

MEMORANDUM

Date: April 27, 2026
To: Finance and Personnel Committee
From: Owen Carter, Deputy Director of Program Operations for Health & Human Services *OC*
Re: Application Approval and Award Acceptance of IDHS, Homeless Prevention Grant Award

Community Services is seeking City Council approval to apply for and accept a Homeless Prevention grant from the Illinois Department of Human Services (IDHS) for \$1,110,414. The grant does NOT require a cost match. The grant term is from July 1, 2026 to June 30, 2027.

The Grant Purpose

Homeless Prevention eligible clients receive a direct vendor payment to their landlord, electric and/or heating bill. This allows clients to remain or find housing.

How Grant Funds Will Be Used

The funds will pay for approved clients' rent to their landlord, electric and/or heating bills, clients' budget education, staff training, payroll, and administration. The grant does NOT require the city to bear any additional costs.

RESOLUTION
of the
CITY COUNCIL OF THE CITY OF ROCKFORD, ILLINOIS
SUBMITTED BY: FINANCE AND PERSONNEL COMMITTEE

RESOLUTION APPROVING APPLICATION AND ACCEPTANCE OF GRANT AWARD

WHEREAS, the Illinois Department of Human Services is seeking applications for its Homeless Prevention grant program; and

WHEREAS, the purpose of the grant is to provide funding for eligible clients to receive a direct vendor payment to their landlord, electric bill, and/or heating bill; and

WHEREAS, the City of Rockford intends to use the funds to pay for approved clients' rent, electric and/or heating bills, budget education, staff training, payroll, and administration; and

WHEREAS, if awarded, the City of Rockford will receive \$1,110,414 to provide such services.

BE IT RESOLVED, THEREFORE, by the City Council of the City of Rockford as follows:

- 1) That the City of Rockford is authorized to apply for and, if awarded, accept a grant under the terms and conditions of the Illinois Department of Human Services and shall enter into and agree to the understandings and assurances contained in said application and award agreement.
- 2) That the Mayor and City Legal Director, on behalf of the City of Rockford, shall execute such documents and all other documents necessary for the carrying out of said application and award acceptance.
- 3) That the Mayor and City Legal Director are authorized to provide such additional information as may be required to accomplish the obtaining of such grant.

BE IT FURTHER RESOLVED that this Resolution shall be in full force and effective immediately upon its adoption.

The above and foregoing Resolution was adopted by the City Council of the City of Rockford, Illinois, this _____ day of May 2026.

Mayor Thomas P. McNamara
City of Rockford, Illinois

ATTEST:

ANGELA HAMMER, Legal Director
Ex Officio Keeper of the Records and
Seal of the City of Rockford, Illinois

ROCKFORD, IL.

Committee Action Taken Date: April 27, 2026

RECOMMENDATION FOR RESOLUTION

TO THE CITY COUNCIL OF THE CITY OF ROCKFORD:

Council Members:

The Committee on Finance & Personnel, to whom was referred the matter of approving the application and acceptance of the Illinois Department of Human Services Homeless Prevention grant award, if awarded, hereby begs leave to report recommending approval of said award. The Legal Director shall prepare the appropriate resolution.

Kevin Frost (Chair)

Jonathan Logemann (Vice chair)

Frank Beach

Dawn Granath

Chad Tuneberg

Frost:	Ayes:___	Nays:___	Absent:___
Logemann:	Ayes:___	Nays:___	Absent:___
Beach:	Ayes:___	Nays:___	Absent:___
Granath:	Ayes:___	Nays:___	Absent:___
Tuneberg:	Ayes:___	Nays:___	Absent:___

HOMELESS PREVENTION PROGRAM

FUNDING APPLICATION PACKET FISCAL YEAR 2027

APPLICATION SUBMITTAL PROCEDURES

Step 1.

The Continuum of Care completes Section I of the Funding Application Packet. The Continuum of Care forwards Section II of the Funding Application Packet and these instructions to their selected delegate agencies.

Step 2.

Delegate agencies recommended for funding by the Continuum of Care will complete Section II of the Funding Application Packet.

Delegate agencies will also need to enter their funding plans into the Illinois Homeless Reporting Portal. The Portal is not yet ready but will be in the coming weeks. At that time, you will be able to copy from this form and paste into the Portal.

Please submit your completed funding plan to your Continuum of Care according to their guidelines by their designated due date. Then email this funding plan, along with any required attachments, to Steve Pohlman at Steve.Pohlman@illinois.gov . Submit application documents in a single email.

Anything submitted in an electronic system (the GATA budget, the Internal Control Questionnaire, etc.) does not need to be resubmitted along with your application as Steve will receive those electronically.

Step 3.

The Continuum of Care submits Section I of the Funding Application Packet, CoC checklists, and their Ranking Sheet (Funding Recommendations) to Steve Pohlman at Steve.Pohlman@illinois.gov by the close of business on **Wednesday, May 6, 2026**.

Please see the CSFA and Grantee Portal for grant prequalification and other requirements.

**HOMELESS PREVENTION PROGRAM
DELEGATE AGENCY FUNDING APPLICATION PACKET
FISCAL YEAR 2027
SECTION II
DELEGATE AGENCY FORM**

Legal Name of Agency: City of Rockford Health and Human Services Department

Address: 612 North Church Street
Rockford, IL 61103

Mailing Address: 612 North Church Street
Rockford, IL 61103

E-Mail Address: TeAiria.Robinson@Rockfordil.gov

Executive Director Anquette Parham Telephone 779-348-4509

Program Contact Te'Airia Robinson Telephone 779-348-7597

Fiscal Contact Linda Mitchell Telephone 779-348-7474

F.E.I.N. # 36-6125747 Number of years in operation 61

REQUIRED ATTACHMENTS

Continuum of Care Required Attachments

1. A completed Funding Cap Status Form.
2. A copy of the appeal process for participants who have been denied services.

Agency Required Attachments

If not already submitted or uploaded to the Centralized Repository Vault (CRV), please submit the 501C letter from the IRS that advises of exemption of Federal income tax.

