

## EMERGENCY SHELTER

Emergency Shelter means any facility, the primary purpose of which is to provide a temporary shelter for people experiencing homelessness in general or for a specific population of people experiencing homelessness, and which does not require occupants to sign leases or occupancy agreements. This includes temporary seasonal/warming shelters, day shelters and apartments owned or leased by the grantee and intended for short-term stay only.

### **Emergency Shelter Activities**

1. **Shelter Operations** to maintain facilities providing emergency shelter to eligible households.
2. **Essential Services** to provide coordination for households in transitional housing settings, ensuring basic needs are addressed and providing comprehensive referrals to mainstream services and benefits. *See **Case Management Service Definitions** in **Section 1** for more information.*
3. **Diversion & Rapid Exit Financial Assistance** to divert a household from an immediate shelter need or support their rapid exit from shelter to permanent housing. *See **Section 7 - Financial Assistance** for requirements.*

### **In This Section**

- Emergency Shelter Standards
- Habitability Standards for Shelters
- Lead-Based Paint Requirements for Shelters
- Service and Assistance Animals Guidance

### **Related Appendices**

- Appendix D: Quick List for Emergency Shelter Habitability Standards
- Appendix E: HOP Client File Checklist – Emergency Shelter (*optional tool*)
- Appendix F: Sample Lead Paint Disclosure Form for Shelters

## Emergency Shelter Standards

In addition to the requirements listed in **Section 1**, all HOP-funded emergency shelters must also meet the following standards.

- A. Admission:** Providers must have written policies or procedures addressing shelter admission that meet the following requirements:
- Project participant eligibility is limited to families and individuals who meet the criteria under paragraph (1), (2), (3), or (4) of the HUD Definitions of Homelessness
    - Eligibility is documented following the requirements outlined in **General Recordkeeping Requirements** in **Section 1**.
  - The following may not be used as the basis for denying someone admission to shelter:
    - Age of children in the family (for shelters that provide services to families)
    - Fleeing domestic or sexual violence
    - Disability status, including substance use disorder or mental health disorder
    - Any other protected class, except in the case that the shelter is limited to specific subpopulations (e.g. youth, adults only, families with children)
  - Hours of admission must be posted clearly for the general public and include information about where/how to apply
    - Providing public information about a 24/7 hotline that can be used to access shelter may be used to meet this requirement
  - Include a process for reasonable accommodation requests and information about how there are reviewed
  - Planning for discharge starts at the time of admission to ensure that guests are moving to permanent housing as soon as possible
- B. Diversion:** Providers must have a written standard to ensure diversion from shelter occurs when possible<sup>1</sup>. The written standard must include:
- A practice of discussing diversion options with all applicants for shelter at the point of referral or first contact
  - How staff will support the applicant to move towards stability while they are staying in an alternative location to shelter

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<sup>1</sup> Diversion occurs before a person enters shelter and is aimed at helping them identify an immediate housing arrangement that is a safe alternative to shelter or sleeping unsheltered. This housing arrangement may be temporary, allowing time to identify a permanent housing option while avoiding the immediate trauma of homelessness, or it may allow those involved to explore the possibility of extending a temporary arrangement into a permanent one. (Source: USICH, "[Homelessness Prevention, Diversion, and Rapid Exit](#)")

- C. Referral:** Providers must have a written standard that describes how the shelter coordinates access to mainstream benefits and resources (such as housing, health, social services, employment, education, and youth programs) to ensure guests are assisted, as needed, with obtaining appropriate supportive services, including other Federal, State, local, and private assistance.
- A policy, procedure, or tool that ensures guests are screened for their needs and then receive appropriate referrals to other providers is acceptable.
- D. Discharge:** Providers must have written policies and procedures addressing discharge from shelter that meet the following requirements:
- A formal process for both voluntary and involuntary termination of shelter that at a minimum:
    - Recognizes the rights of individuals affected
    - Clearly defines what could result in the termination of shelter, focusing on behaviors that disrupt or jeopardize health or safety of shelter guests, rather than compliance to rules or case plans
    - Exercises judgment and examines all extenuating circumstances in determining when violations warrant termination so that a participant's assistance is terminated only in the most severe cases
  - Information about the discharge process is provided to all guests at intake
  - When involuntary termination occurs and contact with the guest can be made:
    - The shelter must attempt to work with the guest to identify alternative shelter options
    - Whenever possible, guests are provided with a written notice that includes:
      - the reason for termination
      - the process to appeal the decision
      - what actions they will need to take in order to be considered for a return to shelter in the future, if needed
  - The appeals process must:
    - Happen in a timely manner
    - Include the option for guests to have their request reviewed by agency staff not involved in the initial termination decision
  - Terminations, both voluntary and involuntary, are documented in a way that allows for them to be reviewed during monitoring
    - Documentation of termination must be kept in client files

