

No. 21-30037

**IN THE UNITED STATES COURT OF APPEALS
FOR THE FIFTH CIRCUIT**

**CHAMBLESS ENTERPRISES, L.L.C.; APARTMENT ASSOCIATION OF
LOUISIANA, INCORPORATED,
Plaintiffs-Appellants,**

– v. –

**ROCHELLE WALENSKY; SHERRI BERGER; UNITED STATES
DEPARTMENT OF HEALTH AND HUMAN SERVICES; MERRICK
GARLAND, U.S. Attorney General; XAVIER BECERRA, Secretary, U.S.
Department of Health and Human Services; CENTER FOR DISEASE
CONTROL AND PREVENTION,
Defendants-Appellees.**

**ON APPEAL FROM THE UNITED STATES DISTRICT COURT FOR THE
WESTERN DISTRICT OF LOUISIANA (MONROE) NO. 3:20-CV-01455**

**MOTION FOR LEAVE TO FILE AMICUS CURIAE BRIEF,
IN SUPPORT OF DEFENDANTS-APPELLEES**

CHRISTOPHER MCGREAL
ATTORNEY
DISABILITY RIGHTS TEXAS
2222 W. Braker Ln.
Austin, Texas 78758
Phone: (214) 845-4056
Fax: (214) 630-3472
cmcgreall@drtx.org

AFNAN AKRAM
ATTORNEY
DISABILITY RIGHTS TEXAS
2222 W. Braker Ln.
Austin, Texas 78758
Phone: (682) 350-2538
Fax: (469) 649-8822
aakram@drtx.org

Attorneys for Amicus Curiae Disability Rights Texas

Pursuant to Fed. R. App. P. 29(b), Disability Rights Texas requests leave to file a brief as amicus curiae, in support of Appellee-Defendant's brief and for affirming of the judgment of the district court denying a preliminary injunction to stop the Centers for Disease Control's (CDC) September 4, 2020 eviction moratorium.

I.

As more particularly described below, amicus is concerned with protecting the civil rights of individuals with disabilities. It seeks to file the accompanying brief in order to support the District Court's decision to deny Plaintiff-Appellee's Motion for Preliminary Injunction to halt the CDC eviction moratorium. Overturning this decision would be contrary to the public interest, a prong in whether to grant or deny a preliminary injunction. Movant's proposed brief points out authorities governing this issue that are not included in Appellant's brief as well as requests for judicial notice of information pertaining specifically to the harm and public interests in preventing mass evictions at this time would have on persons with disabilities, individuals the most vulnerable to SARS-CoV-2 (COVID-19).

II.

Disability Rights Texas is the agency designated by the Governor of Texas to protect and advocate for the rights of individuals with disabilities in the State of Texas, pursuant to the Developmental Disabilities Assistance and Bill of Rights Act

of 200, 42 U.S.C. §§ 15041, *et seq.*, the Protection and Advocacy for Mentally Ill Individuals Act of 1986, 42 U.S.C. §§ 10801, *et seq.*, and the Protection and Advocacy of Individuals Rights program, 29 U.S.C. § 794e. As the “protection and advocacy” organization for Texas, Disability Rights Texas is interested in the enforcement of emergency orders that protect the rights of individuals with disabilities to be free of harm and segregation based on their disabilities, including in connection with their housing and becoming homeless, institutionalized, and loss of life.

III.

Movant has filed numerous amicus briefs with this Court concerning issues related to persons with disabilities, most recently in *Valentine, et al. Collier, et al.*, No. 20-20525, --- F.3d --- (5th Cir. March 26, 2021). Movant has also had its motions for leave to file amicus briefs approved by this Court, as in *D.H.H., et al v. Kirbyville Consolidated Independent School District*, No. 20-40315, on appeal from the United States District Court of the Eastern District of Texas (Order, July 24, 2020). The Appellees consented to the filing of the subject brief, but Movant has not yet heard from counsel for Appellants, and thus files this Motion as partially unopposed, with Appellants position unknown. With this motion, amicus attaches its proposed brief for filing and accompanying exhibits.

CONCLUSION

Wherefore, the organization named herein requests leave to file its brief.

Respectfully submitted,

DISABILITY RIGHTS TEXAS

/s/ Afnan Akram

AFNAN AKRAM

TX State Bar No. 24105291

1420 Mockingbird Lane,

Suite 450

Dallas, Texas 75247

Telephone: (682) 350-2538

Facsimile: (469) 649-8822

aakram@drtx.org

CHRISTOPHER P. MCGREAL

TX State Bar No. 24051774

1420 Mockingbird Lane,

Suite 450

Dallas, Texas 75247

Telephone: (214) 845-4056

Facsimile: (214) 630-3472

cmcgreal@drtx.org

Attorneys for Amicus Curiae

CERTIFICATE OF CONSULTATION WITH PARTIES

The undersigned counsel certifies that Disability Rights Texas contacted Alicia B. Klein, counsel for Appellant, and she consents to the filing of the brief for amicus curiae, and does not oppose the granting of this motion. The undersigned counsel also certifies that Disability Rights Texas contacted Luke Wake, listed counsel for Appellee, and he consents to the filing of this brief.

/s/ Afnan Akram

Afnan Akram

CERTIFICATE OF COMPLIANCE

1. This brief complies with the type-volume limitation of FED. R. APP. P. 32(a)(7)(B) and FED. R. APP. P. 29(a), because this motion contains 2,193 words, excluding the parts of the motion exempted by FED. R. APP. P. 32(a)(7).

