Before Starting the CoC Application

You must submit all three of the following parts in order for us to consider your Consolidated Application complete:

1. the CoC Application,
2. the CoC Priority Listing, and
3. all the CoC's project applications that were either approved and ranked, or rejected.

As the Collaborative Applicant, you are responsible for reviewing the following:

1. The FY 2026 CoC Program Competition Notice of Funding Opportunity (NOFO) for specific application and program requirements.
2. The FY 2026 CoC Application Detailed Instructions which provide additional information and guidance for completing the application.
3. All information provided to ensure it is correct and current.
4. Responses provided by project applicants in their Project Applications.
5. The application to ensure all documentation, including attachment are provided.

Your CoC Must Approve the Consolidated Application before You Submit It
- 24 CFR 578.9 requires you to compile and submit the CoC Consolidated Application for the FY 2026 CoC Program Competition on behalf of your CoC.
- 24 CFR 578.9(b) requires you to obtain approval from your CoC before you submit the Consolidated Application into e-snaps.

1A. Continuum of Care (CoC) Identification

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants; and
- Frequently Asked Questions

1A-1. CoC Name and Number: IL-506 - Joliet, Bolingbrook/Will County CoC

1A-2. Collaborative Applicant Name: United Way of Will County

1A-3. CoC Designation: CA

1A-4. HMIS Lead: United Way of Will County

1B. Coordination and Engagement–Accountable Structure and Participation

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

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- Frequently Asked Questions

1B-1.	Accountable Structure and Participation.	

	In the chart below for the period from June 1, 2025 to May 31, 2026:
1.	select 'Yes' or 'No' in the chart below if the entity listed participated in CoC meetings or select 'Nonexistent' if the entity does not exist in your CoC's geographic area, and
2.	enter the number of persons on the board for each category where you answered 'Yes' in the Participated in CoC Meetings column.

You must click Save at the bottom of the form before entering the number of persons for each category where you answered 'Yes'.

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

17.	State Government Staff/Official(s)	Yes	0
18.	State or Local Elected Public Official(s)	Yes	0
19.	Local Jail(s)	No	
20.	Mental Health Service Organization(s)	Yes	1
21.	Mental Illness Advocate(s)	Yes	1
22.	Organization(s) led by and serving people with disabilities	Yes	0
23.	Other homeless subpopulation advocate(s)	Yes	2
24.	Other nonprofit homeless assistance provider(s)	Yes	0
25.	Other social service provider(s)	Yes	0
26.	Public Housing Agencies	Yes	0
27.	Recovery Housing or Sober Living Provider(s)	Yes	0
28.	School Administrators/Homeless Liaison(s)	Yes	0
29.	School District(s)	Yes	0
30.	Street Outreach Team(s)	Yes	0
31.	Substance Abuse Advocate(s)	Yes	1
32.	Substance Abuse Service Organization(s)	Yes	1
33.	Universities	Yes	0
34.	Veteran Serving Organization(s)	Yes	1
35.	Agencies Serving Survivors of Human Trafficking	Yes	1
36.	Victim Service Provider(s)	Yes	1
37.	Domestic Violence Advocate(s)	Yes	1
38.	Other Victim Service Organization(s)	Yes	0
39.	State Domestic Violence Coalition	No	
40.	State Sexual Assault Coalition	No	
41.	Youth Advocate(s)	Yes	0
42.	Youth Homeless Organization(s)	Yes	0
43.	Youth Service Provider(s)	Yes	0
44.	Other Homeless Assistance Provider(s)	Yes	0
45.	Local Business or Chamber of Commerce or a Member of a Business Improvement District	Yes	0
	Other: (limit 50 characters)		
46.			
47.			

1B-2.	Open Invitation for New Members.	

Describe your CoC's transparent process (e.g., communicated to the public on the CoC's website) to invite new members to join the CoC at least annually.

(limit 2,500 characters)

The Will County Continuum of Care invites new members to join at any time throughout the year and annually issues a public invitation to individuals and organizations within the CoC geographic area. The invitation is communicated through the CoC website and distributed to the CoC email listserv, providing a transparent opportunity for interested parties to participate. Individuals who attend at least one CoC meeting during the calendar year are considered members in good standing and receive CoC information, including meeting notices, minutes, reports, and other updates.

1B-3.	CoC's Strategy to Solicit and Consider Opinions on Preventing and Ending Homelessness.	

Describe your CoC's transparent process (e.g., communicated to the public on the CoC's website) to solicit and consider opinions regarding the CoC's general performance, strategies, and priority setting process from a broad array of individuals and organizations that have knowledge of homelessness or an interest in preventing or ending homelessness in the CoC's geographic area.

(limit 2,500 characters)

The Will County CoC is a collaborative network working to end homelessness across Will, Kendall, and Grundy Counties, a geographic area covering 1,576 square miles encompassing Rural, Suburban and Urban spaces.

The CoC official structure is the Board and its committees: Executive Committee with no conflicted members, Consumer Leadership, Plan to End Homelessness (strategies, implementation oversight, and capacity development), Governance, HMIS (data standards and improvement), and Ranking (performance evaluation). The Continuum Taskforce to End Homelessness overs CES and our By Name lists taskforce. All of these identify needs of the clients, system and community. Committees outreach/recruit new members to gain input. Minutes are maintained. Progress is reported to the CoC Board. We host regular virtual, hybrid, and in person listening sessions.

These efforts included the Faith Leadership Challenge; State of Homelessness Briefing with local, state, and federal lawmakers; Listening Sessions with State Elected Officials and Faith Communities; Cross-Systems Planning Session with Behavioral Health and Substance Use Recovery partners; Law Enforcement Listening Session; Public Data-Informed Program Design Workshop; Consumer Input Listening Sessions; and an assessment of homelessness prevention gaps.

Housing Stability & Population-Specific Housing Pathways. Behavioral Health, Treatment & Recovery Integration, Outreach. Crisis Response & Law Enforcement Coordination. Economic Mobility & Long-Term Independence. We remain committed to ending unsheltered homelessness.

The CoC posts data on homelessness, requests for proposals, and an open invitation for participation. The CoC hosts 2 memberships meetings. There is no cost for participation.

1B-4.	Public Notification for Proposals from Organizations Not Previously Awarded CoC Program Funding.	

Describe your CoC's transparent process to accept and consider proposals from organizations that have not previously received CoC Program funding including faith-based organizations.

(limit 2,500 characters)

The CoC announced it would be accepting applications on 6/24/26 from any eligible entity. This announcement was posted on the CoC's website on 6/24/26 and emailed to the CoC's listserv. The CoC posted its local Selection Priorities and Project Applications on 6/24/26 Ranking Policy and Scoring Sheets were posted on 6/24/26 after approval of the CoC Board.
The CoC accepted applications locally until 7/24/26. The application is submitted to the Lead Agency (LA) via email. All projects are scheduled for presentation with the RC.
The CoC hosted workshop and provided 3 open office hours help sessions during the local competition for all applicants. It reviews community data and provides technical assistance to applicants on project development, e-snaps, and the local review process.
All applications are reviewed by the Ranking Committee, comprised of CoC members who have no conflict of interests (COI). The RC makes recommendations on project acceptance, rejections and reductions to the CoC Executive Board. The CoC Executive Board members (without COI) vote on the recommendation. Once the Project Priority Listing (PPL) is approved, The LA provided notice to the applicants via e-mail. There is a 2-day appeal period. No appeals were submitted.
The CoC Executive board makes the final decision on the PPL. In 3 new entities applied for funding-2 were selected. Since 2016, the number of new partners funded has increased 267% demonstrating our region's capacity to invite new partners to the table. We prioritize performance and capacity in all local competitions. We leverage the partners' strengths to support the people we serve and their unique pathways to recover from homelessness. Funded competitions, behavioral healthcare, healthcare, medical clinic, substance use recovery, victim services, and faith-based organizations.
The applicants were notified of their project selection on 8/7/2026. They were provided final written notification on 9/21/2026.

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

Describe how your CoC will incorporate comprehensive strategies for reducing homelessness, including interventions in 42 U.S.C. 11386b(d) and other targeted projects for specific subpopulations, by providing a plan to address a gap in the CoC's current homelessness system.

(limit 2,500 characters)

The CoC identified gaps in preventing and resolving homelessness. From 6/1/2021–5/31/2026, 3,538 people experienced literal homelessness, averaging 429 days. Only 34% exited to permanent housing, with 12.27% returning to homelessness. Employment gains also remained limited, with 8.06% of adults increasing employment and 13.35% increasing employment income.
The CoC will address this gap through four Regional Initiatives, each led by a designated partner working with the CoC Infrastructure Team and community partners to strengthen coordination, regional strategies, and measurable outcomes.
• Housing Stability & Population-Specific Housing Pathways: Strengthen prevention, diversion, rapid rehousing and targeted transitional housing while improving pathways for families and youth, survivors of domestic violence, veterans, people experiencing chronic homelessness, and households with complex needs.
• Behavioral Health, Treatment & Recovery Integration: Strengthen connections between housing, mental health, substance-use treatment, healthcare, recovery and peer supports to improve housing stability.
• Outreach, Crisis Response & Law Enforcement Coordination: Strengthen proactive outreach, crisis response, engagement and system navigation, with improved connections from unsheltered homelessness and shelter into Coordinated Entry and housing. This is particularly important for the 29 people identified as unsheltered in the 2026 PIT Count, who experience higher rates of chronic homelessness (21%), serious mental illness (34%) and substance use disorders (34%).
• Economic Mobility & Long-Term Independence: Connect households to benefits, employment, workforce development, income growth and supportive services that promote long-term housing stability and independence.
By 10/1/2027, the CoC will strengthen outreach, shelter, Coordinated Entry and data standards, establish baselines, and improve housing pathways. Beginning in FY2027, quarterly performance monitoring will track reductions in new entries, length of homelessness, unsheltered homelessness and returns to homelessness, while increasing permanent housing exits, diversion outcomes, housing stability and employment/income gains.
Funding will align HUD CoC, ESG, Home Illinois, and State/local resources, leveraging behavioral health, healthcare, workforce, and benefits resources to support the four strategies.
The CoC Board is responsible for implementation.

1B-5a	Confirmation of Plan Coverage.

Select 'Yes' or 'No' in the chart below to indicate whether your narrative in question 1B-5 addresses the following aspects of your plan to address a gap in the CoC's current homelessness system.	
1. Identifies the gap, using data or stakeholder feedback	Yes
2. The strategy to address the needs of all relevant subpopulations	Yes
3. Sets quantifiable performance measures	Yes
4. Identifies timelines for the completion of specific tasks	Yes

5. Identifies specific funding sources for planned activities	Yes
6. An individual or body responsible for overseeing implementation of specific strategies	Yes

1C. Coordination and Engagement

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- Frequently Asked Questions

1C-1.	**Treatment and Recovery Services—On-site Substance Use Treatment Availability.**	
	You must upload the List of TH/RRH/PSH Projects and Treatment Providers with On-Site Substance Use Treatment attachment to the 4A. Attachments Screen.	
	What percent of your TH/RRH/PSH projects have substance use treatment available on site?	41%

If you are a rural CoC, describe what substance use treatment is available in your CoC and how people you serve access those services.

(limit 2,500 characters)

N/A

1C-1a. Treatment and Recovery Services—Outpatient Treatment for Mental Health and Substance Use Disorders.

Describe how your CoC partners with, or has projects that provide, outpatient treatment for mental health and substance use disorders with a range of appropriate levels of care, psychosocial interventions, medication management, suicide prevention, and recovery supports.

