

# FSS Sample Action Plan

**OVERVIEW:** The FSS Action Plan is a required document that describes the policies and procedures of the public housing agency (PHA) or multifamily property owner (owner) for operation of a local Family Self-Sufficiency (FSS) program. The requirements for the FSS Action Plan, including the procedures for developing and submitting the plan for HUD approval, are described at [24 CFR 984.201](#).

## WHAT DOES THE FSS ACTION PLAN INCLUDE?

In general terms, the FSS Action Plan describes:

- Program size and characteristics of anticipated FSS participants
- Services that the FSS program will offer
- How the FSS program will be administered

See the [FSS Action Plan Checklist](#) for a list of specific items to address in the FSS Action Plan.

**RESOURCES:** This Sample Action Plan is based on the requirements for an FSS Action Plan specified in [24 CFR 984.201](#) and cross-references these regulations and the HUD guidebook, *Administering an Effective Family Self-Sufficiency Program: A Guidebook Based on Evidence and Promising Practices*. Additional resources for PHA-based FSS programs can be found [here](#). Many of these resources are also applicable to FSS programs offered by multifamily owners. Additional resources for multifamily FSS programs can be found [here](#).

**WHO NEEDS AN FSS ACTION PLAN?** Every FSS program (funded or not) must have a HUD-approved FSS Action Plan in order to operate an FSS Program, whether the program is offered by a PHA or a multifamily owner or is a combined program for families served by the PHA and one or more owners.

**ELIGIBLE ENTITIES.** —The following entities are eligible to administer a local FSS program once their Action Plan has been approved:

- A PHA administering housing assistance to or on behalf of an eligible family
- The owner or sponsor of a multifamily property (owner) receiving project-based rental assistance

Each PHA or PBRA project must have its own FSS Action Plan approved by HUD. If an entity manages an FSS program at several sites or if there is a Joint FSS program, you may indicate on the cover page that the Action Plan is essentially identical to *[name the others]* but the demographics and program size sections will be unique to each PHA/project.

**Single action plan.** A PHA/owner should submit one Action Plan that covers all applicable rental assistance programs (Section 8 vouchers, PBRA, Mod Rehab, and public housing) served by the FSS program.

## HOW TO USE THIS DOCUMENT:

- **Left Column: Instructions.** The document has two columns. The left-hand column provides instructions to guide users in completing the Action Plan and a list of policy decisions that need to be made to complete the section.
- **Right Column: Sample Action Plan Text.** The right-hand column contains sample action plan text.
  - FSS programs may adapt this sample text to meet their needs and reflect the specific policies the program elects to adopt. For example, enter the name of the PHA/owner in the spaces marked with “[organization],” surrounded by square brackets, and fill in other information surrounded by square brackets.
  - The sample action plan text includes options to include where there is a choice. Instructions (to be deleted after entering your action plan information) are marked as “Instructions” and highlighted in yellow.
  - Suggested options or choices are marked and are highlighted in blue.
- **Document Structure and Sections.** This Sample Action Plan is organized into sections as a suggestion to help users organize the content. FSS programs have discretion to organize the content differently and use different section titles, so long as it includes all of the required content.
- **Completing Your Action Plan.** To use this Template as your Action Plan, select the policy options that match your policy choices in the right-hand column and delete any options that do not apply to your program. *Delete any instructions or other text in the right-hand column that are not necessary for understanding the document.* The remaining text in the right-hand column will constitute your Action Plan and may be submitted to HUD for approval. There is no need to delete the instructions in the left-hand column before submitting.

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## I. Introduction

<p><b>Instructions:</b> While not required by the applicable regulations, an introduction is recommended to provide an overview of what the document is and what it contains.</p>	<p><b>Introduction</b></p> <p>This document constitutes the Family Self Sufficiency (FSS) Program Action Plan for the FSS program operated by <i>[organization name]</i>. It was submitted to HUD on <i>[date]</i>.</p> <p>The purpose of the FSS Program is to promote the development of local strategies to coordinate the use of HUD assistance with public and private resources in order to enable eligible families to make progress toward economic security.</p> <p>The purpose of the FSS Action Plan is to establish policies and procedures for carrying out the FSS program in a manner consistent with HUD requirements and local objectives.</p> <p>This FSS Action Plan describes the <i>[organization name]</i>'s local polices for operation of the FSS program in the context of federal laws and regulations. The FSS program will be operated in accordance with applicable laws, regulations, notices and HUD handbooks. The policies in this FSS Action Plan have been designed to ensure compliance with all approved applications for HUD FSS funding.</p> <p><b>For PHAs:</b> The FSS program and the functions and responsibilities of PHA staff are consistent with the <i>[organization name]</i>'s personnel policy and Agency Plan.</p>
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## II. Program Objectives

<p><b>Instructions:</b> While not required by the applicable regulations, a section on program objectives can help provide an overall framing for what your FSS program is trying to achieve. Your FSS program is free to adopt whatever local objectives you wish so long as they do not conflict with the federal objectives.</p>	<p><b>Program Objectives</b></p> <p><i>[Organization]</i>'s FSS program seeks to help families make progress toward economic security by supporting the family's efforts to:</p> <ul style="list-style-type: none"> <li>• Increase their earned income</li> <li>• Build financial capability</li> <li>• Achieve their financial goals</li> </ul>
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The federal objectives for the FSS program are specified in 24 CFR 984.102.

### III. Program Size and Characteristics

#### III.A. – Family Demographics

**Instructions.** Describe the characteristics of the families you expect to be served by your FSS program. This information must include data on their race and ethnicity and may also include data on other characteristics.

**Note:** This information is required per 24 CFR § 984.201(d)(1). That section also requires a description of supportive service needs of families expected to be served, which is covered in Section III.B of this sample Action Plan, and how many families are expected to be served, which is covered in Section III.C.

**Description of sample tables**  
Start by indicating which housing assistance programs your FSS program will serve by checking the appropriate boxes.

The sample Action Plan then includes several tables that you

#### Family Demographics

These tables describe the demographics of the population expected to be served by [organization]’s Action Plan.

The FSS program will serve the following housing assistance programs *[check all that apply, and specify details as needed]*:

- Public Housing,
- Housing Choice Vouchers (HCV): Tenant-Based Vouchers
- Housing Choice Vouchers (HCV): Project-Based Vouchers (PBV)
- Housing Choice Vouchers (HCV): HCV Homeownership
- Housing Choice Vouchers (HCV): Other special purpose vouchers (*e.g. FUP, FUP-Y, FYI, VASH, EHV, etc.*) (*Specify:* \_\_\_\_\_)
- Section 8 Moderate Rehabilitation
- Project-Based Rental Assistance (PBRA)
- Other Program (*Specify:* \_\_\_\_\_)

may use to show characteristics of the population expected to be served. If it makes it easier to develop estimates, new FSS programs may assume that FSS participants will be similar to the general population of the PHA or property.

To describe the characteristics of the families your program plans to serve, you may use the tables in the right-hand column and fill them in to provide the appropriate information. You may also modify the tables to specify different ranges or to otherwise reflect the available data. The information requested through the tables should be available on the HUD-50058 or HUD-50059 Family Reports in PIC or TRACS, respectively.

To complete the tables:

- **Ages of Head and Other Adults.** For each row, estimate the share of heads or other adults (as noted) in each age category.
- **Presence and Ages of Children.** For the first row, estimate the percentage of households that have no children under 18. For the

### Ages of Head of Household and Other Adults

	Percent
Ages of Head of Household	
--Head of Household is age 24 years or younger	___%
--Head of Household is age 25 to 50	___%
--Head of Household is age 51 to 61	___%
--Head of Household is age 62 or greater	___%
Ages of Other Adults in Household	
-- Age 24 years or younger	___%
-- Age 25 to 50	___%
-- Age 51 to 61	___%
-- Age 62 or greater	___%

### Presence and Ages of Children

	Percent
Presence and Ages of Children	
--Households that only include adults over age 18	___%
--Households that include one or more child age 13-17	___%
--Households that include children who are all 12 or younger	___%

second row, estimate the percentage of households with one or more child age 13-17. For the third row, estimate the percentage of households that include at least one child age 12 or younger and no children over age 12.

- **Employment Status.** For the first two rows, estimate the share of families whose heads are employed and unemployed. The two rows should add up to 100%. The next two rows show similar information, but for all family members. These two rows should also add up to 100%.
- **Annual Earned Income.** Estimate the share of families within each earned income category.
- **Elderly/Disability Status.** Estimate what share of families have an elderly head or a head with disabilities, and then estimate what share of families include an elderly person or a person with disabilities.
- **Race/ethnicity.** This is a required table. Estimate the racial and ethnic composition

**Employment Status of Population to be Served**

	<b>Percent</b>
Employment Status of Head of Household	
--Families with an employed head	___%
--Families whose head is unemployed	___%
Employment Status of All family members	
--Families with any member that is employed	___%
--Families with no employed member	___%

**Annual Earned Income of Population to be Served**

	<b>Percent</b>
Annual household earnings <\$5,000 per year	___%
Annual household earnings between \$5,000 and \$9,999	___%
Annual household earnings between \$10,000 and \$14,999	___%
Annual household earnings between \$15,000 and \$19,999	___%
Annual household earnings between \$20,000 and \$24,999	___%
Annual household earnings between \$25,000 and \$29,999	___%
Annual household earnings between \$30,000 and \$34,999	___%
Annual household earnings of \$35,000 or higher	___%

of the families to be served by the FSS program. In this table, the percentages in the Non-Hispanic and Hispanic columns should add up to the percentage shown in the Race column. For example, if 50 percent of the expected population to be served consists of White households, and half of these households are expected to be Hispanic, enter 50% in the first column and 25% in each of the next two columns.

**Elderly/Disability Status of Population to be Served**

	<b>Percent</b>
<b>Elderly/Disability Status of Head of Household</b>	
--Head of Household is an elderly person without disabilities	___%
--Head of Household is an elderly person with disabilities	___%
--Head of Household is a non-elderly person without disabilities	___%
--Head of Household is neither an elderly person nor a person with disabilities	___%
<b>Elderly/Disability Status of All Household members</b>	
--Household includes an elderly person without disabilities	___%
--Household includes an elderly person with disabilities	___%
--Household includes a non-elderly person with disabilities	___%
--Household includes no elderly persons or persons with disabilities	___%

**Race and Ethnicity of Population to be Served (required)**

<b>Race</b>	Non-Hispanic	Hispanic
White _____%	___%	___%
Black or African-American _____%	___%	___%
American Indian or Alaska Native _____%	___%	___%
Asian _____%		
Native Hawaiian or other Pacific Islander _____%	___%	___%
Other Race _____%	___%	___%



### III.B – Supportive Services Needs

**Instructions:** Describe in this section the supportive service needs of the families you expect to participate in your FSS program. The sample text provides illustrations of needs to consider. Feel free to adjust this list to reflect the needs you identify. Then indicate how you identified the supportive services needs by checking one or more of the boxes and/or adding your own explanation.

