

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:

1A-2. Collaborative Applicant Name: Kane County Health Department

1A-3. CoC Designation: CA

1A-4. HMIS Lead: Kane County Health Department

1B. Coordination and Engagement–Accountable Structure and Participation

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

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- Frequently Asked Questions

1B-1.	Accountable Structure and Participation.	
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In the chart below for the period from June 1, 2025 to May 31, 2026:

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

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

	Entity	Participated in CoC Meetings	Number of Board Members
1.	Affordable Housing Developer(s)	No	
2.	CDBG/HOME/ESG Entitlement Jurisdiction(s)	Yes	1
3.	Certified Community Behavioral Health Clinic (CCBHC)	Yes	1
4.	Community Mental Health Center (CMHC)	Yes	1
5.	Disability Advocate(s)	Yes	1
6.	Disability Service Organization(s)	Yes	1
7.	Emergency Medical Services (EMS)/Crisis Response Team(s)	Yes	0
8.	Employment Assistance Program(s) (e.g., Local Workforce Development, American Job Center)	Yes	0
9.	Faith-based Organization(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)	No	
13.	Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)	Nonexistent	
14.	Law Enforcement	No	
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	2

17.	State Government Staff/Official(s)	No	
18.	State or Local Elected Public Official(s)	No	
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	Nonexistent	
23.	Other homeless subpopulation advocate(s)	Yes	1
24.	Other nonprofit homeless assistance provider(s)	Yes	5
25.	Other social service provider(s)	Yes	1
26.	Public Housing Agencies	No	
27.	Recovery Housing or Sober Living Provider(s)	No	
28.	School Administrators/Homeless Liaison(s)	Yes	1
29.	School District(s)	Yes	1
30.	Street Outreach Team(s)	Yes	1
31.	Substance Abuse Advocate(s)	Yes	0
32.	Substance Abuse Service Organization(s)	Yes	0
33.	Universities	No	
34.	Veteran Serving Organization(s)	Yes	1
35.	Agencies Serving Survivors of Human Trafficking	Yes	0
36.	Victim Service Provider(s)	Yes	1
37.	Domestic Violence Advocate(s)	Yes	1
38.	Other Victim Service Organization(s)	Yes	1
39.	State Domestic Violence Coalition	No	
40.	State Sexual Assault Coalition	No	
41.	Youth Advocate(s)	Yes	1
42.	Youth Homeless Organization(s)	Yes	1
43.	Youth Service Provider(s)	Yes	1
44.	Other Homeless Assistance Provider(s)	Yes	1
45.	Local Business or Chamber of Commerce or a Member of a Business Improvement District	No	
	Other: (limit 50 characters)		
46.			
47.			

1B-2.	Open Invitation for New Members.	
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Describe your CoC's transparent process (e.g., communicated to the public on the CoC's website) to invite new members to join the CoC at least annually.

(limit 2,500 characters)

As per its Governance Charter, the Kane CoC has an open invitation for new members to join that is publicly available on the Kane County website. Application for membership is open continuously throughout the year on the website. Applications are considered when they are received. The membership application was updated to make it more user friendly and informative. Board members review the Membership Directory regularly with suggestions of potential members to follow up on. Particular attention was given to the Housing Authority of Elgin and Aurora Housing Authority. Prospective new members are encouraged and engaged by current CoC members throughout the year. All committee meetings are open for attendance. The CoC ensures effective communication with individual with disabilities through the availability of accessible electronic pdf formats along with closed captioning, google translate, mobile scalability. The CoC also uses the SiteImprove service that has search engine optimization and ADA compliance. It ensures colors are the right contrast, links are easy to see, and there are alt tags on images for screen readers. All pdf forms are easily readable by any browser. To make forms even more accessible, forms are changing into HTML so they can be easily completed on screen and then recompiled as a form when submitted.

1B-3.	CoC's Strategy to Solicit and Consider Opinions on Preventing and Ending Homelessness.	
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Describe your CoC's transparent process (e.g., communicated to the public on the CoC's website) to solicit and consider opinions regarding the CoC's general performance, strategies, and priority setting process from a broad array of individuals and organizations that have knowledge of homelessness or an interest in preventing or ending homelessness in the CoC's geographic area.
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(limit 2,500 characters)

A. The Kane CoC holds public meetings for the general membership in addition to 4 committee meetings held at least quarterly. All meetings are virtual and accessible to the public. Notification of all meetings is communicated to the public via the Kane CoC website and email communications to the CoC membership. The CoC Board includes a member with lived experience of homelessness. The CoC Board membership also includes city/county staff familiar with HUD, emergency shelter agencies, homeless prevention agencies, mental health and substance abuse services that serve homeless, McKinney-Vento education services, homeless youth services, services for veterans, legal or financial services to homeless person. The CoC ensures effective communication with individual with disabilities through the availability of accessible electronic pdf formats along with closed captioning, google translate, mobile scalability. The CoC also uses the SiteImprove service that has search engine optimization and ADA compliance. It ensures colors are the right contrast, links are easy to see, and there are alt tags on images for screen readers. All pdf forms are easily readable by any browser. To make forms even more accessible, forms are changing into HTML so they can be easily completed on screen and then recompiled as a form when submitted. The uniqueness of geographic areas within the county as well as the expertise of different members with certain populations is considered. This generates a broad array of perspectives that informs the CoC board policies.

B. The Kane CoC Board consists of a diverse group of organizations with an interest in homelessness including 2 county and city staff, emergency shelters, homeless prevention services, mental health and substance abuse services, persons with disabilities, homeless youth, LGBTQ, homeless veterans, legal services, regional office of education and persons with lived experience. This provides a wide array of input. The Kane CoC takes the input from all interested persons in developing and implementing policies such as Coordinated Entry, HMIS privacy, and unsheltered count procedures. The Coordinated Entry implementation used the opinions from representatives of all the geographic areas in the county so that the system could be no wrong door.

1B-4.	Public Notification for Proposals from Organizations Not Previously Awarded CoC Program Funding.	
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Describe your CoC's transparent process to accept and consider proposals from organizations that have not previously received CoC Program funding including faith-based organizations.

(limit 2,500 characters)

A. The Kane CoC issued a Notice of Fund Availability and Call for Projects invitations through a countywide email listserv and posted these documents publicly on April 26, 2026. The email notification included unfunded stakeholders. The Notice informed both funded and non-funded organizations of the opportunity to apply for funds for renewal and new projects. The Notice contained guidance on all eligible project applications and requirements with a deadline date of May 29, 2026 for submission of applications. Renewal, new project and DV bonus Project Applications and Evaluation Criteria were publicly posted and distributed by email on May 1, 2026. All projects had to submit a completed CoC Project Application by May 29, 2026. There were separate applications for new and renewal projects. Projects requesting DV bonus funds had additional questions on the New Project application form. The CoC Board determined what project applications would be included at their ranking meeting on July 15, 2026. All projects were scored using the Project Evaluation Tools with a maximum of 100 points. Renewals were evaluated using objective criteria based on how well they address the needs of the CoC, how well they service our identified priorities, and their project performance. Performance data was taken from the projects HMIS/ APR such as unit utilization rates, income growth in clients, data quality and timeliness, as well as cost effectiveness based on CoC averages. System performance measures such as income growth and housing stability were evaluated. New projects were evaluated based on program design, cost effectiveness, ability to address CoC needs, staff and agency experience, and readiness to begin work. There was availability of accessible electronic formats such as PDF on the website and in email communications. SiteImprove was used to check and fix any accessibility issues.

B. Our CoC does active outreach on our website, in Kane County Health Department newsletters, and on social media preceding the start of application season to advertise the NOFO and solicit applications from new agencies. This year, the Aurora Interfaith Food Pantry initially applied for shelter diversion funding, in our CoC's pre-application in the spring. They withdrew their application prior to the CoC Collaborative application's submission however, due to a misunderstanding on the grant that was being offered. They were interested in a CDBG renewal grant.

1B-5	Plan for Comprehensive Strategies for Reducing Homelessness.
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Describe how your CoC will incorporate comprehensive strategies for reducing homelessness, including interventions in 42 U.S.C. 11386b(d) and other targeted projects for specific subpopulations, by providing a plan to address a gap in the CoC's current homelessness system.

(limit 2,500 characters)

CoC IL-517 annually analyze HMIS data, PIT/HIC data, provider feedback, and input from people with lived experience of homelessness to identify system gaps. The most significant gap identified is insufficient income growth to keep pace with rising rents and stagnant wages. While our HMIS data analysis showed that 16.2% of adult stayers and 37% of adult leavers increased their income in our midyear report, Kane County's average FMR is \$1,581 for a one-bedroom and our average RRH participant has an income of \$1,708.

To address this gap, our CoC will strengthen supported service interventions appropriate to the needs of all relevant subpopulations. For example, for those with disabilities, employment goals will be adapted to their specific needs, and assistance with SSI/SSDI application may be necessary. For those with mental health and substance use needs, referral to treatment will be a necessary first step. Programs will provide individualized supportive services, including intensive case management, mental health and substance use disorder treatment, employment and job training, benefits assistance, and life skills development. Programs will also include Supportive Service Agreements, supported recently by our CoC Board.

Within 3 months, the CoC will develop and implement a referral plan with Kane County Workforce Development and our funded projects, including standardized referral procedures and tracking in HMIS. Within 6 months, providers will implement Supportive Service Agreements with all program participants in funded projects. Within 12 months, IL-517 will increase the percentage of adult stayers and leavers with earned or other income growth from the current baselines of 16.2% and 37%, respectively, and increase participant engagement in supportive services, as measure through HMIS. Data from HMIS and provider and Lived Experience Council feedback will be analyzed quarterly.

IL-517 will use HUD CoC Planning funds for this initiative, and will leverage Workforce Innovation and Opportunity Act (WIOA) funding through Kane County Workforce Development. The CoC Board will oversee implementation and review progress quarterly. The CoC collaborative applicant and participating providers will be responsible for completing assigned tasks, monitoring HMIS performance measures, and reporting barriers and corrective actions to the CoC Board.

1B-5a	Confirmation of Plan Coverage.
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Select 'Yes' or 'No' in the chart below to indicate whether your narrative in question 1B-5 addresses the following aspects of your plan to address a gap in the CoC's current homelessness system.

1. Identifies the gap, using data or stakeholder feedback	Yes
2. The strategy to address the needs of all relevant subpopulations	Yes
3. Sets quantifiable performance measures	Yes
4. Identifies timelines for the completion of specific tasks	Yes
5. Identifies specific funding sources for planned activities	Yes
6. An individual or body responsible for overseeing implementation of specific strategies	Yes

1C. Coordination and Engagement

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

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- Frequently Asked Questions

	1C-1. Treatment and Recovery Services—On-site Substance Use Treatment Availability.	
	You must upload the List of TH/RRH/PSH Projects and Treatment Providers with On-Site Substance Use Treatment attachment to the 4A. Attachments Screen.	
	What percent of your TH/RRH/PSH projects have substance use treatment available on site?	10%

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)

not applicable.

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)

Kane CoC has projects providing outpatient treatment for mental health/substance use disorders. The largest is Association for Individual Development (AID). We fund their housing and street outreach programs (AID Hunters Ridge, AID Elgin PSH, AID Street Outreach), while Medicaid funds mental health treatment (therapy/psychiatry) for program participants. Everyone who enters an AID program receives a comprehensive mental health evaluation at intake and is matched with the appropriate level of care. When appropriate, participants are referred for inpatient mental health stays before returning to AID's outpatient treatment. Psychosocial interventions, medication management, suicide prevention, and recovery supports are integral to treatment. When a participant has a history of substance use or substance use is suspected, they are referred for treatment. Other onsite treatment:

- Hesed House (The Harbor, Lighthouse 2) offers access to mental health and substance use disorder treatment onsite through The Harbor and where Lighthouse 2 case management takes place. Multiple therapy and substance use staff have offices inside Hesed House.

- Hesed House and Lazarus House (PH3) offer AA meetings onsite for substance use treatment.

- Lazarus House covers substance use treatment with Lighthouse Recovery, which opened an office across the street for its patients.

- Lazarus House offers weekly therapy appointments with an AID-employed therapist with an office inside Lazarus House.

- The Community Crisis Center offers onsite mental health treatment specific to their population (therapy for domestic violence survivors).

Our other projects that provide only case management make referrals to direct-service organizations an integral part of case management. Releases of information are signed with mental health and substance use disorder providers. Common referral agencies are AID and Ecker, though housing providers are well-versed at checking Medicaid, Medicare, and private insurance coverage for referrals elsewhere when appropriate. Other CoC members, such as Ecker Center for Behavioral Health, and close partners such as Lighthouse Recovery, NAMI, and the Elgin 708 Board, provide comprehensive mental health and substance use disorder treatment. Our partnerships ensure care is available to funded projects and individuals experiencing homelessness or housing insecurity in our jurisdiction.

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)

Peer recovery support is available in Kane County through groups such as Alcoholics Anonymous and/or Narcotics Anonymous (AA/NA), and support group structures found in the National Alliance on Mental Illness (NAMI) and our local Hands of Hope grief counseling. Our funded projects have close partnerships with these groups, including but not limited to many of our housing programs and shelters hosting frequent AA meetings onsite.