Submit an outreach plan which includes a detailed description for notifying the community of the program, the hours of operation and admittance requirements into the program that includes identification and description of linkages with community social service agencies, i.e., the local Family Community Resource Center (formerly known as the IDHS Local Office), police departments, hospital and emergency room personnel, and other community partners, the publication and distribution of flyers, printed materials, and brochures throughout the service area.

Copies of all intake forms that will be utilized by each participating agency to administer the Homeless Prevention Program.

Form W9 completed and signed which contains the legal name of the agency.

TO BE COMPLETED BY EACH DELEGATE AGENCY

AND SUBMITTED WITH THE FUNDING PACKET

THIS SECTION SHOULD DETAIL THE INDIVIDUAL DELEGATE AGENCY'S PLAN FOR RESPONDING TO THE RESULTS OF THE CONTINUUM OF CARE RESPONSES IN SECTION I.

NOTE: Please try to answer all questions in the space provided; do not add pages unless requested.

1. Describe your agency's experience and the experience of your staff in providing prevention services. Describe your agency's staffing plan and any utilization of volunteers.
Include a description of your agency's fiscal and administrative procedures that verify more than one level of approval (both fiscal and client eligibility approval) for all transactions made within the Homeless Prevention Program.

The City of Rockford Health and Human Services Department (HHS) has been the local administrator of the Homeless Prevention Program (HPP) funds since 2002. Because of this, agency staff are well versed in not only the vulnerabilities of the homeless population, but also those who are at risk of homelessness. City of Rockford Health and Human Services Department outreach staff provides screening for domestic violence, sexual abuse, substance abuse, mental illness, lack of employment, employability, and disability; all relevant risk factors for homelessness. Additional risk factors include, but not limited to, unhealthy environmentally or unsafe living conditions, illegal actions by building owners and victims of natural disasters.

HHS is involved in additional homeless prevention programs such as, the Federal & State Emergency Solutions Grant Program through which we provide Rapid Rehousing subsidies to permanently house those who were homeless; Rockford Township Programs through which we are provided rental assistance funding for individuals or families whose homes have been formally condemned by the City of Rockford Building Inspector or by the local health department; and the Illinois Department of Children and Family Services (SCFS) through which we provide housing advocacy services for Norman certified families or youth aging out of foster care.

Our agencies fiscal department has policy and procedures to ensure that homeless individual/families and the appropriate dollar amounts are documented and distributed to local building owners and/or landlords. Prior to reaching the fiscal department, two supervisory signatures are required for all HP/ESG applications. Upon receipt, fiscal department staff reviews the request for funds for accuracy, which includes: rental dollar amount, rental address, building owners address, client file documentation, temporary crisis and projected income. Additionally, fiscal staff monitors HSD check requisition and mailing process. Lastly, a record of payment, (copy of check) is kept within the fiscal department.

TO BE COMPLETED BY EACH DELEGATE AGENCY - SECTION II

2. Provide a detailed narrative of your agency's plan to prevent homelessness in your area. Please include your agency's capacity/experience in administering homeless prevention activities, including a description of collaborations and partnerships with other local service providers, utility companies, and landlords.

The City of Rockford Health and Human Services Department is actively working to end homelessness in our service area, which includes Boone and Winnebago counties. In 2015, we were the first community in the Nation to reach functional zero in eliminating Veteran Homelessness and chronic homelessness in 2017. Another notable project beside the Homeless Prevention Program is our partnership with the Northern Illinois Homeless Coalition. The coalition includes nearly all of the area's programs who work with the homeless: Rosecrance Ware Mental Health Center, Remedies Domestic Violence, and Shelter Care Ministries. The City of Rockford Health Human Services Department leads the area's efforts to end homelessness through their participation in Built for Zero initiative. The current goal is to end all homelessness by December 31, 2026. Through our coalition our agency hoped to do so by implementing a greater number of units of safe, affordable permanent housing. In addition to the Continuum of Care, HSD networks with Housing Action Illinois, the Chicago Homeless Coalition, Supportive Housing Providers Association, Rockford Housing Authority, Winnebago County Housing Authority, Workforce Investment Board, Illinois Employment and Training Center, and the Illinois Community Action Association that are all working on issues that directly or indirectly cause persons to become homeless.

The Rockford Health and Human Services Department is a single point of entry for Boone and Winnebago County residents seeking assistance through the homeless coordinated entry system. Homeless persons or persons at-risk of becoming homeless can access our Winnebago County site during standard business hours from 8:00 am-4:30 pm and by appointments in Boone County. We also have a toll-free 24/7 homeless hotline phone number that anyone in an emergency situation can call and staff will attempt to help get them in a safe, temporary placement.

By collaborating with partner social service agencies, we are able to provide services directly to or link the client with the appropriate resources. All persons at risk for homelessness who connect with our agency are screened for eligibility at point of contact. If the potential client does not meet our guidelines they are referred to other resources, often faith based. If they are eligible for HP services, or other HSD programs they proceed to an intake person who completes an initial assessment of needs at which time a formal application is taken. If they are requesting assistance with something our agency does not do directly, or offer, they are screened to determine the best possible referral. They are then referred to an appropriate agency in writing.