(limit 2,500 characters)

Our CoC coordinates with community healthcare and behavioral health partners to address the mental health and substance use treatment needs of individuals and families experiencing homelessness. Outpatient treatment, psychiatric services, medication-assisted treatment, recovery supports, and varying levels of care are available through CoC partners and community-based providers.
The CoC partners with 2 Community Mental Health Centers, Trinity Services and Cornerstone Services who provide outpatient (OP) and intensive outpatient treatment, Medication-Assisted Recovery (MAR), and Certified Peer Recovery Support Specialists (CPRSS). Will-Grundy Medical Clinic provides direct access to behavioral health services, psychiatric nurse practitioners, case management, and recovery services. AID also provides outpatient mental health services and psychiatry. Trinity provides Community Support Team (CST) services and will be provisionally licensed as a Certified Community Behavioral Health Clinic in 2027.
Individuals are connected to services through the Homeless Response System (HRS), including homeless prevention, crisis intervention (emergency shelter, transitional housing, street outreach), and supportive housing. HRS partners coordinate through Coordinated Entry System (CES) case conferencing and receive annual training. CES assessors provide warm handoff referrals to mental health and substance use recovery navigators, who assist individuals in accessing appropriate treatment and recovery services.
Individuals can access same-day screening and assessment from HRS assessor’s referral to a partner navigator or 988/mobile crisis response services. Based on individual needs, people are connected to Community Support Teams that include clinicians, case managers, and peer support specialists. These teams coordinate individualized care and connections to outpatient and intensive outpatient treatment, psychiatric services, medication-assisted treatment, and recovery supports. Treatment and service intensity are based on the individual's needs and severity of service need, with connections to higher levels of care, including hospitalization.
The CoC's partners also provide case management, peer recovery support, transportation, and appointment assistance to support ongoing engagement in treatment. Community partnerships include coordination with law enforcement, EMS, crisis response teams, and other healthcare providers to facilitate referrals and access to care.

1C-1b. Treatment and Recovery Services—Peer Support and Recovery Navigation.

Describe how your CoC partners with, or has projects that provide access to, peer recovery specialists or other forms of peer support and recovery navigation.

(limit 2,500 characters)

Our CoC partners with community-based resources and has projects that provide access to peer recovery and peer support services.
Cornerstone, Trinity Services, and Association for Individual Development (AID) permanently employ Certified Peer Recovery Support Specialists (CPRSS) who provide recovery coaching, peer mentoring, engagement support, community-resource navigation, relapse prevention, and encouragement.
Trinity Services also has a Recovery Café program available to people with substance use issues. A primary objective of this model is to help build a healthy support system of people in recovery and lessen dependence on environments where substance use is present. The leadership and staff of his project are Peer Support Specialist.
Recovery Community Center of Joliet provides recovery system navigation through peer support specialists, including direct connections to Recovery Houses. We have recommended an expansion of this program in the FY26 Competition to expand targeted engagement and outreach to people who are literally homelessness.
Individuals experiencing homelessness are connected to these services through the Homeless Response System (HRS), including homeless prevention, crisis intervention (emergency shelter, transitional housing, and street outreach), and supportive housing. HRS partners coordinate through Coordinated Entry System (CES) case conferencing and receive annual training. CES assessors provide warm handoff referrals to mental health and substance use recovery navigators, who help individuals access appropriate treatment and recovery services.
Individuals can access same-day screening and assessment through an HRS assessor referral to a partner navigator or through 988/mobile crisis response services. Based on individual needs, people may be connected to Community Support Teams that include clinicians, case managers, and peer support specialists.
This coordinated approach gives individuals experiencing homelessness access to both professional services and peer-based recovery support, while helping them connect to community resources, recovery housing, and ongoing supports.

1C-1c. Treatment and Recovery Services—Connecting Individuals Experiencing Serious Mental Illness with the Services Necessary to Promote Stability.

Describe how your CoC identifies individuals experiencing Serious Mental Illness and connects them with the services necessary to promote stability, such as Assertive Community Treatment teams and other models that combine intensive care coordination and assertive outreach with comprehensive treatment.

(limit 2,500 characters)

Households experiencing homelessness are connected to services through the Homeless Response System (HRS), including homeless prevention, crisis intervention (emergency shelter, transitional housing, and street outreach), and supportive housing. HRS partners coordinate through the Coordinated Entry System (CES) case conferencing.
Households are assessed for housing and services through CES. Assessors create a By Name List, and partners participate in case conferencing. CES assessors provide warm handoff referrals to navigators or direct referrals to CoC community-based partners.
Individuals are assessed primarily at emergency shelters, transitional housing, and by street outreach partners. Shelter and transitional housing staff identify mental health needs and connect individuals to appropriate professional mental health services. Will-Grundy Medical Clinic, a CoC street outreach project, provides behavioral health services, psychiatric services through psychiatric nurse practitioners, case management, and recovery services to individuals experiencing literal homelessness.
The CoC partners with two Community Mental Health Centers, Trinity Services and Cornerstone Services, which provide outpatient and intensive outpatient treatment, Medication-Assisted Recovery (MAR), and Certified Peer Recovery Support Specialists (CPRSS). AID provides outpatient mental health services and psychiatry. Trinity provides Community Support Team (CST) services and will be provisionally licensed as a Certified Community Behavioral Health Clinic in 2027.
Cornerstone, Trinity, and Grundy Area PADS are funded housing projects with licensed mental health staff available to support individuals with serious mental illness (SMI) and connect them to outpatient and crisis services. Mental health needs are assessed at program entry, through annual evaluations, and as part of required case management services.
Additionally, Illinois Medicaid's Integrated Assessment and Treatment Planning (IATP) process uses the IM+CANS assessment tool to document an individual's needs and strengths and develop treatment recommendations. Assessments are reviewed and updated every 180 days.
Through CES, case conferencing, street outreach, licensed mental health staff, Community Support Teams, and behavioral health partners, the CoC connects individuals with SMI to the level of clinical, case management, crisis, and recovery support needed to promote housing and community stability.

1C-1d. Treatment and Recovery Services—Coordination with Providers in Connection with Drug or Other Specialty Courts.

Identify at least one partnership the CoC has with a provider or entity providing services in connection with Drug Courts and other specialty courts serving individuals with mental and substance use disorders, Assisted Outpatient Treatment (AOT) programs, and inpatient civil commitment.

(limit 500 characters)

Partner: Grundy Area PADS and Trinity Services.

Describe how your CoC coordinates with the provider or entity identified above to support housing stability and movement towards independence, including by leveraging court orders.

(limit 2,500 characters)

The CoC coordinates with Grundy Area PADS and Trinity Services through structured referrals, Coordinated Entry, case conferencing, and behavioral health connections. Partners coordinate with courts, law enforcement, EMS, and other systems to connect individuals to housing and supportive services, address barriers, and promote housing stability and independence. Court involvement supports coordinated service planning and continued engagement. Each has an MOU with the problem solving court.

1C-1e. Treatment and Recovery Services—Partnership with Local Crisis System of Care.

Identify at least one partnership the CoC has with the local crisis system of care including 988 and crisis contact centers, mobile crisis and outreach services, and crisis stabilization services.

(limit 500 characters)

Partnership: Trinity Services who is a 988 and mobile crisis and outreach services provider.

1C-1f.	Treatment and Recovery Services—Availability of Units for Persons Reporting Chronic Substance Use.	
	You must upload the List of CoC Program Projects and the Number of Units that require Substance Abuse Treatment attachment to the 4A. Attachments Screen.	

Identify the number of CoC Program-funded units that require program participant engagement in substance abuse treatment services as a condition of continued participation in the program in accordance with 24 CFR 578.75.	14

1C-1g.	Treatment and Recovery Services—24/7 Access to Detox, Residential, or Inpatient Treatment.	

Is there 24/7 access to detox, residential, and inpatient behavioral health treatment within the geographic area of your CoC?	Yes

1C-1h. Treatment and Recovery Services—Formal Partnership with Behavioral and Mental Health Facilities.

Identify at least one formal partnership the CoC has with a Certified Community Behavioral Health Clinic (CCBHC), Community Mental Health Center (CMHC), SAMHSA Projects for Assistance in Transition from Homelessness (PATH) provider, Grants for the Benefit of Homeless Individuals (GBHI) provider, or a similar facility if none of the above are located in the geographic area.

(limit 500 characters)

Partnership: Cornerstone Services (CMHC) and Trinty Services (CMHC and will be provisionally license CCBHC in 2027).

1C-1i. Treatment and Recovery Services—Sober Housing Availability.

Identify at least one new or existing CoC Program-funded project that operates sober housing in accordance with 24 CFR 578.93(b)(5).

(limit 500 characters)

CoC Program: Rural TH

1C-1j. Treatment and Recovery Services—Warm Hand-Offs to Stable Housing Providers.

Describe how your CoC coordinates with the programs named in questions 1C-1a through 1C-1i to facilitate warm hand-offs to stable housing providers and prevent entry into homelessness.

(limit 2,500 characters)

The CoC coordinates treatment, recovery, healthcare, crisis, and housing providers through the Homeless Response System (HRS) and Coordinated Entry System (CES) to facilitate warm hand-offs to stable housing and prevent entry into homelessness.CES assessors identify housing and service needs and provide warm hand-off referrals to behavioral health and recovery navigators, housing providers, and other community-based partners. Rather than relying solely on written referrals, partners coordinate directly to support engagement, address barriers, and connect individuals to the appropriate level of treatment and housing assistance. Case conferencing through CES allows providers to coordinate services, monitor housing needs, and identify households requiring additional intervention. Behavioral health and recovery partners including Trinity Services, Cornerstone Services, AID, Will-Grundy Medical Clinic, Recovery Community Center of Joliet, and other community providers coordinate with shelter, street outreach, transitional housing, rapid rehousing, permanent supportive housing, and other housing providers. Community Support Teams, peer recovery specialists, case managers, and navigators help individuals maintain treatment engagement while connecting them to housing resources. Partners also assist with transportation, appointments, benefits, recovery supports, and other barriers that can affect housing stability. For individuals at risk of homelessness, HRS partners use prevention, diversion, crisis response, and community-based treatment connections to stabilize households before homelessness occurs. Individuals exiting treatment, crisis, shelter, or other higher levels of care can be connected to housing providers through CES and direct provider coordination, with services continuing after the housing connection when needed. To strengthen consistency across the system, the CoC adopted a policy on 9/28/2026, advancing requirements for coordinated warm hand-offs and stronger connections between treatment, recovery, crisis, and housing providers. The policy reinforces the expectation that referrals result in active connection and coordination rather than simply providing information to the household. Through CES case conferencing, direct provider coordination, warm hand-offs, and ongoing supportive services, the CoC works to ensure that individuals and families move from treatment, crisis, or other service into stable housing and the supports to prevent returns.

1C-2.	Supportive Services Investment.	

	Number
1. Enter your CoC's FY 2026 Annual Renewal Demand (ARD).	$7,311,781
2. Of projects your CoC proposed to be funded in the FY 2026 CoC Program Competition, enter the total amount of funding for the supportive services budget line items.	$3,637,068
3. Percent of your CoC's FY 2026 ARD (from element 1 above) that is supportive services funding (from element 2 above).	50%
4. Enter the amount of funding, leverage, match, and funding commitment from other formal partnerships in supportive services for the projects included in your CoC's FY 2026 ARD.	$808,912
5. Percent of your CoC's FY 2026 ARD (from element 1 above) that is the supportive services funding in proposed projects (from element 2 above) plus the amount of funding, leverage, match, and funding commitment from other formal partnerships in supportive services (from element 4 above).	61%

1C-3.	Participation Requirements for Supportive Services.
	You must upload the Language from Project Supportive Service Agreements attachment to the 4A. Attachments Screen.