**Note:** 24 CFR § 984.201(d)(1) specifies that FSS Action Plans must include “Family demographics. A description of the number, size, characteristics, and other demographics (including racial and ethnic data), and **the supportive service needs of the families expected to participate in the FSS program**” The characteristics other than supportive service needs are covered above, in Section III.A and the size of the program is covered in Section III.C.

#### **Supportive Services Needs of Families Expected to Participate in FSS**

The following is a list of the supportive service needs of the families expected to enroll in the *[PHA/owner name]* FSS program:

- Training in basic skills and executive function (including household management)
- Employment training, including sectoral training and contextualized and/or accelerated basic skills instruction
- Job placement assistance
- GED preparation
- Higher education guidance and support
- English as a Second Language
- Assistance accessing and paying for child care
- Transportation assistance
- Financial coaching, including assistance with budgeting, banking, credit, debt, and savings
- Access to counseling or treatment for substance abuse and mental health
- Dental care, health care, and mental health care including substance abuse treatment/counseling
- Homeownership readiness

This list of supportive services needs is based on: *(check all that apply)*

- Experience with past FSS or other supportive service program participants
- Input from the PCC or other service provider partners
- A needs assessment completed on *[date]*
- Other: \_\_\_\_\_

### III. C. – Estimate of Participating Families

**Instructions:** Provide an estimate of the number of eligible families who can reasonably be expected to receive services based on available resources.

If you are funded for FSS coordinator positions, by virtue of that funding, you have a minimum number of participants to be served each year. Be sure that your Estimate of Participating Families is at a minimum, the number of participants required by your funding.

Note that if you have not yet fulfilled your Mandatory Program size requirement, your Estimate of Participating Families must be at least the minimum program size required for your agency. For more information, see 24 CFR §984.105 and FSS Guidebook Section 6.6 Minimum FSS Program Size).

#### Estimating Participating Families

You must describe how many families you expect your FSS program will be able to serve at a time and then estimate how many families your program will serve over a five-year period. The sample text includes different options for existing and new programs.

If you are operating an *existing program*, you should use your records to identify how many families enroll per year and add five years of new enrollment to the typical program size to estimate how many families you will serve over five years.

If you are starting a *new program*, you will need to adopt some assumptions about graduation and attrition for other reasons. For example, assume an FSS program has a capacity of 100 families and expects to operate at capacity at all times. If the program expects 50 of those families to graduate in five years (with some families getting an extension) and 10

#### Estimate of Participating Families

Over time, *[organization]* hopes to serve all families who are interested in participating in the FSS Program. The number of spaces available in the program at any given time, however, will be limited by the program's resources, including the number of FSS coordinators funded to work with FSS participants. New families will be admitted to the FSS program as space permits.

**Instructions:** Complete the paragraphs that apply to your FSS program.

**[For Programs receiving HUD FSS Coordinator Funding]** In recent years, the *[organization]* has been funded for *[number]* of coordinators. The minimum number of participants required to be served based on this funding is *[number]*.

**[For existing programs]** Historically, *[organization]*'s FSS program has enrolled *[add number]* new families into the FSS program each year. Accordingly, *[organization]* expects to be able to provide FSS Services to *[add number]* families over a five-year period.

**[For new programs]** During the initial five years of the FSS program, *[organization]* expects to be able to provide FSS services to *[ number]* families. This is based on the assumption that *[number]* families will graduate in this time and *[number]* families will leave the program each year for other reasons, with new families being enrolled as these families exit.

**[PHAs that still have a Mandatory program should include the text below and complete the table]**

**Minimum Program Size.** In accordance with CFR §984.105, the *[organization]* has a remaining FSS program mandate to serve *[number]* families. This is calculated based on the table below. This is our best estimate at this time, and it includes the mandate for both the Public Housing program and the HCV program and counts graduates from both programs.

families to leave the program each year for other reasons, the expected number of families to be served in the first five years is 200 (100 + 50 new enrollees who replace graduates + 50 new enrollees who replace families who leave for other reasons.)

Note that the number of families your FSS program expects to serve is different from the minimum number of families that your FSS program is required to serve under the terms of the Notice of Funding Opportunity that allocated the funds. FSS programs are encouraged to enroll more than the minimum number of families, so long as this is possible without compromising your program's quality.

*If your agency is a PHA with an FSS mandate, you should include the text indicated in the right-hand column and complete the table.*

In accordance with CFR §984.105(c), if the Estimate of Participating Families is smaller than the Minimum Program Size, indicate if you have an exception granted by HUD to run a program smaller than the mandate and when that exception expires.

Original Number of Participants Mandated in both HCV and PH	FSS Graduates	Remaining Mandatory Slots

Therefore, as of the time of preparation of this Action Plan, the *[organization]* expects to be able to serve *[number]* families in the FSS program at any one time.

### III. D – Other Self-Sufficiency Programs

**Instructions:** If you expect families from another self-sufficiency program to enroll in your FSS program, provide estimates of the numbers of these families.

*For PHAs:* If you seek to enroll families in the FSS program that are nearing the end of their eligibility for the Jobs Plus Earned Income Disregard as a way to continue to serve these families, you may wish to describe this approach in this section.

#### Other Self-Sufficiency programs

*Instructions: Select either Option 1 or Option 2, depending on whether or not you plan to enroll families from another self-sufficiency program. Under each option, select the item(s) that apply.*

#### Option 1:

The *[organization]* expects to enroll into FSS families from the self-sufficiency programs checked in the table below.

The sample Action Plan text includes two options – one for FSS programs that expect to enroll families from other self-sufficiency programs and one for FSS programs that do not. Choose the option that best fits your program. If you choose Option 1, check the applicable boxes to indicate which programs are included and, if you have an estimate in mind, indicate the number of families from that program you expect to enroll.

For more information, see 24 CFR §984.201(d)(3) and FSS Guidebook section 2.2 Outreach and Enrollment.

Name of Program	Check box if applicable	Number of Families each year
Family Unification Program - Family	<input type="checkbox"/>	
Family Unification Program – Youth (FUP-Y)	<input type="checkbox"/>	
Foster Youth Initiative (FYI)	<input type="checkbox"/>	
Resident Opportunity and Self-Sufficiency (ROSS)	<input type="checkbox"/>	
Jobs Plus	<input type="checkbox"/>	
Emergency Housing Voucher (EHV)	<input type="checkbox"/>	
Veterans Affairs Supportive Housing (VASH)	<input type="checkbox"/>	
Other:	<input type="checkbox"/>	

**Option 2:**

No families from other self-sufficiency programs are expected to enroll in the FSS program.

#### IV. Family Selection Procedures

**Instructions:** Describe your policies and procedures for selecting FSS participants, including whether your FSS program will offer a preference to prospective participants who are already enrolled in, or on the waiting list for, FSS-related service programs and whether your FSS program plans to screen prospective participants for motivation to participate. (Note that motivation is

#### Family Selection Procedures

##### A. Waiting List

A waiting list will be maintained for families whose applications cannot be accepted at the time of initial application due to program capacity limits. The waiting list will include the name and contact information for the head of household of the applicant family, the date of their application and *[Add any other information helpful for the PHA/Owner to have on hand]*.

##### B. Admissions Preferences

*Instructions: select either Option 1 or Option 2, depending on whether or not you plan to have any preferences for admission to FSS. Under each option, select the item(s) that apply.*

the only allowable screening criteria to include).

**Note:** The maximum number of FSS slots with a selection preference is limited to 50% of the total number of FSS slots.

For any preference your program selects, you must provide the following:

1. Percentage of slots for which your program will give the selection preference
2. If applicable, the FSS related service programs to which your program will give a selection preference
3. The method of outreach to, and selection of, families with one or more members participating in the identified programs
4. How families with the applicable preferences will be selected from the wait list: (a) date and time of application; or (b) a drawing or other random choice technique.

(see 24 CFR 984.203 and FSS Guidebook Section 2.2 Outreach and Enrollment)

**Policy Decisions:** In completing this section, you will need to make the following policy decisions:

**☐ Option 1: No preference:**

The FSS program has not adopted any admissions preferences. Families will be selected based on the following selection method:

<u>Selection Method</u>	<u>Check applicable method</u>
Lottery	<input type="checkbox"/>
Length of time living in subsidized housing	<input type="checkbox"/>
Date the family expressed an interest in participating in the FSS program	<input type="checkbox"/>
Other: <i>[specify]</i>	<input type="checkbox"/>

1. Whether to allow selection preferences. If so, (a) what selection preferences, (b) outreach methods, and (c) selection methods. Start by indicating whether you will utilize any selection preferences by selecting the appropriate option. Then complete the table applicable to that option.  
  
The “% of FSS slots” is a percentage of the whole anticipated program size, as established in III.C (above)
  2. Whether to include a screening for motivation. If so (a) what the screening will entail, and (b) how the FSS program will ensure reasonable accommodations to avoid discrimination. Select the appropriate option.
  3. What families or family members may re-enroll in the FSS program following exit from the program and under what circumstances.
  4. What process to follow for documenting the family’s choice of Head of FSS Family.
- Note:** Your FSS program may use motivational screening factors to screen families interested in participating in the FSS program. You may use these factors to

**☐ Option 2: One or more selection preference(s):**

The FSS program will provide a preference for families who meet each of the preference types identified by a checkmark in the following table. The table shows the percent of FSS slots to which the preference applies, and the outreach and selection methods that will be applied to identify and select the households within each preference category. *[Instructions: For the first preference (if applicable), identify the specific FSS related service programs that will be given preference].*

Check if Applicable	Preference Type	% of FSS Slots	Outreach Method(s)	Identify Selection Method (these are the only two options for selection within a preference, per 24 CFR 984.203(b))
<input type="checkbox"/>	Families already in the following FSS-related service program(s): <i>[specify]</i>			<input type="checkbox"/> Date and time of application to the FSS Program <input type="checkbox"/> A drawing or other random choice technique
<input type="checkbox"/>	Families Porting in			<input type="checkbox"/> Date and time of application to the FSS Program <input type="checkbox"/> A drawing or other random choice technique
<input type="checkbox"/>	FUP-Y/FYI Families that want to take advantage of the Fostering Stable Housing Opportunities (FSHO) Initiative			<input type="checkbox"/> Date and time of application to the FSS Program <input type="checkbox"/> A drawing or other random choice technique
<input type="checkbox"/>	Other Preference:			<input type="checkbox"/> Date and time of application to the FSS Program <input type="checkbox"/> A drawing or other random choice technique

measure a family's interest and motivation to participate in the FSS program.