Rockford is one of five communities participating in the 100 Day Shelter Diversion Challenge, which is allowing our agency to look at our diversion practices and better streamline the process so that we can better serve our clients and prevent them from becoming homeless.

TO BE COMPLETED BY EACH DELEGATE AGENCY - SECTION II

3. Has your agency had a programmatic monitoring visit this fiscal year? If so, were you issued any recommendations or findings? Please list them below if yes, and if they have been resolved.

Please attest below that, as part of this application process, your Homeless Prevention staff has reviewed the HP program manual. It can be found here:

<https://www.dhs.state.il.us/page.aspx?item=171645>

Clients **MUST** be experiencing a **temporary** economic crisis that is beyond their control (loss of employment, medical emergency, loss or delay of some public benefit, natural disaster, substantial change in household composition, victimization by criminal activity, illegal action by a landlord, displacement by a government or private action, or some other condition which constitutes a hardship comparable to these. There **must** be documentation of this crisis in their file. A layoff notice, police report, a bill from a hospital stay, something from an employer showing the client missed work due to illness or injury, separation paperwork, etcetera.

The client must be homeless or at imminent risk of eviction or foreclosure to qualify for the Homeless Prevention program. Documentation might include an eviction notice (legal/court ordered is not required and we hope to avoid this), a letter from their landlord, a letter from their bank, late notices from their utilities, etcetera.

In addition, the client must be able to meet their financial obligations moving forward after receiving assistance. Therefore, their file **must** have proof of income and expenses (budget, paystubs, disability payment, SSI, etcetera).

Our agency underwent a programmatic monitoring visit on 9/4/25, resulting in no findings. I have enclosed a copy for your review.

TO BE COMPLETED BY EACH DELEGATE AGENCY - SECTION II

4. Include a description of your agency's intake procedures as well as office hours during which time prevention applications would be accepted.

Clients are only eligible to access Homeless Prevention benefits a maximum of once every two years (unless an exception is granted by IDHS). Please describe the system that your agency uses to ensure that clients do not receive HP assistance more frequently than the statute allows.

Since its inception in 2002, City of Rockford Health and Human Services Departments has gained great insight in our efforts to effectively administer the homeless Prevention Program. First and foremost, to be mentioned is programmatic milestones. Through certifications in Family and Community Development (FCD), agency staff has learned to ask the type of questions that can guide clients through short-term crisis and beyond. For instance, by completing a 90-day household income budget, worksheet, staff can identify spending habits or patterns and ways to streamline outstanding bills. Staff can provide coaching on a reasonable budget for the family. Next worthy of noting is our internal database known as STARS. STARS collect the demographic data and allow staff to track services with HHS clients. This often comes in handy when a client seems to be stuck in a pattern of financial crisis.

Besides financial concerns HHS outreach staff also screen for medical, nutrition, utility and emotional needs. Each HHS client is offered access to SNAP, All Kids, Medicaid and Medicare applications. If the client is not only at risk for homelessness but has outstanding utility bills, a direct referral is made to the departments LIHEAP program. Furthermore, HHS staff assists person who are not candidates for LIHEAP services but are candidates for utility assistance through Homeless Prevention Program. HHS staff has a working relationship with ComEd and Nicor gas to delay disconnection or reconnect as quickly as possible.

HHS staff participates on-going training with specific area programs that address domestic violence, mental health and, substance abuse/use. For example, HHS staff has received training on the Illinois Crime Victim Compensation Act, suicide intervention, and Narcan training. One (1) staff member is a Certified Domestic Violence Professional (CDVP) HHS staff also participates in on-going coaching/technical assistance from Community Solutions to ensure the use of best practices when working with homeless. The entire HHS staff has received Mental Health First aid. Training not only supports HPP services, but also the other programs provided throughout the department.

Lastly, our collaboration with local landlords. As in most communities, low-income person are often forced to choose between sub-standard housing and homelessness. HHS is now inspecting all new units to ensure that the property is safe for our families. By collaborating with the Rockford Apartment Association, rental agencies and individual landlords, HHS can assist homeless clients who are searching for not only affordable housing, but also units that are safe to live in.

The staffing plan at the City of Rockford Health and Human Service Department includes Three (3) CSBG Advocates, Seven (7) Housing Advocates, and one (1) Program Manager and one (1) Programs Coordinator.

All staff are directly linked to our funding source, the Department of Commerce Economic Opportunity (DCEO) that distributes the Community Services Block Grant (CSBG). Health and Human Services Department also employs three (3) fiscal support staff and one (1) fiscal director. The City of Rockford Health and Human Services has an additional division know as Rockford Head Start. Volunteer support is not provided directly to the Homeless Prevention Program recipients; however, HHS staff does utilize such support with other services provided in the department.

TO BE COMPLETED BY EACH DELEGATE AGENCY - SECTION II

5. Explain the case management and other supportive services provided by your agency to support homeless prevention activities.
- A. Include an explanation of your agency's capacity to deliver the following **required** services to support Homeless Prevention activities:
1. Case Management
 2. Financial Counseling
 3. Follow-Up Services
 4. Food Stamp Service Coordination*
 5. LIHEAP Service Coordination*
- B. Include an explanation of your agency's capacity to deliver supplemental services provided through other funding (including, but not limited to):
1. Outreach
 2. Advocacy
 3. Counseling (i.e., Life Skills, Family, Domestic Violence)
 4. Mental Health Services
 5. Alcohol/Substance Abuse Services
 6. Health/Dental Services
 7. Adult Basic Education/GED
 8. Job Preparation/Job Placement
 9. Transportation
 10. Employment Services
 11. Child Care/Children's Services
 12. Housing Location/Inspection
 13. Legal Services

***Please Note:** In accordance with the Program Manual and Contract Deliverables, all homeless prevention providers must have the capacity to download the IDHS Supplemental Nutrition Assistance Program (SNAP) application and distribute it to Homeless Prevention households as well as screen every household to determine their need and eligibility for LIHEAP assistance and, based upon that determination, assist with a LIHEAP application (or referral).