Additionally, NAMI, Hands of Hope, and AA have all presented CoC General Membership Meetings in the past to share information on all of their program offerings and coordinate with our funded projects on the best way to make referrals to services.

Ecker Center and Lighthouse Recovery also provide information on AA and Smart Recovery meetings in our area to clients who are transitioning from intensive treatment to ongoing recovery maintenance.

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)

When a person experiencing homelessness enters our Coordinated Entry System—either by entering a shelter or reaching out to a homelessness provider—they are asked a series of questions to assess their need. Multiple mental health questions are included (whether they have a mental illness, have any mental health diagnoses or have had any in the past, experience depression or other symptoms, or have been prescribed medications). This makes it easy for our shelters to quickly identify someone in need of treatment. Once identified, mental health treatment becomes a central part of that individual's case management plan. Referrals to treatment are made and releases of information are signed to ensure treatment plans are followed. One of our central mental health providers is the Association for Individual Development (AID). AID is a CoC member that is well-integrated into homelessness and shelter services, including a robust Street Outreach program. They offer both therapy and psychiatry services to everyone they work with. Their providers will actually travel to see their clients in most cases, providing access to treatment that transcends any transportation barriers. Clients also have the option of being driven to the clinic by their AID case worker. The Ecker Center for Behavioral Health is another CoC member with close connections to our shelters. Ecker accepts Medicaid and Medicare, among other insurances, and provides services either free of charge or at a reduced rate to those who cannot afford to pay. Ecker and AID also both have crisis lines, which when called will send a team of case workers out to intervene with an individual experiencing a mental health crisis on the street. AID's Street Outreach team is also essential to connecting individuals living on the street to mental health (and substance use disorder) treatment, preventing crisis incidents.

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)

The Ecker Center for Mental Health and Lighthouse Recovery both offer comprehensive substance use disorder treatment, including court-ordered treatment and completion of court paperwork. Ecker also does the same for court-ordered mental health treatment. They both offer Intensive Outpatient (IOP) treatment, and Ecker also offers a Partial Hospitalization Program (PHP). They refer to partner hospitals with inpatient programs as needed, including Advocate Sherman Hospital.

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 Ecker Center for Behavioral Health is a CoC member. They provide both mental health and substance use disorder treatment free of charge to those who qualify. By offering both in-person and virtual services, with multiple locations, they are able to serve a large portion of our unhoused population. Lighthouse Recovery has partnerships with our shelters as well. Both organizations are able to provide court-ordered treatment as well as treatment to those who have not had interaction with the court system. For court-ordered mental health treatment, Ecker Center for Behavioral Health and Lighthouse Recovery are common referrals made by the court system. The Kane County court system has a variety of mental health providers that they actively hand out as referrals and will accept for court-ordered treatment. Whomever the client sees for their treatment, their case managers will have a release of information (ROI) with that treatment center in order to coordinate on case management goals. Participating in treatment is always a key piece of the case management for any individual who currently has a substance use disorder, or who has struggled in the past. The end goal of case management in our housing programs is always increased housing stability and movement towards independence.

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

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

(limit 500 characters)

Our CoC partners with Ecker Crisis Response Units, AID's crisis line, and AID Street Outreach to connect people experiencing homelessness with immediate crisis response, mobile outreach, assessment, and stabilization services. These partnerships strengthen coordination between the homeless response and crisis systems and provide timely connections to appropriate services.

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.	74
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1C-1g.	Treatment and Recovery Services—24/7 Access to Detox, Residential, or Inpatient Treatment.	
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Is there 24/7 access to detox, residential, and inpatient behavioral health treatment within the geographic area of your CoC?	Yes
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1C-1h. Treatment and Recovery Services—Formal Partnership with Behavioral and Mental Health Facilities.

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

(limit 500 characters)

Ecker Center for Behavioral Health is a formal member of our CoC, and has formalized referral partnerships with our funded housing programs and emergency shelter members of the CoC. Ecker Center for Behavioral Health is both a Certified Community Behavioral Health Clinic (CCBHC) and a Community Mental Health Center (CMHC).

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)

Lazarus House's PH3 Permanent Supportive Housing project excludes participants who refuse to sign agreements prohibiting illegal drugs and alcohol on the premises, on the basis of supporting sobriety in the program.

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

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

(limit 2,500 characters)

CoC IL-517 coordinates with local crisis response, health, human services, and other community-based programs to ensure individuals and families at risk of or experiencing homelessness are connected quickly to appropriate housing and supportive services. Through coordinated entry and ongoing cross-system communication, participating programs identify housing instability early, obtain consent to share information when required, and make direct referrals rather than relying solely on clients to navigate multiple systems independently. Hospitals and inpatient treatment centers within our CoC employ social workers who visit with patients prior to discharge to ensure they are not discharging to unsheltered homelessness. Our CoC being situated within the Kane County Health Department, and located directly adjacent to Mercy Hospital (which has inpatient mental health and substance use treatment locations on its campus), enables us to be particularly well-equipped to facilitate these partnerships. Additionally, our CoC works with crisis response partners, including Ecker Crisis Response units and AID's crisis line, to connect people experiencing a behavioral health or other crisis with shelter, outreach, coordinated entry, and housing resources. Street outreach and crisis teams can engage individuals who may otherwise remain disconnected from the homelessness response system and facilitate connections to stable housing providers as needs are identified. At the same time, housing providers in our CoC can connect individuals and families experiencing a behavioral health crisis to these immediate response services for treatment before that individual seeks shelter, to increase their stability and chances at success. Our CoC monitors referral and housing outcomes through HMIS and provider feedback to identify barriers, improve referral pathways, and strengthen accountability for timely connections. Regular communication among providers supports warm hand-offs, reduces duplication, and helps ensure that participants remain connected to services through the transition to stable housing.

1C-2. Supportive Services Investment.

	Number
1. Enter your CoC's FY 2026 Annual Renewal Demand (ARD).	\$3,165,749
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.	\$1,328,610

3. Percent of your CoC's FY 2026 ARD (from element 1 above) that is supportive services funding (from element 2 above).	42%
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.	\$628,262
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).	62%

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

What percent of your housing projects (TH, PH-PSH, PH-RRH, and Joint projects) require program participants to take part in supportive services (e.g. case management, employment training, substance use disorder treatment) in line with 24 CFR 578.75(h)?	100.00%
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1C-4. Consulting with ESG Recipients.

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

(limit 2,500 characters)

A. The State of Illinois and the City of Aurora are ESG and ESG-CV recipients within the CoC's geographic area. The Kane Continuum consults with these ESG recipients at the initial funding stage of Illinois ESG grants to help select grantees and determine funding amounts and eligible cost categories. This consultation supports strategic allocation of resources to address shelter and housing needs during different phases of the pandemic. The Kane CoC Board sets criteria for awarding state ESG funds and determines allocations. The CoC Board represents all three Consolidated Plan jurisdictions—Aurora, Elgin, and Kane County—in planning and allocating ESG funds. Aurora has funded Hesed House, a CoC member. The Kane CoC consults with the State ESG Program Recipient and provides recommendations based on demonstrated subrecipient and system performance, assessment of community homeless assistance and housing needs identified through the County's Consolidated Planning process, and development of the annual Action Plan. Written standards for administering ESG assistance at the Continuum level are used to assess ESG subrecipient performance for the state recipient.

B. This provision is not applicable because there is a local ESG allocation within the CoC's geographic area. The City of Aurora is an ESG recipient, and Aurora has funded Hesed House, a CoC member. The CoC also consults directly with the State ESG Program Recipient regarding ESG funding and priorities.

C. The CoC's Collaborative Applicant is not the ESG recipient. However, the CoC maintains an active consultation role with both ESG recipients and participates in Consolidated Plan planning and updates. The CoC provides Housing Inventory Count (HIC) and Point-in-Time (PIT) data to all jurisdictions in the CoC for their Consolidated Plans. Each year, CoC staff provide consultation and input into Consolidated Plan updates, ensuring local homelessness information is communicated and addressed. This includes information on homeless populations and subpopulations; housing, health, and social service needs of households experiencing homelessness or at risk; outcome measures and performance standards; HIC and PIT data; and homeless prevention data. These issues are typically addressed in the Consolidated Plan's "Strategy for Developing a System to Address Homelessness" section.

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

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

(limit 2,500 characters)

CoC IL-517 coordinates closely with its three primary emergency shelter providers—Hesed House, Lazarus House, and Elgin PADS—to ensure individuals and families experiencing homelessness are quickly connected to Coordinated Entry (CE) and appropriate CoC assistance. Shelter providers serve as key access points to the CE system and work with participants to complete the Matching for Appropriate Placement (MAP) Assessment, our standardized Coordinated Entry tool. The assessment helps identify housing barriers and supports prioritization based on vulnerability. Shelter staff assist participants with completing the MAP Assessment within their first two weeks in shelter. Once this assessment is in HMIS, households are placed on our priority lists for either RRH or PSH (soon to include TH in the next grant year). For individuals and families who are unsheltered or unable to access shelter, CE access is also available through Street Outreach and other community-based providers. This multiple-access-point approach helps ensure that shelter access is not a prerequisite for receiving CE assistance. Shelter providers coordinate with the CoC Lead Agency and other CE partners to maintain current participant information in HMIS, identify changes in housing status or needs, and facilitate referrals to appropriate housing and supportive services. Biweekly case conferencing meetings allow our funded projects to connect with the providers who completed the MAP assessments, smoothly transitioning clients to available housing. When a participant is matched to an available CoC housing opportunity, housing program and CE-administering staff coordinate the transition, including documentation, communication with the receiving provider, and assistance addressing barriers that could delay placement. IL-517 monitors CE referrals and outcomes through HMIS and uses provider feedback and input from people with lived experience to identify gaps or delays in the referral process. The CoC Lead Agency and CE stakeholders review system performance and address barriers to timely connections. This coordinated approach allows Hesed House, Lazarus House, Elgin PADS, Street Outreach providers, and other community partners to function as an integrated system rather than isolated entry points, improving access to appropriate housing and services for individuals and families throughout the CoC.

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)

CoC IL-517 uses PIT, HIC, HMIS, and System Performance data to inform planning, resource allocation, and coordination of the homelessness response system. Data sharing is conducted in accordance with applicable federal and state privacy requirements and the CoC's approved HMIS Privacy Notice, HMIS Privacy Plan, and HMIS Security Plan. IL-517 only discloses data when permitted by law and applicable data-sharing agreements and does not disclose personally identifiable information (PII) when aggregated or de-identified data can meet the intended purpose. IL-517 shares appropriate aggregate and de-identified PIT and HIC results, HMIS system-level information, and System Performance Measures with state and local government partners to support identification of trends, service gaps, housing needs, and resource priorities. These data are used to inform local planning, funding decisions, emergency response, and strategies to reduce both sheltered and unsheltered homelessness. Where appropriate, data are also shared through established reporting processes with the Illinois Department of Human Services and local governmental partners. Currently, Illinois DHS is conducting a HUD TA review of PIT/HIC data that has been uploaded to the HUD Exchange in the past. We have granted the requested access to this data. The CoC Lead Agency coordinates preparation and dissemination of PIT/HIC and System Performance information, working with HMIS staff and participating agencies to ensure data quality and compliance with applicable privacy and security requirements. HMIS data are reviewed for completeness, accuracy, and appropriate aggregation before being used for external reporting or planning. When more detailed information is necessary for a permitted purpose, IL-517 follows the disclosure provisions established in its HMIS Privacy Notice and approved policies, including applicable participant consent requirements, data-sharing agreements, and minimum-necessary standards. PII is not shared simply because it may be useful; disclosures must have an authorized purpose and comply with governing requirements. The CoC Board oversees the use of homelessness system data and uses quarterly and annual performance information to identify gaps, monitor progress, and adjust strategies. This approach allows state and local partners to benefit from timely, actionable homelessness data while protecting participant privacy and maintaining the security and confidentiality of HMIS information.

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

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

(limit 2,500 characters)

CoC IL-517 uses data sources beyond HMIS to better understand participant needs, coordinate services, identify system gaps, and improve outcomes. HMIS information is considered alongside feedback from CoC members and our Lived Experience Council, in addition to information available from the Kane County Health Department and other community partners. IL-517 works with local government and community partners to identify trends that may not be visible through HMIS alone. For example, relationships with county workforce development partners help connect people experiencing homelessness to employment and training resources and allow the CoC to evaluate whether these connections contribute to increased income. Shelter and outreach providers also contribute information about emerging needs, barriers to care, and changes in participants' circumstances. The CoC uses information from health and behavioral health providers, when appropriately authorized and available, to better coordinate services for participants with complex needs and to reduce duplication. Information regarding hospital, treatment, or other system contacts can help providers coordinate transitions, identify follow-up needs, and connect individuals to housing and supportive services. The CoC also works with community partners to identify opportunities to coordinate with the justice system and other institutional systems when individuals are exiting those systems and may be at risk of homelessness. IL-517 uses these data sources in conjunction with HMIS, provider input, and feedback from people with lived experience to identify trends and prioritize system improvements. Data are reviewed for quality and shared only for authorized purposes and in accordance with applicable confidentiality requirements. Personally identifiable information is not shared when aggregate or de-identified information is sufficient. The CoC Lead Agency, HMIS staff, participating providers, and CoC Board use available cross-system information to identify gaps, strengthen referrals and care coordination, and evaluate whether interventions are improving housing stability, income, and access to services. This approach allows IL-517 to use HMIS as the foundation for system performance while incorporating additional information to provide a more complete picture of participant needs and outcomes.