(see 24 CFR 984.203 and FSS Guidebook Section 2.2 Outreach and Enrollment)

**Note:** This section includes a required statement affirming that the organization will not engage in unlawful discrimination.

### C. Screening for motivation.

*Select either Option 1 or Option 2, depending on whether or not you plan to screen for participant motivation. Under each option, select the item(s) that apply.*

**Option 1:** The *[organization]* will not use any motivational screening factors to measure a family's interest and motivation to participate in the FSS program.

**Option 2:** The *[organization]* will use one or more motivational screening factors to measure the family's interest and motivation to participate in the FSS program. The following screening criteria will be used:

*Instructions: Select which motivational screening you will use, if any.*

**Orientation Session:** The *[organization]* will screen families for motivation to participate in the FSS program by requiring that families who apply to enroll in the FSS program attend an initial orientation session. Each family will be given two opportunities to attend the orientation session and may request accommodation if unable to attend a scheduled orientation session. Accommodations will be offered on a case-by-case basis, depending on the needs of the applicant. Accommodations may include an individually scheduled orientation session, provision of transportation to/from the orientation site, translation services, an alternative location, a virtual orientation session, or allowance and encouragement to bring children to the session, where possible.

**Other Screening Criteria:** *[specify here]*

### D. Compliance with nondiscrimination policies

*[Note: Each FSS Action Plan must include a statement, similar to the one below, that documents the program's intent to comply with applicable anti-discrimination provisions.]*

It is the policy of *[organization]* to comply with all Federal, State, and local nondiscrimination laws and regulations, including but not limited to the Fair Housing Act, the Americans with Disabilities Act, and Section 504 of the Rehabilitation Act of 1973. No person shall be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination under the FSS program on the grounds of race, color, sex, religion, national or ethnic origin, family status, source of income, disability or perceived gender identity and sexual orientation. In addition, *[organization]*'s FSS staff will, upon request, provide reasonable accommodation to persons with disabilities to ensure they are able to take advantage of the services provided by the FSS program (see Requests for Reasonable Accommodations).

The FSS program staff has the primary responsibility to make sure that participants are not discriminated against in the selection process. For families or individuals whose potential enrollment is in question, the FSS coordinators will review the file in the staff review meeting to ensure that non-selection is not based on discriminatory factors before the final decision is made. Applicants will be notified in writing of the reason(s) they were not selected for participation and will have the opportunity to appeal the decision (see Hearing Procedures). At all times, **[organization]** will select families for participation in the FSS program in accordance with FSS Regulations and HUD guidelines.

**E. Re-enrollment of prior FSS participants**

The following previous FSS families will be allowed to re-enroll in **[organization's]** FSS program:

*Instructions: Check which families will be allowed to re-enroll, if any.*

- FSS program graduates **[Specify time since graduation, if applicable]**
- FSS participants who have withdrawn voluntarily **[Specify time since exit, if applicable]**
- Families terminated with escrow disbursement **[Specify time since exit, if applicable]**
- Families involuntarily terminated **[Specify time since exit, if applicable]**
- Family members who were not Heads of FSS Family previously
- No member of previously enrolled families may re-enroll

The following conditions apply to re-enrollment: **[specify]**

*[Specify conditions that apply to re-enrollment, such as the number of times a family may re-enroll, if there must have been a change in employment status, etc.]*

**F. Head of FSS Family**

**[Instruction: FSS Programs are required to allow families to designate the FSS Head of Household. Describe any procedures your program will use to implement this requirement.]**

The head of the FSS family is designated by the participating family. The **[organization]** may make itself available to consult with families on this decision but it is the assisted household that chooses the



	<p>head of FSS family that is most suitable for their individual household circumstances. The designation or any changes by the household to the Head of FSS Family must be submitted to the <b>[organization]</b> in:</p> <p><i>Instructions: check applicable box, depending on how you will document the designation or change to the Head of FSS family.</i></p> <p><input type="checkbox"/> Writing</p> <p><input type="checkbox"/> A form developed by the <b>[organization]</b></p> <p><input type="checkbox"/> Other <b>[specify]</b></p> <p><i>[Specify any additional requirements in how head of FSS family should be documented].</i></p>
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## V. Outreach

<p><b>Instructions:</b> Describe the planned notification and outreach efforts by your FSS program to recruit FSS participants from among eligible families and to provide FSS information to minority and non-minority families.</p> <p>The sample Action Plan lists a number of typical outreach methods. Check the ones that apply to your program and provide details about how you will implement each method, including how often.</p> <p>You should feel free to modify this section to reflect your program's outreach strategy. However, it is recommended that you retain the note at the end of this section which affirms that outreach will comply with all applicable fair housing protections.</p>	<p><b>Outreach</b></p> <p>The <b>[organization]</b> will conduct widespread outreach to encourage enrollment in the FSS program. Outreach efforts will include the activities identified through the checked boxes below: <i>(check all that apply)</i>. Interpreters will be used as needed and clients may contact staff to express interest in person, via our toll-free telephone number or by email.</p> <table border="1" style="width: 100%;"> <thead> <tr> <th style="background-color: yellow;">Outreach Methods</th> <th style="background-color: yellow;">Details, including frequency</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> Posting information about FSS on the <b>[organization]</b>'s website</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Posting FSS program flyers in locations likely to be seen by eligible families</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Providing information about the FSS program during scheduled reexaminations</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Providing information about the FSS program at voucher orientation sessions</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Holding well-publicized information sessions about FSS</td> <td></td> </tr> </tbody> </table>	Outreach Methods	Details, including frequency	<input type="checkbox"/> Posting information about FSS on the <b>[organization]</b> 's website		<input type="checkbox"/> Posting FSS program flyers in locations likely to be seen by eligible families		<input type="checkbox"/> Providing information about the FSS program during scheduled reexaminations		<input type="checkbox"/> Providing information about the FSS program at voucher orientation sessions		<input type="checkbox"/> Holding well-publicized information sessions about FSS	
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(see 24 CFR 984.201(c)6 and FSS Guidebook Section 2.2 Outreach and Enrollment)	<input type="checkbox"/> Providing information about the FSS program to eligible families by mail	
	<input type="checkbox"/> Facebook	
	<input type="checkbox"/> Twitter	
	<input type="checkbox"/> Instagram	
	<input type="checkbox"/> Other <i>[specify]</i>	
<p>Outreach informational material about the FSS Program will include information about:</p> <ul style="list-style-type: none"> <li>• Program overview</li> <li>• Program benefits</li> <li>• Available resources</li> <li>• Participant responsibilities</li> <li>• Program outcomes</li> </ul> <p>Outreach efforts will be targeted equally to all families, using materials in both English and other commonly spoken languages to ensure that non-English and limited English-speaking families receive information and have the opportunity to participate in the FSS Program. In conducting outreach, the <i>[organization]</i> will account for the needs of person with disabilities, including persons with impaired vision, hearing or mobility, and provide effective communications to ensure that all eligible who wish to participate are able to do so.</p>		

## VI. FSS Escrow Account and Other Incentives for Participants

<p><b>Instructions:</b> Describe your FSS program’s policies regarding the escrow account, as well as any other incentives that you intend to offer eligible families to encourage participation in the FSS program.</p> <p>The sample text covers key issues related to escrow program administration, including interim</p>	<p><b>FSS Escrow Account and Other Incentives for Participants</b></p> <p>FSS participants will be eligible to build savings from the FSS escrow account. Key policies and procedures applicable to the FSS escrow account, as well as any additional incentives offered by the <i>[organization]</i>, are described below.</p> <p><b>A. Additional Incentives</b></p> <p><i>[Instructions: Select one of the following options.]</i></p>
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disbursements. While FSS programs are not required to offer interim disbursements, HUD encourages FSS programs to do so as a way of helping families stay on track toward their goals.

(see 24 CFR 984.305 and FSS Guidebook Section 2.2 Outreach and Enrollment for information on incentives. See 24 CFR 984.305(c)2 and 24 CFR 984.305(f)2 respectively for regulations relating to interim disbursement of escrow funds and information relating to forfeited escrow funds and FSS Guidebook Section 5.2 The FSS Escrow Account.)

**Policy Decisions:** In completing this section, you will need to make the following policy decisions:

1. Whether to provide financial incentives to FSS participants (in addition to the escrow account), and, if so, what incentives to provide under what conditions. (Select the appropriate option.)
2. Whether to allow interim disbursements of escrow savings. If so: (a) under what conditions will interim disbursements be permitted (including restrictions on interim disbursements, if any), and (b) what your programs procedures for applying for and

**Option 1.** While the *[organization]*'s FSS program does not provide any other financial incentives for FSS participants, it does provide coaching services, as well as referrals to other service providers, that can be very valuable for FSS program participants.

**Option 2.** The *[organization]*'s FSS program provides the following incentives to FSS participants in addition to the FSS escrow account: *[specify here]*

#### **B. Interim Disbursements**

**Instructions:** select one of the following options:

**Option 1: The *[organization]* will allow for interim disbursements on a case by case basis:**

Families may request an interim disbursement from the escrow account once the FSS family has fulfilled at least one interim goal, in order to pay for specific goods or services that will help the family make progress toward achieving the goals in its Individual Training and Services Plan (ITSP). Requests may be made verbally or in writing. Requests may be made through the term of the Contract of Participation. Examples of potentially eligible activities include, but are not limited to, payments for post-secondary education, job training, credit repair, small business start-up costs, job start-up expenses, and transportation to/from a place of employment. A determination of whether the family qualifies for the requested interim disbursement will be made on a case-by-case basis by the FSS Coordinator and an administrative staff representative of the *[organization]*. The FSS coordinator will first explore options for services and in-kind donations from partners, which must be exhausted before a request for an interim disbursement will be approved.

**Option 2: The *[organization]* will allow for interim disbursements subject to certain specified limitations:**

Families may request an interim disbursement from the escrow account once the FSS family has fulfilled at least one interim goal in order to pay for specific goods or services that will help the family make progress toward achieving the goals in its Individual Training and Services Plan (ITSP). Requests may be made verbally or in writing. Requests may be made through the term of the Contract of Participation. Examples of potentially eligible activities include, but are not limited to, payments for post-secondary education, job training, credit repair, small business start-up costs, job start-up expenses, and transportation to/from a place of employment. Certainly guidelines / limitations apply to interim disbursement requests, as noted in the table below. The FSS Coordinator and an administrative

approving interim disbursements will be. (Three options have been provided. If you select the second option, indicate what guidelines apply to specific expenditure types.)

In your policy, be sure to include

- how a request is made
- by whom
- any limitations on when a request may be made
- eligible activities
- how the request will be reviewed/who will make the determination

3. What are the eligible uses of forfeited escrow funds? (Check the uses that apply to your FSS program.)

In your policy, be sure to include

- how a request is made
- by whom
- any limitations on when a request may be made
- eligible activities
- how the request will be reviewed/who will make the determination

4. .)

staff representative of the **[organization]** will consider requests for interim disbursement in light of these policies and applicable federal requirements.