2. This motion complies with the typeface requirements of FED. R. APP. P. 32(a)(5) and the type-style requirements of FED. R. APP. P. 32(a)(6), because this motion has been prepared in a proportionally spaced typeface using Microsoft Word software, in Times New Roman 14-point font and contains 441 words.

/s/ Afnan Akram

Afnan Akram

CERTIFICATE OF SERVICE

I certify that on this 27th day of April, 2021, a true and correct copy of the foregoing document was filed electronically. Notice of this filing will be sent by operation of the ECF system to all counsel of record:

James C. Rather, Jr. – *Counsel for Plaintiffs – Appellants*
Alker & Rather, LLC
4030 Lonesome Road, Suite B
Mandeville, Louisiana 70448
Telephone: (985) 727-7501
JRAther@alker-rather.com

Luke A. Wake – *Counsel for Plaintiffs – Appellants*
Pacific Legal Foundation
930 G Street
Sacramento, California 95818
Telephone: (916) 419-7111
LUake@pacificlegal.org

Ethan W. Blevins – *Counsel for Plaintiffs – Appellants*
Pacific Legal Foundation
839 W. 3600 S.
Bountiful, Utah 84010
EBlevins@pacificlegal.org

Steven M. Simpson – *Counsel for Plaintiffs – Appellants*
Pacific Legal Foundation
3100 Clarendon Blvd., Suite 610
Arlington, VA 22201
SSimpson@pacificlegal.org

Brian M. Boynton – *Counsel for Defendants - Appellees, United States*
Acting Assistant Attorney General
Alexander C. Van Hook – *Counsel for Defendants - Appellees, United States*
Acting United States Attorney
Alisa B. Klein – *Counsel for Defendants - Appellees, United States*
Brian J. Singer – *Counsel for Defendants - Appellees, United States*

Attorneys, Appellate Staff
Civil Division, Room 7537
U.S. Department of Justice
950 Pennsylvania Avenue NW
Washington, DC 20530
Telephone: (202) 616-5446
Brian.j.springer@usdoj.gov

No. 21-30037

United States Court of Appeals
for the
Fifth Circuit

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**BRIEF FOR *AMICUS CURIAE* DISABILITY RIGHTS TEXAS IN
SUPPORT OF DEFENDANTS-APPELLEES**

CHRISTOPHER MCGREAL
ATTORNEY
DISABILITY RIGHTS TEXAS
1420 W. Mockingbird Lane,
Suite 450
Dallas, Texas 75247-4932

AFNAN AKRAM
ATTORNEY
DISABILITY RIGHTS TEXAS
201 American Concourse, Suite 315
Fort Worth, Texas 76106

Attorneys for Amicus Curiae Disability Rights Texas

CERTIFICATE OF INTERESTED PERSONS

Pursuant to 5th Cir. R. 29.2 (contents and forms), I hereby certify that in addition to the persons and entities listed in the Appellant's Certificate of Interested Persons, the following persons and entities have an interest in the outcome of the case under 5th Cir. R. 28.2.1 (certificate of interested persons). These representations are made so judges may evaluate potential recusal.

Plaintiffs-Appellants

Chambless Enterprises, L.L.C.
Apartment Association of Louisiana, Incorporated

Attorneys for Plaintiffs-Appellants

James C. Rather
Luke A. Wake
Ethan W. Blevins
Steven M. Simpson

Defendants-Appellees

Rochelle Walensky
Sherri Berger
United States Department of Health and Human Services
Merrick Garland, U.S Attorney General
Xavier Becerra, Secretary, U.S. Department of Health and Human Services
Center for Disease Control and Prevention

Attorneys for Defendants-Appellees

Alisa B. Klein
James J. Springer

Amici Curiae

Disability Rights Texas

Attorneys for Amici Curiae

Afnan Akram
Christopher McGreal

STATEMENT REGARDING ORAL ARGUMENT

Attorneys for Amici Curiae defer to the judgment of the Court whether oral argument from this Amici Curiae would assist the Court. Required by 5th Cir. R. 28.2.3 (request for oral argument) and Fed. R. App. P. 34(a)(1).

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Week 27 Household Pulse Survey: March 17 – March 29, United States Census Bureau (Apr. 7, 2021), <https://www.census.gov/data/tables/2021/demo/hhp/hhp27.html> (last visited April 27, 2021)10

STATEMENT OF INTEREST OF AMICUS CURIAE¹

Disability Rights Texas (“DRTx”) is the federally designated legal protection and advocacy agency for people with disabilities in Texas. DRTx’s mission is to help people with disabilities understand and exercise their rights under the law and ensure their full and equal participation in society. DRTx accomplishes its mission by providing direct legal assistance to people with disabilities, protecting the rights of people with disabilities through the courts and justice system, and educating and informing policymakers about issues that impact the rights and services for people with disabilities. DRTx is interested in this matter because the Court’s decision will impact the public interest of a significant number of people with disabilities and cause irreparable harm to persons with disabilities impacted by the ongoing rental crisis. Additionally, lifting the eviction moratorium implemented by the Centers for Disease Control could cause local public entities to violate the integration mandates for persons with disabilities under the Fair Housing Act Amendments of 1988, 42 U.S.C. § 3601, *et seq.*, Americans with Disabilities Act Amendments Act of 2008, 42 U.S.C. § 12131, *et seq.*, or Section 504 of the Rehabilitation Act, 29 U.S.C. § 701,

¹ Federal Rule of Appellate Procedure 29(a)(4) Statements

No party’s counsel authored the brief in whole or in part;

No party or party’s counsel contributed money that was intended to fund preparing or submitting the brief; and

No person—other than the amicus curiae, its members, or its counsel—contributed money that was intended to fund preparing or submitting the brief.

et seq. Additionally, DRTx represents individuals whose living and housing situations will personally be affected by the outcome of this decision.