1C-6. Employment and Workforce Development Partnership.

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

(limit 2,500 characters)

CoC IL-517 partners closely with Workforce Development, a formal CoC member. This partnership ensures our emergency shelters and CoC funded housing programs can make referrals to Workforce Development easily and have direct contacts for ease of communication. The instructions say this is only 500 characters.

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)

AID staff social workers are imbedded within most local police departments in Kane County. They work out of the police offices and go on calls with officers whenever there is a suspected behavioral health, homelessness, or other social issue at play that requires either a behavioral health sensitive approach or social service referrals. This co-response model helps reduce unnecessary escalation, builds trust with individuals who may be reluctant to engage with traditional systems, and creates an immediate pathway to appropriate services. AID's Street Outreach team also coordinates closely with local police departments and maintains strong working relationships with law enforcement personnel. Street Outreach staff help educate law enforcement on homelessness, behavioral health, substance use, available CoC resources, and engagement strategies that promote safety, dignity, and voluntary connection to services. These relationships allow outreach workers to call upon law enforcement in situations where safety concerns make independent street outreach difficult. Law enforcement backup expands the team's ability to safely engage people in locations and circumstances that might otherwise be inaccessible. This partnership is particularly important for individuals who have frequent contact with first responders but are not connected to the homelessness response system. Officers and co-response social workers can make direct referrals to AID Street Outreach, emergency shelter, crisis services, and other CoC resources. Outreach staff then provide a warm hand-off by meeting individuals in the community, assessing immediate needs, helping them access shelter and housing resources. CoC emergency shelters have robust relationships with local law enforcement as well. This allows for an open dialogue between law enforcement and shelter staff for referrals to shelters and our Coordinated Entry System for housing placement. Shelter staff can also communicate concerns to law enforcement and request a wellness check or assistance when an individual's safety or public safety is at risk. Through these partnerships, street outreach, law enforcement, and housing providers function as interconnected parts of the CoC. The shared goal is to turn encounters with first responders into positive opportunities for engagement, connect people to appropriate services, and ultimately increase access to shelter, Coordinated Entry, and stable housing while reducing repeated crisis-system contacts.

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)

Depending on an individual's needs and circumstances, case management and mental health goals could lead to family reunification over time. If someone presents at an emergency shelter in CoC IL-517 and it becomes clear they have a strong family or support-network connection, one of the first efforts to house them is through verifying and leveraging that connection. Our shelters have budgets for travel for family reunification, usually first requiring a conversation with the family or support network to verify. 360 Youth Services, an organization that sits on our CoC Board and receives CoC funding for RRH, encounters many family- and support-network reunification cases. This is because they focus on serving youth, many of whom became homeless when they left their family. They engage the family as soon as possible and focus on rebuilding those relationships as a main part of case management. This will often remain a focus as the program participant moves from immediate housing assistance to a program such as RRH.

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?	No	

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)

Kane County CoC is fortunate to have strong partnerships with the governments of the two largest cities in our jurisdiction: Aurora and Elgin. These cities serve on our CoC Board and in our General Membership, providing input from municipal staff and law enforcement. These city staff and law enforcement benefit from these CoC meetings as well as, in that they gain insight from homeless services and housing providers on how to manage homelessness and/or encampment issues. The Cities of Elgin and Aurora's participation on the CoC Board and in our homeless system is established via Memorandums of Understanding signed annually. Aurora and Elgin city governments, law enforcement, and CoC-funded Street Outreach projects have worked together diligently to eliminate encampments within our jurisdiction, while connecting individuals to shelter, outreach, and other appropriate services. The CoC does not interfere with or impede local efforts to address encampments, public safety, or illegal activity. Instead, outreach staff assist first responders by offering social services whenever possible. When an individual or tent is identified in a previously cleared area, city staff and outreach partners work quickly to engage the person and identify appropriate shelter or service options. Additionally, most police departments within Kane County have social workers onsite who co-respond to calls with law enforcement as appropriate, and coordinate directly with CoC-funded Street Outreach programs. As a result, CoC case workers provide one-on-one assistance to law enforcement on calls related to homelessness, behavioral health, substance use, or other sensitive issues that require social work support. This includes calls where involuntary commitment might be necessary due to an individual posing a danger to themselves or others. The CoC also supports law enforcement compliance with applicable Sex Offender Registration and Notification Act (SORNA) requirements. Information is shared only through authorized channels and consistent with applicable federal, state, and local laws, confidentiality requirements, and HMIS privacy and security policies. Through these partnerships, the CoC strengthens public safety while ensuring that people experiencing homelessness are offered meaningful pathways to shelter, services, and housing.

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)

CoC IL-517 partners with the governments of the two largest cities in our jurisdiction: Aurora and Elgin. These cities serve on our CoC Board and in our General Membership, providing law enforcement input to the CoC and homeless services provider feedback to the cities on issues such as encampments. Aurora and Elgin city governments, law enforcement, and CoC-funded Street Outreach projects have worked together to clear all encampments within our jurisdiction, while connecting individuals to shelter, outreach, and other services. When an individual or tent is identified in a previously cleared area, city staff and outreach partners quickly engage the person and identify shelter or service options. Elgin bans tents or camps on public property, in parks, or in parking garages. While this law could have led to incarceration, the city worked with Street Outreach to enable individuals to find emergency shelters, city-funded hotel vouchers, and housing programs, ending homelessness rather than delaying a return to homelessness through incarceration. Providing a place to go with supportive services was key to Elgin's success in eliminating encampments. Qualitative data from our CoC Board's Elgin and Aurora members and their law enforcement contacts reported zero permanent encampments over the last year. Quantitative data from the cities' records that 10 Elgin encampments with a population of 42 people in total were cleared out in 2025. This is due in large part to the Street Outreach programs the CoC funds and the support this Street Outreach received from city officials and law enforcement. Aurora has not had encampments, though Street Outreach and law enforcement monitor and engage homeless individuals they find to help them move to the next best place. Elgin's website attributes its past issue with encampments to previous homeless shelters closing many years ago. There is currently one shelter in Elgin, whose size is not large enough to accommodate the demand, so it frequently has wait lists. This is what makes the City's hotel vouchers necessary. Aurora has Hesed House as its shelter, which recently expanded to double its number of beds to over 300. With this capacity and robust supportive services, Hesed House has been able to meet demand in Aurora. In this application, our CoC plans to increase support to Hesed House's programs and AID's Street Outreach, increasing their ability to continue this work that has eliminated encampments in our CoC.

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 permanent encampments within Kane County CoC's jurisdiction. In 2024 and early 2025, Elgin had several encampments, including a major eight-acre encampment along Route 31, a second major encampment at 777 Big Timber, and smaller sites near McLean Boulevard and Route 20. The City of Elgin, law enforcement, and CoC-funded Street Outreach worked together to address these sites and connect residents to safe shelter and housing. The Route 31 encampment was censused and geo-tagged before relocation. Outreach staff engaged identified occupants before relocation, which occurred January 21-22, 2025. All 42 people living in the eight-acre encampment agreed to relocate. The relocation took two days following two months of planning. The City allowed "spot saving" for known residents temporarily hospitalized or incarcerated, allowing them to return to an appropriate placement rather than becoming unsheltered again. The 777 Big Timber encampment, where individuals who were subject to sex-offender restrictions had congregated after being displaced from the main encampment, was also cleared. Smaller encampments near McLean and Route 20 were likewise relocated. Since these relocations in 2025, permanent encampments have not been permitted in Elgin. Current information indicates that clearing encampments has not eliminated the need for outreach and shelter. Because HMIS participation among some Street Outreach providers remains incomplete, Elgin uses a Casework Command Center list, warming shelter data, and customized HMIS reports to monitor unsheltered homelessness. These sources estimate, with 85% accuracy, that no more than 250 people are currently unsheltered in Elgin. The warming shelter averages 40-70 users per night; average nightly guests declined 39%, from 77 in FY 2024-25 to 47 in FY 2025-26. For FY 2025-26, combined casework, warming shelter, and HMIS data indicate approximately 500 Elgin residents engaged with services through Street Outreach, emergency shelter, RRH, or PSH. Street Outreach and law enforcement in Elgin, Aurora, and smaller Kane County communities continue to identify and engage people experiencing homelessness and connect or transport them to safe shelter and services. These coordinated efforts have prevented permanent encampments from returning while maintaining pathways to shelter, housing, and supportive services.

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

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

(limit 2,500 characters)

CoC IL-517 addresses public use of illicit drugs through coordinated outreach, public-safety partnerships, and appropriate enforcement of existing laws. Kane County Code §12-47 prohibits loitering in a public place with the intent to engage in drug-related activity. The Kane County Forest Preserve District also prohibits illegal substances on preserve property and limits camping to designated or permitted areas. These policies provide enforcement tools while recognizing that homelessness itself is not a crime. The CoC will leverage these policies by strengthening coordination among law enforcement, outreach, behavioral-health, shelter, and housing providers. When public drug use or possession is identified, partners will use the least restrictive appropriate response while prioritizing rapid service connection. Outreach staff will assess needs, offer shelter and treatment referrals, and assist with benefits, transportation, identification, and housing navigation. Law enforcement intervention will be used when a specific violation or immediate public-safety threat exists. When a person presents a qualifying danger to self or others due to mental illness, partners will use applicable Illinois emergency mental-health procedures rather than treating homelessness or substance use alone as grounds for detention. The CoC will mitigate harmful effects of restrictive camping, trespass, and nuisance policies through coordinated outreach before and during enforcement actions whenever feasible. This approach was demonstrated during the 2025 Route 31 encampment response. The City of Elgin, Elgin Police and Fire Departments, hospitals, and community partners conducted a census, geo-tagged camps, and engaged residents before relocation. All 42 residents agreed to relocate, and the move was completed in two days following approximately two months of coordinated planning. The CoC will track outreach contacts, service and treatment referrals, shelter entries, housing placements, law-enforcement contacts, and repeat public-drug-use incidents. Qualitative measures will include provider observations, law-enforcement feedback, case reviews, and participant feedback. The Elgin Casework Command Center, created following analysis of police calls for service dating to 2013, provides an ongoing framework for coordinated outreach, case discussion, data sharing, and resource alignment. Partners will review outcomes quarterly and adjust strategies based on trends and identified barriers

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)

CoC IL-517 is seeing measurable progress in reducing fatal drug overdoses, while continuing to address illicit drug use among people experiencing homelessness and in other public settings. Kane County recorded 59 drug overdose deaths in 2024, a 24.4% decrease from 78 deaths in 2023. This local decline is consistent with the broader statewide trend: Illinois experienced a 30% decrease in drug overdose deaths in 2024, including a 35.6% decrease in opioid overdose deaths. Kane County's opioid burden nevertheless remains significant. In 2023, 71 Kane County residents died from opioid-related causes, while naloxone was reportedly used 95 times to reverse suspected overdoses. The County distributed 17,842 naloxone doses to first responders, organizations, agencies, businesses, and the public that year. These investments, along with street outreach, recovery-coach services, and treatment linkages supported through the Kane County Health Department, are contributing to a stronger community response. For people experiencing homelessness, the CoC recognizes that substance use and public drug activity can be intensified by unsheltered living, lack of privacy, untreated behavioral-health needs, and limited access to services. The CoC therefore combines public-safety coordination with proactive outreach and pathways to shelter, treatment, and housing. This approach was demonstrated during the 2025 Route 31 encampment response: partners conducted a census, geo-tagged camps, and engaged residents before relocation. All 42 residents agreed to relocate, and the move was completed in two days following coordinated planning. While public drug use is not captured by a single countywide measure, law-enforcement, outreach, and partner observations are used to identify emerging locations and trends. The CoC will continue using these data alongside overdose and service-engagement measures to target outreach, strengthen treatment connections, and sustain the downward trend in overdose deaths while improving public safety.

