

APPENDIX 8

PHA/RMC/AME:

FYE:

Date:

INDICATOR #7. RESIDENT SERVICES AND COMMUNITY BUILDING

This indicator examines the PHA's efforts to deliver quality customer services and to encourage partnerships with residents, resident organization, and the local community, including non-PHA service providers.

PHAs with fewer than 250 units or 100% elderly developments will not be assessed under this indicator unless they so request it.

Does PHA have fewer than 250 units or 100% elderly developments?

☐ Yes ☐ No

If PHA has fewer than 250 units, did the PHA choose to be assessed under this indicator at the time of PHMAP certification submission?

☐ Yes ☐ No

Information from the Certification Form/IBS:

1. Component #1, Economic Uplift and Self-Improvement:

Has PHA Board, by resolution, adopted one or more economic uplift and self-improvement programs?

☐ Yes ☐ No

Percentage of family occupied developments where PHA has implemented these programs:

_____ %

Does the PHA monitor performance and issue reports concerning progress?

☐ Yes ☐ No

2. Component #2, Resident Organization:

Can PHA document that it recognizes RCs and has a system of interaction with and supports resident councils (RCs)?

☐ Yes ☐ No

If no RCs exists, can PHA document it has encouraged the formation of RCs?

☐ Yes ☐ No

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Indicator #7, continued:

Information from the Certification Form/IBS, Continued:

3. Component #3, Resident Involvement:

Does PHA Board, by resolution, support

resident representation on the Board and committees?

☐ Yes ☐ No

Do residents have input into:

☐ Modernization/development (required)

☐ Yes ☐ No

☐ Security

☐ Yes ☐ No

☐ Resident programs

☐ Yes ☐ No

☐ Relocation

☐ Yes ☐ No

☐ Maintenance

☐ Yes ☐ No

☐ Operating budget

☐ Yes ☐ No

☐ Screening/occupancy

☐ Yes ☐ No

4. Component #4, Resident Program Management:

Does PHA administer HUD-funded special programs?

☐ Yes ☐ No

Did PHA request to be assessed for non-HUD funded programs?

☐ Yes ☐ No

Percentage of goals met under implementation plan(s):

_____ %

Sources: Board minutes; program goals; brochures; letters; residents.

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Component #1, Economic Uplift and Self-Improvement.

This component assesses all programs that the PHA has HUD-funding to implement and credit for implementing programs through partnerships.

Verification Questions

Yes *No N/A

1. Did the PHA choose to be assessed under non-HUD funded programs?

2. Review Board minutes; has the PHA passed a Board resolution(s) supporting:

☐ Section 3

Date of resolution:

Date of Board minutes:

☐ Homeownership

Date of resolution:

Date of Board minutes:
 Resident education
 Date of resolution:
 Date of Board minutes:
 Resident management
 Date of resolution:
 Date of Board minutes:
 Resident training
 Date of resolution:
 Date of Board minutes:
 Child care/Head Start
 Date of resolution:
 Date of Board minutes:
 Job placement
 Date of resolution:
 Date of Board minutes:
 Resident business and micro-
 enterprise development
 Date of resolution:
 Date of Board minutes:
 Youth mentoring/Safe Havens
 Date of resolution:
 Date of Board minutes:
 Family Self-Sufficiency coordination
 Date of resolution:
 Date of Board minutes:

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Component #1, Continued:

Verification Questions		Yes	No*	N/A
_	On-site health facilities/screening			
	Date of resolution:			
	Date of Board minutes:			
_	Elder care/services coordination			
	Date of resolution:			
	Date of Board minutes:			
_	Other			
	Date of resolution:			
	Date of Board minutes:			
_	Other			
	Date of resolution:			
	Date of Board minutes:			
_	Other			
	Date of resolution:			
	Date of Board minutes:			
_	Other			
	Date of resolution:			
	Date of Board minutes:			

- ☐ Other -
Date of resolution:
Date of Board minutes:
- ☐ Other
Date of resolution:
Date of Board minutes:

3. Was the resolutions in effect during the assessment year?

4. Review program outreach and publicity:

- ☐ Brochures
- ☐ Leaflets
- ☐ Notices
- ☐ Published announcements/press media
- ☐ Recruitment
- ☐ Surveys
- ☐ Program/intake events/meetings
- ☐ Electronic media

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Component #1, Continued:

Verification Questions

5. Does this information identify the services available at specific locations, addresses and telephone numbers?
Yes ☐ No

☐

6. Program participation documentation:

- ☐ Graduation numbers or rates: _____
- ☐ Training attendance: _____
- ☐ Job placement number or rates: _____
- ☐ Management business contracts: _____
- ☐ Child care enrollment: _____
- ☐ Home visit reports: _____
- ☐ Other

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Component #1, Continued:

Verification Questions

7. List programs by development and number of family occupied units with programs:

Occupied	Type of	# Fam.
Development	Program	Units
W/Programs		

8. Calculation of percentage of family occupied unit with programs:

a. Total number of family occupied units:	_____
b. Total number of family occupied units with programs:	_____
c. Percentage of family occupied units with programs implemented (divide 6b by 6a):	_____ %

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Component #1, Continued:

Verification Questions	Yes	No*	N/A
9. Do the PHA's monitoring reports outline activities and progress during the assessment year, including the number of residents receiving services and the number of residents employed under these programs?			
10. List performance monitoring reports by development:			
Residents	Date	# Residents	
Development	Reports	Receiving	#
	Issued	Services	Employed

11. Has the management function of component #1 been assumed by an RMC/AME?

12. Modification/exclusion requests:

* All "No" answers should be explained below or attached.