- E. Length of Stay:** Providers may have a length of stay policy. If a provider limits length of stay at shelter, they must have a policy that meets the following requirements:
- Identifies what the initial length of stay is, how guests can request an extension, and how the program will make decisions about granting the extension
  - Information about this policy and the process to request an extension is provided to all guests at intake
- F. Safeguards for Special Populations:** Providers must have written policies and procedures regarding safeguards to meet the safety of special populations, including victims of domestic or sexual violence. The policies and procedures must ensure the following requirements are met:
- No individual or family may be denied admission to or removed from the shelter on the basis or as a direct result of the fact that the individual or family is or has been a victim of domestic violence, dating violence, sexual assault, or stalking, if the individual or family otherwise qualifies for admission or occupancy.
  - There must be a process to assess for the potential of threats to safety for persons fleeing domestic violence, dating violence, sexual assault, or stalking.
  - The shelter exhibits cultural competence and responsiveness, including providing adequate protections for shelter seekers across demographic differences.
  - Confidentiality policies ensure that the identity of guests is protected, except in those circumstances when a guest has signed a release of information or as required by law.
- G. Needs of Special Populations:** Providers must have a written standard regarding how they will meet the needs of special populations, including individuals and families who have the highest barriers to housing and are likely to be homeless the longest. The standard must ensure the following requirements are met:
- Expectations of shelter guests are clearly communicated and easily accessible for review by guests
  - Shelter staff and volunteers receive training in trauma-informed care

- H. Shelter Hours:** Providers must provide shelter on a 24/7 basis, unless an exception is granted by the Office of Economic Opportunity.
- Examples of when exceptions may be granted include, but are not limited to:
    - a shelter is unable to provide staffing on a 24/7 basis
    - zoning requirements prohibit daytime operations
    - the shelter is located in a shared use facility
  - Shelters that have been granted an exception are required to identify a daytime continuity plan to ensure guests have access to shelter at all times.
    - When the Emergency Shelter is not open to guests, alternative locations must be identified. These locations:
      - Must not require an appointment
      - Must be considered a public space
      - Must be accessible to all guests
- I. Prioritization:** If a provider *maintains a waiting list*, they must have a written policy on prioritization that meet the following requirements:
- When space in shelter becomes available, the order of priority must, at a minimum, be:
    1. Literally Homeless (Category 1) - Unsheltered
    2. Literally Homeless (Category 1) – Staying in a motel not paid for by self, including those fleeing domestic or sexual violence
    3. Literally Homeless (Category 1) – Staying in a place other than a motel, including those fleeing domestic or sexual violence
    4. Imminently Homeless (Category 2) – Including those fleeing domestic or sexual violence
  - Align with the fair housing and reasonable accommodation requirements as discussed in ***General HOP Requirements*** in ***Section 1***.
- J. Local Coordination:** Providers must be a part of their local CoC’s written protocol for coordination between local emergency shelters, Economic Services, and 2-1-1. The protocol must meet the following requirements:
- Describe a strategic, community-wide system to prevent and end homelessness for that area
  - Identify how shelter openings will be communicated and how referrals to shelter will be coordinated
  - Include the following for each agency/partner: contact information, intake hours, shelter hours (if applicable), population(s) served, intake process
  - Emphasize ease of access for those seeking emergency shelter

- K. Coordinated Entry:** Providers must have written policies or procedures ensuring guest access to the Coordinated Entry system that meet the following requirements:
- *If the emergency shelter provider is a Referral Partner (Balance of State) or Access Point (Chittenden)*, a referral to the local Lead Agency must be made within 3 calendar days of a guest's entry to shelter.
  - *If the emergency shelter provider is a Lead Agency, Assessment Partner (Balance of State) or Assessment Hub (Chittenden)*, the opportunity to complete the CE Assessment is provided to the guest within one week of entry into shelter.
- L. Required Savings:** If a provider requires guests to contribute to a savings account while at the shelter, they must have a written policy detailing the requirement.
- M. Essential Services:** Providers receiving funding for Essential Services must have written standards regarding how guests' needs for services are determined and prioritized. That standards must meet the following requirements:
- Clearly identify how the needs of guests are assessed during the intake process and on an ongoing basis, as appropriate.
  - Needs must be prioritized to ensure that basic/immediate needs are addressed as soon as possible. This may be done through the use of a specific assessment tool, a case plan addressing prioritization, or a written intake process.