What percent of your housing projects (TH, PH-PSH, PH-RRH, and Joint projects) require program participants to take part in supportive services (e.g. case management, employment training, substance use disorder treatment) in line with 24 CFR 578.75(h)?	100.00%

1C-4. Consulting with ESG Recipients.

Describe how your CoC has and will continue to consult with ESG recipients in the planning and allocation of ESG funds.

(limit 2,500 characters)

The ESG recipients in the IL-506 CoC are the State of Illinois and Will County. The State of Illinois requests allocation recommendations directly from the CoC. The CoC reviews program-level data annually and makes recommendations based on performance and community need. The CoC also provides reports on the regional impact of ESG funds, and the State shares updates on local ESG spending. The State and CoC have a Memorandum of Understanding (MOU) to continue consultation and planning to support effective allocation of funds.
Will County is represented on the CoC Board and Executive Committee, where it helps shape regional strategies. The County also utilizes CoC data and community needs to develop ESG program recommendations for the County Board.
All ESG subrecipients participate in local planning efforts, implement CoC written standards, participate in CES, and use local HMIS or a comparable database for victim service providers. The CoC Infrastructure Team provides technical assistance and training to ESG subrecipients, and relevant program data and system updates are shared with ESG recipients to inform ongoing planning and allocation decisions.

1C-4a. Coordination with Emergency Shelter Providers.

Describe how your CoC coordinates with shelter providers to connect individuals and families with CoC assistance.

(limit 2,500 characters)

Emergency shelters are critical partners in the CoC. Our region has four shelter providers: the primary publicly funded shelter, a faith-based mission, a seasonal emergency shelter serving rural areas, and a domestic violence shelter. All are active CoC members, and the faith-based mission's leadership is represented on the CoC Board and Executive Committee.
Shelter leadership regularly meets with CoC leadership and street outreach partners to review commitments, coordinate services, and strengthen collaboration. In our share commitment to end unsheltered homelessness, the shelters receive direct referrals from the CoC Street Outreach Team, helping connect individuals and families experiencing unsheltered homelessness to emergency shelter and other housing interventions.
All shelter providers participate in local planning, implement CoC written standards, participate in CES, and use local HMIS or a comparable database for victim service providers. Through CES, case conferencing, and coordinated referrals, shelters connect individuals and families to available CoC housing and supportive services. The CoC Infrastructure Team provides ongoing technical assistance and training to support coordination and consistent implementation of system practices.

1C-5. Data Sharing to Inform the Homelessness Response System.

Describe how your CoC has or will share PIT, HIC, HMIS, and System Performance data with state and local government as permitted by law in order to inform the homelessness response system.

(limit 2,500 characters)

The CoC shares PIT, HIC, HMIS, and System Performance data with state and local governments. We submit this data annually to support the consolidated planning efforts. We also provide annual reports to our communities and briefings to our government officials at least annually. We only provide aggregate date from HMIS. We also share data for statewide analysis of youth and families experiencing homelessness and now, subpopulations, people entering homelessness and people exiting homelessness on a monthly basis to the state.

1C-5a. Using Other Data Sources Alongside HMIS to Improve Care.

Describe how your CoC utilizes other data sources alongside HMIS to improve care (e.g., health care utilization and claims data, electronic health care record data; admission, discharge, and transfer data; and law enforcement and corrections system data).

(limit 2,500 characters)

The Will County CoC uses HMIS alongside Coordinated Entry, shelter and outreach data, behavioral health provider information, and community partner data to improve care coordination and housing outcomes. HMIS and CES data are used to identify housing needs, track referrals and outcomes, monitor length of homelessness, and identify gaps in access and service delivery.

The CoC also coordinates with behavioral health providers, including Trinity Services, Cornerstone Services, AID, and Will-Grundy Medical Clinic. These partnerships connect people experiencing homelessness to mental health, substance use, medical, psychiatric, peer, and supportive services and help providers respond to needs identified through outreach and Coordinated Entry. Trinity's Community Support Team and AID's behavioral health and psychiatric services provide additional pathways for individuals with complex needs.

The CoC also uses information from shelters, diversion, street outreach, and law enforcement/community partners to improve identification and engagement of people experiencing homelessness. Shelter providers participate in CES and HMIS or a comparable database, and shelter referrals from street outreach are coordinated through the system. Daybreak's formal Shelter Diversion program uses documented homelessness or risk of homelessness, assessments, and supervisory review to determine appropriate interventions before or during shelter entry.

1C-6. Employment and Workforce Development Partnership.

Identify at least one partnership the CoC has with employment and workforce development programs and organizations such as the Local Workforce Development Board, State Workforce Agency, American Job Center (also known as One-Stop Career Centers), registered apprenticeship program, community and technical college, union training program, adult education provider, or State Vocational Rehabilitation agency.

(limit 2,500 characters)

The CoC partners with Human Capital Development (HHCD) and its Workplace Readiness & Stability Program (WRSP) to promote employment, income growth, and greater independence for people experiencing homelessness. In this competition, the CoC is expanding WRSP to serve people experiencing literal homelessness through a Coordinated Entry System (CES) referral.
WRSP provides individualized employment support and workforce readiness workshops for people with significant barriers to education and employment, including people with lived experience of homelessness, mental health barriers, and criminal backgrounds. Employment specialists provide support with computer and typing skills, Microsoft Office, interviewing, resume development, job-search platforms, financial literacy, and career fairs. Participants can also access ACT WorkKeys assessments and earn a National Career Readiness Certificate (NCRC).
WRSP connects participants to vocational training and employment opportunities based on their interests, abilities, and goals. Employment specialists help address barriers to obtaining and maintaining employment, including transportation, access to computers, work and interview clothing, and connections to mental health and other community services.
HHCD has an established referral partnership with Joliet Junior College (JJC)'s Workforce Empowerment Initiative (WEI), connecting participants to workforce training opportunities, including commercial driver's licenses, dental assisting, and EKG technician programs. WRSP also uses Honest Jobs to connect people with criminal backgrounds to verified employment opportunities.
WRSP has demonstrated success increasing earned income among participants in HHCD's CoC Permanent Supportive Housing program. The FY26 expansion will bring this support directly into the CoC's response to literal homelessness through CES referrals. By connecting people to employment, training, and income opportunities, the CoC is helping participants overcome barriers, promote greater independence, and strengthen their ability to obtain and maintain housing.

1C-7. Street Outreach–Cooperation with First Responders and Law Enforcement.

Describe in the field below how your CoC's street outreach projects (including co-response) cooperate with first responders and law enforcement to increase positive interactions in order to increase housing and service engagement and promote use of CoC services.

(limit 2,500 characters)

Street outreach in our CoC has increased the number of people experiencing unsheltered homelessness to a positive destination. In FY24, 37 people connected with street outreach service were connected to a positive exit. The FY25 that number increased by 200%. 112 people were assisted in achieving positive outcomes through street outreach.
Our community is committed to ending unsheltered homelessness together through our Pathways to End Unsheltered Homelessness initiative created in 2023.
All street outreach projects who applied for FY26 CoC resources needed to provide evidence of partnership with law enforcement in order to be considered for resources in FY26. This was demonstrated by 7 letters of support for the CoC' outreach partners, including law enforcement (LE) in each region.
Our Homeless Response System (HRS) Partners and LE and First Responders (FR) Partners have distinct roles in the community. HRS must create trust with our LE and FR so that they can connect with the HRS partners when they need support. LE and FR are often the first contact when people are experiencing unsheltered homelessness. Our shared goal is to create a warm hand off to either a Street Outreach Partner or Emergency Shelter Partner to address homelessness crisis. Our CoC has worked with LE and FR to create this relationship HRS. Street outreach and emergency shelter receives referrals directly from LE and FR.
HRS partners participate in community efforts lead by FR and LE including the Joliet Fire Department's Community Mental Health Program and Morris Police Department efforts to connect people to services following a camping ban that requires LE referrals to services prior to enforcements. The CoC also hosted listening sessions with LE and will continue to as it deepens this relationship and furthers our shared goals.
We hope to expand street outreach through this NOFO. The new dedicated street outreach partner has this experience: AID: proactive crisis outreach; law enforcement referrals, Trinity: Coordinates with law enforcement, EMS, and crisis teams, including co-response. GPADS: receives structured referrals and case conferencing with law enforcement, EMS, and courts.
Also, we work with our 988/mobile response partners to ensure they can connect people to HRS services when they are a part of a co-response call.
It takes all of us to reduce and end homelessness.

1C-8. Family or Support Network Reunification.

Describe how your CoC, or your recipients, assist with family or support-network reunification efforts for individuals experiencing homelessness or living in CoC Program-funded housing (e.g., case management, travel costs, arrangement of assistance in another geographic area).

(limit 2,500 characters)

The CoC is designed to resolve homelessness through individualized, housing-focused interventions. As part of this system, the CoC has identified Catholic Charities Diocese of Joliet Daybreak Center as the lead partner for Diversion Assessment. Through this role, Daybreak formalizes and leads diversion efforts across the entire geographic area, coordinating with CoC providers and community partners.
The CoC's diversion strategy specifically supports family and support network reunification as an alternative to shelter when it can safely resolve a household's housing crisis through its Diversion program. Diversion staff work individually with households to identify their strengths, social and financial resources, and immediate and alternative housing options. Staff specifically explore stays with friends or family and can assist with relocation when that is an appropriate housing solution.
The program provides direct assistance that can make reunification possible, including moving and relocation costs, transportation, and trip planning. Diversion funds may pay for airfare, local and long-distance rail tickets, regional and long-distance bus service, taxi fare, and food or gas cards for essential travel. The program also provides storage costs and other basic housing assistance when needed to support a household's transition.
Individualized case management is central to the program. The Diversion Coordinator assesses, arranges, coordinates, and monitors services, while staff work with households to carry out identified solutions. Case management includes goal setting, referrals, follow-up, advocacy, mediation, conflict resolution, and connection to community and mainstream resources. Staff may also mediate with landlords or advocate with other agencies when those interventions can resolve the housing crisis.
This approach reflects the CoC's strategies. Diversion is a collaborative effort, including shelter providers, housing programs, domestic violence services, and community agencies through established referral and linkage agreements. Resources are matched to each household's circumstances, and every effort is made to identify an immediate housing solution and prevent or shorten an experience of homelessness.

1C-9	**Partnering with Public Housing Agencies—Agreement to Enable Transition to HUD Assisted Housing.**		
	Does your CoC have an agreement with at least one public housing agency to enable participants to transition from Transitional Housing, Rapid Re-Housing, and Permanent Supportive Housing to HUD assisted housing?	Yes	

1C-10. Protecting Public Safety—Cooperation with Law Enforcement.

You must upload the Evidence of Coordination and Non-Interference with Local Efforts to Advance Protecting Public Safety attachment to the 4A. Attachments Screen.

Describe how your CoC cooperates and does not interfere with or impede local efforts to advance the objectives below, and assists first responders in providing services to homeless individuals.

(limit 2,500 characters)

The CoC cooperates with local governments, law enforcement, EMS, behavioral health providers, and other first responders to advance public safety while connecting people experiencing homelessness to appropriate services. 7 letters of support from law-enforcement partners across the region document these partnerships.

First responders make referrals through established communication pathways with the CoC's Street Outreach, Coordinated Entry System (CES), shelter, and behavioral health partners. Law enforcement, EMS, crisis response teams, and municipalities may notify or refer the CoC/outreach team when they encounter an individual experiencing unsheltered homelessness or needing homeless services. Outreach then engages the individual, assesses immediate needs, facilitates CES enrollment, and connects the household to shelter, housing, behavioral health, treatment, recovery, or other community services. Outreach teams also respond to community and provider reports and maintain follow-up through the By-Name List and CES.