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)

CoC IL-517 has a coordinated approach for individuals experiencing homelessness who present a danger to themselves or others. Illinois law, applicable in Kane County, provides a clear standard for intervention. Under 405 ILCS 5/3-606, law enforcement may take a person into custody for emergency psychiatric evaluation when there are reasonable grounds to believe the person meets criteria for involuntary admission and needs immediate hospitalization to protect themselves or others. Homelessness or substance use alone does not constitute grounds for involuntary commitment. The CoC will leverage this policy through coordination among law enforcement, hospitals, behavioral-health providers, outreach teams, shelters, and housing providers. Outreach staff identify individuals in crisis, assess safety concerns, facilitate emergency intervention when legally appropriate, and connect individuals to treatment, shelter, and housing following stabilization. When camping, trespass, or other municipal policies affect unsheltered individuals, the CoC will mitigate unintended consequences through advance outreach, coordinated case planning, and service connections whenever feasible. The CoC's Casework Command Center demonstrates this approach. Developed after Elgin analyzed police calls for service at its largest encampment dating to 2013, the initiative brings the City of Elgin, Police and Fire Departments, hospitals, and community providers together for intake, case review, data sharing, coordinated outreach, and resource alignment. The model produced measurable results in 2025. Partners conducted a comprehensive census and geo-tagging of the Route 31 encampment and engaged residents before relocation. All 42 residents agreed to relocate, and the eight-acre encampment was cleared in two days following approximately two months of coordinated planning. This experience demonstrated qualitatively that consistent engagement and cross-system coordination can resolve significant safety concerns without relying solely on enforcement. The CoC will monitor emergency interventions, law-enforcement contacts, outreach encounters, shelter and housing placements, and repeat crisis contacts. Quarterly review of these measures, combined with provider, law-enforcement, hospital, and participant feedback, will guide improvements and ensure interventions protect public safety while connecting people to appropriate care and stable housing.

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)

CoC IL-517 supports public safety by coordinating with law enforcement and service providers to ensure sex-offender registration and location requirements are followed while maintaining access to shelter and services. Illinois' Sex Offender Registration Act (SORA), 730 ILCS 150/3, is a key local practice: individuals without a fixed residence must report weekly to the appropriate sheriff or municipal police department and provide locations where they stayed during the preceding seven days. Illinois' Sex Offender Community Notification Law, 730 ILCS 152/120, also establishes information-sharing requirements with law enforcement, schools, service providers, and the public. These requirements are particularly important for people experiencing homelessness. The CoC will build on this practice by strengthening communication among shelter providers, law enforcement, and outreach teams so eligible individuals can access shelter while maintaining required registration and location reporting. Wayside Cross in Elgin accepts registered sex offenders in its emergency shelter, providing a safer alternative to unsheltered homelessness while supporting compliance with registration requirements. No other emergency shelters in our CoC accept sex offenders. These shelters check the National Sex Offender Registry before accepting an individual into shelter. Residency or notification requirements can limit shelter and housing options and contribute to continued unsheltered homelessness. The CoC will mitigate these effects by referring sex offenders to Elgin's Wayside Cross, to keep them off the street. Street Outreach staff will help individuals maintain reporting obligations and coordinate with law enforcement when locations change. The CoC has demonstrated that coordinated outreach can improve public safety while connecting people to services. In 2025, Elgin partners conducted a census and geo-tagged encampments before relocation. All 42 encampment residents agreed to relocate, and relocation was completed in two days. This experience demonstrated that advance communication, coordinated casework, and trusted relationships can achieve public-safety goals without relying solely on enforcement. The CoC will track shelter and housing placements, referrals, service engagement, and registration-related coordination. Quarterly case reviews, with feedback from law enforcement, providers, and participants, will identify barriers and improve information-sharing practices.

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)

Kane CoC has an agreement with all law enforcement agencies to identify persons on the street and contact shelter staff daily. Police target areas known to be frequented by persons experiencing homelessness including the Illinois Prairie Path, local parks and forest preserves, train stations, and other places not meant for human habitation. PADS in Aurora visits the unsheltered homeless with goodie bags to engage them. Lazarus House visits anyone identified as unsheltered at the location identified. The city of Elgin has funded a street outreach worker and a community support team worker to identify unsheltered homeless and engage them in services. Soup kitchens and food pantries located in each of the 3 service areas in the county directly engage those who are unsheltered. The Street Outreach programs cover 75% of the Kane County service area; from the southernmost point in Aurora, up through the Elgin and Carpentersville Area. Rural Kane County is very vast with small populations scattered throughout, thereby making it difficult to cover. While the Street Outreach initiatives are not in rural Kane County, the provider AID still has a rural presence and individuals experiencing homelessness can still be connected to the program. Marketing materials are placed at each organization within the CoC's geographic boundaries that regularly encounter people who are homeless, or that periodically encounter people in hard to reach homeless subpopulations or are service-resistant. The CoC also ensures that Access Points are located in areas convenient to people who are least likely to access homeless assistance. Coordinated Entry materials are furnished to police departments, parks departments, schools systems and religious institutions for distribution to homeless individuals and families. Marketing materials include: posters that list access points, their locations and phone numbers, fliers containing information on access points and how the Coordinated Entry process works, laminated business cards with access points information for distribution to those hardest to reach. This includes information on how to access services, how to qualify, and multiple language translation services including sign language. There is a 24 hour crisis line. PADS in Aurora has a VRS (Video Relay System) to help the deaf make video-based phone calls.

1C-12.	Collaboration Related to Children and Youth—Written Agreements with Early Childhood Services Providers.	
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Select 'Yes' or 'No' in the chart below to indicate whether your CoC or HUD-funded projects in the CoC have written agreements with the listed providers of educational supports and services for children ages 0-5:

		Written Agreement
1.	Child Care (including Child Care and Development Fund)	No
2.	Early Childhood Providers	Yes
3.	Early Head Start	No
4.	Home Visiting Program (including Maternal, Infant and Early Childhood Home and Visiting or MIECHV)	No
5.	Head Start	Yes
6.	Healthy Start	No
7.	Public Pre-K	No
8.	Tribal Home Visiting Program	No
	Other (limit 150 characters)	

9.		
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1C-12a.	Collaboration Related to Children and Youth—Formal Partnerships with Schools and Youth Education Providers.	
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Select 'Yes' or 'No' in the chart below to indicate the youth education providers your CoC has a formal partnership with:

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

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

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

(limit 2,500 characters)

Working with each district's homeless liaison has been in place for over ten years due to McKinney Vento sub grants in place to assist school districts. Full information about education rights is provided at intake, and ensures preschool and school-aged children are referred to local district liaison immediately. At intake, case managers verify where children are attending school, their educational needs (including special needs or early childhood programs), and give information on education rights. Children are referred to the local school district liaison immediately. The case managers give full information, including the right to continue to attend the prior school they had been attending, with transportation provided by the school district or to enroll in the local school. The case managers ensure that both preschool and school-aged children are referred to the local liaison immediately so that as little time as possible lapses in their school attendance. The children's educational needs are part of each case record. Adherence to the McKinney Vento education requirements is evaluated by the CoC Board annually. Each CoC and ESG provider must have an approved agency policy adopted. Practices must be in accordance with all provisions of the law including families/children/youth being informed of their rights under McKinney/Vento and receive written materials that includes the definition of homeless, right to attend school or preschool immediately without required paperwork, right to attend school of origin with transportation and the right to free lunch and fee waivers. A designated staff person is named who must ensure the school enrollment of every homeless child encountered as quickly as possible. The policy also requires that emergency shelters, transitional housing, and permanent housing (PSH and RRH) providers within the CoC do not deny admission to or separate any family members from other members of their family based on age, sex, or gender when entering shelter or housing. No one is denied admission with children under 18.

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 Kane CoC coordinates with the discharge protocol mandated by the Youth Housing Assistance program (YHAP) under the Illinois Dept. of Children and Family Services (IDCFS) for youth aging out of foster care. The YHAP prevents foster youth who are approaching emancipation or who are already emancipated from being discharged into homelessness. Housing advocacy is provided for youth at least 17 ½ and less than 21. Cash assistance is provided to youth between their 18th and 21st birthdays. Cash assistance includes assistance with security deposit and move-in expenses, crisis assistance to pay rent or utility arrears and a rental subsidy up to \$250 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 like the Independent and Transition Living Programs. Caseworkers from the IL Dept of Children and Family Services develop a discharge plan and refer foster care youth to the Youth Housing Assistance Program six months before discharge if they are in need of housing. Members of the CoC participate in coordinating efforts to ensure these youth are not discharged into homelessness. In the Kane CoC the housing advocacy is provided by Aunt Martha's and cash assistance is provided by Metropolitan Family Services. Aunt Martha's is a member of the Kane CoC and Metropolitan Family Services is a member of the CoC. This discharge policy is understood between the Continuum members and the local IL Dept. of Children and Family Services offices. The policies in place are the state Dept. of Children and Family Services regulations and the brochure containing the discharge guidelines is used by the members of the CoC.

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)

There are no RHY providers in IL517.

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)

Community Crisis Center Rapid Rehousing for DV project.

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)

Community Crisis Center Rapid Rehousing provides supportive services that help families with children increase earned income and strengthen their ability to sustain rent after exiting homelessness. Each household works with a Rapid Rehousing case manager to develop individualized goals based on employment history, skills, barriers, and housing needs. When increased income is needed to maintain housing, the case manager connects participants with Workforce Development resources and works with them to establish achievable employment, job-training, and career-development goals. Participants are referred to Workforce Development programs for job search assistance, resume development, skills training, career exploration, and other employment supports appropriate to their needs. Case managers help participants identify and address barriers to employment and monitor progress toward increased income as part of ongoing housing stabilization. When appropriate, participants are also connected to job training, credentialing, apprenticeship, and other career pathways that can lead to higher and more sustainable wages. The project also makes employment resources readily accessible. The Community Crisis Center maintains a lobby bulletin board featuring local job fairs, workforce workshops, hiring events, training opportunities, and other employment resources, allowing participants to independently identify opportunities in addition to individualized case management referrals. This approach recognizes that rental affordability is closely connected to household income. By combining short-term housing assistance with individualized employment planning, Workforce Development referrals, and access to local training and hiring opportunities, Community Crisis Center Rapid Rehousing helps families increase their income, reduce reliance on temporary assistance, and build the financial stability needed to successfully maintain housing.

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)

Community Crisis Center Rapid Rehousing (RRH) leverages mainstream family service systems to strengthen housing stability and maximize resources available to families with children experiencing homelessness. RRH case managers assess each household's eligibility for mainstream benefits and make referrals to programs that can increase household income, reduce essential expenses, and support long-term housing stability. Case managers connect eligible families to Temporary Assistance for Needy Families (TANF) and other public benefits, including SNAP, WIC, Medicaid, and subsidized child care, as appropriate. Staff assist participants with identifying available benefits, completing applications, gathering documentation, and following up with the appropriate agencies. TANF and other mainstream resources can supplement employment income and help families meet basic needs while they transition to permanent housing, reducing the amount of time they require housing assistance. The project also coordinates with local family-service and workforce systems to avoid duplication and maximize available resources. When a household has children, case managers consider the family's full range of needs—including employment, child care, transportation, food, health care, and income supports—and incorporate appropriate mainstream resources into the household's housing stabilization plan. By combining CoC-funded Rapid Rehousing assistance with TANF and other mainstream family-service resources, Community Crisis Center Rapid Rehousing expands the resources available to families, supports increased household income, and helps participants assume and sustain their rental costs. This coordinated approach allows CoC resources to be targeted to housing needs while mainstream benefits provide ongoing support that can continue after the family exits Rapid Rehousing.

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)

Community Crisis Center Rapid Rehousing combines housing assistance with coordinated family supports to help parents obtain and sustain safe, stable housing. RRH case managers assess each household's needs and incorporate appropriate services into an individualized housing stabilization plan. For families with young children, case managers connect parents with childcare assistance and local childcare resources, helping address a common barrier to employment and housing stability. Families are also referred to parenting education, family-support programs, and other community-based services that strengthen parenting skills and family functioning. The project helps families access pregnancy-related and child healthcare by connecting participants with Medicaid and other health coverage, prenatal care, pediatric care, immunizations, behavioral health services, and community health providers as appropriate. Case managers help families identify resources, complete applications, and overcome barriers such as transportation or lack of insurance. Education is also incorporated into housing stabilization. Families are connected to their children's schools and available educational supports, including enrollment assistance, school-based resources, early childhood education, and programs that address academic or developmental needs. When appropriate, parents are also connected to adult education, GED, vocational training, and workforce-development opportunities that can improve household income. The project's case management model brings these services together rather than treating housing as a stand-alone need. Case managers coordinate referrals, follow up on connections to services, and adjust goals as family circumstances change. By combining Rapid Rehousing assistance with childcare, parenting support, healthcare, and education, Community Crisis Center Rapid Rehousing addresses the interconnected needs that can affect a family's ability to obtain housing, maintain employment, and remain stably housed after rental assistance ends.

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)

Hines VA

 bsp

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)

Mutual Ground DV provider

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)

The Association for Individual Development (AID), a CoC member with CoC funded programs, operates a Re-Entry Services program in partnership with the Kane County Jail. The program begins while individuals are still incarcerated and provides case management, resource navigation, and connections to housing, employment, healthcare, benefits, and behavioral health services as people prepare to return to the community.

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)

Hesed House provides specialized supportive services for homeless individuals with a high level of medical needs through its partnership with Aunt Martha's Clinic, which is onsite at Hesed House and provides medical care to residents. Hesed case managers coordinate with medical staff on primary and preventive medical care, helping clients overcome barriers and follow treatment plans. AID mental health therapists and Ecker Center substance use counselors also provide onsite treatment at Hesed.

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 IL-517 has close partnerships with Illinois Supportive Living Program (ILSLP) providers in our area, allowing for easy referrals when individuals reach an age or level of care that requires a supportive living environment. Examples include Eden Supportive Living, Heritage Woods of Batavia and South Elgin, and Asbury Gardens.