<p style="text-align: center;"><b>Habitability Standards for Shelters</b> (24 CFR part 576.403(b))</p>	<p style="text-align: center;"><b>Meets Standard Yes/No</b></p>
<p>1. <b>Structure and Materials:</b> <i>The building is structurally sound and able to protect the residents from the elements and does not pose any threat to the health and safety of the residents.</i></p>	
<p>2. <b>Accessibility:</b> <i>Where applicable, the shelter is accessible in accordance with:</i></p> <ul style="list-style-type: none"> <li>• <i>Section 504 of the Rehabilitation Act (29 U.S.C. 794) and implementing regulations at 24 CFR part 8;</i></li> <li>• <i>The Fair Housing Act (42 U.S.C. 3601 et seq.) and implementing regulations at 24 CFR part 100; and</i></li> <li>• <i>Title II of the Americans with Disabilities Act (42 U.S.C. 12131 et seq.) and 28 CFR part 35.</i></li> </ul>	
<p>3. <b>Space and Security:</b> <i>Except where the shelter is intended for day use only, the shelter provides each program participant in the shelter with an acceptable place to sleep and adequate space and security for themselves and their belongings.</i></p>	
<p>4. <b>Interior air quality:</b> <i>Each room or space within the shelter has a natural or mechanical means of ventilation. The interior air is free of pollutants at a level that might threaten or harm the health of residents.</i></p>	
<p>5. <b>Water Supply:</b> <i>The shelter's water supply is free of contamination.</i></p>	
<p>6. <b>Sanitary Facilities:</b> <i>Each program participant in the shelter has access to sanitary facilities that are in proper operating condition, are private, and are adequate for personal cleanliness and the disposal of human waste.</i></p>	
<p>7. <b>Thermal Environment:</b> <i>The shelter has any necessary heating/cooling facilities in proper operating condition.</i></p>	
<p>8. <b>Illumination and Electricity:</b> <i>The shelter has adequate natural or artificial illumination to permit normal indoor activities and support health and safety. There are sufficient electrical sources to permit the safe use of electrical appliances in the shelter.</i></p>	
<p>9. <b>Food Preparation:</b> <i>Food preparation areas, if any, contain suitable space and equipment to store, prepare, and serve food in a safe and sanitary manner.</i></p>	
<p>10. <b>Sanitary conditions:</b> <i>The shelter is maintained in a sanitary condition.</i></p>	
<p>11. <b>Fire safety:</b></p> <ul style="list-style-type: none"> <li>• <i>There is at least one working smoke detector in each occupied unit of the shelter. Where possible, smoke detectors are located near sleeping areas.</i></li> <li>• <i>All public areas of the shelter have at least one working smoke detector.</i></li> <li>• <i>The fire alarm system is designed for hearing-impaired residents.</i></li> <li>• <i>The Building has a second means of exiting in the event of fire or other emergency.</i></li> </ul>	
<p>12. <b>Other Grant Agreement:</b> <i>Meets additional recipient/sub-recipient habitability standards (if any).</i></p>	

## Lead-Based Paint Requirements for Shelters

All shelters (including emergency apartments) constructed prior to 1978 must comply with HUD's Lead Paint regulations unless one of the conditions below has been met:

- The shelter will not house children under 6 years of age or pregnant women;
- X-ray or laboratory testing (conducted in accordance with HUD regulations) of all painted surfaces confirms that there is no lead-based paint at the interior or exterior of the building;
- The building has been substantially renovated and all pre-1978 painted surfaces have been replaced or stripped of paint (this must be documented).