The CoC does not interfere with or impede lawful local enforcement or municipal authority. Where communities have public camping ordinances, including Morris and Yorkville, the CoC supports local processes while coordinating outreach, shelter access, CES, and service connections when notice is provided. First responders retain responsibility for emergency response and enforcement decisions; the CoC provides a service pathway when appropriate.

The CoC coordinates encampment response rather than obstructing local efforts. In August 2026, the CoC led a coordinated response involving IOPEH, Illinois State Police, IDOT, shelter leadership, and outreach partners. Most residents transitioned to shelter, substance-use treatment, or behavioral health care before the site was cleared. Outreach continues to engage the remaining individuals and connect them to indoor settings and services.

The CoC also supports first responders through its Outreach, Crisis Response & Law Enforcement Coordination and Behavioral Health, Treatment & Recovery Integration initiatives. ROAHN, Trinity Services, and other outreach partners maintain referral pathways with first responders. Trinity participates in 988 response and leads the regional outreach initiative. These partnerships strengthen crisis response, service navigation, treatment connections, and housing pathways while respecting local authority and public-safety responsibilities.

1C-10a. Protecting Public Safety—Plan to Quickly Clear Tents and Encampments.

Identify local laws, policies, or other practices that help or hinder the CoC's ability to quickly clear tents and encampments on public property and connect individuals who are camping in public with appropriate services and provide a plan explaining how the CoC will leverage beneficial policies while overcoming the harmful effects of restrictive ones. If you cannot provide any mitigating steps, please explain why.

(limit 2,500 characters)

Morris (Ordinance 4656, 2024) and Yorkville (Ordinances 2025-57 and 2025-71) have public camping bans. The CoC will work with municipalities to support encampment resolution and connect individuals to services. Morris requires warnings and referrals before citations. This allows outreach and CES enrollment. Partnerships with municipalities that provide notice of encampments will allow the CoC to coordinate outreach, reduce repeat encampments, and connect individuals to housing and services. Municipalities retain enforcement authority; coordination requires voluntary cooperation. The CoC has worked with the State to coordinate encampment cleanings through our local Encampment Taskforce. These efforts eliminated a large encampment because the taskforce helped people get into shelter and/or recovery services.
The CoC intends its potential federal award to be the most effective use of funding to end homelessness, quickly rehouse individuals, and minimize trauma in our local communities. The CoC proposes a plan to ensure our communities can work together to quickly identify those experiencing homelessness, connect people with the most severe health and recovery services needs to care, improve access to shelter for unsheltered households, integrate transitional housing services, and rapidly rehouse people and provide or provide access to wrap around services that promote wellness and independence.
The CoC shifted funds in its FY26 framework in ways that will support public safety in our region. We prioritized renewal permanent housing by performance outcomes and invested in diverse transitional housing opportunities that enhance services for recovery, behavioral health, families, and workforce. New supportive services projects can transform the experience of people who are literally homeless. We selected SSOs to provide workforce and recovery support during homeless crisis. Street outreach was expanded to 4 partners, improving our strategies to identify and engage people experiencing unsheltered homelessness. We will expand CES to optimize these programs, connecting people to dedicated services and expanding connections to community-based services.
Regionally, we adopted 4 initiatives to ensure effective use and leverage of federal funds with the goal of ending homelessness locally. Our Outreach, Crisis Response & Law Enforcement Coordination will enhance our efforts to connect people experiencing unsheltered homelessness to appropriate services

1C-10b. Protecting Public Safety—Current Status of Tents and Encampments.

Describe the current status of tents and encampments in the CoC's geographic area.

(limit 2,500 characters)

There are currently no active encampments in the CoC's geographic area of Will, Kendall, and Grundy Counties. The CoC maintains a dynamic Encampment By-Name List to track physical locations, including historical sites that may currently house a single individual but previously held a larger presence. The Street Outreach team follows a consistent schedule to visit these locations, tracking structural changes and resolving small, scattered groupings of unsheltered homelessness as community leads arise. Remaining periodic locations have minimal physical presence or infrastructure, consisting of a few individuals rather than established encampments.

Historically, there has been one significant encampment, which had 13 people at the beginning of August 2026, located about one mile from the CoC's publicly funded shelter in Joliet. In mid-August, the CoC led a coordinated initiative to decommission the site, focusing on bringing residents indoors and moving them toward permanent housing stability. This was a cooperative public safety effort between the CoC, shelter leadership, the Street Outreach team, the Illinois Office to Prevent and End Homelessness (IOPEH), the Illinois State Police, and the Illinois Department of Transportation (IDOT).

Through intensive cross-agency engagement, the vast majority of the population was successfully stabilized. Two households entered substance use treatment, one individual entered a behavioral health hospital with a discharge plan toward a specialized residential facility for serious mental illness, and two individuals entered the publicly funded emergency shelter. Following these transitions, the physical infrastructure was dismantled and the area was cleared by IDOT.

At this time, only three individuals remain at this former location. An active, ongoing collaborative effort between Street Outreach, the shelter provider, the CoC, the Veterans Assistance Commission, and a substance abuse treatment partner continues to engage these remaining households to transition them into indoor situations with the support services needed to achieve self-sufficiency. IOPEH, IDOT, the State Police, and local providers continue to monitor the area to ensure progress is sustained and these vulnerable households do not return to unsheltered homelessness.

1C-10c. Protecting Public Safety—Plan to Decrease the Public Use of Illicit Drugs.

Identify local laws, policies, or other practices that help or hinder the CoC's ability to decrease the public use of illicit drugs and quickly connect individuals who are using illicit drug in public with appropriate services and/or law enforcement and provide a plan explaining how the CoC will leverage beneficial policies while overcoming the harmful effects of restrictive ones. If you cannot provide any mitigating steps, please explain why.

(limit 2,500 characters)

Illinois' 50 ILCS 71 enables law-enforcement deflection to treatment. Illinois Good Samaritan protections, naloxone protections, and deflection/pre-arrest diversion give law enforcement additional tools and enables partnership with the CoC. The CoC will work with municipalities and law enforcement to connect people to treatment, recovery, behavioral health, and housing while supporting appropriate enforcement. Outreach will be notified before displacement when possible so enforcement can be paired with service connections.
The CoC intends its federal award to be the most effective use of funding for efforts to end homelessness, quickly rehouse individuals, and minimize trauma. To end, the CoC proposes a plan to ensure our communities can work together to quickly identify those experiencing homelessness, connect people with the most severe health and recovery services needs to care, improve access to shelter for unsheltered households, integrate robust transitional housing services, and rapidly rehouse people and provide or provide access to wrap around services that promote wellness and independence.
The CoC shifted funds in its FY26 framework in ways that will support public safety in our region. We prioritized renewal permanent housing by performance outcomes and invested robust and diverse transitional housing opportunities that enhance services for recovery, behavioral health, families, and workforce. Also, new supportive services projects can transform the experience of people who are literally homeless. We selected SSOs to provide workforce and recovery support during homeless crisis. Street outreach was expanded to 4 partners which will improve our comprehensives strategies to identify and engage people experiencing unsheltered homelessness. We will expand CES to optimize these programs, connecting people to these dedicated services and expanding connections to community-based services.
2 Regional CoC Initiatives will directly minimize trauma and support public safety efforts: Behavioral Health, Treatment & Recovery Integration with the purpose of improving connections between housing, behavioral health, healthcare, and recovery systems to support housing stability. The Outreach, Crisis Response & Law Enforcement Coordination with purpose of strengthening coordinated outreach, crisis response, engagement, and system navigation for people disconnected from services.

1C-10d. Protecting Public Safety—Current Status of Overdoses and Illicit Drug Use in Public Spaces.

Describe the current status of overdoses and illicit drug use in public spaces in the CoC's geographic area.

(limit 2,500 characters)

Overdose and illicit drug use are significant concerns across the CoC's three-county geographic area of Will, Kendall, and Grundy Counties, although the burden varies by jurisdiction. County coroner data demonstrate an ongoing overdose burden throughout the region. Will County recorded 68 total drug-related deaths in 2025, including 57 accidental, 9 suicide, and 2 undetermined deaths, with 30 heroin- or fentanyl-related deaths; 44 drug-related deaths had already been recorded through September 2026. Grundy County experienced a substantial decline in drug overdose deaths from 2023 through 2025, while Kendall County recorded 3 overdose deaths in 2023, increased to 11 in 2024, and returned to 3 in 2025. Because the three coroners do not publish a consistent breakdown by location, the CoC cannot quantify how many overdoses occurred specifically in public spaces.

The region has established infrastructure addressing overdose and public drug use. Will County operates a Drug Overdose Prevention Program (DOPP), and regional partners use the Illinois Saves overdose portal to monitor overdose trends and coordinate prevention. Naloxone and drug-testing supplies are also being distributed throughout the region; in Will County alone, partners distributed 11,953 Narcan doses in 2023, 15,639 in 2024, 12,228 in 2025, and 12,927 through September 15, 2026, along with fentanyl/xylazine/nitazene test strips. The CoC also works through partnerships that connect people encountered in public spaces to treatment, recovery, behavioral health, and housing. Joliet's Community Mental Health Program pairs paramedics with a social worker and has connected individuals encountered in the field, including in encampments, to services. Grundy Area PADS maintains formal partnerships with local law enforcement and the Drug and Mental Health Courts, while Trinity Services partners with Will County's problem-solving court.

The regional service system nevertheless has an outreach capacity gap. Dedicated CoC-funded street outreach currently operates in Grundy County through ROAHN, while Will and Kendall Counties rely on other outreach and community partnerships. Expanding proactive, housing-focused street outreach across all three counties would strengthen the region's ability to identify people using drugs in public spaces, provide naloxone and harm-reduction resources, connect individuals to treatment and recovery services, and facilitate access to coordinated entry and housing.

1C-10e. Protecting Public Safety—Standards to Address Danger to Self or Others.

Identify local laws, policies, or other practices that help or hinder the CoC's ability to utilize standards that address homeless individuals who are a danger to themselves or others (e.g., involuntary commitment) and provide a plan explaining how the CoC will leverage beneficial policies while overcoming the harmful effects of restrictive ones. If you cannot provide any mitigating steps, please explain why.

(limit 2,500 characters)

Illinois law provides tools and limitations for addressing homeless individuals whose mental illness creates a danger to themselves or others. Under the Mental Health and Developmental Disabilities Code (405 ILCS 5), a person may be involuntarily admitted when a qualifying mental illness makes them a danger to themselves or others, or leaves them unable to provide for their own basic physical needs. This provides a legal pathway for intervention in severe cases involving a serious untreated mental illness. The Community Emergency Services and Supports Act (CESSA) supports clinical response by directing 988 crisis calls toward mobile crisis response rather than defaulting to law enforcement or emergency departments.
Involuntary commitment requires a qualifying mental illness. The process requires examination and certification by qualified professionals and, for continued involuntary treatment, judicial review. Short-term holds may end without a housing or treatment plan, creating a risk that individuals return to homelessness after discharge.
The CoC shifted funds in its FY26 framework in ways that will support public safety in our region. We prioritized renewal permanent housing by performance outcomes and invested robust and diverse transitional housing opportunities that enhance services for recovery, behavioral health, families, and workforce. New supportive services projects can transform the experience of people who are literally homeless. We selected SSOs to provide workforce and recovery support during homeless crisis. Street outreach was expanded to 4 partners which will improve our comprehensives strategies to identify and engage people experiencing unsheltered homelessness. We will expand CES to optimize these programs, connecting people to these dedicated services and expanding connections to community-based services.
2 Regional CoC will directly minimize trauma and support public safety efforts: Behavioral Health, Treatment & Recovery Integration with the purpose of improving connections between housing, behavioral health, healthcare, and recovery systems to support housing stability. The Outreach, Crisis Response & Law Enforcement Coordination with purpose of strengthening coordinated outreach, crisis response, engagement, and system navigation for people disconnected from services.
Trinity leads the outreach initiative, is a 988 responder, will be a provisionally licensed CCBHC in 2027, and is able to petition if necessary.