SUMMARY OF ARGUMENT

The Centers for Disease Control and Prevention (“CDC”) issued an eviction protection declaration to halt evictions (“Declaration”) on September 4, 2020, which temporarily halted eviction proceedings. Plaintiff-Appellants seek a preliminary injunction to halt the CDC’s Declaration. Amicus Curiae DRTx submits this brief that a preliminary injunction to stop the CDC’s Declaration would cause irreparable harm to people with disabilities and not serve the public interest under the legal standards for a preliminary injunction. [*Janvey v. Alquire*, 647 F.3d 585, 595 \(5th Cir. 2011\)](#) (Recognizing one of the elements of a preliminary injunction is “that the grant of an injunction will not disserve the public interest”) (citation omitted); [*Pegasus Equine Guardian Ass’n v. U.S. Army*, No. 2:17-CV-0980, 2019 WL 362598, at *1 \(W.D. La. Jan. 28, 2019\)](#).

Based on Amicus’s experience, many renters in Texas, a state covered by this Court’s jurisdiction, who face housing instability due to the SARS-2-CoV (COVID-19) pandemic and economic fallout are persons with disabilities. This Amicus Curiae will show the CDC Declaration serves the public interest because: (1) people with disabilities who are renters facing eviction for non-payment have a higher chance of contracting COVID-19 due to pre-existing health conditions and a worse medical

outcome than individuals without disabilities, and such contraction will only exacerbate with the loss of housing, even with the vaccine rollout; (2) once evicted, people with disabilities are more likely to face long-term or chronic homeless or forced institutionalization; and (3) the rollout of rental assistance in Texas intended to rectify the rental crisis has been haphazard from local levels of the government.

Further, Amicus Curiae Disability Rights respectfully requests the Court take judicial notice of government statistics as well as academic and medical articles cited in its arguments as the information is not subject to reasonable dispute and can be accurately and readily determined from sources whose accuracy cannot reasonably be questioned. Fed. R. Evid. 201(b). Further Amicus Curiae supplies the necessary information cited with this brief as exhibits for the Court to make the determination of whether to take judicial notice. Fed. R. Evid. 201(c). The brief also contains hyperlinks to referenced citations where applicable.

ARGUMENT

I. People with disabilities face a higher chance of an adverse outcome of COVID-19 if they lose their housing, even with preliminary data on vaccines

According to the CDC, persons with disabilities with pre-existing medical conditions face an increased risk for severe illness or even death, should they contract COVID-19. *People with Certain Medical Conditions*, Centers for Disease Control and Prevention (March 29, 2021), <https://www.cdc.gov/coronavirus/2019->

[ncov/need-extra-precautions/people-with-medical-conditions.html](https://www.cdc.gov/need-extra-precautions/people-with-medical-conditions.html). (Exhibit A). Severe illness means that the individual may require hospitalization, intensive care, or a ventilator to assist with breathing, and the infection may be fatal. *Id.* People with physical and cognitive functions face a higher risk. *Prevalence of Disabilities and Health Care Access by Disability Status and Type Among Adults — United States, 2016*, Centers for Disease Control and Prevention (Sept. 16, 2020), <https://www.cdc.gov/ncbddd/disabilityandhealth/features/kf-adult-prevalence-disabilities.html>. (Exhibit B). As such, it is in the public interest that persons with disabilities not lose their housing during the COVID-19 pandemic due to severe medical outcomes.

Additionally, studies show that a large majority of the homeless population have physical and/or mental disabilities, which makes it difficult for them to participate in self-care and defend themselves against COVID-19, putting them at a higher risk of contracting the virus. *Population At-Risk: Homelessness and the COVID-19 Crisis*, Homelessness Research Institute (Mar. 25, 2020), <http://endhomelessness.org/wp-content/uploads/2020/03/Covid-Fact-Sheet-3.25.2020-2.pdf>. (Exhibit C).

While it is strongly recommended for people with disabilities to get vaccinated, extensive studies have not been conducted on the entire efficacy of the COVID-19 vaccine on certain disabilities. Specifically, there is little data on the

complete efficacy of the vaccine for people with weakened immune systems, cancer, and other co-morbidities due to illness or medication, and no efficacy data is available for people with autoimmune conditions. *Vaccine Considerations for People with Underlying Medical Conditions*, Centers for Disease Control and Prevention (Mar. 12, 2021), <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/recommendations/underlying-conditions.html>. (Exhibit D).

Additionally, even if situations where persons with disabilities could take advantage of a vaccine that works at full efficacy as that of the population without disabilities, it is left to the individual States to come up with effective vaccination distribution plans for this vulnerable population. *COVID-19 Risks and Vaccine Access for Individuals Experiencing Homelessness: Key Issues to Consider*, Kaiser Family Foundation (March 24, 2021), <https://www.kff.org/medicaid/issue-brief/covid-19-risks-vaccine-access-individuals-experiencing-homelessness-key-issues/>. (Exhibit E). Only half of the States in the country explicitly prioritized vaccines for homeless shelters. *Id.* It thus serves the public interest that the CDC Declaration remain until at the least full vaccination is available for all groups of persons with disabilities in all settings.

