment assistance, and concerns about access to educational services.

ARCH will continue reinforcing these written requirements through provider education and Coordinated Entry coordination. Ongoing improvements will emphasize consistent documentation that verbal and written information was provided, assistance connecting with school liaisons, and follow-up when housing changes could interrupt a child's education. These procedures help ensure that families and youth understand their educational rights while seeking shelter, housing, and supportive services.

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)

AL-507, through ARCH as Coordinated Entry Lead and its community partners, has coordinated with foster care and child welfare contacts to assist youth transitioning from public systems of care. This coordination connects youth to emergency shelter, housing assistance, and local resources across the CoC's 37 counties.

ARCH has responded to youth who became homeless after leaving care by completing Coordinated Entry triage to identify immediate safety and housing needs, available supports, and barriers to stability. ARCH has frequently provided temporary shelter through hotel or motel assistance while staff and partners worked to connect youth to an appropriate community resource or permanent housing. These placements have provided an immediate alternative to remaining unsheltered while longer-term arrangements were pursued.

ARCH and community partners have assisted with housing planning, permanent housing referrals, and connections to education, employment, and supportive services. When assistance is available through another organization within the CoC, ARCH uses Coordinated Entry to connect the youth to that resource and coordinate with the providers involved. This approach brings together available local assistance when one agency cannot meet all of a youth's needs.

Weekly Coordinated Entry meetings provide a regular opportunity to discuss unresolved housing needs, identify resources, and coordinate referrals and follow-up. ARCH's role extends beyond identifying a resource to helping youth connect with the organizations positioned to assist them.

Through this work, AL-507 has identified a gap in transition planning: youth are often referred after they have become homeless rather than before leaving care. The need to arrange hotel or motel assistance has underscored the importance of earlier coordination with child welfare partners. AL-507's experience responding to these crises informs its priority of strengthening referrals before discharge while continuing to provide immediate assistance to youth who have already lost housing.

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)

AL-507 has collaborated with TEARS, Inc., a partner that previously received federal Runaway and Homeless Youth funding, to support the connection between youth services and the CoC's homelessness response system. TEARS also used ARCH's HMIS for data reporting, providing a concrete connection between its youth programming and the CoC's data system. This describes the established partnership and prior RHY participation without representing that TEARS currently holds an RHY award.

ARCH, as Coordinated Entry Lead, and community partners have assisted youth experiencing homelessness through triage, housing planning, emergency shelter, and referrals to local resources. ARCH has provided temporary hotel or motel assistance while youth were connected to an appropriate resource or permanent housing. This broader response helps address immediate needs when youth-specific services are limited.

AL-507's experience working with TEARS provides a foundation for coordination with RHY providers. Coordinated Entry and ongoing provider communication support connections between youth-serving organizations and available housing and supportive services across the CoC.

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)

AL-507 does not currently have a TH or RRH project that primarily or exclusively serves families with children. Turning Point's DV transitional housing project and AUMC's Good News RRH project serve eligible families with children alongside other eligible households.

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)

AUMC's Good News Rapid Rehousing project and Turning Point's domestic violence transitional housing project provide and coordinate supportive services that help participating families with children increase income and strengthen their ability to pay rent.

Case managers assess each parent's employment history, skills, education, income, and barriers to work. They assist with job searches, applications, résumés, and interview preparation and connect participants with Alabama Career Centers, workforce development programs, community colleges, and vocational rehabilitation services. Referrals include job training, credential programs, and registered apprenticeship opportunities appropriate to participants' interests and qualifications.

Both projects address practical barriers that can prevent parents from obtaining or retaining employment. Staff provide or coordinate childcare and transportation assistance and help families connect with resources needed to participate in training and maintain work schedules. For survivors served by Turning Point, employment and housing planning also account for safety concerns that may affect access to work and services.

Benefits assistance helps eligible families access resources that stabilize the household while parents pursue employment or training. Case managers combine these connections with budgeting support so participants understand their rent obligations, household expenses, and the income needed to sustain housing.