1C-10f. Protecting Public Safety—Share Information in Accordance with SORNA.

Identify local laws, policies, or other practices that help or hinder the CoC's ability to comprehensively share information, including location information, in accordance with the Sex Offender Registry and Notification Act (SORNA) and provide a plan explaining how the CoC will leverage beneficial policies while overcoming the harmful effects of restrictive ones. If you cannot provide any mitigating steps, please explain why.

(limit 2,500 characters)

Illinois maintains a statewide Sex Offender Registry through the Illinois State Police, with required registration information, in-person verification, address updates, and information sharing with federal agencies. Illinois law requires offenders to register when residing in a jurisdiction and to report moves within three days. The Registry is publicly searchable by name, city, county and ZIP code, with geographic mapping available.
The CoC intends its potential federal award to be the most effective use of funding for efforts to end homelessness, quickly rehouse individuals, and minimize trauma in our local communities. To this end, the CoC proposes a plan to ensure our communities can work together to quickly identify those experiencing homelessness, connect people with the most severe health and recovery services needs to care, improve access to shelter for unsheltered households, integrate robust transitional housing services, and rapidly rehouse people and provide or provide access to wrap-around services that promote wellness and independence.
The CoC shifted funds in its FY26 framework in ways that will support public safety in our region. We prioritized renewal permanent housing by performance outcomes and invested in robust and diverse transitional housing opportunities that enhance services for recovery, behavioral health, families, and workforce. Also, new supportive services projects can transform the experience of people who are literally homeless. We selected SSOs to provide workforce and recovery support during homeless crisis. Street outreach was expanded to 4 partners, which will improve our comprehensive strategies to identify and engage people experiencing unsheltered homelessness. We will expand CES to coordinate referrals for people experiencing unsheltered homelessness, connecting them to these dedicated services and expanding connections to community-based services.
We adopted 4 initiatives to ensure effective use and leverage of the federal funds with the goal of ending homelessness locally. 2 will directly minimize trauma and support public safety efforts: Behavioral Health, Treatment & Recovery Integration, with the purpose of improving connections between housing, behavioral health, healthcare, and recovery systems to support housing stability; and Outreach, Crisis Response & Law Enforcement Coordination, with the purpose of strengthening coordinated outreach, crisis response, engagement, and system navigation for people.

1C-11. Outreach Strategy.

Describe your CoC’s strategy to outreach to all individuals and families experiencing homelessness across your geographic area.

(limit 2,500 characters)

The CoC's strategy is to provide equitable street outreach and access to services throughout its three-county region, including urban and rural communities.
The CoC conducts an annual Point-in-Time (PIT) Count to identify individuals and families experiencing unsheltered homelessness. The street outreach lead provides weekly outreach throughout the region. Street outreach teams are CES entry points, and CES partners receive CoC training on engaging people experiencing unsheltered homelessness and conducting assessments. Identified households are added to the By-Name List and assigned to a Continuum Taskforce to End Homelessness (CTEH) member for follow-up. CES partners respond to reports of unsheltered homelessness from community members, providers, and CoC stakeholders, and housing referrals are outreached regardless of where the household is located within the tri-county region.
The CoC coordinates street outreach, veteran-specific outreach, consumer involvement, domestic violence services, and shelter intake. Project HELP, a peer-led initiative, helps engage individuals who are hardest to house and coordinates two specialized outreach events annually. The Plan to End Homelessness Committee promotes CES through fire departments, libraries, hospitals, food pantries, healthcare centers, and churches.
The CoC also partners with law enforcement, EMS, and crisis response teams to identify and engage people experiencing unsheltered homelessness. Through ROAHN, Trinity, and other outreach partners, first responders receive training and have referral pathways to street outreach and behavioral health services. These partnerships create additional opportunities to connect people to housing, crisis intervention, and ongoing support.
Street outreach is funded through ESG and CoC SNOFO awards. New SNOFO funded projects launched in 2023 to expand outreach capacity. The outreach lead receives ongoing technical assistance, and formal policies support comprehensive service allocation across the region.
Street outreach positive exits increased from 12.82% in FY22 to 60% in FY25, demonstrating improved connections to housing and services.
Under FY26 competition funding, the CoC will expand street outreach capacity, increase geographic coverage, strengthen first responder partnerships, and improve connections to recovery and behavioral health services for people experiencing unsheltered homelessness.

1C-12.	**Collaboration Related to Children and Youth–Written Agreements with Early Childhood Services Providers.**	

Select 'Yes' or 'No' in the chart below to indicate whether your CoC or HUD-funded projects in the CoC have written agreements with the listed providers of educational supports and services for children ages 0-5:

		Written Agreement
1.	Child Care (including Child Care and Development Fund)	Yes
2.	Early Childhood Providers	Yes
3.	Early Head Start	Yes
4.	Home Visiting Program (including Maternal, Infant and Early Childhood Home and Visiting or MIECHV)	Yes
5.	Head Start	Yes

6.	Healthy Start	Yes
7.	Public Pre-K	Yes
8.	Tribal Home Visiting Program	No
	Other (limit 150 characters)	
9.		

1C-12a.	Collaboration Related to Children and Youth–Formal Partnerships with Schools and Youth Education Providers.	

Select 'Yes' or 'No' in the chart below to indicate the youth education providers your CoC has a formal partnership with:

1.	McKinney-Vento Liaison(s) (including State Education Agency (SEA) or Local Education Agency (LEA))	Yes
2.	School District(s)	Yes
3.	General Education Development (GED) Program(s)	No
4.	Community College(s)	Yes
5.	Technical College(s)	Yes
6.	Other Post-Secondary Education Provider(s)	Yes

1C-12b.Collaboration Related to Children and Youth—Informing Individuals and Families who Become Homeless about Eligibility for Educational Services.

Describe your CoC's written policies and procedures to inform individuals and families who become homeless of their eligibility for educational services.

(limit 2,500 characters)

The Illinois Department of Children and Family Services (DCFS) provides housing to youth who in the child welfare system through many programs until the youth's 21st birthday. These programs include traditional foster care placement, Independent Living Programs, Transitional Living Programs and other residential programs. Youth enrolled in the Youth in College program prior to their 21st birthday can continue to receive a monthly payment while they are enrolled in a college or employment training program that can help with housing payments up until their 23rd birthday. IDCFS sought and obtained federal approval to use federal Independence Facilitation Grant funding until the youth turns 23. IDCFS provides the Youth Housing Assistance Program (YHAP) to help youth under the age of 21 who are aging out of, or have aged out of, DCFS care obtain and maintain adequate housing. YHAP provides housing advocacy and cash assistance to young people ages 18 to 21. Cash assistance includes assistance with security deposit and move-in expenses, crisis assistance to pay rent or utility arrears. Youth who receive a vouching choice voucher through the Fostering Youth to Independence (FYI) Program or Family Unification Program (FUP) can receive housing advocacy services until they turn 27 and cash assistance until they turn 23. Youth who are not yet 21 who have already aged out of care may also receive a rental subsidy up to $500 per month. Youth who age out of care but later decide that they want to return prior to turning 21 can do so by contacting DCFS and will then be eligible to receive services from programs discussed above. IDCFS provides $1,433 in transitional funds to eligible youth who aged out of care who participated in DCFS provided transition planning meetings and financial literacy training prior to turning 21.
The CoC and IDCFS signed a Memorandum of Understanding with the Housing Authority of Joliet to serve youth through FUP and FYI. The three groups meet multiple times each year to make sure that youth are receiving the services they need to obtain housing and remain stably housed.

1C-12c. Collaboration Related to Children and Youth—Coordination with Foster Care or Child Welfare Services.

Describe how your CoC coordinates with foster care or child welfare services to assist youth transitioning from public systems of care.

(limit 2,500 characters)

The Will County CoC has a formal referral and coordination process with the Illinois Department of Children and Family Services (IDCFS) to assist youth transitioning from foster care and other systems of care into stable housing. Through Coordinated Entry (CE), when a homeless or at-risk household is identified as a household with minor children, a parenting youth household, or an unaccompanied youth, additional child-welfare questions are asked. If the individual or household may be eligible for child welfare services, they are offered the option of a referral to IDCFS. When the referral is requested, the Coordinated Entity can contact the IDCFS CoC Point of Contact to expedite the referral within 2 business days. The IDCFS Point of Contact determines eligibility for IDCFS-specific services and, when eligible, makes outreach arrangements.

The CoC also has a formal Memorandum of Understanding with IDCFS and the Housing Authority of Joliet to connect eligible youth transitioning from care to Family Unification Program (FUP) and Fostering Youth to Independence (FYI) housing assistance. The three partners meet multiple times each year to review housing needs, coordinate services, and address barriers to obtaining and maintaining stable housing.

IDCFS provides additional housing supports for youth aging out of care, including the Youth Housing Assistance Program (YHAP), which provides housing advocacy and financial assistance for eligible youth ages 18–21. Assistance can include security deposits, move-in expenses, rent or utility arrears, and rental subsidies. Youth receiving FUP or FYI vouchers can continue receiving housing advocacy services through age 27 and cash assistance through age 23.

Through these coordinated pathways, youth transitioning from foster care or other child welfare involvement can access the CoC's Coordinated Entry System while also being connected to specialized IDCFS services and housing resources. This coordination helps bridge the transition from public systems of care to stable housing and ongoing community-based supports.

1C-12d. Collaboration Related to Children and Youth—Coordination with Runaway and Homeless Youth (RHY)-funded Providers.

Describe how your CoC coordinates with RHY-funded providers including Street Outreach Programs, Basic Center Programs, Transitional Living Programs, and Maternity Group Homes where such providers exist.

(limit 2,500 characters)

The CoC coordinates with youth serving partners to connect runaway and homeless youth to immediate safety, housing, supportive services, and longer term housing stability. The CoC's youth response includes coordination with youth service providers, DCFS, the Housing Authority of Joliet, and other community partners that serve youth experiencing or at risk of homelessness.
The CoC works with DCFS and the Housing Authority of Joliet through a formal Memorandum of Understanding to connect eligible youth to Family Unification Program (FUP) and Fostering Youth to Independence (FYI) housing assistance. The three partners meet multiple times each year to review youth housing needs, coordinate services, and address barriers to obtaining and maintaining housing. DCFS also provides the Youth Housing Assistance Program (YHAP), which offers housing advocacy and financial assistance for youth aging out of care, including security deposits, move-in costs, rent and utility arrears, and other housing stabilization assistance.
For youth who are homeless or experiencing housing instability because they have run away or been locked out of their homes, DCFS's Comprehensive Community Based Youth Services Program provides crisis intervention and assistance, with family reunification pursued when appropriate and other assistance provided when reunification is not possible. The CoC can connect youth identified through outreach, shelter, coordinated entry, or other community settings to these youth-specific resources.
The CoC also coordinates with youth-serving agencies through its broader homeless response system, including referrals to street outreach, shelter, behavioral health, employment, education, and permanent housing resources. Youth who require housing assistance can be connected to Coordinated Entry and appropriate housing interventions while youth-specific providers address immediate safety, family reunification, independent living, or other needs. This coordination helps prevent youth from moving between disconnected systems by linking youth-specific crisis and housing services with the CoC's broader housing response, DCFS resources, and Housing Authority programs.

1C-13. Collaboration Related to Families with Children—TH or RRH Project Dedicated to Serving Families with Children.