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)

Lighthouse Consolidated 2

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)

Hesed House's Lighthouse 2 project provides on-site behavioral health care to participants, with access to AID (Association for Individual Development) licensed therapists who maintain offices onsite at Hesed House. This allows participants to receive behavioral health counseling in a familiar, accessible setting and reduces barriers that can prevent individuals experiencing homelessness from engaging in treatment. Lighthouse 2 prioritizes individuals experiencing chronic homelessness, including people who may have significant behavioral health needs and require ongoing support to maintain housing stability. AID therapists work collaboratively with Lighthouse 2 case managers to identify behavioral health needs, provide counseling and supportive services, and connect participants to additional levels of care when appropriate. When psychiatric evaluation or medication management is needed, AID therapists can refer participants to AID psychiatrists. Participants can also be connected to Aunt Martha's onsite primary care clinic at Hesed House for medical evaluation and assistance with psychiatric medication needs. Having behavioral health, primary care, and housing supports available at the same location promotes coordinated care and makes it easier for participants to address behavioral health needs without having to navigate multiple disconnected systems.

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)

Hesed House's Lighthouse 2 project uses a person-centered assessment process to identify when a participant's needs exceed the level of care that can be safely and effectively provided through the project. Lighthouse 2 prioritizes individuals experiencing chronic homelessness, many of whom may have complex medical, behavioral health, or substance use needs. Case managers regularly assess participants' functioning, health and behavioral health needs, ability to manage activities of daily living, medication needs, and ability to maintain safety and housing stability. When staff identify a need for a higher level of care, the participant is connected to the appropriate clinical or community-based provider for further assessment. AID licensed therapists located onsite at Hesed House can assess behavioral health needs and coordinate referrals to AID psychiatrists or other behavioral health services, including residential treatment when clinically appropriate. Aunt Martha's onsite primary care clinic can evaluate medical needs, including needs related to psychiatric medications, and help coordinate referrals for more intensive medical care. Coordination between case managers and specialist physicians is always an important piece of a participant's case management, which allows staff to stay fully informed on a participant's ability to safely care for themselves independently. When a participant may require assisted living, skilled nursing, or another setting with a higher level of support, case managers coordinate with healthcare providers and other appropriate community resources to facilitate assessment, referral, and transition. At the CoC level, IL-517's coordinated entry and case management practices emphasize ongoing assessment and connection to the most appropriate intervention capable of safely meeting a participant's needs. HMIS and Coordinated Entry information, provider observations, participant self-report, and clinical recommendations are used to identify changing needs and guide referrals. The goal is to ensure that participants receive housing and services appropriate to their level of need while avoiding placement in a higher level of care unless it is necessary. Staff continue to coordinate with providers during transitions to support continuity of care and housing stability.

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)

Hesed House's Lighthouse 2 project has a structured, participant-centered process for assessing readiness to move from permanent supportive housing to unsubsidized or other permanent housing. Because Lighthouse 2 prioritizes individuals experiencing chronic homelessness, the project recognizes that readiness is individualized and may develop over time as participants achieve greater stability, self-sufficiency, and independence. Lighthouse 2 case managers regularly assess participant progress through case management and the Self-Sufficiency Matrix, an assessment tool used across CoC projects to measure growth across multiple areas of functioning and stability. The assessment helps staff and participants identify strengths, measure progress, and establish or refine case management goals. Areas of improvement may include income and employment, career growth, housing stability, health, transportation, daily living skills, and access to community resources. This information helps determine whether a participant can successfully maintain housing with fewer supports. When a participant demonstrates sustained stability and increased self-sufficiency, case managers work with the participant to evaluate moving-on options, including unsubsidized housing, other permanent housing, or other housing arrangements that appropriately meet the participant's needs. The assessment considers the participant's ability to maintain housing, manage daily responsibilities, access needed services independently, and sustain income or other resources necessary to meet household expenses. The CoC's policy is to use ongoing assessment rather than a one-time determination. Participant progress, preferences, goals, and changing circumstances are reviewed through regular case management, with the Self-Sufficiency Matrix providing an objective framework for measuring progress. If a participant is ready to move on, staff assist with housing search, benefits and income planning, employment and career-growth goals, budgeting, and connections to mainstream and community-based resources. If a participant is not yet ready, the case management plan is adjusted to address remaining barriers and build additional self-sufficiency. This approach supports the CoC's goal of helping participants achieve the highest level of independence possible while ensuring that moving to a less intensive housing intervention occurs when it is appropriate, sustainable, and consistent with the participant's goals.

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

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

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

1D-1.	Project Review and Ranking Process Your CoC Used in Its Local Competition. We use the response to this question along with the required attachment as a factor when determining your CoC's eligibility for bonus funds and for other NOFO criteria below.	
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You must upload the Local Competition Scoring Tool attachment to the 4A. Attachments Screen.

Select 'Yes' or 'No' in the chart below to indicate how your CoC reviewed, rated, and ranked project applications during your local competition:

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

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

You must provide a response in question 1D-2.

1D-2a.	Web Posting of CoC-Approved Consolidated Application Before the CoC Program Competition Application Submission Deadline.	
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	Enter the date your CoC posted all parts of the CoC-approved Consolidated Application on the CoC's website or partner's website—which included: 1. the CoC Application, and 2. Project Priority Listings.	
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You must enter a date in question 1D-2a.

1D-2b.	Notification to Community Members and Key Stakeholders by Email that the CoC-Approved Consolidated Application is Posted on the Website.	
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	Enter the date your CoC notified community members and key stakeholders that the CoC-approved Consolidated Application was posted on your CoC's website or partner's website.	
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You must enter a date in question 1D-2b.

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

	Does your attachment include: 1. Project Names, 2. Project Scores, 3. Project Rank, 4. Project Status—Accepted, Rejected, Reduced Reallocated, Fully Reallocated, 5. Amount Requested from HUD, and 6. Reallocated Funds +/-.	Yes
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1D-2d.	Projects Rejected/Reduced—Notification Outside of e-snaps.	
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1.	Did your CoC reject or reduce any project application(s) submitted for funding during its local competition?	No
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1D-2e.	Projects Accepted—Notification Outside of e-snaps.	
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	Enter the date your CoC notified project applicants that their project applications were accepted and ranked on the New and Renewal Priority Listings in writing, outside of e-snaps.	07/30/2026
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1D-3.	Reallocation—Reviewing Performance of Existing Projects.	
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	Describe:	
	1. your CoC's reallocation process to reallocate from lower performing projects to create new high performing projects, including how your CoC determined which projects are candidates for reallocation because they are low performing or less needed,	
	2. whether your CoC identified any low performing or less needed projects through the process described in element 1 of this question during your CoC's local competition this year,	
	3. whether your CoC reallocated any low performing or less needed projects during its local competition this year; and	
	4. why your CoC did not reallocate low performing or less needed projects during its local competition this year, if applicable.	

(limit 2,500 characters)

1) The Aurora/Elgin/Kane Reallocation Policy allows for both voluntary and involuntary reallocation of funds from renewal projects for the creation of new projects that fit HUD goals and meet local needs. Involuntary reallocation occurs when projects are low performing or less needed according to the Coordinated Entry data. Reallocation shall have the intent to meet housing needs for persons as identified in the Coordinated Entry process and align with HUD's policy priorities. Currently-funded CoC program project applicants interested in voluntarily reallocating can notify the Kane CoC in writing of their intent to reallocate funds. Involuntary reallocation will be determined by the CoC Board, after a thorough review of a project's cost, performance, and outcome data. The CoC Board, after a thorough review of a project's cost, performance, and outcome data will consider involuntary reallocation of a renewal project where HUD contractual goals are not met, both in numbers served, housing stability and financial expenditures. The Needs Assessment Committee will review each grant recipient's expenditures and program outcomes on a quarterly basis. The CoC Board reviews and approves any reallocation as part of the annual CoC Ranking and Review process.

2) All renewal projects underwent a thorough review process. In 2026, due to the change in HUD priorities, several projects identified themselves as less needed and elected to reallocate or transition to different project components. The Kane reallocated less needed PSH projects to new TH projects this year.

3) In 2026, Ecker Center voluntarily identified the entire Leasing project requesting a project reallocation. The Kane CoC Board determined that this project amount would be reallocated to create a new Street Outreach SSO project. This was after determining that housing stability for the residents was maintained in the Leasing project through other funding sources.

4) The Ecker Center Leasing project was completely reallocated on a voluntary basis.

1D-3a.	Reallocation Between FY 2021 and FY 2026.	
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	Did your CoC cumulatively reallocate at least 20 percent of its ARD between FY 2021 and FY 2026?	Yes
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2A. Homeless Management Information System (HMIS) and System Performance

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

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

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

	Enter the name of the HMIS Vendor your CoC is currently using.(limit 75 characters)	Wellsky
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2A-2.	HMIS Implementation Coverage Area.	
	Not Scored–For Information Only	

	Select from dropdown menu your CoC's HMIS coverage area.	Single CoC
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2A-3.	PIT Count–Methodology Change.	
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	Describe:
1.	any changes your CoC made to your unsheltered PIT count implementation, including methodology or data quality changes between 2025 and 2026, if applicable, and
2.	how the changes affected your CoC's PIT count results.

(limit 2,500 characters)

1. There was no sheltered PIT methodology or data quality change. The Kane CoC used client data in HMIS as the primary data source for the sheltered PIT count for emergency shelter and transitional housing projects that participate in HMIS. Information from DV and other non-HMIS providers was provided in surveys to the HMIS System Administrator. The HMIS one night report was run using unique client identifiers for de-duplication. Follow up ensured that the count included all persons in emergency shelters and transitional housing programs, including domestic violence. The number of providers contributing data remained the same. There were no changes in the unsheltered count. It included surveys with volunteers and training. The surveys included all demographics, household type and members, specific location of where they were sleeping, identifying characteristics, history of homelessness (to determine chronic status), disability and criminal record. Local questions included participation in services, satisfaction or frustration with services, how long they have been in this area, location of origin, and whether criminal record has impacted their housing. The unsheltered survey tool uses age ranges in order to more easily identify youth and count them separately. One person, the CoC Coordinator tallied all surveys which aided in de-duplication. Volunteers went to known locations and both law enforcement and volunteers drove around looking for people outside of those locations as well. More known locations throughout the entire coverage area were identified by persons with lived experience, police and shelter providers. The CoC identified hot spots in Elgin at the encampment and in the parks/parking garage. There was veteran outreach. 2. There were no effects on the CoC PIT count results.

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

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

(limit 2,500 characters)

For the evaluation period of January 1, 2025 to December 31, 2025, CoC IL-517 reduced permanent encampments in our jurisdiction from 2 to 0, a 100% reduction. This outcome was achieved through coordinated Street Outreach, relocation assistance, and partnerships among the CoC, local government, first responders, and housing and shelter providers. The largest encampment was an approximately 8-acre site along Route 31 in Elgin, where 42 individuals were identified as living. Rather than relying solely on enforcement, the City of Elgin and CoC Street Outreach engaged residents before the closure. Outreach staff conducted a comprehensive census and geo-tagged all occupied areas, then spoke directly with individuals during the weeks leading up to relocation to explain options and connect them with services. Approximately 2 months of planning and coordination preceded the relocation. On January 21–22, 2025, CoC partners and the City of Elgin successfully relocated all 42 individuals from the Route 31 encampment. All 42 agreed to relocate, and the move was completed in 2 days. Individuals were connected to emergency shelter, city-funded hotel vouchers, and appropriate housing and supportive service programs. This coordinated approach addressed the encampment while maintaining engagement and providing pathways to safer, more stable housing. The CoC also worked with the City of Elgin and its partners to address a second major encampment at 777 Big Timber, which developed after individuals were displaced from the primary encampment. That site was subsequently closed, eliminating the second permanent encampment and bringing the total from 2 to 0. Smaller concentrations of tents and unsheltered individuals were also identified and addressed through ongoing Street Outreach. Following these efforts, the CoC maintained active outreach rather than treating encampment closure as the end of intervention. Street Outreach continues to identify individuals sleeping outdoors and rapidly connect them with shelter, housing, benefits, and supportive services. Outreach staff are closely connected to local police departments and first responders, enabling rapid response when new unsheltered situations are identified. This system of identification, engagement, referral, and housing placement helps prevent isolated tents from developing into permanent encampments and contributed to sustaining the zero permanent encampment outcome through December 31, 2025.

2A-4a.	Reduce Encampments—Number of Encampments.	
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1. Enter the estimated number of encampments in the beginning of your evaluation period.	2
2. Enter the reduction in the number of encampments during your evaluation period.	0

2A-4b.	Reduce Encampments—Number of People in Encampments.	
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1. Enter the estimated number of people in encampments in the beginning of your evaluation period.	42
2. Enter the reduction in the number of people in encampments during your evaluation period.	42

&nbsp;nbsp;

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)

NOT APPLICABLE. There has been a reduction in encampments in this CoC's jurisdiction, from 2 to 0 encampments, a reduction of 42 unsheltered individuals.