Specific guidelines / limitations apply to interim disbursement requests for the expenditure types checked in the box below.

Expenditure Type	Guidelines / Limitations
<input type="checkbox"/> Debt repayment	<input type="checkbox"/> Interim disbursements will be allowed for repayment of debt incurred prior to starting the FSS program, but not for debt incurred afterwards <input type="checkbox"/> Head of FSS Household must be engaged in financial coaching and this request must have the support of their financial coach <input type="checkbox"/> Requests will be considered on a case-by-case basis <input type="checkbox"/> An interim disbursement for debt repayment may not exceed x% of the participant's escrow savings. <input type="checkbox"/> Other: <b>[specify]</b> <input type="checkbox"/> Interim disbursements will not be allowed for debt repayment
<input type="checkbox"/> Car purchase	<input type="checkbox"/> Families interested in using an interim disbursement to purchase a car must first ask the PHA for a referral to <b>[add partner name]</b> that provides discounted cars. <input type="checkbox"/> The maximum interim disbursement that will be allowed for a car purchase is: <b>[add]</b> <input type="checkbox"/> Head of FSS Household must be engaged in financial coaching and this request must have the support of their financial coach <input type="checkbox"/> The terms of any car purchase or car loan will be carefully scrutinized to ensure the terms are reasonable. <input type="checkbox"/> Head of FSS Household must submit a budget that includes the ability to cover insurance, gas and savings for maintenance and repair of the vehicle. <input type="checkbox"/> Requests will be considered on a case-by-case basis <input type="checkbox"/> Other: <b>[specify]</b> <input type="checkbox"/> Interim disbursements will not be allowed for car purchase.

**[Add category]**

**[Add category]**

**Option 3: The [organization] will not allow for interim disbursements.**

*C. Uses of forfeited escrow funds.*

*First select one of the following options. If you select the second option, complete the rest of the section. If you select the first option, there is no need to complete the rest of the section.*

**Option 1:** Forfeited escrow funds remaining from terminated participants will be collected in a general fund and may be disbursed evenly among participants in good standing on a regular basis.

**Option 2: Treatment of forfeited FSS escrow account funds.** FSS escrow account funds forfeited by the FSS family (if any) will be used to support FSS participants in good standing. Upon written request from a family, the FSS Coordinator and a member of the PCC will consider the available funds and make a determination.

**[If desired by the organization, add]** The **[organization]** may also initiate a request for the use of forfeited escrow funds.

*Select one of the following options regarding interim disbursements:*

**Option 1:** At the discretion of the FSS coordinator, forfeited escrow funds may be considered in lieu of an interim escrow disbursement.

**Option 2:** Forfeited escrow funds may not be considered as a substitute for an interim escrow disbursement.

**Option 3:** Other: **[specify]**

**Complete the sections below.**

Forfeited FSS escrow funds may be deployed:

- Any time during the term of a household's CoP
- Within [####] days of CoP execution
- No more than [####] days prior to the scheduled expiration of CoP

Use of forfeited escrow funds for eligible uses (described below) may be requested by:

- [The organization]**
- Head of the FSS family
- Non-head FSS family members

Eligible uses of forfeited escrow funds include, but are not limited to:

**Instructions: check the box of any eligible expenses you plan to allow as eligible use for forfeited escrow account funds. You may wish to use the same Expenditures and Guidelines/Limitations for Forfeited Escrow that you use for Interim Disbursements but you are not required to do so.**

Eligible Uses	Guidelines / Limitations
<input type="checkbox"/> Purchasing a vehicle	<input type="checkbox"/> Families interested in using a forfeited escrow funds to purchase a vehicle must first receive a referral to <b>[add partner name]</b> that provides discounted vehicles. <input type="checkbox"/> The maximum forfeited escrow fund amount that will be allowed for a vehicle purchase is: <b>[add]</b> <input type="checkbox"/> Head of FSS Household must be engaged in financial coaching and this request must have the support of their financial coach

	<input type="checkbox"/> The terms of any vehicle purchase or vehicle loan will be carefully scrutinized to ensure the terms are reasonable. <input type="checkbox"/> Head of FSS Household must submit a budget that includes the ability to cover insurance, gas and savings for maintenance and repair of the vehicle. <input type="checkbox"/> Requests will be considered on a case-by-case basis <input type="checkbox"/> Other: <b><i>[specify]</i></b>
<input type="checkbox"/> Child Care	<input type="checkbox"/> Requests will be considered on a case-by-case basis <input type="checkbox"/> Other: <b><i>[specify]</i></b>
<input type="checkbox"/> Training for participants	<input type="checkbox"/> Requests will be considered on a case-by-case basis <input type="checkbox"/> Other: <b><i>[specify (e.g., categories of training permitted)]</i></b>
<input type="checkbox"/> Employment or Educational Costs, including: <input type="checkbox"/> Employment training <input type="checkbox"/> Employment preparation (e.g., interview training, professional clothing, etc.) <input type="checkbox"/> Education costs (books, fees, uniforms, tools, etc.)	<input type="checkbox"/> Head of FSS Household must be engaged in financial coaching and this request must have the support of their financial coach <input type="checkbox"/> Household member receiving funding support must be engaged in financial coaching and this request must have the support of their financial coach <input type="checkbox"/> Requests will be considered on a case-by-case basis <input type="checkbox"/> Other: <b><i>[specify]</i></b>
<input type="checkbox"/> Training for FSS Program staff	<input type="checkbox"/> Requests for funding must be approached by <b><i>[entity (e.g., the PCC)]</i></b> <input type="checkbox"/> Other: <b><i>[specify]</i></b>
<input type="checkbox"/> Other:	<input type="checkbox"/> <b><i>[Add Guidelines/Limitations]</i></b>

## VII. Family Activities and Supportive Services

<p><b>Instructions:</b> Describe the activities and supportive services to be provided to FSS families by both public and private providers and identify the public and private resources which are expected to provide the supportive services.</p> <p>(see FSS Guidebook Section 3.3 Referrals to Service Providers)</p> <p>Check the categories of services and the specific services that your program plans to make available to families through referrals and indicate the source or partner for that service.</p> <p>The sample Action Plan describes the coaching/case management services provided to families in the next Section.</p>	<p><b>Family Activities and Supportive Services</b></p> <p>As described in the next section, all families participating in the FSS program will benefit from coaching that helps them identify and achieve goals that the family selects. Drawing on partners on the program coordinating committee and relationships with other service providers, the coaches will provide referrals as needed to help FSS participants access appropriate services to help them achieve their goals:</p> <p><i>Instructions: Check the box next to the name of service categories and specific services for which you will provide referrals. Feel free to add additional rows to describe other services.</i></p>															
<table border="1"> <thead> <tr> <th data-bbox="611 576 1005 657"><b>Supportive Service Category</b></th> <th data-bbox="1005 576 1524 657"><b>Specific Service</b></th> <th data-bbox="1524 576 1890 657"><b>Source/Partner</b></th> </tr> </thead> <tbody> <tr> <td data-bbox="611 657 1005 820"> <input type="checkbox"/> <b>Assessment</b> </td> <td data-bbox="1005 657 1524 820"> <input type="checkbox"/> Vocational Assessment Educational  <input type="checkbox"/> Assessment Disability Assessment  <input type="checkbox"/> Disability Other specialized assessments                 </td> <td data-bbox="1524 657 1890 820"></td> </tr> <tr> <td data-bbox="611 820 1005 992"> <input type="checkbox"/> <b>Child Care</b> </td> <td data-bbox="1005 820 1524 992"> <input type="checkbox"/> Infant Care / Toddler Care Preschool Care  <input type="checkbox"/> Afterschool Care  <input type="checkbox"/> Homework Assistance                 </td> <td data-bbox="1524 820 1890 992"></td> </tr> <tr> <td data-bbox="611 992 1005 1138"> <input type="checkbox"/> <b>Transportation</b> </td> <td data-bbox="1005 992 1524 1138"> <input type="checkbox"/> Bus passes  <input type="checkbox"/> Assistance with car repairs  <input type="checkbox"/> Assistance with car purchase                 </td> <td data-bbox="1524 992 1890 1138"></td> </tr> <tr> <td data-bbox="611 1138 1005 1320"> <input type="checkbox"/> <b>Education</b> </td> <td data-bbox="1005 1138 1524 1320"> <input type="checkbox"/> High School Equivalency/GED  <input type="checkbox"/> English as a Second Language  <input type="checkbox"/> Post-secondary certificates  <input type="checkbox"/> Advanced Degrees                 </td> <td data-bbox="1524 1138 1890 1320"></td> </tr> </tbody> </table>	<b>Supportive Service Category</b>	<b>Specific Service</b>	<b>Source/Partner</b>	<input type="checkbox"/> <b>Assessment</b>	<input type="checkbox"/> Vocational Assessment Educational <input type="checkbox"/> Assessment Disability Assessment <input type="checkbox"/> Disability Other specialized assessments		<input type="checkbox"/> <b>Child Care</b>	<input type="checkbox"/> Infant Care / Toddler Care Preschool Care <input type="checkbox"/> Afterschool Care <input type="checkbox"/> Homework Assistance		<input type="checkbox"/> <b>Transportation</b>	<input type="checkbox"/> Bus passes <input type="checkbox"/> Assistance with car repairs <input type="checkbox"/> Assistance with car purchase		<input type="checkbox"/> <b>Education</b>	<input type="checkbox"/> High School Equivalency/GED <input type="checkbox"/> English as a Second Language <input type="checkbox"/> Post-secondary certificates <input type="checkbox"/> Advanced Degrees		
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	<input type="checkbox"/> <b>Skills Training</b>	<input type="checkbox"/> Training in Executive Function <input type="checkbox"/> Basic Skills Training <input type="checkbox"/> Emerging Technologies Training <input type="checkbox"/> <input type="checkbox"/> Biomedical Training (including CNA, phlebotomy, x-ray and other tech, etc.) <input type="checkbox"/> On-the-Job Training <input type="checkbox"/> Apprenticeships <input type="checkbox"/> Skilled Labor training	
	<input type="checkbox"/> <b>Job Search Assistance</b>	<input type="checkbox"/> Resume Preparation <input type="checkbox"/> Interviewing Skills <input type="checkbox"/> Dress for Success <input type="checkbox"/> Workplace Skills <input type="checkbox"/> Job Development <input type="checkbox"/> Job Placement	
	<input type="checkbox"/> <b>Micro and Small Business Development</b>	<input type="checkbox"/> Small business development services <input type="checkbox"/> Small business Mentoring <input type="checkbox"/> Entrepreneurship Training	
	<input type="checkbox"/> <b>Health/Mental Health Care</b>	<input type="checkbox"/> Alcohol and Drug Abuse Prevention <input type="checkbox"/> Alcohol and Drug Abuse Treatment <input type="checkbox"/> Primary care <input type="checkbox"/> Dental services <input type="checkbox"/> Mental Health Services <input type="checkbox"/> Health Insurance Advising	
	<input type="checkbox"/> <b>Crisis Services</b>	<input type="checkbox"/> Crisis Assessment <input type="checkbox"/> Crisis Intervention <input type="checkbox"/> Crisis Management <input type="checkbox"/> Crisis Resolution	