Identify at least one Rapid Rehousing (RRH) or Transitional Housing (TH) project in the CoC that primarily or exclusively serves families with children experiencing homelessness in accordance with 24 CFR 578.93(b).

(limit 500 characters)

Transitional Housing: HHCD RWH TH Families

1C-13a. Collaboration Related to Families with Children—Supportive Services to Improve Income to Pay Rent.

Describe how the project(s) identified in 1C-13 provides supportive services focused on improving incomes to pay rent, such as workforce development, job training, or registered apprenticeship programs.

(limit 2,500 characters)

HHCD's new Transitional Housing (TH) project will provide families with supportive services focused on increasing household income, improving financial stability, and helping families obtain and maintain permanent housing.
A primary resource is HHCD's Workforce Readiness and Stability Program (WRSP), which provides employment-focused services onsite at River Walk Homes and is accessible to residents throughout Will County. WRSP connects participants to workforce development, employment readiness, job training, and employment opportunities based on their interests, abilities, and goals. Employment specialists help address barriers to obtaining and maintaining employment, including transportation, access to computers, work and interview clothing, and connections to other community services.
The close proximity of WRSP to HHCD's case management team allows TH case managers to make direct referrals, coordinate services, monitor progress, and respond to employment and financial needs. HHCD also provides financial literacy, budgeting, credit improvement education, and SSI/SSDI benefits navigation to help families manage expenses, maximize eligible benefits, and increase financial stability.
Transportation is an important employment support. River Walk Homes is near downtown Joliet with direct access to a PACE bus stop, and the Joliet Transportation Center provides access to PACE, Metra, and Amtrak. WRSP can also provide gas cards and PACE bus cards when funding allows.
The CoC also partners with Illinois Department of Children and Family Services (IDCFS) through Norman Services. Families with an open IDCFS case can receive a housing advocate who helps them obtain and maintain housing, identify employment opportunities, and access eligible benefits. Norman Services can also provide assistance with rent arrears, security deposits, utilities, furniture, and other household needs.
The CoC and IDCFS have a Memorandum of Understanding with the Housing Authority of Joliet to serve families through the Family Unification Program (FUP). The three partners meet multiple times each year to coordinate services and ensure families have the support needed to obtain housing and remain stably housed.
Together, these partnerships connect families to employment, training, benefits, financial education, and direct financial supports that increase income, reduce barriers to paying rent, and promote long-term housing stability.

1C-13b. Collaboration Related to Families with Children—Leveraging Funding from Mainstream Family Service Systems.

Describe how the project(s) identified in 1C-13 leverages funding from mainstream family service systems, such as Temporary Assistance for Needy Families (TANF).

(limit 2,500 characters)

HHCD's new Transitional Housing (TH) project will connect families with children to mainstream family service systems and benefits that increase household resources and reduce financial barriers to maintaining housing. TH case managers will assess each family's eligibility, assist with applications and documentation, provide direct referrals, and follow up with families to help them access and maintain benefits.
HHCD case managers are SOAR-certified and assist participants with understanding and applying for SSI/SSDI. HHCD staff and Resident Services also help families access LIHEAP, SNAP, TANF, Medicare, and Medicaid. When additional assistance is needed, families can be referred to community partners such as the Will County Center for Community Concerns and Warehouse Workers for Justice for benefits and economic-support services. These resources can increase household income or reduce essential expenses, allowing families to direct more of their available resources toward rent and other housing costs.
HHCD also leverages existing food and housing resources. Families can access SNAP-eligible volunteer opportunities through the H.E.A.L. River Walk Food Pantry and onsite community garden. HHCD's partnership with Holsten Management Company provides expedited access to River Walk Homes, a set of income-adjusted apartments where tenants pay no more than 30% of their income toward rent. Many River Walk residents also receive utility assistance. For families with children, HHCD connects participants to additional publicly and community funded family services, including Illinois Youth and Family Services' onsite after-school programming and Catholic Charities Head Start. HHCD also maintains partnerships with healthcare, behavioral health, recovery, and family-service providers that can address needs affecting a household's ability to maintain employment and housing.
Through benefits screening, application assistance, warm referrals, follow-up, and coordination with existing family service systems, the TH project will leverage resources outside the CoC program to increase household income, reduce essential expenses, and strengthen families' ability to transition to and maintain permanent housing.

1C-13c. Collaboration Related to Families with Children—Combining Housing Assistance with Parental Support.

Describe how the project(s) identified in 1C-13 combines housing assistance with childcare, parenting support, pregnancy-related and child healthcare, and education.

(limit 2,500 characters)

HHCD's new Transitional Housing (TH) project will combine housing assistance with childcare, parenting support, pregnancy-related and child healthcare, and education through onsite services, direct referrals, and established community partnerships. TH case managers will assess family needs at intake and throughout participation, make warm referrals, help families overcome barriers to accessing services, and coordinate with providers while families work toward permanent housing.
Families with children will have access to Illinois Youth and Family Services (IYFS) programming onsite at River Walk Homes at no cost. IYFS provides an after-school program for children in kindergarten through eighth grade that includes meals and snacks, homework assistance, STEM enrichment, recreational activities, and community outings. IYFS also provides Teen Reach for high school-aged youth, including work-readiness and peer mentoring, as well as summer programming with meals and educational and recreational activities.
HHCD connects families to early childhood education and family supports through Catholic Charities Head Start, with referrals initiated onsite by HHCD staff. Additional childcare, parenting, pregnancy-related, healthcare, and educational resources are available through established partnerships with Easterseals, Pregnancy Resource Center of Will County, Silver Cross Hospital, Early Childhood Center, Joliet School District 86, Will County Health Department Child and Adolescent Services, Shorewood YMCA, Boys & Girls Club, Child Care Resource and Referral, Harvey Brooks Foundation, and National Hook-Up of Black Women.
HHCD also connects families to healthcare and behavioral health providers when needs could affect family stability, including the Will County Health Department, Will-Grundy Medical Clinic, VNA Healthcare, Trinity Services Mobile Health Crisis, and other community partners.
By combining transitional housing with onsite children's programming, early childhood education, healthcare, childcare resources, parenting and family supports, and educational services, HHCD will address the needs of the entire household while case managers help families maintain housing, support their children, and transition to permanent housing.

1C-14. Collaboration with Veteran Serving Organizations—Partnership with the U.S. Department of Veterans Affairs or Veteran Serving Organization.

Identify at least one partnership the CoC has with the Department of Veterans Affairs or other Veteran Serving Organizations.

(limit 500 characters)

Parters: Hines VA (U.S. Department of Veterans Affairs), Veteran's Assistance Commission of Grundy County

1C-14a	Collaboration with Veteran Serving Organizations.	
	Select 'Yes' or 'No' in the chart below to indicate whether the partnership(s) identified in 1C-14 does the following:	

1.	Refers veterans identified by the CoC to VA or other Veteran Serving Organizations for assistance?	Yes
2.	Coordinates the provision of emergency shelter, supportive services, and housing for veterans?	Yes
3.	Ensures access to a full spectrum of employment and career pathway opportunities?	Yes
4.	Shares data with the Department of Veterans Affairs as appropriate?	Yes
5.	Identifies service gaps for veterans?	Yes
6.	Fills service gaps for veterans?	Yes

1C-15. Collaboration with Organizations who Address the Needs of Survivors of Domestic Violence, Dating Violence, Sexual Assault, and Stalking.

Identify at least one partnership your CoC has with victim service providers, state domestic violence coalitions, state sexual assault coalitions, anti-trafficking service providers or other organizations who help provide shelter, housing, and services to individuals and families of persons experiencing trauma or a lack of safety related to fleeing or attempting to flee domestic violence, dating violence, sexual assault, and stalking.

(limit 500 characters)

Guardian Angel Community Services, a victim service provider serving survivors of domestic violence, sexual assault, and trafficking.

1C-16. Collaboration with Justice System Re-entry Partners.

Identify at least one partnership your CoC has to prevent homelessness among people transitioning from prisons, jails, or court-ordered programs.

(limit 500 characters)

Partner: Will Grundy Medical Clinic operates a Reentry Housing Program directly transition for Jails and Prisons

1C-17. Collaboration with Partners to Address High Utilizers of Healthcare Systems.

Identify at least one partnership or project your CoC has to provide specialized supportive services for homeless individuals with a high level of medical needs.

(limit 500 characters)

CoC partners with Will Grundy Medical Clinic operate a Medical Respite Program for high utilizes of health care.
Trinity Services operates a Supportive Housing Program for people are at utilizes of health care.

1C-18. Collaboration with Partners to Address the Needs of Aging and Elderly Individuals Experiencing Homelessness.

Identify at least one partnership or project your CoC has to serve aging and elderly individuals experiencing homelessness, such as with a provider of residential care, assisted living, or medical respite services.

(limit 500 characters)

CoC partners with Catholic Charities of Joliet who operates programs for seniors and elderly.

1C-19. Permanent Supportive Housing for Chronically Homeless Individuals and Families—Project that Prioritizes Individuals Experiencing Chronic Homelessness.

Identify at least one Rapid Rehousing (RRH) or Permanent Supportive Housing (PSH) project that prioritizes individuals experiencing chronic homelessness.

(limit 500 characters)

CoC Program PSH: Chronic 2026

1C-19a. Permanent Supportive Housing for Chronically Homeless Individuals and Families—On-site Behavioral Healthcare.

Describe how the project(s) identified in 1C-19 provides on-site behavioral healthcare.

(limit 2,500 characters)

Cornerstone's housing programs operate within the agency's Behavioral Health Department, which is a licensed Community Mental Health Center (CMHC). This structure allows housing participants to access an integrated continuum of behavioral health, substance use, recovery, employment, and supportive services through one system of care.
Participants have access to behavioral health clinicians, substance use treatment providers, peer recovery specialists, and other members of an interdisciplinary care team. Direct care staff are available every weekday to provide intensive case management and linkage to agency services, including substance use treatment, counseling, and therapy, if desired by the participant. Services are delivered in participants' homes, within the community, virtually, and on-site at the agency.
Since 2015, Cornerstone has operated an evidence-based Co-Occurring Disorders Program (CDP), licensed by the Illinois Department of Human Services, providing outpatient (OP) and intensive outpatient (IOP) substance use treatment for individuals with co-occurring mental health and substance use disorders. Substance use treatment is available on-site within Cornerstone's agency building Monday through Thursday, from 8:00 a.m. to 7:30 p.m. There is currently no waitlist, and housing staff are trained in the internal referral process to ensure timely access. CDP also offers same-day, walk-in substance use assessments on the first and third Thursday of each month.
Participants receive a comprehensive, trauma-informed assessment and are connected to the most clinically appropriate level of care, including outpatient or intensive outpatient treatment, Medication-Assisted Recovery (MAR) when clinically indicated, or referral and coordination with community partners for inpatient or residential treatment. All CDP participants have access to a Certified Peer Recovery Support Specialist who provides recovery coaching, peer mentoring, engagement support, and relapse prevention planning.
Daily communication between housing staff, behavioral health clinicians, substance use counselors, and other interdisciplinary team members ensures behavioral healthcare is coordinated with each participant's individualized housing stabilization and service plan.

1C-19b. Permanent Supportive Housing for Chronically Homeless Individuals and Families—Assesses Need for Higher Level of Care.

Describe how the project(s) identified in 1C-19 has a policy for assessing program participant need for higher level of care (i.e., assisted living, residential treatment).