II. Once evicted, people with disabilities are more likely to become long-term or chronically homeless, create resource usage issues on emergency personnel, or become institutionalized

Due to the economic and health burdens of COVID-19 on persons with disabilities, compounded with pre-existing health and economic disadvantages for persons with disabilities pre-COVID-19, persons with disabilities are more likely to become homeless if evicted or worse. Being forced into homelessness is by itself irreparable harm for persons with disabilities and does not serve the public interest. See e.g., [*D.J. v. Columbia at Sylvan Hills, L.P.*, No. 1:19-cv-02232, 2019 WL 10984475, *5 \(N.D. Ga. July 25, 2019\)](#) (“Courts have found that the ‘threat of eviction and the realistic prospect of homelessness constitute a threat of irreparable harm and satisfy the first prong of the test for preliminary injunctive relief.’ [citation as omitted] . . . This Court agrees.”); [*Sinisgallo v. Town of Islip Hous. Auth.*, 865 F.Supp.2d 307, 328 \(E.D.N.Y. 2012\)](#) (the “threat of eviction and the realistic prospect of homelessness constitute a threat of irreparable harm and satisfy the first prong of the test for preliminary injunctive relief.”).

Further, from Amicus Curiae DRTx’s experience in advocating for persons with disabilities in Texas, people caught in chronic homelessness go through a repetitive cycle of incarceration, crisis services, institutionalization, and homelessness or emergency shelters, so a sudden influx of persons with disabilities being evicted would overwhelm the system creating a resource shortage of crisis services, emergency shelters, and emergency personnel.

Moreover, evictions will exacerbate the already prevalent issue of forced institutionalization of persons with disabilities, who already face lack of affordable and accessible housing, causing them because of their disabilities to live against their choice in institutions. From Amicus Curiae DRTx’s experience, many low-income

renters who are persons with disabilities receive their source of income from social security and healthcare from Medicaid. Mass evictions of persons with disabilities with nowhere else to live due to the pre-existing health and economic disadvantages versus other groups of renters, could lead to mass institutionalization for individuals already on Medicaid or an influx of individuals qualifying and going on Medicaid, leading to housing in nursing facilities as a last resort instead of pure homelessness. The United States Supreme Court affirmed the position that “unjustified isolation of persons with disabilities is a form of discrimination,” which reflects the judgment that “confinement in an institution severely diminishes the everyday life activities of individuals, including family relations, social contacts, work options, economic independence, educational advancement, and cultural enrichment.” [*Olmstead v. L.C. ex rel. Zimring*, 527 U.S. 581, 600-01 \(1999\)](#).

Subsequently, courts have relied on the *Olmstead* decision and the Department of Justice’s interpretation to find that “the disability discrimination claim recognized in *Olmstead* is not limited to individuals already subject to unjustified isolation, but also ‘extend[s] to persons at serious risk of institutionalization or segregation.’” [*Davis v. Shah*, 821 F.3d 231, 262 \(2d. Cir. 2016\)](#) (alteration in original) (quoting Civ. Rts. Div. Disability Rts. Section, U.S. Dep’t of Just., *Statement of the Department of Justice on Enforcement of the Integration Mandate of Title II of the Americans with Disabilities Act and Olmstead v. L.C.* (2011)). Further, a person with a disability “need not wait until the harm of institutionalization or segregation occurs or is imminent,” and “establishes a ‘sufficient risk of institutionalization to make out an *Olmstead* violation if a public

entity's failure to provide community services . . . will *likely* cause a decline in health, safety, or welfare that would lead to the individual's eventual placement in an institution.” *Id.*

Further, courts have held that “[i]njunctive relief serves the public interest because the public has an interest to . . . prevent further incapacitation or institutionalization.” [*Ryan v. Dreyfus*, No. C09-0908RAJ, 2009 WL 2914139, at *3 \(W.D. Wash. Sept. 4, 2009\)](#); *see also* [*Brantley v. Maxwell-Jolly*, 656 F.Supp.2d 1161, 1177 \(N.D. Cal. 2009\)](#) (finding that the balance of hardships and public interest were in favor of granting a preliminary injunction when Plaintiff was at a “real and imminent” risk of institutionalization) and [*Haddad v. Dudek*, 784 F.Supp.2d 1308, 1318-19 \(M.D. Fla. 2011\)](#) (determining that granting a preliminary injunction when Plaintiff was at imminent risk of institutionalization did not disserve public interest). Failure to maintain the force of the CDC Declaration will again not serve the public interest with the serious risk of institutionalization for persons with disabilities who are evicted without, as described below, adequate time for rental assistance to finally be distributed, and above, for vaccines to apply equal level of efficacy as the population without disabilities.

III. The rollout of rental assistance related to COVID-19 has been haphazard in Texas

Though the government provided federal rental aid to States to assist people with paying their rent and retaining housing during the COVID-19 pandemic, the sheer number of people who need assistance overwhelms the State's resources to provide this aid in a timely manner. According to a study conducted by the U.S.

Census Bureau, out of almost 52.5 million tenants, almost 6% are living without paying rent, 9% have no confidence in their ability to pay next month's rent, and almost 14% have only slight confidence in their ability to pay next month's rent.

Week 27 Household Pulse Survey: March 17 – March 29, United States Census Bureau (Apr. 7, 2021),

<https://www.census.gov/data/tables/2021/demo/hhp/hhp27.html>. (Exhibit F).