	<input type="checkbox"/> <b>Child/Adult Protective Services</b>	<input type="checkbox"/> Needs Assessment <input type="checkbox"/> Case Planning <input type="checkbox"/> Information Referral	
	<input type="checkbox"/> <b>Household Management</b>	<input type="checkbox"/> Training in Household Management	
	<input type="checkbox"/> <b>Homeownership Preparation</b>	<input type="checkbox"/> Homeownership Education <input type="checkbox"/> Housing Counseling <input type="checkbox"/> Downpayment Assistance <input type="checkbox"/> Other Homeownership Assistance	
	<input type="checkbox"/> <b>Financial Empowerment</b>	<input type="checkbox"/> Financial education <input type="checkbox"/> Financial coaching <input type="checkbox"/> Banking services <input type="checkbox"/> Training in money management	
	<input type="checkbox"/> <b>Individual Development Accounts</b>	<input type="checkbox"/> Matched Savings Accounts	
	<input type="checkbox"/> <b>Legal Services</b>	<input type="checkbox"/> Legal Services	
	<input type="checkbox"/> <b>Debt Resolution &amp; Credit Repair</b>	<input type="checkbox"/> Assistance negotiating the resolution of past-due debt	
	<input type="checkbox"/> Other: <b>[identify]</b>		

## VIII. Method of Identifying Family Support Needs and Delivering Appropriate Support Services

<p><b>Instructions:</b> Describe how your FSS program will identify the needs of participating families and deliver the appropriate supportive services. (see FSS Guidebook Section 3.3 Referrals to Service Providers)</p> <p><b>Policy Decisions:</b> In completing this section, you will need to make the following policy decisions:</p> <ol style="list-style-type: none"><li>1. What approaches and procedures you will use to identify family needs for support services.</li><li>2. How your program will approach coaching or case management (See FSS Guidebook Chapter 3 Case Management/Coaching for recommendations and best practices).</li><li>3. Whether to provide services referrals to families who have completed their FSS contracts of participation. (Select the option that applies. See 24 CFR 984.303(e)2 for relevant regulations)</li></ol>	<p><b>Method of Identifying Family Support Needs and Delivering Appropriate Support Services</b></p> <p><b>A. Identifying Family Support Needs</b></p> <p>To help determine the supportive services needs of each family, the FSS coordinator will work with the family to complete an initial informal needs assessment for that family before completion of the initial Individual Training Service Plan (ITSP) and signing of the contract of participation. After enrollment in the FSS program, the FSS coordinator may make referrals to partner agencies for completion of one or more formal needs assessments. These assessments may focus on such issues as: employment readiness and employment training needs, educational needs related to secondary and post-secondary education, financial health, and other topics, depending on the needs and interests of the family.</p> <p>The formal assessments may lead to adjustments to the Individual Training Service Plan, if requested by the family.</p> <p><b>B. Delivering Appropriate Support Services</b></p> <p><i>[Note: Adapt the description below based on the program approach selected by the FSS program and fully describe how the coach or case manager will help families achieve their goals.]</i></p> <p><b>Coaching.</b> All families who participate in the FSS program will be assigned an FSS coordinator who will provide coaching services to help each participating family to:</p> <ul style="list-style-type: none"><li>• Understand the benefits of participating in the FSS program and how the program can help the family achieve its goals.</li><li>• Identify achievable, but challenging interim and final goals for participation in the FSS program, break down the goals into achievable steps and accompany the family through the process.</li><li>• Identify existing family strengths and skills.</li><li>• Understand the needs that the family has for services and supports that may help the family make progress toward their goals.</li><li>• Access services available in the community through referral to appropriate service providers.</li></ul>
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	<ul style="list-style-type: none"> <li>• Overcome obstacles in the way of achieving a family’s goals.</li> </ul> <p><b>C. Transitional supportive service assistance.</b></p> <p><i>[FSS programs have the option of providing continued services to families that complete their contracts using non-restricted funds. Select one of these options:]</i></p> <p><input type="checkbox"/> <b>Option 1:</b> Families that have completed their CoP and remain in assisted housing may request assistance with referrals to service providers in order to continue their progress toward economic security. Subject to limitations on staff capacity, <i>[organization]</i> will try to help these families with appropriate referrals. The time spent on these referrals will not be covered by funds designated by HUD to support the FSS program.</p> <p><input type="checkbox"/> <b>Option 2:</b> No assistance or referrals will be available to families who have completed their CoP contracts.</p>
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## IX. Contract of Participation

<p><b>Instructions:</b> You are not required by regulation to include a section on the Contract of Participation (CoP) in the FSS Action Plan. However, such a section may help you explain to readers what the Contract is and how your program will implement it.</p> <p>In addition, the sample Action Plan addresses in this section several of the policies referenced under “optional additional information” in 24 CFR 984.201(d)(13) the FSS Rule.</p> <p>(see 24 CFR 984.103 (CoP Effective date), 24 CFR 984.303(c) (Term of CoP),</p>	<p><b>Contract of Participation</b></p> <p>All families enrolled in the FSS program will be required to sign a Contract of Participation (CoP) that includes an Individual Training and Services Plan (ITSP). This section describes the contents of the CoP and the <i>[organization]</i>’s policies and practices regarding the CoP.</p> <p><b>A. Form and content of contract</b></p> <p><i>[The content of this paragraph is determined by HUD regulation found at 24 CFR 984.303(b)(1) and should not be changed (except to add your organization’s name). The wording may be adjusted, so long as content is not changed substantively].</i></p> <p>The CoP, which will incorporate one ITSP for each participating member of the family, sets forth the principal terms and conditions governing participation in the FSS program. These include the rights and responsibilities of the FSS family and of the <i>[organization]</i>, the services to be provided to, and the activities to be completed by, each adult member of the FSS family who elects to participate in the program.</p>
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<p>24 CFR 984.303(d) (Extensions of CoP),</p> <p>24 CFR 984.303(f) (Modification of the CoP),</p> <p>24 CFR 984.303(g) (Completion of the CoP) and</p> <p>24 CFR 984.304(d) (Contract of Participation Extension).</p> <p><b>Policy Decisions:</b> In completing this section, you will need to make the following policy decisions:</p> <ol style="list-style-type: none"> <li>1. Whether and under what circumstances to grant extensions of FSS CoPs.</li> <li>2. Acceptable methods for documenting completion of CoPs. (Select the appropriate option.)</li> <li>3. Timing limitations (if any) on when participants may modify their ITSPs. (Select the appropriate option.)</li> <li>4. Policies on the consequences of non-compliance with the terms of the CoP.</li> </ol>	<p><b>B. ITSP goals</b></p> <p><i>[The content of this paragraph is determined by HUD regulation found at 24 CFR 984.303(b)(2) and should not be changed (except to add your organization’s name). The wording may be adjusted, so long as content is not changed substantively].</i></p> <p>Each individual’s ITSP will establish specific interim and final goals by which the <b>[organization]</b> and the family will measure the family’s progress towards fulfilling its obligations under the CoP. For any FSS family that is a recipient of welfare assistance at the outset of the CoP or that receives welfare assistance while in the FSS program, the <b>[organization]</b> will establish as a final goal that every member of the family become independent from welfare assistance before the expiration of the CoP. The ITSP of the head of FSS family will also include as a final goal that they seek and maintain suitable employment. The FSS coordinator will work with each participating individual to identify additional ITSP goals that are relevant, feasible and desirable. Any such additional goals will be realistic and individualized.</p> <p><b>C. Determination of suitable employment</b></p> <p><i>[Instruction: the language in this paragraph is determined by HUD regulation and should not be changed (except to add your organization’s name)]</i></p> <p>As defined in the FSS regulations (24 CFR 984.303(4)(iii)), a determination of what constitutes “suitable employment” for each family member with a goal of seeking and maintaining it will be made by the <b>[organization]</b>, with the agreement of the affected participant, based on the skills, education, job training and receipt of other benefits of the family member and based on the available job opportunities within the community.</p> <p><b>D. Contract of Participation term and extensions</b></p> <p><i>[Instruction: the language in this paragraph is determined by HUD regulation and should not be changed (except to add your organization’s name)]</i></p> <p>The CoP will go into effect on the first day of the month following the execution of the CoP. The initial term of the CoP will run the effective date through the five-year anniversary of the first reexamination of income that follows the execution date. Families may request up to two one-year extensions and are required to submit a written request that documents the need for the extension. <b>[Organization]</b> will grant the extension if it finds that good cause exists to do so. In this context, good cause means:</p>
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- (i) Circumstances beyond the control of the FSS family, as determined by the **[organization]**, such as a serious illness or involuntary loss of employment;
- (ii) Active pursuit of a current or additional goal that will result in furtherance of self-sufficiency during the period of the extension (e.g. completion of a college degree during which the participant is unemployed or under-employed, credit repair towards being homeownership ready, etc.) as determined by the **[organization]** or
- (iii) Any other circumstances that the **[organization]** determines warrants an extension, including **[add any specific policies on extension, as applicable]**.

**E. Completion of the contract**

**[Instruction: the language in this paragraph is determined by HUD regulation and should not be changed (except to add your organization's name)]**

The CoP is completed, and a family's participation in the FSS program is concluded when the FSS family has fulfilled all its obligations under the CoP, including all family members' ITSPs, on or before the expiration of the contract term. The family must provide appropriate documentation that each of the ITSP goals has been completed. The **[organization]** will accept the following form of verification for completion of the ITSP goals:

**Instructions: select either Option 1, 2, or 3 depending on how you plan to document/verify completion of ITSP goals.**

**Option 1:** The **[organization]** will accept self-certification to document completion of ITSP goals.

**Option 2:** The **[organization]** will require third party verification to document completion of ITSP goals.

**Option 3:** The **[organization]** will require a combination of self-certification and third-party verification to document completion of ITSP goals.

**Add any pertinent policy language.**

**F. Modification**

The *[organization]* and the FSS family may mutually agree to modify the CoP with respect to the ITSP and/or the contract term, and/or designation of the head of FSS household. All modifications must be in writing and signed by the *[organization]* as well as the Head of FSS Family.