1. Two (2) Health and Human Services Department staff have been certified in Family and Community Development (FCD). FCD is a comprehensive case management program in which the curriculum looks at a multitude of life areas that affect a family's ability to be stable. Each staff member works with the individual/family using the ROMA Family Outcome Matrix. A matrix that gauges and measures the progress towards stability. Additionally, we have a contract with the Illinois Department of Children and Family Services (DCFS) to case manage both homeless families and youth leaving foster care with the goal of stabilization.

2. Each staff member completes a budget and discuss money management with each client they see. They discuss the importance of using their income to pay for their "needs" before all else. Since the people we see are low-income, case workers always refer to other services that can help them increase their income and also mainstream benefits. They also discuss strategies that will assist the clients in the ability to have more financial freedom.

3. Our agency also provides the following support programs to low-income persons: scholarships, community education, emergency services, displacement assistance, Fair Housing advocacy and, senior and disabled housing support.

4. Also noted in Section 4, is our SNAP and LIHEAP advocacy. Each individual is screened at HHS for SNAP eligibility and is assisted and/or transported to our local DHS office as needed to apply.

5. A written referral is made for every client regarding LIHEAP, regardless of need. This is to assure that embarrassment is not a reason for lack of disclosure. Follow-up is made to every HHS client whether or not Homeless Prevention Program Services were provided. The follow-up is conducted on a three (3), six (6) and nine (9) month basis to assess if the client is still housed, in immediate crisis or in additional support can be provided.

B. While our agency does provide several of these services itself, our agency also provide referrals to several others. Outreach (1), advocacy (2), counseling (life skills and other basic issues), (3) transportation (9), and housing location/inspections (12) are all services we provide in-house.

For mental health and substance abuse counseling, we work very closely with Rosecrance Ware Center who provides both of these services. Some basic counseling can be done within our offices but family counseling or domestic violence counseling are referred out. Remedies Renewing Lives and Family Peace Center is our referral for domestic violence. For medical and dental services, we work with Crusader Community Health, Winnebago County Health Department and Aunt Martha's. For job preparation and employment services, we partner with the local Workforce Investment Board (WIB-Workforce Development). They also provide some adult education classes where we can refer clients. If they do not have a program, we work closely with Rock Valley College adult education programs, as well as other programs where we can assist our client to get certificates or degrees to careers that can lift them out of poverty with a living wage. Lastly, HHSD staff collaborates with Prairie State Legal Services, the Illinois Human Rights Council, and Housing Action Illinois to address illegal evictions, lockouts and discrimination.

TO BE COMPLETED BY EACH DELEGATE AGENCY - SECTION II

6. Outreach Plan – Include a detailed description for notifying the community of the program, hours of operation, admittance requirements into the program, and identification of linkages with community social service agencies, i.e., the local Family Community Resource Center (formerly known as the IDHS Local Office), police departments, hospital and emergency room personnel, and other community partners. Also discuss the publication and distribution of flyers, printed materials, and brochures throughout the service area. How do clients access your service?

Funding and program details are announced through the Continuum of Care (Northern Illinois Homeless Coalition) website and Facebook page, United Way of Rock River Valley, City of Rockford website, Community Action webpage and Facebook page and the Illinois Community Action Association website. We also notify community members and other social service providers through a variety of monthly meetings. Press releases to local papers are facilitated with the support of the Mayor's Office. The requirements identified are those provided by the Illinois Department of Human Services Homeless Prevention Checklist and accompany each HPP request. Hours of operation are Monday-Friday 8:00 am-5:00 pm. All applicants must meet all the regulatory guidelines of the program for acceptance including proof of a crisis beyond their control that got them into the situation.

Community Contacts

The City of Rockford Health and Human Services Department has strong collaborating relationships with the following agencies:

Housing/Homelessness

Shelter Care Ministries (Winnebago)

Emergency Housing for Families
Transitional Housing for Families
Jubilee Day Center for the Mentally Ill

Rosecrance Ware Center (Boone and Winnebago)

Permanent Supportive and Transitional Housing for homeless persons with a mental illness and/or an addiction
Crisis Beds

Zion Development (Winnebago)

Permanent Supportive Housing

His Glory Mission (Boone)

Emergency Shelter Vouchers

Remedies (Boone and Winnebago)

Domestic Violence Emergency Shelter
Walk-in Counseling & Support Groups
24-Hour Advocacy

Carpenter's Place (Winnebago)

Day Drop-In Center for Homeless
Transitional Housing for homeless adults
Permanent Housing for homeless adults

American Red Cross (Winnebago)

Emergency Shelter
Hotel/Motel Vouchers for Disaster Victims

Rockford Rescue Mission (Winnebago)

Emergency and Transitional Shelter for Males
Vocational training for homeless persons

Salvation Army (Winnebago)

Transitional Housing
Crisis Beds

Salvation Army (Boone)

Rental Assistance
Hotel vouchers

Rockford Township (Winnebago)

Rental assistance
Homeownership Programs

Rockford Area Affordable Housing Coalition (Winnebago)