Unless the building is exempt as outlined above, grantees/subrecipients must:

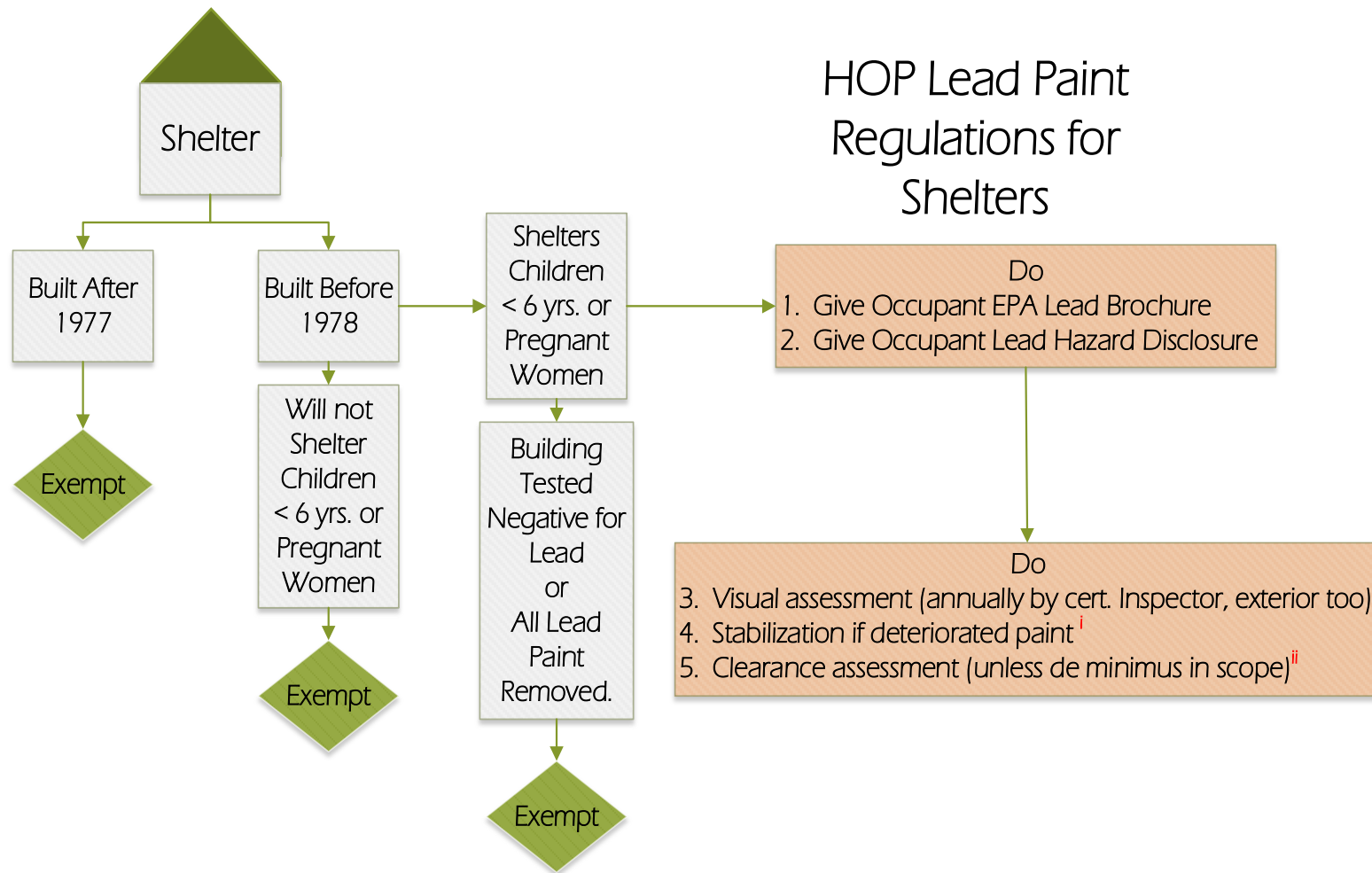
1. Provide the occupant with HUD's **Lead Hazard Information Pamphlet** available here: <https://www.epa.gov/lead/protect-your-family-lead-your-home-english>
2. Provide the occupant with a Disclosure report that provides information concerning lead-based paint or lead-based paint hazards in the unit and the exterior of building. If known, the grantee/subrecipient/landlord must disclose information such as the location of the lead-based paint and/or lead-based paint hazards, and the condition of the painted surfaces. *A sample disclosure report form for shelters is included as **Appendix F**.*
3. Arrange for a HUD certified inspector to conduct an annual Visual Assessment of painted surfaces to identify deteriorated paint. In most cases OEO will conduct this Visual Assessments when conducting the annual Habitability Inspection. If the shelter is provided through scattered site apartments, then the grantee/subrecipient must request an inspection be done by the VSHA.
4. Complete paint stabilization of deteriorated paint by repainting deteriorated surfaces. This work must be done in compliance with HUD and Vermont's Lead Laws.
5. Arrange for a post stabilization clearance inspection by a HUD certified inspector, unless the stabilization work was de-minimus, as defined by HUD.
6. Incorporate ongoing lead-based paint maintenance practices. HOP funds cannot be used to repair or stabilize paint.