The *[organization]* will allow for modifications to the CoP under the following circumstances:

*[Select all that apply]*

- When the modifications to the ITSP improve the participant’s ability to complete their obligations in the CoP or progress toward economic self-sufficiency
- When the designated head of the FSS family ceases to reside with other family members in the assisted unit, and the remaining family members, after consultation with the *[organization]*, designate another family member to be the FSS head of family
- When a relocating family is entering the FSS program of a receiving *PHA* and the start date of the CoP must be changed to reflect the date the new CoP is signed with the receiving *PHA*
- Other: *[specify]*

*Instructions: select one of the following options, depending on when you will allow modifications of the CoP:*

- Option 1:** The *[organization]* will allow modifications at any time during the term of the CoP
- Option 2:** The *[organization]* will not allow modifications if the CoP is within *[fill in]* days from the end of the term.
- Option 3:** The *[organization]* will not allow modifications of the CoP.

	<p><b>G. Consequences of noncompliance with the contract</b></p> <p><i>[The organization should also indicate the consequences of noncompliance with the contract. Review the sample language and modify if needed.]</i></p> <p>Participant non-compliance with the CoP may result in termination from the FSS program. See policies on Involuntary Termination in Section X(A).</p>
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## X. Program Termination, Withholding of Services, and Available Grievance Procedures

<p><b>Instructions:</b> Describe your FSS program’s policies for terminating or withholding supportive services or FSS participation for failure to comply with the Contract of Participation. Include a description of the grievance and hearing procedures available to FSS families.</p> <p>(See 24 CFR 984.201(d)(9) and FSS Guidebook Section 2.3 Contract of Participation and Individual Training and Services Plan)</p> <p><b>Policy Decisions:</b> In completing this section, you will need to make the following policy decisions:</p> <ol style="list-style-type: none"> <li>1. Your FSS program’s approaches and procedures assessing and executing involuntary termination from the FSS program.</li> <li>2. Your FSS program’s policy on voluntary terminations.</li> </ol>	<p><b>Program Termination</b></p> <p><b>A. Involuntary Termination</b></p> <p><i>[Instructions: Review and adjust this sample policy as needed to reflect your organization’s policy on involuntary terminations.]</i></p> <p>The <b>[organization]</b> may involuntarily terminate a family from FSS under the following circumstances:</p> <ol style="list-style-type: none"> <li>I. If the participant fails to meet their obligations under the Contract of Participation, the Individual Training and Services Plan and related documentation. Non-compliance includes: <ol style="list-style-type: none"> <li>i. Missing scheduled meetings, failure to return phone calls, and/or maintain contact after written notification of non-compliance</li> <li>ii. Failure to work on activities and/or goals set forth in the Individual Training and Services Plan, including employment activities</li> <li>iii. Failure to complete activities and/or goals within the specified time frames; and/or</li> </ol> </li> <li>II. If the participant’s housing assistance has been terminated.</li> </ol> <p>Participants who fail to meet their obligations under paragraph I above, as determined by an FSS coordinator, will be given the opportunity to attend a required meeting with the FSS Coordinator or assigned <b>[organization]</b> representative to review the situation. At this meeting, a review of the Contract of Participation, Individual Training and Services Plan, , and all related documentation will be conducted, and amendments will be made as necessary (within HUD guidelines) to allow for changes in circumstances. Failure to contact the FSS Coordinator to schedule this meeting within fourteen (14)</p>
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3. Your FSS program's grievance procedures, including timelines, modes of communication, settings, and individuals involved.

days of a written request by the FSS program to set up this a meeting or failure by the FSS Head of Household to attend this meeting without some type of correspondence to clarify the issue(s), may lead to termination from the program. The FSS Coordinator will also attempt to contact the participant via phone, text, in person and/or email prior to the review meeting. Participants who remain out of compliance after this meeting will be subject to termination from the FSS program.

If the initial meeting does not resolve the problem, or if the meeting is not requested by the family within the required period, notification of termination will be made to the family by letter stating:

1. The specific facts and reasons for termination;
2. A statement informing the family of their right to request an informal hearing and the date by which this request must be received (see *Grievance Procedures*);
3. A statement informing the family that termination from the FSS program for the reasons stated therein will not result in termination of the family's housing assistance. Failure to request a hearing in writing by the deadline will result in closure of the family's FSS file and all rights to a hearing will be waived. All escrow money held on the family's behalf will be forfeited in accordance with HUD regulations. Housing assistance will not be terminated based on non-compliance with the FSS program. The current amount of escrow in the family's escrow account will be included in the letter.

#### **B. Voluntary Termination**

*[Instructions: Review and adjust this sample policy as needed to reflect your organization's policy on voluntary terminations.]*

Participants may also be terminated from the FSS program under the following circumstances:

- Mutual consent of both parties; and/or
- The family's withdrawal from the program.

### C. Termination with Escrow Disbursement

*[Note: these policies are required by FSS regulations (see 24 CFR 984.303(k))]*

In most cases, families whose FSS contracts are terminated will not be entitled to disbursement of their accrued FSS escrowed funds. However, the CoP will be terminated with FSS disbursement when one of the following situations occurs:

- (i) Services that the **[organization]** and the FSS family have agreed are integral to the FSS family's advancement towards self-sufficiency are unavailable.
- (ii) The head of the FSS family becomes permanently disabled and unable to work during the period of the contract, unless the **[organization]** and the FSS family determine that it is possible to modify the contract to designate a new head of the FSS family.
- (iii) An FSS family in good standing moves outside the jurisdiction of the PHA (in accordance with portability requirements at 24 CFR §982.353) for good cause, as determined by the PHA, and continuation of the CoP after the move, or completion of the CoP prior to the move, is not possible.

### D. Grievance Procedures

*[Instructions: Review the sample text below on grievance procedures and adjust to match your organization's policies. For PHA's: You may wish to simply repeat the grievance policies in your PHA Plan, as applicable.]*

All requests for an informal hearing must be received by **[organization]** Coordinator within fourteen (14) business days of the date of the FSS termination letter. If a hearing is requested by the FSS family, notification to the family regarding the date, time, and location of the informal hearing will be made by mail.

Persons included in the informal hearing shall include, but not be limited to:

- The FSS head of household;
- The FSS Coordinator; and
- **[Organization]** staff members, other than FSS program staff, serving as the Hearing Officer

All participants have the right to obtain legal representation and provide their witnesses.

The family may request to reschedule a hearing for good cause, or if it is needed as reasonable accommodation for a person with disabilities. Good cause is defined as an unavoidable conflict which seriously affects the health, safety, or welfare of the family. Requests to reschedule a hearing must be made in writing within (5) days prior to the hearing date.

	<p><b>[Optional Alternative Text on Grievances for PHAs]:</b> <i>[PHA Name]</i>'s PHA Plan details the <i>[PHA Name]</i>'s Grievance Procedures (See <i>[PHA Plan section reference or page number]</i>).</p> <p><i>[Note: At their discretion, PHA/Owner may request documentation of the "good cause" prior to rescheduling the hearing—if so, this requested documentation should be specified in the action plan].</i></p> <p>If the family does not appear at the scheduled time and was unable to reschedule the hearing in advance due to the nature of the emergency, the family must contact the <i>[organization]</i> within 24 hours of the scheduled hearing date, excluding weekends and holidays. <i>[Organization]</i> will then reschedule the hearing. The Hearing Officer will issue a written decision to the family within ten (10) business days after the hearing. The decision made by the Hearing Officer will be final. The <i>[organization]</i> reserves the right to overturn the Hearing Officer's decision only in the event that the decision is contrary to the organization's written policies.</p>
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## XI. Assurance of Non-Interference

<p><b>Instructions:</b> Include a statement here that provides an assurance that a family's election not to participate in the FSS program will not affect the family's participation in the rental assistance program.</p> <p>(see FSS Guidebook Section 1.2 What is FSS and Why is it Important?)</p>	<p><b>Assurance of Non-Interference</b></p> <p><i>Instructions: This section and language (with the exception of organization's name and program name, which will vary) is required and should not vary substantively.</i></p> <p>Participation in the FSS Program is voluntary. A family's decision on whether to participate in FSS will have no bearing on the <i>[organization]</i>'s decision of whether to admit the family into the <i>[add program name]</i> program. The family's housing assistance will not be terminated based on whether they decide to participate in FSS, their successful completion of the CoP, or on their failure to comply with FSS program requirements.</p> <p><i>[Organization]</i> will ensure that the voluntary nature of FSS program participation is clearly stated in all FSS outreach and recruitment efforts.</p>
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## XII. Timetable

<p><b>Instructions:</b> Provide a schedule for program implementation and for filling all FSS slots with eligible FSS families.</p> <p>Separate options have been provided for FSS programs that have already started or have not yet started.</p> <p>(see FSS Guidebook Section 2.2 Outreach and Enrollment)</p>	<p><b>Timetable</b></p> <p><i>Instructions: select either Option 1 or Option 2, depending on whether you are rolling out a new FSS program or you have an existing program.</i></p> <p><input type="checkbox"/> <b>Option 1:</b> <i>[Organization]</i> implemented its FSS program in <i>[year]</i> and will continue to implement it per this FSS Action Plan.</p> <p><input type="checkbox"/> <b>Option 2:</b> <i>[Organization]</i> will be implementing its FSS program in the following timeline: <i>[Adjust exact timing depending on the program's plans]</i></p> <p><u>Program Begins</u> The FSS program will commence operation as soon as the <i>[organization]</i> has received notification of HUD's approval of the Action Plan.</p> <p><u>Program Coordinating Committee</u> Within 90 days after the program begins, a Program Coordinating Committee (PCC) will be formed and will begin meeting. The Committee will continue to meet monthly for the next twelve months. Thereafter, meetings will be quarterly. Additional special meetings will occur as needed.</p> <p><u>Outreach</u> Within 90 days of program launch, outreach efforts will commence, as described above in the Outreach section.</p> <p><u>Participant Selection</u> Candidates who respond to the outreach efforts will be selected in accordance with the selection procedures described above. The first FSS program participants are expected to be enrolled within 120 days of program launch.</p> <p><u>Contract Execution</u> Contracts of Participation will be executed with selected participants on a rolling basis. The first Contracts of Participation are expected to be completed within 6 months of program launch.</p>
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	<p><u>Full Enrollment</u> The FSS program expects to reach full capacity within <i>[X]</i> months of program launch. (See discussion above of the number of participants expected to be served. Note that generally for funded programs, the program is required to be serving the minimum number of participants within one year.)</p> <p><u>Program Maintenance</u> The FSS program expects to operate at full capacity thereafter, subject to normal fluctuations related to families leaving and entering the program.</p>
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### **XIII. Reasonable Accommodations, Effective Communications, and Limited English Proficiency**