These services are incorporated into individualized housing plans. Staff review progress toward employment and income goals, follow up on referrals, and help participants address obstacles to completing training or maintaining employment. By combining employment preparation, access to training, practical supports, and financial planning, both projects help families work toward paying rent and maintaining housing beyond 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)

AUMC's Good News Rapid Rehousing project and Turning Point's domestic violence transitional housing project connect eligible families with mainstream benefits and services to supplement housing assistance and support long-term stability. Through benefits assistance and referrals, both projects help families access resources funded through other service systems, allowing CoC resources to remain focused on eligible housing and supportive service needs.

Case managers assess household needs and help families identify and apply for benefits for which they may qualify. These connections include assistance accessing Temporary Assistance for Needy Families (TANF), nutrition assistance, health coverage, and childcare assistance, as applicable. Staff help families navigate applications, gather documentation, and follow up with the agencies responsible for eligibility determinations.

Both projects also connect parents to publicly funded workforce development, education, and training resources. Childcare and transportation assistance help parents participate in these opportunities and obtain or retain employment. Combining these resources with housing assistance addresses expenses and barriers that can otherwise undermine a family's ability to maintain housing.

Case managers incorporate available benefits and services into household budgets and housing plans. They help families understand which resources address food, healthcare, childcare, and other essential needs and how those supports complement income available for rent and utilities. Coordination with mainstream service providers helps reduce duplication and identify remaining gaps.

The projects leverage these systems through participant access to separately funded benefits and services, rather than relying solely on CoC funding to meet every family need.

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)

AUMC's Good News Rapid Rehousing project and Turning Point's domestic violence transitional housing project combine housing assistance with services that address parents' responsibilities and children's needs. Case managers work with families to identify barriers to housing stability and coordinate community resources alongside each household's housing plan.

Both projects provide or coordinate childcare assistance so parents can attend housing appointments, participate in education or job training, and obtain or maintain employment. Case managers help families identify childcare options and navigate available assistance based on eligibility and local capacity.

Parenting support is incorporated through [identify the actual parenting services or referral partners]. These connections help parents address family needs while managing the transition from homelessness to stable housing.

For pregnant participants and families with children, staff [describe actual referrals or coordination for prenatal and postpartum care, pediatric care, and other child healthcare needs]. Housing planning and healthcare coordination are connected so families can pursue stable housing while accessing needed care.

Educational support includes connections to education and training opportunities for parents. For children and youth, the CoC's Written Standards and Coordinated Entry Policies provide for verbal and written information about educational rights and assistance. Coordination with school district McKinney-Vento liaisons helps families address enrollment, school stability, and transportation concerns when applicable.

By coordinating housing, childcare, parental support, healthcare, and education, the projects help families address the needs that influence both children's well-being and parents' ability to maintain 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)

AL-507 maintains active partnerships with the Central Alabama Veterans Health Care System, Priority Veteran, and Veteran Safe Haven. All three participate in CoC activities and Coordinated Entry coordination, helping identify veterans experiencing homelessness, coordinate referrals, and connect veterans to VA benefits, healthcare, shelter, and housing resources. These partnerships strengthen access to veteran-specific assistance and support transitions to stable housing.

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)

AL-507 partners with the Alabama Coalition Against Domestic Violence (ACADV) and victim service providers serving its 37 counties. Providers actively participate in the CoC and a separate monthly DV Coordinated Entry call involving ACADV. Turning Point is a current grantee; two providers applied for DV Bonus funding this cycle. CoC leaders are regularly invited to speak or serve as panelists at ACADV statewide gatherings, strengthening housing and survivor-service coordination.

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)

AL-507, through ARCH and Coordinated Entry, partners with the Alabama Bureau of Pardons and Paroles office serving Pike County to address homelessness among people transitioning from incarceration. ARCH maintains ongoing communication with supervising officers to coordinate temporary hotel or motel shelter, permanent housing assistance, and connections to local resources that support housing stability during reentry.

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)

AL-507 partners with the Central Alabama Veterans Health Care System and Veteran Safe Haven to assist veterans experiencing homelessness who have significant medical needs. Through Coordinated Entry and ongoing partner coordination, veterans are connected to healthcare, behavioral health services, case management, and shelter or housing assistance. These partnerships support continuity of care and housing stability.