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Component #2. Resident Organization.

This component examines the level of recognition, communication and collaboration with and support for resident councils or the formation of resident councils.

Verification Questions	Yes	*No	N/A
1. Review Board minutes; has the PHA passed a Board resolution(s) or other statement that:			
- Formally recognizes RCs?			
- Including a system of communication and collaboration with RCs?			
- Supports existing RCs?			
Date of resolution/statement:			
Date of Board minutes:			
2. Was the resolution(s)/statement in effect during the assessment year?			
3. Communication and collaboration:			
- Can PHA document regular meetings between PHA representatives and resident groups?			
- Monthly meetings between PHA representative and RC representatives?			
- Suggestion boxes in PHA development offices?			
- Joint monitoring of resident programs?			
- Other:			
- Other:			
4. Can PHA document provision of in-kind services for RCs or residents?			
- Office space?			
- Use of copying machine?			
- Office supplies?			
- Use of community room for regular meetings and activities?			
- Training for resident officers immediately following an election?			
- Full-time PHA Resident Services Coordinator?			
- Other:			
- Other:			

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Component #2, Continued:

Verification Questions	Yes	No*	N/A
5. Encouragement for the formation of RCs:			
- Date(s) of PHA sponsored training for resident leaders:			

- Date(s) of PHA sponsored resident elections:
 - PHA staff assigned to community organizing efforts:
 - Listing of written material inviting residents to meet to organize an RC:
 - Date(s) of RC organizational meeting minutes:
 - Does an attendance list of meeting(s) called to organize RCs exist in PHA files? List developments where PHA encouraged formation of RCs:
6. Has the management function of component #2 been assumed by an RMC/AME?
7. Modification/exclusion requests:
- * All "No" answers should be explained below or attached.

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Component #3, Resident Involvement.

This component examines the amount of resident involvement on the Board and committees, and resident input into the plans and management of the PHA.

Verification Questions		Yes	*No	N/A
1.	Review Board minutes; has the PHA passed a Board resolutions) that provides for resident representation on the Board and committees?			
	Date of resolution(s):			
	Date of Board minutes:			
2.	Was the resolution(s) in effect during the assessment year?			
3.	Is there evidence that the PHA has implemented measures that ensure resident input in policy development and planning for:			
	<input type="checkbox"/> Modernization/development (required)			
	<input type="checkbox"/> Screening/occupancy			
	<input type="checkbox"/> Relocation			
	<input type="checkbox"/> Operating budget			
	<input type="checkbox"/> Security			

|_ | Resident programs
|_ | Maintenance

4. Is there resident representation on the Board?
5. Date(s) of letter from the Board to the local appointing officials) asking for the appointment of a resident to the Board:

Date(s) of letters from the Board to residents inviting participation on the Board:

Date(s) of the appointment of a resident to the Board by the local appointing authority:

Name(s) of resident Commissioner(s):

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Component #3, Continued:

- | | Verification Questions | Yes | No* | N/A |
|-----|---|-----|-----|-----|
| 6. | If there is no resident representation on the Board, is there evidence that the PHA has made genuine efforts to have resident representation? | | | |
| 7. | Is there evidence that residents have been invited to serve as members of PHA committees or advisory boards? | | | |
| 8. | Date(s) of minutes of Board meeting showing the appointment of a resident as a non-voting advisory member: | | | |
| | Date(s) of minutes of Board committee meetings stating attendance by residents: | | | |
| | Evidence of special projects carried out jointly by the PHA and a resident group(s): | | | |
| 9. | Is there evidence of public hearings to obtain resident input? | | | |
| 10. | Date(s) of minutes of Board meeting requesting resident representation at a public hearing(s): | | | |
| | Date(s) of notice(s) published and/or posted to announce a public hearing(s): | | | |
| | Date(s) of minutes of the public hearing(s): | | | |
| | Date(s) of letters from residents regarding the | | | |

Date(s) of minutes from meetings of resident organizations pertaining to the scheduled public hearing:

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Component #4. Resident Programs Management.

Verification Questions	Yes	*No	N/A
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- | Program | Goal | Goal Met |
|---------|------|----------|
|---------|------|----------|

[illegible]

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

Total Goals/Goals Met:

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Component #4, Continued:

- | Verification Questions | Yes | No* | N/A |
|--|-----|-----|--------|
| 3. Calculation of percentage of goals met: | | | |
| a. Total number of goals included in implementation plan(s): | | | _____ |
| b. Total number of goals met by the PHA: | | | _____ |
| c. Percentage of goals met (divide 3b by 3a): | | | _____% |
| 4. Has the management function of component #4 been assumed by an RMC/AME? | | | |
| 5. Modification/exclusion requests: | | | |
| * All "No" answers should be explained below or attached. | | | |

Summary

Component #1, Economic Uplift and Self-Improvement:
Initial Grade: _____ Confirmed Grade: _____

Component #2, Resident Organization:
Initial Grade: _____ Confirmed Grade: _____

Component #3, Resident Involvement:
Initial Grade: _____ Confirmed Grade: _____

Component #4, Resident Program Management:
Initial Grade: _____ Confirmed Grade: _____

Overall Indicator:
Initial Grade: _____ Confirmed Grade: _____

Reviewer:

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