Federal legislation provided \$25 billion in funds for rental assistance, of which Texas was expected to receive \$1.9 billion. By March 31, 2021, over 72,000 applications were submitted to the Texas Department of Housing and Community Affairs for rental assistance, over 45,000 applications were in the process of rental assistance eligibility determination, and only 250 people actually received money for rental assistance in Texas. *Texas Rent Relief Program: Committee Staff Report*, Texas House of Representatives Committee on Urban Affairs (Apr. 5, 2021), <https://capitol.texas.gov/tlodocs/87R/handouts/C4802021040710301/6aca92f4-7a88-4e06-82aa-98ede6f50943.PDF>. (Exhibit G). Most applications in any given stage of the process were at least 30 days old. *Id.* Furthermore, the accessibility of a web-based application for people who are elderly or people with disabilities creates further obstacles to submitting applications. Therefore, the people who need rental assistance the most to ensure they do not become homeless or institutionalized due are the least likely to obtain such assistance.

It would not serve the public interest to overturn the district court's denial of a preliminary injunction until the rental assistance process is full accessible and working for all.

CONCLUSION

The ultimate consequence of the information above is that people with disabilities who are renters are at a higher risk of homelessness, institutionalization, and most extremely loss of life than persons without disabilities. The one barrier keeping this dam in place is the CDC's Declaration of September 4, 2020. For these reasons, and those cited above, CDC's actions serve the public interest and prevent irreparable harm on a mass scale, not just in Texas, but in the national housing market and medical infrastructure.

Respectfully,

DISABILITY RIGHTS TEXAS

/s/ Afnan Akram
AFNAN AKRAM
TX State Bar No. 24105291
1420 Mockingbird Lane,
Suite 450
Dallas, Texas 75247
Telephone: (682) 350-2538
Facsimile: (469) 649-8822
aakram@drtx.org

CHRISTOPHER P. MCGREAL
TX State Bar No. 24051774
1420 Mockingbird Lane,

Suite 450
Dallas, Texas 75247
Telephone: (214) 845-4056
Facsimile: (214) 630-3472
cmcgreall@drtx.org

Attorneys for Amicus Curiae

CERTIFICATE OF SERVICE

I certify that I electronically filed the foregoing with the Clerk of the Court for the United States Court of Appeals for the Fifth Circuit by using the appellate CM/ECF system. I further certify that all participants in the case are registered CM/ECF users and that service will be accomplished by the appellate CM/ECF system.

/s/ Afnan Akram
Afnan Akram

CERTIFICATE OF COMPLIANCE

This brief complies with the type-volume limitation of Fed. R. App. P. 32(a)(7)(B) because it contains 2,193 words, excluding the parts of the brief exempted by Fed. R. App. P. 32(f).

This brief also complies with the typeface requirements of Fed. R. App. P. 32(a)(5)(A) and the type style requirements of Fed. R. App. P. 32(a)(6) because it has been prepared in a proportionally spaced typeface using Microsoft Word in Times New Roman font size 14.

/s/ Afnan Akram
Afnan Akram

Exhibit A



COVID-19

People with Certain Medical Conditions

Updated Mar. 29, 2021

[Print](#)

Vaccine Information for People with [Certain Medical Conditions](#).



This information is intended for a general audience. Healthcare providers should see [Underlying Medical Conditions Associated with High Risk for Severe COVID-19](#) for more detailed information.

Overview

Adults of any age with **the following conditions can be more likely to get severely ill** from COVID-19. **Severe illness** means that a person with COVID-19 may need:

- Hospitalization
- Intensive care
- A ventilator to help them breathe
- Or they may even die

In addition:

- **Older adults** are more likely to get severely ill from COVID-19. More than 80% of COVID-19 deaths occur in people over age 65, and more than 95% of COVID-19 deaths occur in people older than 45.
- **Long-standing systemic health and social inequities** have put people from many racial and ethnic minority groups at increased risk of getting sick and dying from COVID-19. Studies have shown minority groups are also dying from COVID-19 at younger ages. People in minority groups are often younger when they develop chronic medical conditions and may be more likely to have more than one condition.

If you have a medical condition, **speak with your healthcare provider** about steps you can take to manage your health and risks.

Preventive measures for COVID-19 (including [vaccination](#), [wearing a mask](#) and [social distancing](#)) are important especially if you are older or have multiple or severe health conditions. You can learn about CDC’s COVID-19 vaccine recommendations, including how medical conditions and other factors inform recommendations, [here](#).

Note: The list below does not include all potential medical conditions that could make you more likely to get severely ill. Rare medical conditions may not be included below. However, a person with a condition that is not listed may still be in more danger from COVID-19 than persons of similar age who do not have the condition and should talk with their healthcare provider.

Medical Conditions in Adults

- This list is presented in **alphabetical order** and not in order of risk.
- CDC [completed an evidence review process](#) for **each** medical condition on this list to ensure they met criteria for inclusion on this webpage.
- We are learning more about COVID-19 every day, and this list may be updated as the science evolves.

Cancer

Having cancer **can make you more likely** to get severely ill from COVID-19. Treatments for many types of cancer can weaken your body’s ability to fight off disease. At this time, based on available studies, having a history of cancer may increase your risk.

Get more information:

- [Cancer | CDC](#)
- [American Cancer Society: What People with Cancer Should Know about Coronavirus](#) [↗](#)

Chronic kidney disease

Having chronic kidney disease of any stage **can make you more likely** to get severely ill from COVID-19.