The presence of a non-exempt HOP funded apartment in a building triggers the need for the exterior of the building to comply with these lead paint regulations.

Any lead abatement work done in a shelter must comply with **Vermont Regulations For Lead Control**:

[http://healthvermont.gov/sites/default/files/documents/2016/11/ENV\\_AL\\_VRLCFINAL0912.pdf](http://healthvermont.gov/sites/default/files/documents/2016/11/ENV_AL_VRLCFINAL0912.pdf)



i. Stabilization work must be done in compliance with HUD and VT Lead Paint Laws  
 ii. Per 24 CFR 35.1350 (d).

## Service and Assistance Animals Guidance

(published 9/20/18)

There are three types of animals that may come into play when addressing a person's emergency housing needs: pets, assistance animals, and service animals. There is no legal basis for requiring emergency housing providers to allow "pets". An emergency housing provider could allow pets but legally is not required to do so. There are, however, legal requirements about service animals and assistance animals. These are outlined below.

**a. Service Animals and Places of Public Accommodation:** Places of public accommodations such as hotels, motels and shelters are always required to allow service animals. This is part of the Americans with Disabilities Act (ADA). A service animal has a very specific definition:

1. It is a dog (on a few occasions it can be a miniature horse);
2. The dog is specifically **trained** to do something that addresses a person's disability whether physical or hidden (emotional);
3. The dog can be in training rather than completely trained;
4. A place of public accommodation is not permitted to request documentation such as a certificate of training, require the dog to demonstrate its task or inquire about the nature of the disability;
5. The dog must be on a leash unless the task it performs requires it to be off leash;
6. The dog must be housebroken, well behaved and under control; and
7. A place of public accommodation is only entitled to ask two questions – 1) Is the dog a service animal required because of a disability? and 2) what work, or task has the dog been trained to perform?

**b. Assistance Animals in Housing:** Assistance (sometimes referred to as "support") animals are animals that assist persons with disabilities in their "home, residence or dwelling place." When a housing provider has a "no pet rule" a person with a disability can seek a reasonable accommodation to that rule to allow an assistance animal. These animals fall under fair housing laws and not ADA. An assistance animal is different from a service animal, in the following ways:

1. Can be any animal;
2. There can be more than one;
3. It is not specifically trained to do a task (e.g. mere emotional support is acceptable);
4. It must be well behaved, housebroken;
5. Owner must properly care for the animal (clean up after it outside, etc.);

6. Housing provider can require reasonable rules (on leash in common area, vaccinated);
7. Housing provider can ask for verification<sup>2</sup> that the person has a disability and that the animal is needed because of that disability;
8. Housing provider cannot charge extra rent or a pet deposit.

If the HOP funded housing is considered the occupant's dwelling, then it must allow assistance animal(s). It is reasonable to assume that sometimes hotels, motels and shelters become dwellings that are subject to fair housing laws. The issues to consider include:

1. Does the person have any other place to live?
2. Does the person intend to return to the shelter/hotel/motel room provided?
3. How long do people usually (or that person specifically) intend to stay in the place provided? (Fair housing cases have found that as little as 10 days could be considered a "dwelling." It is possible that less than 10 days could also be considered a dwelling – there is no clear line.)

These are the main issues courts have looked at to determine if the dwelling is a residence for purposes of fair housing. If a hotel, motel or shelter is found to be a dwelling under fair housing laws then the Vermont Human Rights Council would require it to abide by Vermont's fair housing laws, which allow persons with disabilities to make a reasonable accommodation request for an assistance animal in a "no pet" shelter, motel or hotel.

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<sup>2</sup> Verification does not mean access to medical information. It means a statement that "the person has a disability that substantially limits one or more major life activities."