Homeownership Programs

Emergency Assistance

Rockford Township (Rockford Township)

Emergency Grants

Salvation Army (Boone & Winnebago)

Emergency Vouchers

City of Rockford Health and Human Services (Boone and Winnebago)

Emergency Assistance
LIHEAP

Holy Family Church (Winnebago)

Emergency Assistance

Community Foundation of Northern Illinois (Boone & Winnebago)

Emergency Assistance

City of Rockford Police Department (Rockford)

Transportation for Domestic Violence Victims
Domestic Violence Unit

Winnebago County Sheriffs Police Department (Winnebago)

Transportation for Domestic Violence Victims
Domestic Violence Unit

Health

Winnebago County Health Department (Winnebago)

WIC
Immunizations
HIV/AIDS Case Management
Healthy Moms, Healthy Kids
Environmental Services

Crusader Community Health (Winnebago)

Homeless Health Care
Medical
Behavioral Health
Dental
Women's Health care for the under-insured. Sliding scale payments.

Mobile Integrated Health (MIH) Program

Medical & Behavioral Health Case Management

Rosecrance Ware Center (Boone & Winnebago)

Mental Health Services

Remedies (Boone and Winnebago)

Substance Abuse/Use Treatment

Rosecrance (Winnebago)

Substance Abuse/Use Treatment

Boone County Health Department (Boone)

WIC
Immunizations
Healthy Moms, Healthy Kids

Rockford Sexual Assault Counseling Center (RSAC) (Boone and Winnebago)

Walk-in Counseling for Sexual Assault Victims
24-Hour Advocacy

Family Peace Center (Winnebago)

Domestic Violence survivor assistance.

Swedish American Hospital (UW Health)

Emergency Mental Health Services
Discharge of Homeless Patients

Rockford Mercy Health Hospital

Discharge of Homeless Patients

St. Anthony's Hospital (OSF)

Discharge of Homeless Patients

Nutrition

Rock River Valley Pantry (Winnebago)

Pantry and Commodities

Park Pantry (Loves Park)

Pantry

Empower Boone (Boone)

Pantry and Commodities

His Glory Mission (Boone)

Soup Kitchen

St. Elizabeth's (Winnebago)

Pantry

Northern Illinois Food Bank (Winnebago)

Food Bank

Commodities

Summer Food Program

Family and Community Resource Center Connection (Winnebago)

SNAP

Education

City of Rockford Head Start

Early Head Start 0-3

Head Start 3-5

Publications

Contact information is available through our agency brochure and is presented with our annual report to the community. We also have a standing public relations committee which is responsible for developing and maintaining a website and producing print materials related to homeless issues and the prevention of homelessness.

We are exempt from Federal Income Tax as a unit of local government.

TO BE COMPLETED BY EACH DELEGATE AGENCY - SECTION II

7. Follow-Up Report – All Homeless Prevention provider agencies are required to submit a Follow-Up report after the fiscal year ends (this will likely be due October 20 of 2026). Every program participant must be contacted 90 days after receiving services to determine their current housing status: housed in the same place, housed in a different place, unhoused, deceased, or unable to contact. Numerous attempts must be made to contact each client, and through multiple means of contact, before they can be declared unable to contact. Please describe your agency's follow-up process.

Over the past year, our agency has strengthened and actively implemented a more structured and consistent follow-up process to ensure compliance with the 90-day post-service requirement. We are currently completing follow-ups in real time and have improved internal tracking systems to ensure that all program participants are contacted within 90 days of receiving services.

Our follow-up protocol includes multiple contact attempts using various methods, including phone calls, text messages, emails, and any additional contact information provided at intake. A minimum of three documented attempts are made to reach each client. If the client remains unreachable, we initiate a final outreach effort by contacting the landlord or alternate contact listed in the client file. If all efforts are unsuccessful, the participant's status is recorded as "unable to contact," in accordance with program guidelines.

As of March 2026, our agency is also participating in a 100-day Shelter Diversion Challenge aimed at reducing homelessness by helping families identify safe alternatives to entering shelter. Through this effort, we are working with clients to explore solutions such as reconnecting with family, resolving short-term financial barriers, or securing stable housing. This is a collaborative, community-wide initiative involving partners including the City of Rockford HHS, Community Action and Head Start, Rockford Fire MIH, St. Vincent de Paul, NIAAA, Rockford Township, Youth Services Network, Rosecrance, Carpenter's Place, Rockford Rescue Mission, Rockford Public Schools, and Workforce Connection.

This initiative supports our follow-up efforts by strengthening initial client engagement and promoting ongoing communication. Our goal is to keep households safely housed, preserve shelter resources for those most in need, and build on this work by piloting an ongoing diversion process beyond the challenge period. These combined strategies help increase maximum feasible participation and support long-term housing stability and self-sufficiency for the households we serve.

Overall, these improvements have resulted in more consistent follow-up completion, better data accuracy, and a stronger ability to assess long-term housing outcomes for the households we serve.