Get more information:

- [Chronic kidney disease | CDC](#)
- [National Kidney Foundation: Kidney disease and COVID-19](#) [↗](#)

Chronic lung diseases, including COPD (chronic obstructive pulmonary disease), asthma (moderate-to-severe), interstitial lung disease, cystic fibrosis, and pulmonary hypertension

Chronic lung diseases **can make you more likely** to get severely ill from COVID-19. These diseases may include:

- Asthma, if it’s moderate to severe
- Chronic obstructive pulmonary disease (COPD), including emphysema and chronic bronchitis
- Having damaged or scarred lung tissue such as interstitial lung disease (including idiopathic pulmonary fibrosis)
- Cystic fibrosis, with or without lung or other solid organ transplant
- Pulmonary hypertension (high blood pressure in the lungs)

Get more information:

- [COPD | CDC](#)
- [Asthma | CDC](#)
- [American Lung Association: Controlling Chronic Lung Diseases Amid COVID-19](#) [↗](#)

- [Cystic Fibrosis | CDC](#)

Dementia or other neurological conditions

Having neurological conditions, such as dementia, **can make you more likely** to get severely ill from COVID-19.

Get more information:

- [Dementia | CDC](#)
- [Alzheimer's Association: COVID-19, Alzheimer's and Dementia](#) 

Diabetes (type 1 or type 2)

Having either type 1 or type 2 diabetes **can make you more likely** to get severely ill from COVID-19.

Get more information:

- [Diabetes | CDC](#)
- American Diabetes Association: [How COVID-19 Impacts People with Diabetes](#) 

Down syndrome

Having Down syndrome **can make you more likely** to get severely ill from COVID-19.

Get more information:

- [Down syndrome | CDC](#)
- [National Down Syndrome Society: COVID-19 and Down Syndrome](#) 

Heart conditions (such as heart failure, coronary artery disease, cardiomyopathies or hypertension)

Having heart conditions such as heart failure, coronary artery disease, cardiomyopathies, and possibly high blood pressure (hypertension) **can make you more likely** to get severely ill from COVID-19.

Get more information:

- [Heart Disease | CDC](#)
- [COVID-19 | American Heart Association](#) 

HIV infection

Having HIV (Human Immunodeficiency Virus) **can make you more likely** to get severely ill from COVID-19.




Get more information:

- [HIV Infection | CDC](#)
- [Interim Guidance for COVID-19 and Persons with HIV](#) 

Immunocompromised state (weakened immune system)

Having a weakened immune system **can make you more likely** to get severely ill from COVID-19. Many conditions and treatments can cause a person to be immunocompromised or have a weakened immune system. Primary immunodeficiency is caused by genetic defects that can be inherited. Prolonged use of corticosteroids or other immune weakening medicines can lead to secondary or acquired immunodeficiency.



Get more information:

- [Types of Primary Immune Deficiency Diseases](#) 
- [The Jeffrey Modell Foundation](#) 
- [Immune Deficiency Foundation](#) 
- [Primary Immunodeficiency \(PI\) | CDC](#)

Liver disease

Having chronic liver disease, such as alcohol-related liver disease, nonalcoholic fatty liver disease, and especially cirrhosis, or scarring of the liver, **can make you more likely** to get severely ill from COVID-19.


Get more information:

- [Liver Disease | NIDDK \(nih.gov\)](#) 
- [American Liver Foundation: Your Liver & COVID-19](#) 

Overweight and obesity

Overweight (defined as a [body mass index](#) (BMI) > 25 kg/m² but < 30 kg/m²), obesity (BMI ≥30 kg/m² but < 40 kg/m²), or severe obesity (BMI of ≥40 kg/m²), **can make you more likely** to get severely ill from COVID-19. The risk of severe COVID-19 illness increases sharply with elevated BMI.

Get more information:

- [Obesity | CDC](#)
- [Obesity, Race/Ethnicity, and COVID-19 | CDC](#)
- [Obesity Action Coalition: COVID-19 and Obesity](#) 

Pregnancy

Pregnant people **are more likely** to get severely ill from COVID-19 compared with non-pregnant people.

Get more information:

- [Pregnant People | CDC](#)
- [Toolkit for Pregnant People and New Parents | CDC](#)
- [Investigating the Impact of COVID-19 during Pregnancy | CDC](#)

Sickle cell disease or thalassemia

Having hemoglobin blood disorders like sickle cell disease (SCD) or thalassemia **can make you more likely** to get severely ill from COVID-19.

Get more information:

- [Sickle Cell Disease | CDC](#)
- [Thalassemia | CDC](#)

Smoking, current or former

Being a current or former cigarette smoker **can make you more likely** to get severely ill from COVID-19. If you currently smoke, quit. If you used to smoke, don't start again. If you've never smoked, don't start.

Get more information:

- [Smoking & Tobacco Use | CDC](#)
- [How to Quit Smoking | Quit Smoking | Tips From Former Smokers | CDC](#)
- [Health Benefits of Quitting Smoking | CDC](#)

Solid organ or blood stem cell transplant

Having had a solid organ or blood stem cell transplant, which includes bone marrow transplants, **can make you more likely** to get severely ill from COVID-19.

Get more information:

- [Transplant Safety | CDC](#)
- [COVID-19 Resources for Transplant Community](#) 

Stroke or cerebrovascular disease, which affects blood flow to the brain

Having cerebrovascular disease, such as having a stroke, **can make you more likely** to get severely ill from COVID-19.


Get more information:

- [Stroke | CDC](#)
- [COVID19 Stroke Podcast Series for Patients and Caregivers](#) 

Substance use disorders

Having a substance use disorder (such as alcohol, opioid, or cocaine use disorder) **can make you more likely** to get severely ill from COVID-19.