<p><b>Instructions:</b> Reasonable accommodations and effective communications for persons with disabilities are required by federal law. While there is no specific requirement in the program regulations to describe in the FSS Action Plan the agency’s policy on reasonable accommodations and effective communications, inclusion of this section in the Action Plan can be helpful for reinforcing the commitment of the PHA/owner to these important policies. The sample plan also describes the agency’s commitment to meeting the needs of people with Limited English Proficiency.</p>	<p><b>Reasonable Accommodations, Effective Communications and Limited English Proficiency Requirements</b></p> <p><i>[Instructions: All three of these policies are required by HUD and are not specific to FSS. However, organizations may adopt different procedures for implementing them. Adjust the sample procedures below as needed.]</i></p> <p><b>Requests for Reasonable Accommodations</b></p> <p>A person with disabilities may request reasonable accommodations to facilitate participation in the FSS program. Requests will be considered on a case-by-case basis.</p> <p>Requests should be made initially to the FSS coordinator. If a family is not satisfied with the FSS Coordinator’s response, the family may submit a request in writing in accordance with the agency’s reasonable accommodations policy. The policy is available online at <i>[location]</i>.</p> <p><b>Request for Effective Communications</b></p> <p>A person with disabilities may request the use of effective communication strategies in order to facilitate participation in the FSS program. Examples include: appropriate auxiliary aids and services, such as interpreters, computer-assisted real time transcription (CART), captioned videos with audible video description, visual alarm devices, a talking thermostat, accessible electronic communications and websites, documents in alternative formats (e.g., Braille, large print), or assistance in reading or completing a form, etc.</p> <p>Requests should be made initially to the FSS coordinator. If a family is not satisfied with the FSS Coordinator’s response, the family may submit a request in writing in accordance with the agency’s effective communications policy. The policy is available online at <i>[location]</i>.</p>
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	<p><b>Limited English Proficiency</b></p> <p>The <i>[organization]</i> will comply with HUD requirements to conduct oral and written communication related to the FSS program in languages that are understandable to people with Limited English Proficiency. For more information, see the Limited English Proficiency policy available online at <i>[location]</i>.</p>
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## XIV. Coordination of Services

*[NOTE: There are separate tables below for PHAs and multifamily owners]*

### XIV.A Coordination of Services (PHAs only)

<p><b>Instructions:</b> Certify that the development of the services and activities scheduled to be provided under the FSS program has been coordinated with public and private providers, including with programs under title I of the Workforce Innovation and Opportunity Act 29 U.S.C. 3111 et seq and other relevant employment, child care, transportation, training, education, and financial empowerment programs in the area. In this certification, you should further specify that implementation will continue to be coordinated with these local public and private providers to avoid duplication of services.</p> <p><b>Note:</b> PHAs should include here a description of the Program Coordinating Committee. (This provision does not apply to multifamily owners.)</p>	<p><b>Coordination of Services</b></p> <p><b>A. Certification of Coordination</b></p> <p><i>[Instructions: Certification of coordination is required per 24 CFR 984.201(d)(12). The text of the certification below is closely adapted from the regulatory text. You may modify the language of the certification so long as it satisfies the requirements of the Rule.]</i></p> <p>Development of the services and activities under the FSS program has been coordinated with programs under title I of the Workforce Innovation and Opportunity Act 29 U.S.C. 3111 et seq., and other relevant employment, child care, transportation, training, education, and financial empowerment programs in the area. Implementation will continue to be coordinated, in order to avoid duplication of services and activities.</p> <p><b>B. Program Coordinating Committee</b></p> <p><i>[Instructions: PHAs are required to have a PCC. Feel free to adopt this sample description to reflect your PCC practices.]</i></p> <p>The principal vehicle for ensuring ongoing coordination of services is the program coordinating committee (PCC), which has been established in accordance with FSS regulations to assist in securing commitments of public and private resources for the operation of the FSS Program. Among other responsibilities, the PCC will help the FSS program to identify and build strong referral relationships with providers of supportive services that meet the needs of FSS participants. The PCC will also be consulted in developing program policies and procedures.</p>
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<p>(See 24 CFR 984.201(d)12, 24 CFR 984.202 and FSS Guidebook Sections 3.3 Referrals to Service Providers and 6.1 Building Partnerships)</p>	<p>The PCC will meet <b>[identify frequency]</b> and may conduct business on an as-needed basis via email or telephone conferences. The PCC includes the following representatives:</p> <ol style="list-style-type: none"> <li>1. One or more FSS Program Coordinators</li> <li>2. One or more participants from each HUD rental assistance program served by the FSS program.</li> <li>3. Representatives from a variety of agencies and individuals, which include but are not limited to the following:</li> </ol> <p style="text-align: center;"><b>&lt;&lt;insert names and agencies&gt;&gt;</b></p>
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#### XIV.B Coordination of Services (Multifamily owners only)

<p><b>Instructions:</b> Provide a statement indicating whether there is an existing PCC that serves the area where the property is located.</p> <p>If there is an existing PCC where the property is located, provide a statement indicating whether it is available for you to work with.</p> <p><b>Note:</b> If your FSS program has made good-faith attempts to reach out to the existing PCC about joining and has received an unfavorable response/no response, then the existing PCC is not considered available.</p> <p>If there is a PCC that is available for your program to work with, provide a statement indicating whether your program will work with the existing PCC or start your own.</p>	<p><b>Coordination of Services</b></p> <p><i>[Instructions: select either Option 1, Option 2, Option 3, Option 4 or Option 5 depending on how you plan to handle coordination with any PCC operating in the area. Under each option, select the item(s) that apply].</i></p> <p><input type="checkbox"/> <b>[Option 1]</b></p> <p>The <b>[add name]</b> PCC serves the area in which the <b>[add property name]</b> is located and the PCC and the owner have agreed that the PCC will work with the owner to coordinate the provision of services.</p> <p><input type="checkbox"/> <b>[Option 2]</b></p> <p>The <b>[add name]</b> PCC serves the area in which the <b>[add property name]</b> is located but is not available to work with the owner to coordinate the provision of services. The <b>[organization]</b> will therefore establish its own PCC, as described below.</p> <p><input type="checkbox"/> <b>[Option 3]</b></p> <p>The <b>[add name]</b> PCC serves the area in which the <b>[add property name]</b> is located but is not available to work with the owner to coordinate the provision of services. In lieu of establishing its own PCC, the <b>[organization]</b> will coordinate services as follows: <b>[describe here]</b></p> <p><input type="checkbox"/> <b>[Option 4]</b></p>
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If there is NO existing PCC that is available for your FSS program to join, provide a statement indicating whether you plan to start your own.

**Note:** If there is no available PCC, your program is not required to start its own but is encouraged to do so. If you choose not to start a PCC, HUD encourages you to develop an alternative approach allowing you to get regular feedback from service providers and FSS participants.

(See 24 CFR 984.202, and FSS Guidebook Sections 3.3 Referrals to Service Providers and 6.1 Building Partnerships)

**Policy Decision:**

1. Whether you will use a PCC or an alternative method of coordinating services and how the PCC/coordination process will work.

No existing, available PCC serves the area in which the *[add property name]* is located. The *[organization]* will therefore establish its own PCC, as described below.

**[Option 5]**

No existing, available PCC serves the area in which the *[add property name]* is located. In lieu of establishing its own PCC, the *[organization]* will coordinate services as follows: *[describe here]*

**Program Coordinating Committee**

*[Complete this section if you plan to work with an existing PCC or establish your own PCC. Feel free to modify the sample policy as needed. If you do not plan to work with a PCC, delete this section.]*

The principal vehicle for ensuring ongoing coordination of services is the program coordinating committee (PCC), which has been established to assist in securing commitments of public and private resources for the operation of the FSS Program. Among other responsibilities, the PCC will help the FSS program to identify and build strong referral relationships with providers of supportive services that meet the needs of FSS participants. The PCC will also be consulted in developing program policies and procedures.

The PCC will meet *[identify frequency]* and may conduct business on an as-needed basis via email or telephone conferences. The PCC includes the following representatives:

1. One or more FSS Program Coordinators
2. One or more participants from the *[property name]*
3. Representatives from a variety of agencies and individuals, which include but are not limited to the following:

*<<insert names and agencies>>*



## XV. FSS Portability (Applicable to HCV Only)

**Instructions:** While not specifically required by the federal program regulations, it can be helpful to include a section describing how the program will approach portability.

(see 24 CFR 984.306 and FSS Guidebook Section 6.7 Portability in the FSS Program)

**Policy Decisions:** In completing this section, you will need to make the following policy decision:

1. Whether your FSS program will allow portability in the first 12 months of enrollment.
2. Under what circumstances your FSS program will accept FSS participants porting into your FSS program from another jurisdiction's FSS program.
3. Under what circumstances your FSS program will agree to a family porting into your agency's jurisdiction to remain in the initial agency's FSS program (provided that the initial PHA agrees to retain the family in its program and demonstrates that the family meets conditions under 24 CFR 984.306(b)1 to fulfill its

### Portability

#### A. Portability in initial 12 months

*[Select one of the following options or add your own option about how you plan to address this issue]*

**Option 1:** While *[organization]* is not required to allow FSS participants to exercise portability within the initial 12 months after signing a CoP, it is the policy of *[organization]* to allow for portability within this period to the extent feasible.

**Options 2:** FSS participants may not exercise portability within the initial 12 months after signing a CoP.

#### B. Moves into the PHA's jurisdiction

*[Adjust this sample policy as needed.]*

If an FSS participant moves into the PHA's jurisdiction, they will be admitted in good standing into the *[organization]*'s FSS program unless the *[organization]* is already serving the number of FSS families identified in this FSS Action Plan and determines that it does not have the resources to manage the FSS contract.

Regardless of whether *[organization]* is able to receive an incoming family from another jurisdiction into the FSS program, *[organization]* will agree to allow and support porting families to remain in their initial PHA's FSS program after porting housing vouchers if the initial PHA requests that the family remain in the initial FSS program and can demonstrate the family is able to fulfill its responsibilities under the initial CoP, the move in jurisdictions notwithstanding.

#### C. FSS termination with disbursement for porting families

*[Adjust this sample policy as needed.]*

If an FSS family seeks to move to a jurisdiction that does not offer an FSS program, the *[organization]* will closely examine the family's progress to determine if it would be appropriate to exercise FSS Termination with Disbursement as discussed above in the section on Termination.