(limit 2,500 characters)

Cornerstone assesses participant needs through ongoing coordination of care, clinical assessments, and collaboration with healthcare professionals. Staff regularly consult with physicians and healthcare professionals and maintain a high level of coordination of care. This allows staff to remain knowledgeable of participants' health issues, treatment, responses, and prognoses.
When there is concern that a higher level of care, such as assisted living or nursing facility placement, may be needed or appropriate, on-site staff complete the Preadmission Screening and Resident Review (PASRR) screening to determine whether the individual meets criteria for a higher level of care.
An intake and assessment are completed at program entry and updated at least every six months, or more frequently as needed. Licensed clinicians verify disability eligibility through comprehensive mental health assessments that identify current and historical diagnoses and functional impacts. Staff routinely assess for health concerns impacting independent living skills and adjust services based on changing participant needs.
Cornerstone's housing programs operate within the agency's licensed Community Mental Health Center (CMHC), allowing participants to access behavioral health clinicians, substance use treatment providers, and other members of an interdisciplinary care team. Daily communication between housing staff, behavioral health clinicians, substance use counselors, and other team members supports identification of changing needs and coordination of appropriate care.
When inpatient substance use treatment may be appropriate, housing staff refer participants to Cornerstone's Co-Occurring Disorders Program (CDP). CDP staff are trained to assess the appropriate level of care and treatment. Participants assessed as needing inpatient substance use treatment receive assistance accessing available treatment facilities. Housing staff may also provide transportation to the treatment facility.
Cornerstone recognizes that access to higher levels of care depends on participant willingness to accept the recommended services and available placement options. Staff coordinate referrals and maintain collaboration with community partners to ensure participants receive appropriate supports while continuing to promote safe, stable housing and individualized care.

1C-19c. Permanent Supportive Housing for Chronically Homeless Individuals and Families—Assesses Readiness for Moving On.

Describe how the project(s) identified in 1C-19 has a policy for assessing program participant readiness for moving on to unsubsidized or other permanent housing.

(limit 2,500 characters)

Cornerstone utilizes the PSH Moving On Assessment at each annual lease renewal to assess participant readiness for transitioning from Permanent Supportive Housing to unsubsidized or other permanent housing options. The assessment uses a Likert scale to evaluate multiple areas, including housing stability, income, health, supportive services, and access to mainstream resources. It also prompts participants to provide qualitative feedback regarding their satisfaction with their current housing situation.

Each participant receives a final score that helps identify individuals who may be ready to successfully transition from PSH and reduce their reliance on the supports provided through these programs. The assessment also helps identify individual goals and track progress toward greater independence.

Information gained through the assessment is supplemented by the knowledge and observations of staff who have worked closely with the individual over time. Staff provide valuable context regarding the participant's strengths, needs, progress, and readiness for increased independence.

Housing stability planning begins at enrollment and continues throughout program participation. Staff routinely assess for risks including income loss, lease violations, health concerns impacting independent living skills, transportation barriers, and other factors that may threaten housing retention. As participants achieve greater stability, staff assist with increasing earned and non-earned income, budgeting, financial literacy, tenancy skills, and addressing barriers such as limited rental history or credit concerns when appropriate.

When appropriate and consistent with participant goals, staff work collaboratively with households to explore other permanent housing options, including non-subsidized housing. For participants who demonstrate sustained housing stability and wish to pursue greater independence, staff assist with exploring affordable permanent housing opportunities, preparing for lease obligations, understanding tenant rights and responsibilities, and supporting successful transitions to other appropriate permanent housing options.

Together, the Moving On Assessment, ongoing staff observations, and individualized service planning inform interventions that promote independence while ensuring participants maintain safe, stable housing and have the supports necessary for a successful transition.

1D. Project Capacity, Review, and Ranking–Local Competition

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- Frequently Asked Questions

1D-1.	Project Review and Ranking Process Your CoC Used in Its Local Competition. We use the response to this question along with the required attachment as a factor when determining your CoC's eligibility for bonus funds and for other NOFO criteria below.	

You must upload the Local Competition Scoring Tool attachment to the 4A. Attachments Screen.
Select 'Yes' or 'No' in the chart below to indicate how your CoC reviewed, rated, and ranked project applications during your local competition:

1.	Established total points available for each project application type.	Yes
2.	At least 50 percent of the total available points were based on objective criteria to review, rate, and rank project applications.	Yes
3.	At least 25 percent of the total available points were based on system performance measures to review, select and rate project applications.	Yes
4.	Considered returns to homelessness in reviewing, rating, and ranking housing projects (TH, PH-PSH, PH-RRH).	Yes
5.	Considered employment income in reviewing, rating, and ranking housing projects (TH, PH-PSH, PH-RRH).	Yes
6.	Considered supportive service participation requirements in reviewing, rating, and ranking housing projects (TH, PH-PSH, PH-RRH).	Yes

1D-2.	New Proposals.	
	Does your CoC invite new proposals from entities that have not previously received funding, if such eligible entities exist?	Yes

1D-2a.	Web Posting of CoC-Approved Consolidated Application Before the CoC Program Competition Application Submission Deadline.	

	Enter the date your CoC posted all parts of the CoC-approved Consolidated Application on the CoC's website or partner's website–which included: 1. the CoC Application, and 2. Project Priority Listings.	09/30/2026

1D-2b.	Notification to Community Members and Key Stakeholders by Email that the CoC-Approved Consolidated Application is Posted on the Website.	

	Enter the date your CoC notified community members and key stakeholders that the CoC-approved Consolidated Application was posted on your CoC's website or partner's website.	09/30/2026

1D-2c.	Local Competition Selection Results for All Projects.	
	You must upload the Local Competition Selection Results attachment to the 4A. Attachments Screen.	

	Does your attachment include: 1. Project Names, 2. Project Scores, 3. Project Rank, 4. Project Status–Accepted, Rejected, Reduced Reallocated, Fully Reallocated, 5. Amount Requested from HUD, and 6. Reallocated Funds +/-.	Yes

1D-2d.	Projects Rejected/Reduced–Notification Outside of e-snaps.	

1.	Did your CoC reject or reduce any project application(s) submitted for funding during its local competition?	Yes
2.	If you selected 'Yes' for element 1 of this question, enter the date your CoC notified applicants that their project applications were being rejected or reduced, in writing, outside of e-snaps.	09/21/2026
3.	Did your CoC inform applicants why your CoC rejected or reduced their project application(s) submitted for funding during its local competition?	Yes

1D-2e.	Projects Accepted–Notification Outside of e-snaps.	

	Enter the date your CoC notified project applicants that their project applications were accepted and ranked on the New and Renewal Priority Listings in writing, outside of e-snaps.	09/21/2026

1D-3.	Reallocation–Reviewing Performance of Existing Projects.	

	Describe:
1.	your CoC's reallocation process to reallocate from lower performing projects to create new high performing projects, including how your CoC determined which projects are candidates for reallocation because they are low performing or less needed,
2.	whether your CoC identified any low performing or less needed projects through the process described in element 1 of this question during your CoC's local competition this year,
3.	whether your CoC reallocated any low performing or less needed projects during its local competition this year; and
4.	why your CoC did not reallocate low performing or less needed projects during its local competition this year, if applicable.

(limit 2,500 characters)

The Will County CoC has seen tremendous growth and is a strong, dynamic collaborative. This year's ranking process focused on maximizing permanent housing resources, expanding CoC project types, and creating a portfolio of person-centered, person-led projects focused on obtaining and maintaining permanent housing and promoting self-sufficiency across Will, Kendall, and Grundy Counties.

The CoC uses an annual, objective Project Review and Selection process to evaluate renewal projects against the CoC's published FY2026 priorities and system expectations. Renewal partners completed a Compliance and Reevaluation review to be considered for FY2026 funds. The review assessed financial and management capacity, experience, compliance, and ability to administer federal funds.

Performance benchmarks accounted for 50% of the overall score and included objective measures focused on returns to homelessness, employment income, and supportive service participation. The remaining evaluation considered system alignment and impact, project capacity, Coordinated Entry participation, ability to serve referred households, contribution to reducing homelessness, and alignment with published priorities, including maximizing successful permanent housing, improving system movement, expanding project types, efficiency and cost-effectiveness, person-centered services, and ending unsheltered homelessness.

Projects with lower performance scores, weaker system impact, limited demonstrated need, or less alignment with the published priorities were identified as candidates for reallocation. The CoC then considered whether those resources could have greater impact through new or expanded projects addressing regional needs and FY2026 HUD priorities. Higher scoring renewal projects with strong outcomes, continued need, and strong system alignment were retained.

For FY2026, the CoC recommended nearly 40% in reallocation. Reallocated renewal resources were directed toward new Transitional Housing and Supportive Services projects. Project selection prioritized infrastructure; successful permanent housing renewals; reallocated resources for new Transitional Housing and Supportive Services; street outreach; new Supportive Services Only; and new Transitional Housing. This approach allowed the CoC to retain strong-performing projects while strategically reallocating resources to strengthen and rebalance the regional homeless response system.

1D-3a.	**Reallocation Between FY 2021 and FY 2026.**	

	Did your CoC cumulatively reallocate at least 20 percent of its ARD between FY 2021 and FY 2026?	Yes

2A. Homeless Management Information System (HMIS) and System Performance

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants; and
- Frequently Asked Questions

2A-1.	HMIS Vendor.	
	Not Scored–For Information Only	

	Enter the name of the HMIS Vendor your CoC is currently using.(limit 75 characters)	WellSky

2A-2.	HMIS Implementation Coverage Area.	
	Not Scored–For Information Only	

	Select from dropdown menu your CoC's HMIS coverage area.	Single CoC

2A-3.	PIT Count–Methodology Change.	

	Describe:
1.	any changes your CoC made to your unsheltered PIT count implementation, including methodology or data quality changes between 2025 and 2026, if applicable, and
2.	how the changes affected your CoC's PIT count results.

(limit 2,500 characters)

The PIT Count methodology did not change.

2A-4. Reduce Encampments—Actions to Reduce Encampments.

Describe in the field below the actions your CoC took to reduce the number of encampments or the number of people residing in encampments during your evaluation period.

(limit 2,500 characters)

During the evaluation period (2/1/24–01/31/25), the CoC took coordinated action to identify, engage, and connect people residing in encampments and other locations not meant for habitation to shelter, housing, and supportive services. The CoC's Street Outreach team conducted proactive outreach at known locations where people experiencing unsheltered homelessness were staying. Outreach staff engaged individuals to identify immediate needs and barriers, provided referrals to emergency shelter and other resources, and connected eligible households to Coordinated Entry (CES) for assessment and housing opportunities. Households identified through outreach were added to the By-Name List for continued follow-up and housing navigation. The CoC coordinated with shelters, municipalities, law enforcement, fire departments, hospitals, behavioral health providers, and other community partners when encampments or concentrations of unsheltered homelessness were identified. These partnerships created additional referral pathways and allowed community partners to connect people directly to the homeless response system. The CoC emphasized service engagement and housing connections so that people could move from encampments into safer, more stable settings.
The CoC also participated in the State-sponsored 100 Day Challenge: Unsheltered Encampment Outreach during this period, using the initiative to intensify outreach, strengthen coordination, and accelerate connections to shelter and housing. The CoC continued strengthening its centralized access to CES, shelter, and housing interventions, including trauma-informed approaches. Outreach and CES partners maintained follow-up with households to support movement toward permanent housing and reduce returns to unsheltered homelessness.Our CoC has seen a meaningful and sustained reduction in unsheltered homelessness. From 2018 to 2026, there has been a 33% decrease in unsheltered homelessness. From 2024-2025 there was a 13% decrease and from 2025-2026 there was a 12% decrease. There was a 10% decrease in people experiencing chronic homelessness from 2025-2026. The overall 2026 PIT increased from the year before, with more people in shelter than ever before. Although this seems counterintuitive, it demonstrates the region's commitment to end unsheltered homelessness and supporting public safety efforts by helping people access shelter. People entering shelter from unsheltered homelessness make up 47% of the people we serve shelter.

