Usage of Waiver: Housing Stability Case Management

**ESG Program**

On March 31, 2020, the Department of Housing and Urban Development issued a memorandum regarding “Availability of Waivers of Community Planning and Development (CPD) Grant Program and Consolidated Plan Requirements to Prevent the Spread of COVID-19 and Mitigate Economic Impacts Caused by COVID-19,” followed by a second memo on May 22, 2020. The memorandums outlined waivers of ESG Program grant requirements available to all ESG grant recipients. [RECIPIENT NAME] notified the HUD San Francisco Regional Office of our intent to implement the Housing Stability Case Management waiver on [DATE].

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| **Housing Stability Case Management** |
| **The monthly case management meeting requirement is waived** for all homelessness prevention and RRH projects for two months beginning on the date of HUD’s memo (March 31 – August 22, 2020.) |

# Instructions

This form documents the use of the Housing Stability Case Management waiver. The waiver may only be used if a monthly case management meeting is impossible to provide as a result of local public health restrictions or to avoid endangering the health of the client or case manager, in accordance with the CoC’s Quality Assurance Standards and [RECIPIENT/SUBRECIPIENT NAME]’s written policies. Complete this form and insert into the client’s file every time this waiver is used:

**Before utilizing this waiver, make every reasonable effort to engage clients in case management remotely, using video streaming or over the phone.** If remote case management is impossible, then you must:

1. Complete the “Justification for Use of Waiver” section of this form.
2. Insert this form in the client’s file.

# Justification for Use of Waiver

**Client name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Explain why a monthly case management meeting was not possible this month. The explanation must be specific to this client’s situation, the impacts of COVID-19 on program staffing, or public health orders in effect at this time.

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| **Justification** **(*both statements must be true*)** | **Explanation****(*provide an explanation for both statements*)** |
| An in-person case management meeting was not possible |  |
| Case management over video streaming or over the phone was not possible |  |