**IDHS HOMELESS PREVENTION SERVICES
FISCAL YEAR 2027
TO BE COMPLETED BY EACH DELEGATE AGENCY
SECTION II**

**ALL AMOUNTS ARE SUBJECT TO APPROPRIATIONS AND OTHER FACTORS;
AMOUNTS REQUESTED ARE IN NO WAY GUARANTEED TO BE AWARDED**

SERVICE CATEGORY	ESTIMATED BUDGET
Direct Services – 80%-100% of budget	
Rental Assistance/Arrearage	<u>\$665,175</u>
Mortgage Assistance/Arrearage	<u>\$72,000</u>
Security Deposit Assistance	<u>\$210,000</u>
Utility Assistance/Arrearage	<u>\$6,000</u>
Supportive Services* (Legal Service Applicants Only)	<u>Zero</u>
Case Management and Administrative Costs – 0%-20% of budget	
Case Management Services	<u>\$100,841.32</u>
Direct Administrative Program Personnel	<u>\$55,485.14</u>
Program Supplies	<u>\$315</u>

Telecommunications

\$597.69

TOTAL

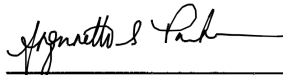
\$1,110,414

Prior Award Information

FY 24 HP Grant Award	<u>\$741,241</u>
FY 24 Unspent Award Dollars	<u>\$0</u>
FY 25 HP Grant Award	<u>\$1,110,414 (\$980,414)</u>
FY 25 Unspent Award Dollars	<u>\$130,000 (Sent back for reallocation on 5/9/25)</u>
FY 26 HP Grant Award	<u>\$1,110,414</u>
FY 26 Unspent at time of Application	<u>\$265,282 (As of 4/21/26)</u>

AUTHORIZATION

I hereby affirm that I am duly authorized to submit proposals on behalf of the applicant organization, and all information contained herein is true and correct to the best of my knowledge, information, and belief, and that the funds shall be used only for the purposes described in the funding application, and that the award of such grant funds is conditioned on this certification.



Signature

04/23/2026

Date

Steve Pohlman
Illinois Department of Human Services
Bureau of Prevention
(217) 299-3087 [cell]
Steve.Pohlman@illinois.gov

Please see the CSFA for grant prequalification and other requirements.

Eligibility Intake Application

CAA Name _____

Family Type Single Single Parent 2 Adults No Children 2 Parent Family 2 or More Adults with Children Foster Parents

3 or More Adults No Children Non Parent Adults(s) with Children Other _____

Housing Type Own Rent Subsidized Rent Institutional Group Home Homeless Unsheltered Homeless Sheltered Other _____

Landlord Name _____ Landlord Phone _____ - _____ - _____ Recently Sheltered (Y/N) _____

Mortgage Co. Name _____ Mortgage Co. Phone _____ - _____ - _____ Homelessness Reason _____

Address _____ Apt _____ City _____ State _____ Zip _____ Monthly Housing Cost _____

Housing Type Single Family Multiple Units (# of units) 2-4 5-10 11 or more Mobile Home Single Room Occupancy

Date Moved Here _____ / _____ / _____ Eviction Date _____ / _____ / _____ Eviction Reason _____

Alternate Contact Name _____ Relationship _____ Phone _____ - _____ - _____

Eligibility Intake Application

CAA Name _____

Head of Family

First Name _____ Middle _____ Last _____ Suffix _____ SSN _____ - ____ - ____ Date of Birth ____ / ____ / ____

Gender ____ (M/F) Primary Phone ____ - ____ - ____ Secondary Phone ____ - ____ - ____ Primary Language _____ Email _____

Are you (check all that apply) **Other Services (Check all that apply)**

- American Indian and Alaska Native Hispanic or Latino Foodstamps Amt per Month \$ _____
- Asian Disabled 0-8 Grade Medicare/Medicaid _____
- Black or African American Unable to Work Reason: _____ 9-12/Non Graduate WIC _____
- Native Hawaiian and Other Pacific Islander Farmer Seasonal Migrant High School Grad/GED Health Insurance _____
- Other Veteran 12+ Some Post Secondary Entitled to Child Support _____
- White Under the age of 18 and Emancipated 2 or 4 Years College Grad AllKids _____
- Multi-Race (any 2 or more above) Accomodation Needs _____ Grad or Other Post-Sec School _____

Employer _____ Supervisor _____

Address _____ Phone _____ - ____ - ____

Job Title _____ Work Phone _____ - ____ - ____ Start Date ____ / ____ / ____ End Date ____ / ____ / ____

Employment Termination Reason _____

Income Sources: AABD Alimony Child Support Employment GA Interest Other Wages Pension SSA SSDI SSI TANF Unemployment VA Benefits Workers'Comp

Income Source	Frequency	Amount	Income Source	Frequency	Amount
Other Income			Other Income Explanation		

Eligibility Intake Application

CAA Name _____

Family Member _____

First Name _____ Middle _____ Last _____ Suffix _____ SSN _____ - ____ - ____ / ____ / ____
 Gender _____ (M/F) Primary Phone _____ - ____ - ____ Secondary Phone _____ - ____ - ____ Primary Language _____ Email _____
 Relationship to Head of Family _____ Spouse _____ Child _____ Grandchild _____ Parent _____ Relative _____ Domestic Partner _____ Other _____

Race (check all that apply) Are you (check all that apply) Education Other Services (Check all that apply)

American Indian and Alaska Native Hispanic or Latino 0-8 Grade Foodstamps Amt per Month \$ _____
 Asian Disabled 9-12/Non Graduate Medicare/Medicaid _____
 Black or African American Unable to Work Reason: _____ High School Grad/GED WIC _____
 Native Hawaiian and Other Pacific Islander Farmer _____ Seasonal _____ Migrant _____ 12+ Some Post Secondary Health Insurance _____
 Other Veteran 2 or 4 Years College Grad Entitled to Child Support _____
 White Under the age of 18 and Emancipated AllKids _____
 Multi-Race (any 2 or more above) Accomodation Needs _____