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 process the CoC developed to determine which risk factors to use in identifying persons becoming homeless is coordinating with all the provider access points of Coordinated Entry as well as with food pantries, soup kitchens, and shelters in all 3 service areas of the county. Food insecurity is a major risk factor. Others include unemployment, behind on rent/mortgage, no transportation, insufficient income, physical illness/disability and fleeing domestic violence. Mainstream and homeless providers identify those in a housing crisis and refer them for homeless prevention assistance. The Coordinated Entry pre-screening process is used to address households at risk of becoming homeless. Pre-screening must occur when a family or individual first contacts in person a provider that is serving as a Coordinated Entry Access Point or, in an emergency or after-hours situation, as soon after that first contact as possible. If homeless prevention or other mainstream services can address the housing needs of a family or individual, a referral to these services are offered at this point. State homeless prevention funds, state ESG and private funds are allocated in all 3 service areas of the CoC to prevent people from becoming homeless, divert people who are applying for shelter into other housing, and help people who are homeless to quickly move into permanent housing. In 2025, the Kane CoC received a total of \$1,414,597 in Homeless Prevention funding through IDHS. Homeless prevention services include case management, short and medium term rent assistance, utility assistance, and housing location and stabilization assistance—used for the purpose of preventing evictions and first time 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)

To reduce Length Of Time homeless, the CoC examines its ES and TH data from the HMIS system for projects with high error rates, long stays, and protocol types in shelter data collection. The goal is to strengthen housing focused case management across the CoC programs, especially shelters and transitional housing. The system also provides direct referrals to homeless prevention services, domestic violence housing and supportive housing for youth to reduce the length of time homeless. Funding for expansion of rapid rehousing has increased within the CoC to reduce the length of time homeless. In addition to the HUD Community Crisis Center expansion of 11 rapid rehousing units, the CoC received \$828,649 in state funds for expansion of rapid rehousing. The Kane CoC has implemented a rapid rehousing review panel to expedite housing placement. The panel meets biweekly to review current caseload with real time updating and case conferencing. Agencies are assigned clients and then focus their activities on a swift housing placement. The Kane CoC is focusing on significant increases in housing placement and decreases in length of time homeless. The Coordinated Entry process is being used to identify and house persons with the longest lengths of homelessness according to the written orders of priority. There is a standard assessment tool used. The Kane County Coordinated Entry utilizes the Matching for Appropriate Placement (MAP) assessment tool to prioritize referrals to available housing resources. The MAP uses the following factors to determine vulnerability: risk of harm, issues with socialization and daily functioning, and wellness. The MAP assigns a score to each client, based on these factors. These scores, along with the dates that each family or individual became homeless, determine each family or individual's ranking on the Priority List. Those with longer lengths of homelessness have priority for Rapid Rehousing and PSH placement. The Coordinated Entry task force meets and conducts case conferencing to identify housing options for those who have been prioritized.

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?	42.00%

Describe how you calculated the data for this response.

(limit 2,500 characters)

Based on an HMIS report run on participants in TH, RRH, and PSH CoC projects who exited from 12/1/2023 to 12/31/2025, 42.53% of households (131 out of 308) exited to either "Staying or living with family (or friends) permanent tenure", "Rental by client, no ongoing housing subsidy", or "Owned by client, no ongoing housing subsidy." To be more specific, 33% of that 308 exited to renting their home with no subsidy and 2% exited to owning their own home. This data pertains to the entire period from October 1, 2023 to December 31, 2025, based on an HMIS report of the totality of that data.

2A-8.	Housing Inventory Count (HIC) and Point-in-Time (PIT) Count Date.	
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	Enter the date your CoC conducted its 2026 Housing Inventory Count (HIC) and Point-in-Time (PIT) count.	01/22/2026
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2A-8a.	HIC and PIT Count Data—HDX 2.0 Submission Date.	
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	Did your CoC submit its 2026 Housing Inventory Count (HIC) and Point-in-Time (PIT) count data in HDX 2.0 by April 30, 2026, 8:00 p.m. EDT?	Yes
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2A-8b.	Longitudinal System Analysis (LSA) Data—HDX 2.0 Submission Date.	
	You must upload your CoC's FY 2026 HDX Competition Report to the 4A. Attachments Screen.	

	Did your CoC submit at least two usable LSA data files to HUD in HDX 2.0 by January 16, 2026, 11:59 p.m. EST?	Yes
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2A-8c.	System Performance Measures (SPM) Data—HDX 2.0 Submission Date.	
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	Did your CoC submit its FY 2025 System Performance Measures data in HDX 2.0 by March 4, 2026, 8:00 p.m. EDT?	Yes
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2A-9.	HMIS and Comparable Database Participation—Bed Coverage Rate.	
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Using the FY 2026 HDX Competition Report we issued your CoC, enter data in the chart below by project type:

Project Type	Adjusted Total Year-Round, Current Non-VSP Beds	Adjusted Total Year-Round, Current VSP Beds	Total Year-Round, Current, HMIS Beds and VSP Beds in an HMIS Comparable Database	HMIS and Comparable Database Coverage Rate
1. Emergency Shelter (ES) beds	457	64	521	100.00%
2. Safe Haven (SH) beds	0	0	0	0.00%
3. Transitional Housing (TH) beds	18	0	18	100.00%
4. Rapid Re-Housing (RRH) beds	196	0	196	100.00%
5. Permanent Supportive Housing (PSH) beds	97	0	97	100.00%
6. Other Permanent Housing (OPH) beds	0	0	0	0.00%

2A-9a.	Partial Credit for Bed Coverage Rates of 84.99 Percent or Lower for Any Project Type in Question 2A-9.	
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For each project type with a bed coverage rate that is 84.99 percent or lower in question 2A-9, describe:

1.	steps your CoC will take over the next 12 months to increase the bed coverage rate to at least 85 percent for that project type, and
2.	how your CoC will implement the steps described to increase bed coverage to at least 85 percent.

(limit 2,500 characters)

Not applicable. All bed coverage exceeds 85%.

3A. Policy Initiatives

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

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

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

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

3A-2	Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes.
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Is your CoC requesting to designate one or more of its SSO, TH, or Joint TH and PH-RRH component projects to serve families with children or youth experiencing homelessness as defined by other Federal statutes?

No

4A. Attachments Screen For All Application Questions

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

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

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

1.	You must include a Document Description for each attachment you upload; if you do not, the Submission Summary screen will display a red X indicating the submission is incomplete.		
2.	You must upload an attachment for each document listed where 'Required?' is 'Yes'.		
3.	We prefer that you use PDF files, though other file types are supported—please only use zip files if necessary. Converting electronic files to PDF, rather than printing documents and scanning them, often produces higher quality images. Many systems allow you to create PDF files as a Print option. If you are unfamiliar with this process, you should consult your IT Support or search for information on Google or YouTube.		
4.	Attachments must match the questions they are associated with.		
5.	Only upload documents responsive to the questions posed—including other material slows down the review process, which ultimately slows down the funding process.		
6.	If you cannot read the attachment, it is likely we cannot read it either.		
	. We must be able to read the date and time on attachments requiring system-generated dates and times, (e.g., a screenshot displaying the time and date of the public posting using your desktop calendar; screenshot of a webpage that indicates date and time).		
	. We must be able to read everything you want us to consider in any attachment.		
7.	After you upload each attachment, use the Download feature to access and check the attachment to ensure it matches the required Document Type and to ensure it contains all pages you intend to include.		
8.	Only use the 'Other' attachment option to meet an attachment requirement that is not otherwise listed in these detailed instructions.		
Document Type	Required?	Document Description	Date Attached
01. 1C-1. List of TH/RRH/PSH Projects and Treatment Providers with On-Site Substance Use Treatment	Yes	1C-1	09/21/2026
02. 1C-1f. List of CoC Program Projects and Number of Units that require Substance Abuse Treatment	Yes	1C-1f.	09/21/2026
03. 1C-3. Language from Project Supportive Service Agreements	Yes	1C-3	09/21/2026
04. 1C-10. Evidence of Coordination and Non-Interference with Local Efforts to Advance Public Safety	Yes	1C-10	09/21/2026
05. 1D-1. Local Competition Scoring Tool	Yes	1D-1	09/21/2026

06. 1D-2c. Local Competition Selection Results	Yes	1D-2c	09/21/2026
07. 2A-8b. FY 2026 HDX Competition Report	Yes	2A-8b	09/21/2026
08. 3A-1. HUD-2996 Certification for Opportunity Zone Preference Points	No		
09. 3A-2a. Project List for Other Federal Statutes	No		
10. 3A-DP. Your CoC's Policy or Statement to Advance Recovery	No	3A-DP	09/21/2026
11. Other	No		

Attachment Details

Document Description: 1C-1

Attachment Details

Document Description: 1C-1f.

Attachment Details

Document Description: 1C-3

Attachment Details

Document Description: 1C-10

Attachment Details

Document Description: 1D-1

Attachment Details

Document Description: 1D-2c

Attachment Details

Document Description: 2A-8b

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description: 3A-DP

Attachment Details

Document Description:

Submission Summary

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

Page	Last Updated
1A. CoC Identification	Please Complete
1B. Coordination and Engagement–Accountable Structure and Participation	09/21/2026
1C. Coordination and Engagement	09/21/2026
1D. Project Review/Ranking	Please Complete
2A. HMIS Implementation	09/21/2026
3A. Policy Initiatives	09/21/2026
4A. Attachments Screen	09/21/2026
Submission Summary	No Input Required



**1C-1. LIST OF TH/RRH/PSH PROJECTS AND TREATMENT PROVIDERS WITH ON
SITE SUBSTANCE ABUSE TREATMENT**

**LIST OF TH/RRH/PSH PROJECTS AND TREATMENT PROVIDERS WITH ON-SITE
SUBSTANCE ABUSE TREATMENT – KANE COC IL 517**

	Project Name	Component Type	SA Treatment Provider	ON site available
1	The Harbor	PH renewal	Gateway	yes
2	PH3	PH renewal	LightHouse Recovery	no
3	CCC Rapid Rehousing for DV	PH renewal	Ecker Center	no
4	AID Hunters Ridge	PH renewal	Serenity House	no
5	AID Elgin PSH	New PH	Serenity House	no
6	360 Youth Kane Transitional Housing	New TH reallocation	Serenity House, Linden Oaks, Ellie MH Center	no
7	LightHouse 2	New TH transition	Gateway	no
8	AID Street Outreach	New SSO	Serenity House	no
9	Kane County Rehousing Assistance	New RRH	Lutheran Social Services, Tri City Family Services, Ecker Center SA Services	no
10	CCC Expansion of DV Rapid Rehousing	New DV RRH Bonus	Ecker Center	no

% of projects with on site treatment = 1/10 = 10%



**1C-1f. LIST OF COC PROJECTS AND NUMBER OF UNITS THAT REQUIRE
SUBSTANCE ABUSE TREATMENT**

**LIST OF COC PROJECTS AND NUMBER OF UNITS THAT REQUIRE SUBSTANCE
ABUSE TREATMENT – KANE COC**

	Project Name	Component Type	# of Housing units	Requires SA treatment	# of units
1	The Harbor	PH renewal	12	No	0
2	PH3	PH renewal	16	yes	16
3	CCC Rapid Rehousing for DV	PH renewal	18	No	0
4	AID Hunters Ridge	PH renewal	8	No	0
5	AID Elgin PSH	New PH	6	No	0
6	360 Youth Kane Transitional Housing	New TH reallocation	8	Yes	8
7	LightHouse 2	New TH transition	50	Yes	50
8	Kane County Rehousing Assistance	New RRH	9	No	0
9	CCC Expansion of DV Rapid Rehousing	New DV RRH Bonus	11	no	0

Number of units that require treatment = 74

of person reporting chronic substance abuse in 2026 PIT = 69



1C-3. LANGUAGE FROM PROJECT SUPPORTIVE SERVICE AGREEMENTS

**Lazarus House, Kane County Rehousing, 360 Youth Services, PADS INC, AND
AID (ASSOCIATION FOR INDIVIDUAL DEVELOPMENT), COMMUNITY CRISIS
CENTER**

LANGUAGE FROM PROJECT SUPPORTIVE SERVICE AGREEMENTS – KANE COC

1) LAZARUS HOUSE PH3 Required Participation in Supportive Services Agreement

All participants receiving HUD Permanent Supportive Housing rental support through Lazarus House must agree to the following terms and conditions. Failure to comply may mean loss of financial subsidy.

1. Participant must meet qualifying program criteria and provide documentation of finances.
2. Participant agrees to not let anyone other than those listed on the sublease live at the apartment.
3. Participant must comply with all the terms and conditions of the landlord's lease between Lazarus House and the landlord. Participant must comply with all the terms and conditions of the sublease, the rider to the lease, and the Crime Free Addendum.
4. Participant agrees to treat all Lazarus House staff, landlords, program managers, maintenance, and other related staff respectfully and appropriately. Harassment will not be tolerated.
5. Participant must devise a Supportive Services Plan in conjunction with their Case Manager (CM). This Supportive Services Plan will include goals including transportation, healthcare, safety, life skills, counseling, employment, vocational training, education, health care, mental health and substance abuse treatment as well as budgeting and financial goal setting as appropriate. Supportive services are essential and required for clients to be able to obtain and retain permanent housing.