2A-4a.	Reduce Encampments—Number of Encampments.	

1. Enter the estimated number of encampments in the beginning of your evaluation period.	2
2. Enter the reduction in the number of encampments during your evaluation period.	1

2A-4b.	Reduce Encampments—Number of People in Encampments.	

1. Enter the estimated number of people in encampments in the beginning of your evaluation period.	21
2. Enter the reduction in the number of people in encampments during your evaluation period.	5

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

If there has been no reduction in encampments or persons in encampments in your CoC, describe the plans your CoC has to participate in efforts to reduce these numbers.

(limit 2,500 characters)

The CoC reduced encampments and the number of people residing in encampments through coordinated outreach, shelter access, and housing-focused interventions. Street Outreach engaged individuals at known locations, connected them to the Coordinated Entry System, shelter, housing, and supportive services, and worked to move people indoors.

The CoC also coordinated an Encampment Taskforce with local and state partners, including IDOT, Illinois State Police, shelter providers, and outreach teams, to address encampments and connect individuals to appropriate housing, treatment, behavioral health, and shelter resources. This coordinated approach supported the safe resolution and elimination of encampments while prioritizing engagement, service connections, and movement indoors.

2A-5. Reducing the Number of First Time Homeless–CoC's Plan.

Describe your CoC's plan to decrease the number of individuals and families becoming homeless for the first time.

(limit 2,500 characters)

The CoC's plan to decrease first-time homelessness focuses on expanding prevention and diversion, prioritizing households most at risk, and strengthening coordination across the Homeless Response System (HRS).
The CoC's Plan to End Homelessness Committee (PEH) reviews shelter, service provider, hotline, and HMIS data, while the Consumer Leadership Committee provides qualitative data from people with lived experience. The PEH Committee oversees written standards and uses these data to identify prevention needs.
In 2025, 1,052 people entered the HRS while experiencing literal homelessness, with 71% experiencing homelessness for the first time. This represents a 5% decrease from 2024 and a 12% reduction over three years. However, more people continue to enter homelessness than can be connected to housing with available resources, making prevention essential.
The CoC identifies unaffordable, inaccessible, and unavailable housing, lack of stable employment, and health and healthcare access challenges as key factors contributing to homelessness. In 2024, the CoC expanded its written standards to strengthen Homeless Prevention (HP) and Shelter Diversion (SD) collaboration. New assessment questions allow HRS components to identify households at risk and directly connect them to HP, SD, and cross-system resources such as rental and utility assistance and employment support.
The CoC will advocate for increased and equitable prevention funding and prioritize resources for households at greatest risk. Currently, only approximately $0.10 is invested in prevention and diversion for every $1 invested in homeless response. Prevention can avoid the trauma of homelessness and reduce the estimated $13,000–$15,000 cost of rehousing a household.
In 2025, HP served 698 people, a 133% increase, at $3,050 per household. SD served 85 households, a 215% increase, at $1,616 per household. The CoC will build on these results by improving communication about prevention resources, developing a faith-based prevention partner network, and engaging local lawmakers through briefings and community forums to strengthen early identification and prevent housing instability from becoming literal homelessness.

2A-6. Reducing Length of Time Homeless–CoC's Plan.

Describe your CoC's plan to reduce the length of time individuals and families remain homeless.

(limit 2,500 characters)

The CoC recognizes that reducing the length of time people remain homeless remains a significant system-level challenge. While the Homeless Response System has improved exits to permanent housing and reduced returns to homelessness, five-year data does not demonstrate a reduction in the overall length of time people experience homelessness. From 6/1/2021–5/31/2026, 3,538 people experienced literal homelessness, with an average length of 429 days. The CoC will use this gap to strengthen interventions that address barriers keeping people homeless.
A key strategy is expanding Transitional Housing (TH) and supportive services for people experiencing literal homelessness. FY26 investments include diverse TH opportunities that provide housing alongside behavioral health, treatment and recovery, workforce development, employment and income supports, family services, and other person-centered services that promote housing stability and independence.
The CoC will also expand Supportive Services Only projects that work directly with people during homelessness. These projects will serve as System Navigators, connecting individuals and families to street outreach, emergency shelter, Coordinated Entry, TH, behavioral health and recovery services, employment pathways, and other community resources. This brings supportive services to people while they are experiencing literal homelessness rather than waiting until after they are housed.
Street outreach has expanded to 4 partners to improve identification and engagement of people experiencing unsheltered homelessness. Expanded Coordinated Entry capacity will connect people to these services and community resources. The CoC will strengthen partnerships with behavioral health, recovery, workforce, law enforcement, and other systems to reduce barriers and delays.
The CoC's 4 Regional Initiatives will coordinate regional efforts focused on housing pathways, behavioral health and recovery, outreach and crisis response, and economic mobility.
The CoC will monitor length of time homeless, housing placement, service engagement, and other performance measures to determine whether these strategies reduce the time households spend homeless. The goal is to advance a moving, housing-focused system that responds to changing needs and connects people to housing and supportive services needed to resolve their homelessness crisis as quickly as possible.

2A-7.	**Successful Permanent Housing Placement–Exits to Unsubsidized Housing.**	

Based on HMIS data, what percent of program participants exited from TH/RRH/PSH collectively to unsubsidized housing?	35.00%

Describe how you calculated the data for this response.

(limit 2,500 characters)

In FY25, the CoC rate for successful exit for ES, SH, TH, RRH is 40%. This is nearly 46% increase in people exiting homelessness to housing from FY24. This rate does not consider transitional housing as successful exit. The mission (a faith-based emergency shelter) connects many of the people who access their shelter to a transitional housing for either families or men who need recovery services. These TH projects are an important, positive exits from ES but not reported this way. They account for an additional 13% of the exits.

Using CoC Annual Performance Reports pulled from HMIS by the HMIS administrators, the CoC demonstrated that 101 of 290 program participants or 35% exit from TH/RRH/PSH collectively to unsubsidized housing. This only includes people who exited in FY2025 to the following exit destinations: Staying or living with family, permanent tenure; Staying or living with friends, permanent tenure; Rental by client, no ongoing housing subsidies; and owned by client, no ongoing subsidy.

2A-8.	Housing Inventory Count (HIC) and Point-in-Time (PIT) Count Date.	

	Enter the date your CoC conducted its 2026 Housing Inventory Count (HIC) and Point-in-Time (PIT) count.	01/28/2026

2A-8a.	HIC and PIT Count Data–HDX 2.0 Submission Date.	

	Did your CoC submit its 2026 Housing Inventory Count (HIC) and Point-in-Time (PIT) count data in HDX 2.0 by April 30, 2026, 8:00 p.m. EDT?	Yes

2A-8b.	Longitudinal System Analysis (LSA) Data–HDX 2.0 Submission Date.	
	You must upload your CoC's FY 2026 HDX Competition Report to the 4A. Attachments Screen.	

	Did your CoC submit at least two usable LSA data files to HUD in HDX 2.0 by January 16, 2026, 11:59 p.m. EST?	Yes

2A-8c.	System Performance Measures (SPM) Data–HDX 2.0 Submission Date.	

	Did your CoC submit its FY 2025 System Performance Measures data in HDX 2.0 by March 4, 2026, 8:00 p.m. EDT?	Yes

2A-9.	HMIS and Comparable Database Participation—Bed Coverage Rate.	

Using the FY 2026 HDX Competition Report we issued your CoC, enter data in the chart below by project type:

Project Type	Adjusted Total Year-Round, Current Non-VSP Beds	Adjusted Total Year-Round, Current VSP Beds	Total Year-Round, Current, HMIS Beds and VSP Beds in an HMIS Comparable Database	HMIS and Comparable Database Coverage Rate
1. Emergency Shelter (ES) beds	271	49	320	100.00%
2. Safe Haven (SH) beds	8	0	8	100.00%
3. Transitional Housing (TH) beds	68	0	68	100.00%
4. Rapid Re-Housing (RRH) beds	109	27	340	100.00%
5. Permanent Supportive Housing (PSH) beds	340	0	340	100.00%
6. Other Permanent Housing (OPH) beds	28	0	28	100.00%

2A-9a.	Partial Credit for Bed Coverage Rates of 84.99 Percent or Lower for Any Project Type in Question 2A-9.	

	For each project type with a bed coverage rate that is 84.99 percent or lower in question 2A-9, describe:
1.	steps your CoC will take over the next 12 months to increase the bed coverage rate to at least 85 percent for that project type, and
2.	how your CoC will implement the steps described to increase bed coverage to at least 85 percent.

(limit 2,500 characters)

All project types have abed coverage rate that is above 84.99 percent.

3A. Policy Initiatives

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- Frequently Asked Questions

3A-1.	**Supporting Activities within an Opportunity Zone.**	
	You must upload the HUD-2996 Certification for Opportunity Zone Preference Points attachment to the 4A. Attachments Screen.	

1.	**Will the proposed activities/projects occur within Opportunity Zone Census Tracts?**	Yes
2.	**Do you expect to use at least 50% of the proposed activities/projects in Opportunity Zones Census Tracts?**	No

3A-2	**Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes.**

Is your CoC requesting to designate one or more of its SSO, TH, or Joint TH and PH-RRH component projects to serve families with children or youth experiencing homelessness as defined by other Federal statutes?	No

4A. Attachments Screen For All Application Questions

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants; and
- Frequently Asked Questions

We have provided the following guidance to help you successfully upload attachments and get maximum points:

1.	You must include a Document Description for each attachment you upload; if you do not, the Submission Summary screen will display a red X indicating the submission is incomplete.
2.	You must upload an attachment for each document listed where 'Required?' is 'Yes'.
3.	We prefer that you use PDF files, though other file types are supported–please only use zip files if necessary. Converting electronic files to PDF, rather than printing documents and scanning them, often produces higher quality images. Many systems allow you to create PDF files as a Print option. If you are unfamiliar with this process, you should consult your IT Support or search for information on Google or YouTube.
4.	Attachments must match the questions they are associated with.
5.	Only upload documents responsive to the questions posed–including other material slows down the review process, which ultimately slows down the funding process.
6.	If you cannot read the attachment, it is likely we cannot read it either.
	. We must be able to read the date and time on attachments requiring system-generated dates and times, (e.g., a screenshot displaying the time and date of the public posting using your desktop calendar; screenshot of a webpage that indicates date and time).
	. We must be able to read everything you want us to consider in any attachment.
7.	After you upload each attachment, use the Download feature to access and check the attachment to ensure it matches the required Document Type and to ensure it contains all pages you intend to include.
8.	Only use the 'Other' attachment option to meet an attachment requirement that is not otherwise listed in these detailed instructions.

Document Type	Required?	Document Description	Date Attached
01. 1C-1. List of TH/RRH/PSH Projects and Treatment Providers with On-Site Substance Use Treatment	Yes		
02. 1C-1f. List of CoC Program Projects and Number of Units that require Substance Abuse Treatment	Yes		
03. 1C-3. Language from Project Supportive Service Agreements	Yes		
04. 1C-10. Evidence of Coordination and Non-Interference with Local Efforts to Advance Public Safety	Yes		
05. 1D-1. Local Competition Scoring Tool	Yes		

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

Attachment Details

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Submission Summary

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

Page	Last Updated
1A. CoC Identification	09/26/2026
1B. Coordination and Engagement–Accountable Structure and Participation	09/30/2026
1C. Coordination and Engagement	09/30/2026
1D. Project Review/Ranking	09/30/2026
2A. HMIS Implementation	09/30/2026
3A. Policy Initiatives	09/30/2026
4A. Attachments Screen	Please Complete
Submission Summary	No Input Required