Employer _____ Supervisor _____
 Address _____ Phone _____
 Job Title _____ Work Phone _____ Start Date _____ / ____ / ____ End Date _____ / ____ / ____
 Employment Termination Reason _____

Income Sources: AABD Alimony Child Support Employment GA Interest Other Wages Pension SSA SSDI SSI TANF Unemployment VA Benefits Workers'Comp

Income Source	Frequency	Amount	Income Source	Frequency	Amount
Other Income	Other Income Explanation				

Eligibility Intake Application

CAA Name _____

to be completed by Intake Worker

Homeless Nature of Family _____ Chronically homeless _____ Literally homeless _____
_____ Immediately at risk of becoming homeless _____ Precariously housed and at risk of becoming homeless _____

Mailing Address _____

Address _____ City _____ Apt # _____ State _____ Zip _____

Services Requested for this family _____

Total 30 Day Family Income _____ Total 90 Day Family Income _____ Total Annual Family Income _____

Applicant Statement/Certification: Under penalties of perjury, I examined this application and to the best of my information and belief, the information provided by me and contained herein is true, correct and complete. I authorize CAA to verify any and all information, including but not limited to income, employment, residency, etc., contained on this application and to contact various third party sources to obtain any necessary information verifications for the purpose of certification for assistance/benefits. I also authorize DCEO and my utility/fuel supplier to share my usage and bill information during the twelve (12) month period prior to and after the date of my application submittal. I also agree that in the event or move to a new location, where permissible by law, the information contained in my application/file, may be shared with other Community Action Agencies/local Administering Agencies to further assist me with services. I understand that any misrepresentation of information or failure to disclose information requested on this application may disqualify me from consideration of assistance. Further, I also understand that completing this application does not guarantee that assistance will be provided to me.

Applicant Typed or Printed Name _____

Intake Worker Typed or Printed Name _____

Applicant Signature _____ Date _____

Intake Worker Signature _____ Date _____



**DIVISION OF FAMILY & COMMUNITY SERVICES
Bureau of Housing and Supportive Services
Office of Housing Stability
823 East Monroe
Springfield, IL 62701**

10/10/2025

**Te' Airia Robinson
City of Rockford Health and Human Services Department
612 N. Church St.
Rockford, IL 61103**

Ms. Robinson,

It was a pleasure to meet with your agency via **Webex** on **September 4, 2025**, to monitor the operation of your Homeless Prevention Program. This annual review is conducted to ensure compliance with program rules and regulations.

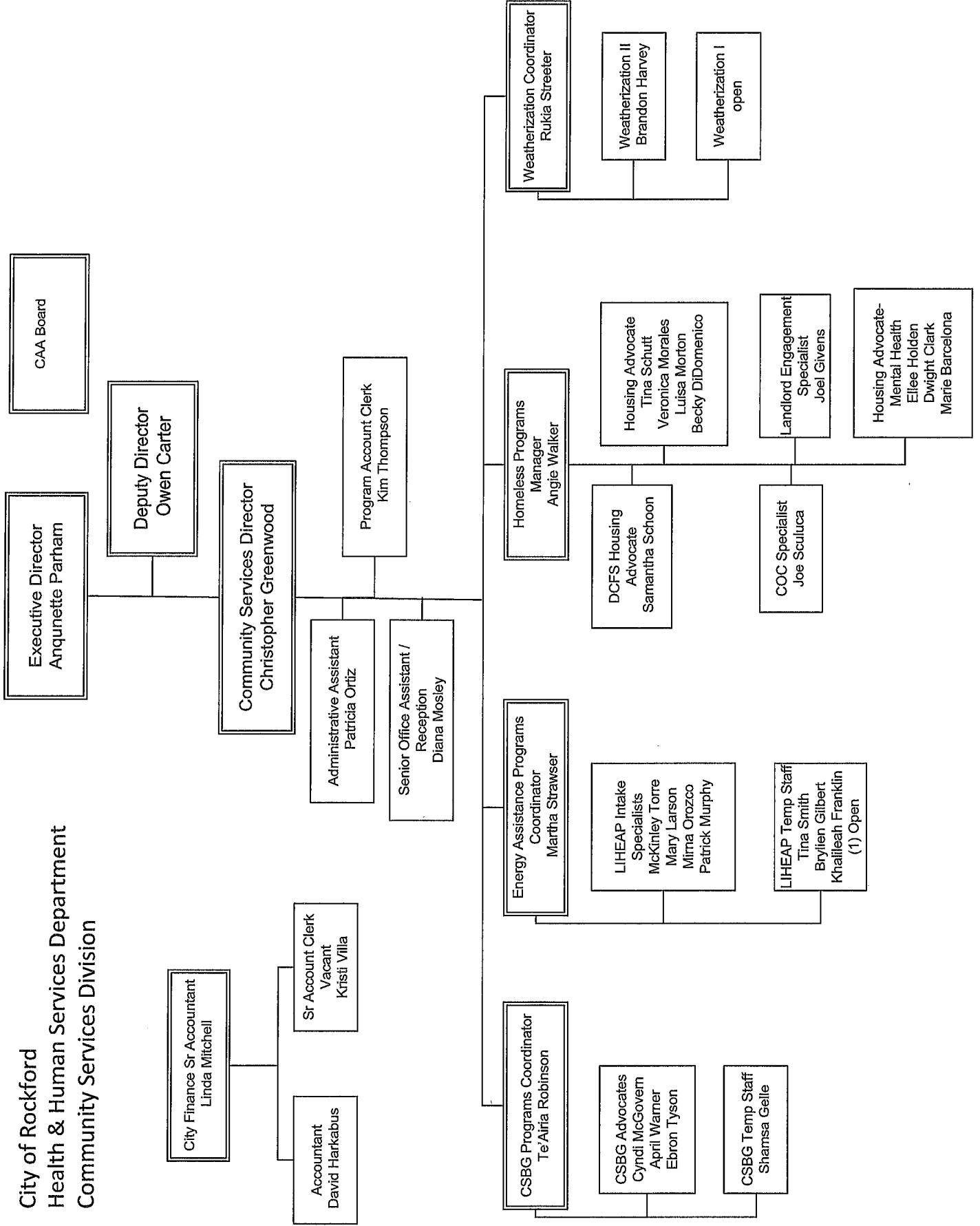
I have enclosed the completed monitoring report for **City of Rockford Health and Human Services Department**. I am pleased to inform you that your agency has achieved full compliance with program requirements and that no recommendations or corrective actions are necessary.