Participant must attend weekly Case Management meetings with their Lazarus House CM and engage in supportive services activities individually tailored and agreed upon with their CM as referenced above. Participant must bring requested documentation to each meeting, including relevant financial information. I agree to the above listed terms and conditions. I understand that if I fail to comply, I may lose some or all of my Lazarus House Permanent Supportive Housing Project rent support.

Date _____

Signature of Applicant

2) **Client Agreement to Participate in Supportive Services - KANE COUNTY RAPID REHOUSING ASSISTANCE PROGRAM – PIM 2**

The Kane County Rehousing Assistance Program (RAP) is considered “supportive housing.” * By entering a Kane RAP, you agree to participate in supportive services. **What are Supportive Services?** Supportive services help to improve your ability to obtain and sustain long-term housing. Examples include: * Case management, * Job readiness support, skill training, career development, * Budgeting and financial literacy training and support, * Training on independent living skills and household management * Self-sufficiency planning, * Medical care, * Recovery support for mental health and/or substance use, * Services for intellectual or developmental needs, * Parenting and family strengthening services

Are Supportive Services Required?

YES. Every client meets with a case manager. Additional services will be recommended, and they may be required based on the housing program.

How are Goals and Plans Decided, Who Provides the Services, How Much is Required?

Our staff will work with you to craft a plan together that makes sense. We provide case management, and other services may be provided by other organizations.

Your plan depends on your needs and your housing program's requirements. Your specific requirements will be documented on your goal plan.

AGREEMENT

I understand and agree to participate in all required supportive services. I also agree to fairly consider any recommended services, even if not required. I understand that Kane RAP may proceed with discharge if I do not follow any program requirements.

Please sign

Client Name

Client Signature

Date

**3) 360 Youth Services
Transitional Housing Program
Required Participation Agreement**

(360 Youth Services staff should offer to read aloud this document in completion or provide a summary overview and answer any clarifying question the participant may have.)

While enrolled in Transitional Housing Program and receiving the support of 360 Youth Services, you, the participant agrees to the following program requirements:

1. To meet as scheduled with your case manager to participate in the development of your individualized service plan focused on the goal of Housing Stability and actively engage in working to meet those goals.
2. To be honest with your case manager. This allows the program to better meet your needs and identify areas of progress or need for additional support/guidance.
3. To maintain a minimum of 20 hours of productive work per week in any of the following areas as agreed upon with your case manager.
 - a. Employment
 - b. Education or job training
 - c. Counseling
 - d. Transitional housing program activities or requirements.
4. Complete a monthly Budget and engage in Financial Literacy education.
5. It is expected that this contract be reviewed and resigned every 90-day unless an exception is given. Should such an exception be granted the participant understands that all terms and conditions of this contract will remain in full force and effect for the entire duration of the participant's participation in 360 Youth Services Transitional Housing Program.

The participant will receive a full copy of each signed contract for their reference and records.

	Name	Signature	Date
Participant			
Case Manager			

6.

_____ is a supportive housing program for homeless individuals and families. **The primary goal of _____ is to help individuals and families function at their highest level so they may obtain and maintain stable housing after they leave the program.**

While in the program we expect _____ and their children _____, to follow certain rules and criteria as stated below. _____ (head of household, acting on behalf of the family) agrees to participate in the program's supportive services as follows:

RESPONSIBILITIES of participants in the housing program:

1. To maintain a minimum of 20 hours of productive work per week in any of the following areas as agreed upon with your case manager.
 - Employment
 - Education or job training
 - Counseling
 - Volunteering
 - Transitional housing program activities or requirements.
2. To pay rent (due on the first of each month) and other monthly bills as determined by your case manager.
3. To cooperate with your landlord. To provide access to the unit to the landlord and Community Crisis Center staff to the unit at all reasonable times to inspect, alter, and repair or to exterminate vermin, rodents and insects from the premises.
4. To participate with your case manager on all financial matters. This includes providing proof of all sources of income, bank statements and weekly budgets as requested by your case manager.
5. To have weekly contact or as scheduled (preferably in person) with your case manager, to participate in the development of your service plan to live as independently as possible.

The participant understands that **ALL** terms and conditions of this contract will remain in full force and effect for the entire duration of the family's participation in the housing Program. Violation of contract is subject for discussion with the case manager. I have read and agree to the above conditions. All participants over the age of 18 must sign.

Participant

Date

4) PADS, Inc. DBA Hesed House

LIGHTHOUSE 2 Transitional Housing

Participant Agreement to Participate in Supportive Services

Are Supportive Services Required?

YES. Every participant meets with a case manager. Initial services, as well as additional services will be recommended and discussed, and they may be required based on the

goals of the program.

What are Required Supportive Services?

Supportive services help to improve your ability to obtain and sustain long-term housing. Examples include:

- Case management
- Job readiness support, skill training, career development
- Budgeting and financial literacy training and support
- Training on independent living skills and household management
- Self-sufficiency planning
- Medical care
- Recovery support for mental health and/or substance use
- Services for intellectual or developmental needs
- Parenting and family strengthening services

You'll need to meet the program's requirements, including any numbers of visits, hours, or services.

- HUD Transitional Housing is not permanent. You agree to engage in services that support self-sufficiency, stability, and housing beyond the program by the following:
 - Totaling 20 hours weekly of employment, support services, or a combination of both.
 - Qualifying as exempt from the 20 hours requirement due to being age 62 or above or by proving a physical disability/impairment or a developmental disability (24 CFR 582.5) not including substance use disorder.

AGREEMENT

I understand and agree to participate in all required supportive services. I also agree to fairly consider any recommended services, even if not required. I understand that the Beacon Transitional Housing staff may proceed with discharge if I do not follow any program requirements or rules.

Please sign			
	Participant Name	Participant Signature	Date



AIDCARES.ORG

5)

AID PSH Program Guidelines

I, _____ agree to participate in the AID Supported Living & Permanent Supported Housing Program. I understand and agree to abide by the following terms of this agreement.

I meet all eligibility criteria set forth by the AID Supported Living PSH Program including Homeless Eligibility, Disability Verification and Income Limit guidelines. Income may not exceed the very low income limit or 50% of median income for _____ County.

- 1) I understand that I am expected to actively participate in supportive services that help me obtain and maintain permanent housing. My participation will be based on my individual needs and may include services such as case management, transportation assistance, health care coordination, safety planning, and other supports that promote housing stability and overall wellbeing. I understand that AID may discharge me from the program if I fail to participate in required supportive services or do not comply with program requirements.

Participant Signature

Date

6) COMMUNITY CRISIS CENTER Supportive Housing Contract of Participation in Supportive Services

_____ is a supportive housing program for homeless individuals and families. **The primary goal of _____ is to help individuals and families function at their highest level so they may obtain and maintain stable housing after they leave the program.**

While in the program we expect _____ and their children _____, to follow certain rules and criteria as stated below. _____ (head of household, acting on behalf of the family) agrees to participate in the program's supportive services as follows:

The program will subsidize a unit located at: _____ for your use while you are participating in the program.

RESPONSIBILITIES of participants in the housing program:

6. To maintain a minimum of 20 hours of productive work per week in any of the following areas as agreed upon with your case manager.
 - Employment
 - Education or job training
 - Counseling
 - Volunteering
 - Transitional housing program activities or requirements.
7. To pay rent (due on the first of each month) and other monthly bills as determined by your case manager.
8. To cooperate with your landlord. To provide access to the unit to the landlord and Community Crisis Center staff to the unit at all reasonable times to inspect, alter, and repair or to exterminate vermin, rodents and insects from the premises.

In the case of suspected child abuse or neglect, Community Crisis Center staff is mandated by the Abused and Neglected Child Reporting Act to report any suspected incidents of neglect or abuse.

No minor children can be left in the unit alone or unsupervised at any time.

Violations of this contract could result in termination of this housing program.

This contract is valid for the twelve-month period from July 1, 2027 to June 30, 2028.

The participant understands that **ALL** terms and conditions of this contract will remain in full force and effect for the entire duration of the family's participation in the housing Program. Violation of contract is subject for discussion with the case manager.

I have read and agree to the above conditions. All participants over the age of 18 must sign.

Participant

Date

Case Manager

Date

Program Coordinator

Date



**1C-10. EVIDENCE OF COORDINATION AND NON INTERFERENCE WITH LOCAL
EFFORTS TO ADVANCE PUBLIC SAFETY**

EVIDENCE OF COORDINATION WITH LOCAL EFFORTS TO ADVANCE PUBLIC SAFETY – KANE COC IL 517.

LOCAL EFFORTS

On October 15, 2024 an analysis was requested of calls for service located at the homeless encampment commonly known as “Tent City” in Elgin, IL. Data were retrieved from the police department’s records management system (RMS) pertaining to calls for service, beginning in the year 2013 which reflects the first full year of data in the current RMS system. Additionally, a map of known homeless encampments in the city was also requested. This map was created using 6-inch satellite imagery and officers’ knowledge of where common encampments are located. Analysis resulted in a coalition put together by the City of Elgin, the Elgin Police Department, Elgin Fire Department, Advocate Aurora Sherman Hospital, and Amita-St. Joseph’s Hospital. The Casework Command Center Collaboration initiative is a city-wide initiative to bring partners together to make sure all people in Elgin have consistent, trustworthy casework with the goal to provide a pathway toward stable housing and wrap-around services. Components in this process include providing intake, sharing data, discussing case files, coordinating outreach, and aligning resources.

The Collaboration cleared out the main camp on Route 31 in the Winter/Spring of 2025. They conducted a comprehensive census and geo-tagged all camps. They spoke to everyone identified as an occupant during the weeks leading up to the actual tagging of spots and moving of people. That occurred January 21 and 22, 2025. All 42 people living in the Route 31 eight-acre encampment agreed to relocate. It took a total of two days to move everyone , and about two months to plan and execute all the steps – with the remediation beginning about two months after starting .

The second major encampment was 777 Big Timber. It was where the sex offenders congregated because they were forced out of the main tent city. That too has been torn down. There were a couple smaller ones on McClean and Route 20. The jpg has locations of those encampments before the relocation to the Lexington. Since then, no encampments are permitted.

1. Homeless encampments / camping

Kane County has county-level rules, but many encampment rules are actually imposed by the particular municipality or park/forest-preserve district where the property is located.

There are several ways an encampment can violate local law:

- Kane County zoning rules regulate land uses and recognize recreational camping as a particular land use. That doesn't itself create a blanket prohibition on homelessness, but an unauthorized campsite can create a zoning/use violation depending on the property. ([American Legal Publishing](#))
- Kane County Forest Preserve District property is different. The District expressly states that camping is permitted only in designated areas or with a District permit. Its preserves are generally open only from sunrise to sunset. Violations can result in fines of \$20–\$500 and potentially a court appearance. ([Kane Forest](#))
- The Forest Preserve District also prohibits illegal substances on preserve property. ([Kane Forest](#))

- Individual cities and villages within Kane County can have their own camping, trespass, park-hours, nuisance, and property-maintenance ordinances. So an encampment in Aurora, Elgin, St. Charles, Geneva, etc. is governed by municipal rules in addition to county/state law.

2. Public drug use

Illegal controlled substances: Illinois law prohibits unlawful possession of controlled substances. The fact that the use occurs in an encampment or other public place doesn't make possession legal. Kane County's own court data, for example, lists prosecutions for possession of controlled substances and drug paraphernalia. ([Illinois General Assembly](#))

Drug paraphernalia: Illinois law makes knowingly possessing drug paraphernalia with intent to use it to ingest/inhale/introduce a controlled substance a Class A misdemeanor, with a statutory minimum \$750 fine, subject to the statutory exceptions. ([Illinois General Assembly](#))

Cannabis: Recreational cannabis is legal in Illinois, but using/consuming cannabis in a public place is prohibited. Illinois defines public place broadly to include places where a person could reasonably be expected to be observed, including government buildings and public parks.