Get more information:

- [How to Recognize a Substance Use Disorder](#) 
- [Learn more about people who use drugs or have Substance Use Disorder and COVID-19 | CDC](#)

Information on Children and Teens

While children have been less affected by COVID-19 compared with adults, children can be infected with the virus that causes COVID-19 and some children develop severe illness. Children with underlying medical conditions are at increased risk for severe illness compared to children without underlying medical conditions. Current evidence on which underlying medical conditions in children are associated with increased risk is limited. Current evidence suggests that children with medical complexity, with genetic, neurologic, metabolic conditions, or with congenital heart disease can be at increased risk for severe illness from COVID-19. Similar to adults, children with obesity, diabetes, asthma or chronic lung disease, sickle cell disease, or immunosuppression can also be at increased risk for severe illness from COVID-19. [One way to protect the health of children is to ensure that all adults in a household are fully vaccinated against COVID-19.](#)

- [Children, Teens, and Young Adults | CDC](#)
- [COVID-19 Parental Resources Kit | CDC](#)

Actions You Can Take

In general, the older you are, the more health conditions you have, and the more severe the conditions, the more important it is to take preventive measures for COVID-19 such as [vaccination](#), [wearing a mask](#) , [social distancing](#), and practicing hand hygiene. Please [contact your state, tribal, local, or territorial health department](#) for more information on COVID-19 vaccination in your area.

It is important for people with medical conditions and their providers to work together and manage those conditions carefully and safely. **Get a COVID-19 vaccine as soon as you can.** If you have a medical condition, the following are actions you can take based on your medical conditions and other risk factors:

- **Continue your medicines** and do not change your treatment plan without talking to your healthcare provider.
- **Follow your current treatment plan** (e.g., [Asthma Action Plan](#), dialysis schedule, blood sugar testing, nutrition and exercise recommendations) to keep your medical condition under control.
- **Have at least a 30-day supply** of prescription and non-prescription medicines. [Talk to a healthcare provider](#), insurer, and pharmacist about getting an extra supply (i.e., more than 30 days) of prescription medicines, if possible, to reduce your trips to the pharmacy.
- **Have shelf-stable food choices available** to accommodate dietary needs based on your medical condition (e.g., kidney diet and [KCER 3-Day Emergency Diet Plan](#) [↗](#), diabetic diet).
- **Know the triggers** for your condition and avoid when possible (e.g., avoid [asthma triggers](#) by having another member of your household clean and disinfect your house for you or [avoid possible sickle cell disease triggers](#) to prevent vaso-occlusive episodes or pain crises).
- **Learn about stress and coping.** You may feel increased stress during this pandemic. Fear and anxiety can be overwhelming and cause strong emotions.
- **Do not delay getting emergency care for your medical condition** because of COVID-19. Emergency departments have infection prevention plans to protect you from getting COVID-19 if you need care.
- **Call your healthcare provider if you have any concerns** about your medical conditions or if you get sick and think that you may have COVID-19. If you need emergency help, call 911 right away.
- **When possible, keep preventive care and other routine healthcare appointments** (such as vaccinations and blood pressure checks) with your provider. Check with your provider about safety precautions for office visits and ask about telemedicine or remote healthcare visit options.

Last Updated Mar. 29, 2021

Exhibit B

Prevalence of Disabilities and Health Care Access by Disability Status and Type Among Adults — United States, 2016

People with Disabilities and Access to Health Care

The *Morbidity and Mortality Weekly Report* (MMWR) published a report describing adults with disabilities in the United States, as well as the differences in health care access by disability type. Using 2016 Behavioral Risk Factor Surveillance System (BRFSS) data, CDC scientists analyzed the survey responses of those adults 18 years of age and older who had any of the following six types of disabilities:

- Hearing (serious difficulty hearing);
- Vision (serious difficulty seeing);
- Cognition (serious difficulty concentrating, remembering, or making decisions);
- Mobility (serious difficulty walking or climbing stairs);
- Self-care (difficulty dressing or bathing); or
- Independent living (difficulty doing errands alone).



They found that **1 in 4 adults in the United States, or 61 million people, have at least one of these disabilities.** Anyone can have a disability, and a disability can occur at any point in a person’s life. However, this report found disabilities more common among adults 65 years of age and older; approximately 2 in 5 adults in this age group have a disability. Disability was more commonly reported by women, non-Hispanic American Indians/Alaska Natives (AI/AN), adults with income below the federal poverty level, and adults living in the southern region of the United States. Researchers also found that, in general, adults 65 years of age and older with any disability reported better access to health care compared to younger adults with a disability. However, disability-specific disparities in health care access were common, particularly among young and middle-aged adults. Generally, adults with vision disability reported the least access to health care (i.e. health insurance coverage, usual health care provider, unmet health care need because of cost, and routine check-up within past 12 months) and adults with self-care disability reported the most access to care.

Research on the number of people with disabilities, their characteristics, and their disability-specific differences in health care access might enable health care professionals to address disability-specific **barriers** to health care, ensure **inclusivity** of health programs, and improve the health of people with disabilities.

[Read the scientific summary \(abstract\) of this research.](#) 

Main Findings

Disability Findings

- Mobility disability was the most common disability, reported by approximately 1 in 7 adults, followed by cognition (1 in 10), independent living (1 in 15), hearing (1 in 17), vision (1 in 21), and self-care (1 in 27).
- Among young adults, cognitive disability (1 in 10) was the most common. Mobility disability was the most common among middle-aged (almost 1 in 5) and older adults (about 1 in 4).