IDHS appreciates your cooperation in conducting this review. Congratulations to your staff on your excellent performance in the Homeless Prevention Program.

Sincerely,

**Loveya Allmon
Social Service Program Planner III
Office of Housing Stability**

**City of Rockford
Health & Human Services Department
Community Services Division**



Request for Taxpayer Identification Number and Certification

Go to www.irs.gov/FormW9 for instructions and the latest information.

Give form to the
requester. Do not
send to the IRS.

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. <i>See Specific Instructions on page 3.</i>	1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.) Rockford Human Services Department	
	2 Business name/disregarded entity name, if different from above.	
	3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. <input checked="" type="checkbox"/> Other (see instructions) GOVERNMENT	
	3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions <input type="checkbox"/>	
	5 Address (number, street, and apt. or suite no.). See instructions. 425 E. State St.	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) 3 Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) C <i>(Applies to accounts maintained outside the United States.)</i>
	6 City, state, and ZIP code Rockford, IL 61104	7 List account number(s) here (optional)
	Requester's name and address (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Social security number									
				-			-		
or									
Employer identification number									
3	6	-	6	1	2	5	7	4	7

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here Signature of U.S. person *Linda Mitchell*

Date 6/18/2024

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they

must obtain your correct taxpayer identification number (TIN), which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid).
- Form 1099-DIV (dividends, including those from stocks or mutual funds).
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds).
- Form 1099-NEC (nonemployee compensation).
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers).
- Form 1099-S (proceeds from real estate transactions).
- Form 1099-K (merchant card and third-party network transactions).
- Form 1098 (home mortgage interest), 1098-E (student loan interest), and 1098-T (tuition).
- Form 1099-C (canceled debt).
- Form 1099-A (acquisition or abandonment of secured property).

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

Caution: If you don't return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What Is Backup Withholding*, later.

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued);
2. Certify that you are not subject to backup withholding; or
3. Claim exemption from backup withholding if you are a U.S. exempt payee; and
4. Certify to your non-foreign status for purposes of withholding under chapter 3 or 4 of the Code (if applicable); and
5. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting is correct. See *What Is FATCA Reporting*, later, for further information.

Note: If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien;
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States;
- An estate (other than a foreign estate); or
- A domestic trust (as defined in Regulations section 301.7701-7).

Establishing U.S. status for purposes of chapter 3 and chapter 4 withholding. Payments made to foreign persons, including certain distributions, allocations of income, or transfers of sales proceeds, may be subject to withholding under chapter 3 or chapter 4 of the Code (sections 1441-1474). Under those rules, if a Form W-9 or other certification of non-foreign status has not been received, a withholding agent, transferee, or partnership (payor) generally applies presumption rules that may require the payor to withhold applicable tax from the recipient, owner, transferor, or partner (payee). See Pub. 515, *Withholding of Tax on Nonresident Aliens and Foreign Entities*.

The following persons must provide Form W-9 to the payor for purposes of establishing its non-foreign status.

- In the case of a disregarded entity with a U.S. owner, the U.S. owner of the disregarded entity and not the disregarded entity.
- In the case of a grantor trust with a U.S. grantor or other U.S. owner, generally, the U.S. grantor or other U.S. owner of the grantor trust and not the grantor trust.
- In the case of a U.S. trust (other than a grantor trust), the U.S. trust and not the beneficiaries of the trust.

See Pub. 515 for more information on providing a Form W-9 or a certification of non-foreign status to avoid withholding.

Foreign person. If you are a foreign person or the U.S. branch of a foreign bank that has elected to be treated as a U.S. person (under Regulations section 1.1441-1(b)(2)(iv) or other applicable section for chapter 3 or 4 purposes), do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (see Pub. 515). If you are a qualified foreign pension fund under Regulations section 1.897(i)-1(d), or a partnership that is wholly owned by qualified foreign pension funds, that is treated as a non-foreign person for purposes of section 1445 withholding, do not use Form W-9. Instead, use Form W-8EXP (or other certification of non-foreign status).

Nonresident alien who becomes a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a saving clause. Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items.

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Example. Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if their stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first Protocol) and is relying on this exception to claim an exemption from tax on their scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity, give the requester the appropriate completed Form W-8 or Form 8233.

Backup Withholding

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS 24% of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include, but are not limited to, interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, payments made in settlement of payment card and third-party network transactions, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester;
2. You do not certify your TIN when required (see the instructions for Part II for details);
3. The IRS tells the requester that you furnished an incorrect TIN;
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only); or
5. You do not certify to the requester that you are not subject to backup withholding, as described in item 4 under "*By signing the filled-out form*" above (for reportable interest and dividend accounts opened after 1983 only).