([Illinois General Assembly](#))

Kane County has a particularly relevant drug-loitering ordinance. Kane County Code §12-47 makes it unlawful to loiter in a public place with the purpose and intent of engaging in drug-related activity. The ordinance lists circumstances that can be considered evidence of that intent, including:

- acting as a lookout;
- furtive exchanges of objects for money;
- concealing oneself or objects;
- signaling or soliciting purchasers of illegal drugs;
- repeated exchanges with passersby;
- being under the influence of a controlled substance or possessing drug paraphernalia;
- certain recent drug convictions; and
- other behavior indicative of illegal drug activity. ([American Legal Publishing](#))

Importantly, the ordinance says that no single circumstance is automatically determinative of intent; intent has to be determined from the circumstances of the particular case. ([American Legal Publishing](#))

Bottom line

Situation	General legal picture in Kane County
Being homeless in a public place	Not itself a crime
Sleeping/camping on ordinary public property	Depends heavily on the municipality/property and applicable camping, park, trespass, zoning or nuisance rules
Camping in Kane County Forest Preserve outside designated camping/without permit	Prohibited
Using heroin, cocaine, meth, fentanyl, etc. publicly	Illegal because possession/use of the controlled substance is generally unlawful
Smoking/consuming recreational cannabis in public	Prohibited, even though cannabis itself is legal
Possessing drug paraphernalia intended for illegal drug use	Class A misdemeanor under Illinois law

Situation	General legal picture in Kane County
Loitering in a public place with intent to engage in drug activity	Prohibited by Kane County §12-47
Simply being in an encampment where drugs are present	Not automatically a drug offense; individual conduct and evidence matter

3. Homeless persons who are a danger to themselves or other.

Illinois law provides mechanisms that apply in Kane County when a person—homeless or otherwise—is experiencing a mental-health crisis and presents a qualifying danger to themselves or others. The key laws are state laws rather than a special "homeless person" law.

a. Involuntary mental-health admission

Under the Illinois Mental Health and Developmental Disabilities Code, a person can be subject to involuntary inpatient admission when, because of mental illness:

- they are reasonably expected, unless treated, to engage in conduct that places themselves or another person in physical harm or creates a reasonable expectation of physical harm; or
- they are unable to provide for their basic physical needs so as to protect themselves from serious harm without assistance. ([Illinois General Assembly](#))

That second provision can be particularly relevant to an unsheltered person who is severely impaired and unable to protect themselves from serious harm—but homelessness by itself does not satisfy the standard.

b. Police can take someone into custody for an emergency

Under 405 ILCS 5/3-606, a peace officer may take a person into custody and transport them to a mental-health facility when the officer has reasonable grounds to believe that the person:

1. is subject to involuntary inpatient admission, and
2. needs immediate hospitalization to protect themselves or others from physical harm.

The statute expressly authorizes the officer to transport the person to a mental-health facility and allows the officer to complete the required petition. ([Illinois General Assembly](#))

So, for example, if someone at an encampment is experiencing a severe psychiatric episode and is threatening people with violence or behaving in a way that creates a serious physical danger to themselves, police may have authority to intervene under this law.

c. A member of the public can initiate the process

This isn't limited to police.

An adult can present a petition to the director of a mental-health facility when they believe the person is in a condition requiring immediate hospitalization for protection from physical harm.

The petition must describe the mental-illness symptoms and the specific acts, threats, or behavior supporting the assertion, including when and where they occurred. ([Illinois General Assembly](#))

That distinction is important: "This person is homeless and appears mentally ill" isn't the same as documenting the statutory criteria.

d. There is also court-ordered outpatient treatment

Illinois also allows involuntary admission on an outpatient basis. A person can petition the court alleging that another person meets the statutory criteria, and the court can order community-based treatment or placement with an appropriate person. ([Illinois General Assembly](#))

This can potentially be relevant when someone repeatedly cycles through crises but doesn't meet the circumstances for continued inpatient hospitalization.

The involuntary-admission statute is specifically tied to mental illness and the statutory consequences of that illness. A person who is intoxicated or using drugs isn't automatically subject to involuntary psychiatric admission simply because they are using drugs or behaving badly.

For an encampment in Kane County, there are therefore several separate legal questions:

- Homelessness → generally not grounds for involuntary detention.
- Mental illness + qualifying danger to self/others → Illinois involuntary-admission procedures may apply.
- Immediate danger → a peace officer can potentially take the person into custody for emergency psychiatric evaluation under 405 ILCS 5/3-606. ([Illinois General Assembly](#))
- Unable to meet basic physical needs because of mental illness and consequently at serious risk → this can also fall within the statutory definition of a person subject to involuntary admission. ([Illinois General Assembly](#))
- Drug use alone → does not automatically establish grounds for involuntary psychiatric admission.

4. Sex Offender Registry and Notification

Kane County's handling of sex-offender location information is primarily governed by Illinois' Sex Offender Registration Act (SORA), 730 ILCS 150, and the Illinois Sex Offender Community Notification Law, 730 ILCS 152. Federal SORNA establishes national registration/notification requirements, while Illinois law specifies how Kane County law enforcement actually collects, verifies, enters, and shares the information. ([Sex Offender Registry Office](#)) Federal SORNA expressly treats the state—not the county—as the jurisdiction, although the state can perform registration functions through local agencies.

a. Location information for a person without a fixed residence

Under 730 ILCS 150/3, a registrant who lacks a fixed residence must report weekly, in person:

- to the sheriff if the person is located in an unincorporated area; or
- to the municipal police chief if the person is located within a municipality.

The registering agency must document all locations where the person stayed during the preceding seven days. ([Illinois General Assembly](#))

Illinois defines a "fixed residence" as any place or places where the offender resides for an aggregate of 5 or more days in a calendar year. ([Illinois General Assembly](#))

So, for example, an individual living in an encampment doesn't escape SORA's location-reporting requirements merely because there is no street address. The law specifically provides a mechanism for location reporting by people without fixed residences.

b. Kane County → Illinois State Police

The local registering agency is required to put registration information into the state's law-enforcement information systems and forward required information to the Illinois State Police.

Illinois law also requires address verification by the agency having jurisdiction, with the verification documented in LEADS. ([Illinois General Assembly](#))

This creates an information chain roughly like:

Registrant → Kane County Sheriff/municipal police → LEADS/Illinois State Police → national systems

The Illinois State Police also has a specific statutory duty to share information with local law enforcement when a registered offender fails to respond to address verification or otherwise absconds from registration, including analytical information intended to help local agencies locate the person. ([Illinois General Assembly](#))

c. Sharing with the federal system under SORNA

Federal SORNA requires jurisdictions to provide initial and updated registration information to the Attorney General for inclusion in the National Sex Offender Registry (NSOR)/NCIC system. The federal SORNA guidance specifically says registration jurisdictions should immediately update the national registry when an offender registers or updates information. ([Sex Offender Registry Office](#))

Thus, location information isn't simply kept in a Kane County database. It feeds into the state and federal sex-offender information system.

d. Sharing with the public

There is an important distinction between law-enforcement sharing and public notification. Illinois generally restricts the underlying registration information from unauthorized public disclosure. 730 ILCS 150/9 says registration information is not open to the public except as provided by the Community Notification Law, and unauthorized release can itself be a Class B misdemeanor. ([Illinois General Assembly](#))

But the Community Notification Law specifically requires the Kane County Sheriff to disclose specified information about registered sex offenders to certain entities. That information includes:

- name;
- address;
- date of birth;
- employment;
- school;
- various internet identifiers/URLs; and
- offense or adjudication.

The statute identifies schools, child-care facilities, institutions of higher education and other entities that must receive notification under specified circumstances. ([Illinois General Assembly](#))

The Sheriff must also make information available for public inspection concerning offenders registered in unincorporated areas of Kane County. Municipal police departments have a similar obligation for offenders registered in their municipalities. The statute says the information must generally be made available within 72 hours or three business days of a request. ([Illinois General Assembly](#))

e. What is especially significant for an unsheltered registrant

The law creates an interesting situation when someone is homeless.

The registrant has a continuing obligation to report where they are staying, and the registering agency documents those locations. ([Illinois General Assembly](#))

But that does not necessarily mean every precise location the person reports becomes a public "address" displayed to everyone. There is a distinction between:

1. information collected for registration and law-enforcement purposes;
2. information shared with ISP/NCIC/SORNA systems;
3. information shared with specified schools, institutions, agencies, etc. under the Community Notification Law; and
4. information made available to the general public.

Kane County law permits the Sheriff to share information about a homeless SORA registrant's location—with (a) other police agencies, (b) schools/parks/child-care facilities, (c) service providers, and (d) the general public with certain restrictions applying to each. ([Illinois General Assembly](#)) □



1D-2c. LOCAL COMPETITION SELECTION RESULTS



2026 HUD CONTINUUM OF CARE LOCAL COMPETITION SELECTION RESULTS IL517

Rank	Agency	Project Name	Score	Status	Project Type	Amount Requested from HUD	Reallocated Funds
1	Kane County	Kane HMIS	n/a	Accepted	SSO renew	\$125,602	0
2	Public Action to Deliver Shelter, Inc.	The Harbor	98	Accepted	PSH renewal	\$290,288	0
3	Lazarus House –	PH3	92.5	Accepted	PSH renewal	\$289,309	0
4	Community Crisis Center	CCC Rapid Rehousing for DV	95	Accepted	RRH-DV renewal	\$596,823	0
5	Association for Individual Development	Hunters Ridge	94	Accepted	PSH renewal	\$347,958	0
6	Association for Individual Development	Elgin PSH	95	Accepted	PSH NEW	221,230	0
7	360 Youth Services	360Youth Kane Transitional Housing	95	Accepted	TH-NEW	\$345,714	\$167,868 of 360 Kane Rapid Rehousing + bonus
8	Public Action to Deliver Shelter, Inc. – PADS	LIGHT-House Consolidated 2	100	Accepted	TH-NEW Transition	\$1,098,614	\$1,098,614 of LightHouse 2 PSH
9	Association for Individual	Street	85	Accepted	SSO-	\$349,629	

Rank	Agency	Project Name	Score	Status	Project Type	Amount Requested from HUD	Reallocated Funds
	Development	Outreach			NEW Street Outreach		
10	Kane County Health Dept.	PIM2 Rapid Rehousing	75	Accepted	PH-NEW RRH	\$249,869	
11	Community Crisis Center	Expansion of CCC Rapid Rehousing for DV	89	Accepted	PH-NEW RRH DV BONUS	\$319,181	
	Kane County Health Dept.	Planning	n/a	Accepted	Not ranked	\$158,287	
n/a	Ecker Center	Leasing	n/a	Fully reallocated	PSH renewal	\$249,287	\$249,287



3A-DP COC POLICY TO ADVANCE RECOVERY

Kane County Continuum of Care IL517 Policy on Prohibited Drug Related Activities in CoC Funded Housing Projects

Purpose

The Kane County Continuum of Care (CoC) is committed to operating housing and supportive services programs in a manner that promotes housing stability, participant well-being, compliance with federal law, and responsible stewardship of federal funds. Consistent with 21 U.S.C. §§ 856(a)(1), 856(a)(2), and 863, 2 CFR 200.300(a), and applicable U.S. Department of Housing and Urban Development (HUD) regulations, all housing projects submitted for funding through the Kane County CoC shall comply with the requirements outlined in this statement.

Prohibited Activities

Any housing project receiving or seeking Continuum of Care funding through the Kane County CoC shall not:

1. Operate, establish, maintain, or support a drug injection site, "safe consumption site," or any facility intended for the purpose of unlawful drug use in violation of federal law;
2. Knowingly permit the use, possession, manufacture, distribution, or trafficking of illicit drugs on property under the ownership, management, or control of the project in violation of 21 U.S.C. § 856(a)(2);
3. Knowingly distribute drug paraphernalia on or off property under the ownership, management, or control of the project in violation of 21 U.S.C. § 863;
4. Conduct, permit, encourage, facilitate, or allow any of the activities described above on property under the ownership, management, or control of the project under the pretext of "harm reduction" or any similar program model that would violate applicable federal law.

Nothing in this statement shall be construed to prohibit lawful, evidence-based harm reduction practices that are otherwise permissible under federal, state, and local law and do not involve the operation of drug injection sites, the distribution of illegal drug paraphernalia, or the facilitation of illegal drug use.

Project Compliance and Monitoring

All CoC-funded housing providers shall certify compliance with this statement as part of the application, contracting, and monitoring processes. The Kane County CoC reserves the right to investigate credible allegations of noncompliance and may require corrective action, documentation, site reviews, or other measures necessary to determine compliance.

Remedies for Noncompliance

If the Kane County CoC determines that a CoC funded housing project has violated this statement, the CoC may take one or more of the following actions, as appropriate:

1. Require the agency to submit and implement a corrective action plan within a specified timeframe;
2. Place the project on probationary status and increase monitoring requirements;
3. Reduce the project's ranking or priority status in future CoC funding competitions, as permitted by HUD regulations;
4. Recommend reallocation of funding from the noncompliant project in accordance with HUD requirements;
5. Refer the matter to HUD or other appropriate authorities for further review or enforcement action; and/or
6. Take any additional action authorized under applicable federal regulations, grant agreements, or CoC governance documents.

Support for Treatment and Recovery Services

The Kane County CoC encourages all housing providers to maintain strong partnerships with substance use disorder treatment providers, recovery support services, recovery housing programs, healthcare providers, and community-based organizations. Providers are encouraged to offer referrals and facilitate voluntary access to treatment, recovery supports, medication-assisted treatment, behavioral health services, and recovery housing opportunities both within and outside the Continuum of Care service area.

Housing Models and Participant Requirements

Nothing in this statement shall be interpreted as requiring program participants to be sober as a condition of receiving housing assistance, requiring participation in treatment as a condition of receiving assistance, or requiring termination of assistance for a first-time violation of a drug-related program statement or lease provision.

Likewise, nothing in this statement shall restrict or prohibit CoC-funded housing projects that, consistent with 24 CFR Part 578 and other applicable laws, require sobriety or participation in treatment as a condition of assistance. Individual agencies may establish program eligibility requirements and operating policies that are permitted under federal regulations and are clearly communicated to participants.

Effective Date: 07/15/2026 This statement shall apply to all housing projects submitted by the Kane County Continuum of Care for Continuum of Care Program funding and shall remain in effect until amended or rescinded by the Kane County CoC Leadership Committee.