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)

AL-507, through ARCH and Coordinated Entry, partners with the Area Agency on Aging to connect aging and elderly individuals experiencing homelessness to local aging services. This coordination supports referrals for assistance with age-related needs alongside connections to shelter, housing assistance, and community resources.

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)

Auburn United Methodist Church's (AUMC) Good News Rapid Rehousing project prioritizes individuals experiencing chronic homelessness through AL-507's Coordinated Entry process. ARCH makes referrals according to the CoC's established prioritization procedures, and AUMC provides rental assistance and supportive services to help eligible individuals obtain and maintain permanent housing.

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)

Auburn United Methodist Church's (AUMC) Good News Rapid Rehousing project does not provide on-site behavioral healthcare. AUMC refers participants who need mental health or substance use treatment to local behavioral health providers. These referrals complement the project's rental assistance and supportive services by connecting participants to care that can support their well-being and 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)

Auburn United Methodist Church's (AUMC) Good News Rapid Rehousing project follows AL-507's Coordinated Entry Policies to identify individuals who may need a higher level of care. Assessment begins during CE triage, when ARCH identifies reported health, behavioral health, and other service needs that may require support beyond rental assistance and housing case management.

Following a CE referral, AUMC further assesses the participant's needs through its intake and case management process. This assessment considers whether additional evaluation or services are needed to support daily functioning, safety, and housing stability.

When identified needs exceed the project's capacity, AUMC refers participants to appropriate providers for further evaluation and services, including consideration of assisted living, residential treatment, or other specialized care. Qualified providers determine the appropriate clinical level of care.

This process combines initial identification through CE with further assessment by AUMC, connecting participants to specialized services while addressing their housing needs.

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)

Auburn United Methodist Church's (AUMC) Good News Rapid Rehousing project follows AL-507's Coordinated Entry Policies and CoC Written Standards to assess participants' readiness to transition from rental assistance to unsubsidized or other permanent housing.

Through ongoing case management, staff review employment income and benefits, the household's ability to pay rent and utilities, housing stability, and continuing supportive service needs. These assessments inform individualized housing plans and decisions about the assistance and services needed to sustain housing after rental assistance ends.

Staff work with participants to address remaining barriers through employment resources, benefits assistance, budgeting support, and referrals to local partners. For participants who can maintain their current housing without rental assistance, transition planning focuses on sustaining the tenancy and maintaining access to needed community supports.

When a household needs continued housing assistance, AUMC coordinates with CE and community partners to identify other permanent housing resources and appropriate referrals. Readiness assessments guide a transition based on each household's circumstances, financial capacity, and ongoing needs, with the goal of maintaining housing stability and preventing a return to homelessness.

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.	09/23/2026
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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.	09/28/2026
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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?	No
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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.	09/23/2026
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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. AL-507 evaluates existing projects through its local Ranking and Review process to determine whether renewal resources should be reallocated from lower-performing or less-needed projects to create new, high-performing projects. The Ranking and Review Committee considers project scores, participant outcomes, spending and utilization, monitoring findings, and community needs. These factors inform whether a project should be considered for full or partial reallocation and whether its resources could more effectively address unmet needs through a new project.
2. During this year's local competition, the CoC did not identify any existing projects as lower performing or less needed warranting reallocation through this review process.
3. AL-507 did not reallocate any existing projects during this year's local competition.
4. No reallocation was undertaken because the review did not identify projects warranting full or partial reallocation based on performance or reduced community need. Existing projects continue to provide needed housing and services within the CoC's rural service area. AL-507 continues to review performance, spending, and community needs to inform future funding decisions and identify opportunities to improve the effectiveness of available resources.

1D-3a.	Reallocation Between FY 2021 and FY 2026.	
	Did your CoC cumulatively reallocate at least 20 percent of its ARD between FY 2021 and FY 2026?	No

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)	Wellsky
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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.	Statewide
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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)

1. AL-507 did not change its unsheltered PIT count methodology, implementation procedures, or data quality processes between 2025 and 2026.