<p>responsibilities under the initial CoP).</p>	<p><i>[Note that the policy below is required under 24 CFR 984.306(b)2]</i></p> <p>Where continued FSS participation is not possible, <i>[organization]</i> will discuss the options that may be available to the family, depending on the family's specific circumstances, which may include, but are not limited to, modification of the FSS contract, termination of the FSS contract and forfeiture of escrow, termination with FSS escrow disbursement in accordance with 24 CFR § 984.303(k)(1)(iii), or locating a receiving PHA that has the capacity to enroll the family into its FSS program.</p>
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## XVI. Other Policies

<p><b>Instructions:</b> Describe any other FSS program-related policies over which your program has discretion that are not covered above.</p> <p>The Sample Action Plan lists the local discretionary policies specifically identified under the section “optional additional information” in 24 CFR 984.201(d)13 and specifies in which section of this sample action plan each is included. Including a table like this one in your Sample Action Plan will make it easier to find policies that could be included under more than one heading.</p>	<p><b>Other Policies</b></p> <p><i>[For each of the following policies, provide a cross-reference to where the policy is addressed in the Action Plan and/or describe the policy below.]</i></p>														
	<table border="1"> <thead> <tr> <th data-bbox="625 769 1249 818"><b>Policy</b></th> <th data-bbox="1255 769 1892 818"><b>Where Addressed in Plan</b></th> </tr> </thead> <tbody> <tr> <td data-bbox="625 818 1249 899">(i) Policies related to the modification of goals in the ITSP;</td> <td data-bbox="1255 818 1892 899">Section IX Contract of Participation</td> </tr> <tr> <td data-bbox="625 899 1249 980">(ii) The circumstances in which an extension of the Contract of Participation may be granted</td> <td data-bbox="1255 899 1892 980">Section IX: Contract of Participation</td> </tr> <tr> <td data-bbox="625 980 1249 1094">(iii) Policies on the interim disbursement of escrow, including limitations on the use of the funds (if any)</td> <td data-bbox="1255 980 1892 1094">Section VI: FSS Escrow Account and Other Incentives for Participants</td> </tr> <tr> <td data-bbox="625 1094 1249 1175">(iv) Policies regarding eligible uses of forfeited escrow funds by families in good standing</td> <td data-bbox="1255 1094 1892 1175">Section VI: FSS Escrow Account and Other Incentives for Participants</td> </tr> <tr> <td data-bbox="625 1175 1249 1305">(v) Policies regarding the re-enrollment of previous FSS participants, including graduates and those who exited the program without graduating</td> <td data-bbox="1255 1175 1892 1305">Section IV. Family Selection Procedures</td> </tr> <tr> <td data-bbox="625 1305 1249 1382">(vi) Policies on requirements for documentation for goal completion;</td> <td data-bbox="1255 1305 1892 1382">Section IX: Contract of Participation</td> </tr> </tbody> </table>	<b>Policy</b>	<b>Where Addressed in Plan</b>	(i) Policies related to the modification of goals in the ITSP;	Section IX Contract of Participation	(ii) The circumstances in which an extension of the Contract of Participation may be granted	Section IX: Contract of Participation	(iii) Policies on the interim disbursement of escrow, including limitations on the use of the funds (if any)	Section VI: FSS Escrow Account and Other Incentives for Participants	(iv) Policies regarding eligible uses of forfeited escrow funds by families in good standing	Section VI: FSS Escrow Account and Other Incentives for Participants	(v) Policies regarding the re-enrollment of previous FSS participants, including graduates and those who exited the program without graduating	Section IV. Family Selection Procedures	(vi) Policies on requirements for documentation for goal completion;	Section IX: Contract of Participation
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	(vii) Policies on documentation of the household's designation of the "Head of FSS Household;	Section IV. Family Selection Procedures
	(viii) Policies for providing an FSS selection preference for porting families (if the PHA elects to offer such a preference)	Section IV: Family Selection Procedures
	<p><b>A. Other Policies</b></p> <p><i>[List any other policies adopted by the FSS program not described above.]</i></p>	

## XVII. Definitions

**Instructions:** You may find it useful to include a definitions section at the end of your FSS Action Plan. These definitions are excerpted from a longer list of definitions in 24 CFR 984.103.

### Definitions

The definitions below are specified in CFR 24 984.103. The terms 1937 Act, Fair Market Rent, Head of Household, HUD, Public Housing, Public Housing Agency (PHA), Secretary, and Section 8, as used in this part, are defined in 24 CFR Part 5.

*Certification* means a written assertion based on supporting evidence, provided by the FSS family or the *[organization]*, as may be required under this part, and which:

- (1) Shall be maintained by the *[organization]* in the case of the family's certification, or by HUD in the case of the PHA's or owner's certification;
- (2) Shall be made available for inspection by HUD, the *[organization]*, and the public, as appropriate; and,
- (3) Shall be deemed to be accurate for purposes of this part, unless the Secretary or the *[organization]*, as applicable, determines otherwise after inspecting the evidence and providing due notice and opportunity for comment.

*Contract of Participation (CoP) means* - a contract, in a form with contents approved by HUD, entered into between an FSS family and a *[organization]* operating an FSS Program that sets forth the terms and conditions governing participation in the FSS Program. The CoP includes all Individual Training and Services Plans (ITSPs) entered into between the *[organization]* and all members of the family who will participate in the FSS Program, and which plans are attached to the CoP as exhibits. For additional detail, see § 984.303.

*Effective date of Contract of Participation (CoP)* - means the first day of the month following the date in which the FSS family and the PHA entered into the CoP.

*Eligible families* means current residents of Public Housing (Section 9) and current Section 8 program participants, as defined in this section, including those participating in other local self-sufficiency programs.

*Enrollment* means the date that the FSS family entered into the CoP with the *[organization]*.

*Family Self-Sufficiency (FSS) Program* means the program established by a PHA within its jurisdiction or by an owner to promote self-sufficiency among participating families, including the coordination of supportive services to these families, as authorized by section 23 of the 1937 Act.

*FSS escrow account (or, escrow)* means the FSS escrow account authorized by section 23 of the 1937 Act, and as provided by § 984.305.

*FSS escrow credit* means the amount credited by the *[organization]* to the FSS family's FSS escrow account.

*FSS family* means a family that resides in Public Housing (Section 9) or receives Section 8 assistance or receives HUD Project-Based Rental Assistance for a privately owned property, and that elects to participate in the FSS Program, and whose designated adult member (head of FSS family), as determined in accordance with § 984.303(a), has signed the CoP.

*FSS family in good standing* means, for purposes of this part, an FSS family that is in compliance with their FSS CoP; has either satisfied or are current on any debts owed the **[organization]**; and is in compliance with the regulations regarding participation in the relevant rental assistance program.pro

*FSS related service program* means any program, publicly or privately sponsored, that offers the kinds of supportive services described in the definition of “supportive services” set forth in this § 984.103.

*FSS slots* - refers to the total number of families (as determined in the Action Plan and, for mandatory programs, in § 984.105 of this part) that the PHA will serve in its FSS Program.

*FSS Program Coordinator* means the person(s) who runs the FSS program. This may include (but is not limited to) performing outreach, recruitment, and retention of FSS participants; goal setting and case management/coaching of FSS participants; working with the community and service partners; and tracking program performance.

*FY* means Federal Fiscal Year (starting October 1 and ending September 30, and year designated by the calendar year in which it ends).

*Head of FSS family* means the designated adult family member of the FSS family who has signed the CoP. The head of FSS family may, but is not required to be, the head of the household for purposes of determining income eligibility and rent.

*Individual Training and Services Plan (ITSP)* means a written plan that is prepared by the **[organization]** in consultation with a participating FSS family member (the person with, for, and whom the ITSP is being developed), and which sets forth:

- (1) The final and interim goals for the participating FSS family member;
- (2) The supportive services to be provided to the participating FSS family members;
- (3) The activities to be completed by that family member; and,
- (4) The agreed upon completion dates for the goals and activities.

Each ITSP must be signed by the **[organization]** and the participating FSS family member, and is attached to, and incorporated as part of the CoP. An ITSP must be prepared for each adult family member who elects to participate in the FSS Program, including the head of FSS family who has signed the CoP.

*Owner* means the owner of multifamily assisted housing.

*Self-sufficiency* means that an FSS family is no longer receiving Section 8, Public Housing assistance, or any Federal, State, or local rent or homeownership subsidies or welfare assistance. Achievement of self-sufficiency, although an FSS program objective, is not a condition for receipt of the FSS escrow account funds.

*Supportive services* mean those appropriate services that a **[organization]** will coordinate on behalf of an FSS family under a CoP, which may include, but are not limited to:

- (1) *Childcare*—childcare (on an as-needed or ongoing basis) of a type that provides sufficient hours of operation and serves an appropriate range of ages;
- (2) *Transportation*—transportation necessary to enable a participating FSS family member to receive available services, or to commute to their place(s) of employment;
- (3) *Education*—remedial education; education for completion of high school or attainment of a high school equivalency certificate; education in pursuit of a post-secondary degree or certificate;
- (4) *Employment Supports*—job training, preparation, and counseling; job development and placement; and follow-up assistance after job placement and completion of the CoP;
- (5) *Personal welfare*—substance/alcohol abuse treatment and counseling, and health, dental, mental health and health insurance services;
- (6) *Household management*—training in household management;
- (7) *Homeownership and housing counseling*—homeownership education and assistance and housing counseling;
- (8) *Financial Empowerment*—training in financial literacy, such as financial coaching, training in financial management, asset building, and money management, including engaging in mainstream banking, reviewing and improving credit scores, etc.;
- (9) *Other services*—any other services and resources, including case management, optional services, and specialized services for individuals with disabilities, that are determined to be appropriate in assisting FSS families to achieve economic independence and self-sufficiency. Reasonable accommodations and modifications must be made for individuals with disabilities consistent with HUD requirements, including HUD’s legal obligation to make reasonable modifications under Section 504 of the Rehabilitation Act.

*Welfare assistance* means (for purposes of the FSS program only) income assistance from Federal, (i.e. Temporary Assistance for Needy Families (TANF) or subsequent program) State, or local welfare programs and includes only cash maintenance payments designed to meet a family’s ongoing basic needs. Welfare assistance does not include:

- (1) Nonrecurrent, short-term benefits that:
  - (i) Are designed to deal with a specific crisis or episode of need;
  - (ii) Are not intended to meet recurrent or ongoing needs; and,
  - (iii) Will not extend beyond four months.
- (2) Work subsidies (i.e., payments to employers or third parties to help cover the costs of employee wages, benefits, supervision, and training);

- (3) Supportive services such as childcare and transportation provided to families who are employed;
- (4) Refundable earned income tax credits;
- (5) Contributions to, and distributions from, Individual Development Accounts under Temporary Assistance for Needy Families (TANF);
- (6) Services such as counseling, case management, peer support, childcare information and referral, financial empowerment, transitional services, job retention, job advancement, and other employment-related services that do not provide basic income support;
- (7) Amounts solely directed to meeting housing expenses;
- (8) Amounts for health care;
- (9) Supplemental Nutrition Assistance Program and emergency rental and utilities assistance;
- (10) Supplemental Security Income, Social Security Disability Income, or Social Security; and
- (11) Child-only or non-needy TANF grants made to or on behalf of a dependent child solely on the basis of the child's need and not on the need of the child's current non-parental caretaker.