2. Accordingly, there were no methodological or procedural changes affecting the comparison of the two years' PIT count results.

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)

During the evaluation period, AL-507 reduced the number of known encampments from two to zero. The encampments, located in Chilton and Jackson counties, are no longer present following extensive CoC outreach and the use of nonfederal funding to provide emergency shelter assistance.

Through ARCH and Coordinated Entry, the CoC engaged residents, assessed immediate needs, and connected them to available emergency shelter. Nonfederal resources helped address shelter needs where available federally funded options were insufficient. These actions provided alternatives to remaining in encampments and connected individuals to continued housing and service coordination.

The CoC's approach incorporated ALAMP: Assess, Link, Advocate, Monitor, and Plan. This approach supported assessment of individual needs, connections to resources, advocacy to address barriers, monitoring of progress, and planning for housing stability.

AL-507 continues to use outreach, CE triage, and partner coordination to identify unsheltered individuals and respond to emerging needs across its rural service area. Although no encampments are currently known to the CoC, efforts continue to address unsheltered homelessness and connect people to shelter, permanent housing resources, and supportive services.

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.	0
2. Enter the reduction in the number of encampments during your evaluation period.	0

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

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. AL-507 reduced its two known encampments, located in Chilton and Jackson counties, to zero during the evaluation period. The CoC used nonfederal funding for emergency shelter assistance and extensive outreach to connect encampment residents to assistance. AL-507 continues outreach and Coordinated Entry coordination to identify emerging needs and help prevent encampments from recurring.

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)

AL-507's plan to reduce first-time homelessness centers on early identification of housing instability, access to prevention resources, and coordination through ARCH as the Coordinated Entry (CE) lead across the CoC's 37-county rural service area.

CE triage provides an opportunity to identify individuals and families at risk of losing housing, assess immediate needs, and connect them to available assistance before they become homeless. ARCH and community partners coordinate referrals to local resources based on household circumstances, eligibility, and funding availability. The priority is to help households preserve safe existing housing or identify another safe housing option before entering homelessness.

The CoC continues to strengthen the community relationships and public awareness that help households and referring organizations know where to seek assistance. Partnerships with housing providers, victim service organizations, veteran-serving organizations, aging services providers, and other local resources create opportunities to identify housing instability and connect households to CE earlier.

The plan emphasizes connections to available homelessness prevention assistance and resources that address the causes of housing instability, including employment services, benefits assistance, and supportive services. For households fleeing violence, coordination with victim service providers focuses on safety and access to appropriate housing options.

AL-507 also recognizes the need for earlier coordination with systems of care. Although assistance to youth leaving foster care and individuals leaving incarceration has often occurred after homelessness begins, strengthening connections before discharge is a prevention priority.

Weekly CE coordination supports review of household needs and available resources. Moving forward, the CoC's plan includes using CE and HMIS information to examine pathways into first-time homelessness, identify gaps in prevention access, and guide partner coordination. These efforts focus limited resources on timely interventions that help individuals and families remain safely housed.

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)

AL-507's plan to reduce the length of time individuals and families remain homeless centers on timely Coordinated Entry (CE) triage, coordinated referrals, and addressing barriers that delay permanent housing. ARCH, as the CE lead, coordinates these efforts with housing and service providers across the CoC's 37-county rural service area.

CE triage identifies immediate housing needs, available resources, and service needs that may affect housing placement. ARCH makes referrals according to the CoC's assessment and prioritization procedures, including prioritization of individuals experiencing chronic homelessness. Weekly CE meetings provide an established opportunity to review household needs, coordinate referrals, and identify next steps when a placement has not been secured.

When permanent housing is not immediately available, ARCH and partners connect households to available emergency shelter, including temporary hotel or motel assistance. These placements address immediate safety needs while work toward permanent housing continues. Housing planning and continued coordination are essential to ensuring temporary shelter serves as a bridge to stable housing.

Through projects such as AUMC's Good News Rapid Rehousing, eligible households receive rental assistance and supportive services to help obtain and maintain permanent housing. The CoC's strategy emphasizes addressing practical barriers to placement, including documentation, locating available units, transportation, and connections to income and benefits. Partner coordination helps connect households to resources that individual projects may not provide directly.

Specialized partnerships support housing access for veterans, survivors of domestic violence, older adults, youth, and individuals transitioning from incarceration. CE identifies additional service needs, and receiving agencies further assess and coordinate appropriate assistance.

To strengthen these efforts, AL-507's plan includes reviewing CE referral progress and HMIS length-of-time-homeless data to identify delays and guide improvements. ARCH and partners will use this information to focus coordination on households experiencing prolonged homelessness and address recurring barriers. The goal is to shorten the time from identification to permanent housing while providing the support needed to sustain that housing.

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?	

You must enter a response for question 2A-7.
Describe how you calculated the data for this response.
(limit 2,500 characters)

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.	04/29/2026
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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	133	27	44	27.50%
2. Safe Haven (SH) beds	0	0	0	0.00%
3. Transitional Housing (TH) beds	34	0	0	0.00%
4. Rapid Re-Housing (RRH) beds	36	0	36	100.00%
5. Permanent Supportive Housing (PSH) beds	0	0	0	0.00%

6. Other Permanent Housing (OPH) beds	0	0	0	0.00%
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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)

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?	No
2.	Do you expect to use at least 50% of the proposed activities/projects in Opportunity Zones Census Tracts?	No

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		
02. 1C-1f. List of CoC Program Projects and Number of Units that require Substance Abuse Treatment	Yes		
03. 1C-3. Language from Project Supportive Service Agreements	Yes		
04. 1C-10. Evidence of Coordination and Non-Interference with Local Efforts to Advance Public Safety	Yes		
05. 1D-1. Local Competition Scoring Tool	Yes		

06. 1D-2c. Local Competition Selection Results	Yes		
07. 2A-8b. FY 2026 HDX Competition Report	Yes	--	09/28/2026
08. 3A-1. HUD-2996 Certification for Opportunity Zone Preference Points	No		
09. 3A-2a. Project List for Other Federal Statutes	No		
10. 3A-DP. Your CoC's Policy or Statement to Advance Recovery	No	AL-507 CoC Statem...	09/28/2026
11. Other	No		

Attachment Details

Document Description:

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Document Description: AL-507 CoC Statement to Advance Recovery

Attachment Details

Document Description:

Submission Summary

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

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



COLLABORATIVE APPLICANT POLICY

AL-507 CoC Statement to Advance Recovery

Alabama Rural Coalition for the Homeless, Inc. (ARCH), Collaborative Applicant
Alabama Balance of State Continuum of Care (AL-507)

HUD REFERENCE

FY 2026 CoC Application, Attachment
3A-DP

APPLIES TO

All CoC-funded housing projects
submitted by AL-507, including
recipients and subrecipients

1 PROHIBITION

AL-507 prohibits all CoC-funded housing projects submitted by the CoC, including their recipients and subrecipients, from:

- operating drug injection sites or "safe consumption sites";
- knowingly distributing drug paraphernalia on or off property under their control; or
- knowingly permitting the use or distribution of illicit drugs on property under their control.

Projects may not conduct, permit, encourage, or allow any of these activities under the pretext of "harm reduction."

2 REMEDIES FOR VIOLATIONS

ARCH, as Collaborative Applicant, will review reported violations and require documented corrective action when violations are substantiated. Remedies may include technical assistance, increased monitoring, corrective action deadlines, and referral to HUD.

Unresolved violations may affect future funding recommendations through the CoC's established review, rating, and ranking process.

3 TREATMENT AND RECOVERY HOUSING

AL-507 encourages the provision of substance use disorder treatment and recovery housing within or outside the CoC's geographic area and supports connecting participants to these resources.

4 SOBRIETY AND TREATMENT PARTICIPATION

AL-507 allows CoC-funded housing projects to require sobriety or participation in treatment as a condition of occupancy or assistance, as permitted under 24 CFR part 578, including sober housing operated in accordance with 24 CFR 578.93(b)(5).

This statement does not itself require sobriety, treatment participation, or termination of assistance following a first violation. Projects must follow applicable program requirements and participant protections.