- Percentages of adults with disability increased as poverty increased. In fact, mobility disability was nearly 5 times as common among middle-aged adults living below the poverty level compared to those whose income was twice the poverty level.
- All disability types were most often reported by women, with the exceptions of serious difficulty hearing (most often reported by men) and self-care (equally reported by men and women).
- Among adults aged 65 years and older, half of all AI/ANs (54.9%), Hispanics (50.5%), and those who reported that they are “other non-Hispanic race or multi-racial” (49.9%) reported a disability.

Health Care Access Findings

Researchers looked at the responses, given by people with disabilities, to four health care access questions:

- Health insurance coverage;
- Usual health care provider;
- Receipt of a routine check-up; and
- Cost barrier to health care need.

They found that, for each disability type, having health insurance coverage, a usual health care provider, and receiving a routine check-up increased with age, while having an unmet health care need because of cost decreased with age. Findings for specific age groups are outlined in the table below:

Age Group	Health Care Access
<div>Older adults (65 years and older)</div> <div></div>	<ul style="list-style-type: none">Percentages of older adults reporting having health insurance coverage, a usual health care provider, and receipt of a routine check-up in the past 12 months were similar by disability type.Among older adults, unmet health care needs because of cost were most commonly reported by those with self-care disability and least commonly reported by those with serious difficulty hearing.
<div>Middle-aged adults (45-64 years)</div> <div></div>	<ul style="list-style-type: none">The lowest percentages of middle-aged adults reporting having health insurance coverage and a usual source of health care were among those with vision disability.Among middle-aged adults, unmet health care needs because of cost were most commonly reported by those with vision disability and least commonly reported by those with serious difficulty hearing.Receipt of a routine check-up during the past 12 months among middle-aged adults was most often reported by adults with a self-care disability, and least often reported by adults with serious difficulty hearing.

Young adults (18-44 years)



- The lowest percentages of young adults reporting having health insurance coverage, a usual health care provider, and a routine check-up in the past 12 months were among those with vision disability.
- Receipt of a routine check-up during the past 12 months was most often reported by young adults with a mobility disability.
- Among young adults, unmet health care needs because of cost were most commonly reported by those with independent living disability and least commonly reported by those with serious difficulty hearing.

About This Report

BRFSS is an ongoing state-based telephone survey of noninstitutionalized U.S. adults aged 18 years or older living in the community (not in group homes, for example). This is the first time a question about hearing difficulty has been included in the BRFSS, which may be why the number of people with disabilities is higher than previously reported (1 in 4 U.S. adults in 2016 versus 1 in 5 U.S. adults in 2013).

Implications

- This is the first time that questions about all six functional disability types have been included in a state-based health survey. This new information can help researchers and public health professionals better understand the characteristics of adults with disabilities, and therefore, better plan programs to address the needs of the different disability populations.
- The percentage of people who reported a disability varied among U.S. regions, reinforcing the importance of assuring that all people with disabilities receive the health care and support they need to improve the health and well-being of the entire population.
- Since the percentage of adults with disability is higher among certain groups, such as women, adults 65 years of age and older, adults with income below the federal poverty level, and non-Hispanic American Indians/Alaska Natives and those of other racial/ethnic groups, it is important that the programs and resources available for people with disabilities address the needs of these populations.
- Disability-specific challenges in accessing health care are common, particularly among young and middle-aged adults. Health care providers and public health practitioners need to be aware of these [barriers](#) and provide [strategies](#) to improve health care access and promote the [inclusion](#) of people with disabilities in disease prevention and health promotion programs.

Our Work

CDC supports [19 state disability and health programs](#) and two [National Centers on Health Promotion for People with Disabilities](#), all of which promote healthy lifestyles and work to improve quality of life for people with disabilities. The primary goals of the state programs are to

- Improve knowledge and awareness about the usefulness and effectiveness of programs, policies, systems, and environmental changes for people with select functional disability types (e.g., mobility and/or intellectual disabilities) and
- Support programs to plan, implement, evaluate, and disseminate non-research activities aimed at promoting inclusion and accessibility and reducing health disparities between people with or without disabilities.

The CDC's [Disability and Health website](#) also provides information and resources that public health practitioners, health care providers, and others can use to increase awareness about disability inclusion, helping to ensure that every individual, with or without disabilities, can live, work, learn, and play in their communities. We encourage you to visit the [Disability and Health website](#) to find helpful information about disability inclusion and learn more about

- [Barriers](#) that keep people with disabilities from participating in their communities;
- [Strategies](#) to create inclusive communities; and

- [Resources](#) for inclusion of individuals with disabilities in public health programs and activities.

CDC also maintains the newly updated [Disability and Health Data System \(DHDS\)](#), an online interactive tool that provides instant access to state-level, disability-specific health data. Users can customize the disability and health data they view, making it easy to find health data on adults with and without disabilities and by functional disability type.

More Information

- [CDC’s Disability and Health](#)
- [Disability and Health Data System \(DHDS\)](#)

References

Okoro CA, Hollis ND, Cyrus AC, Griffin-Blake S. Prevalence of Disabilities and Health Care Access by Disability Status and Type Among Adults — United States, 2016. MMWR Morb Mortal Wkly Rep 2018;67:882–887. DOI: <http://dx.doi.org/10.15585/mmwr.mm6732a3> [↗](#).

Page last reviewed: September 16, 2020

Exhibit C



Population At-Risk: Homelessness and the COVID-19 Crisis

As COVID-19-related quarantines were being implemented across America, [homelessness researchers](#) were estimating the immediate needs of people experiencing homelessness. They concluded that \$11.5 billion is necessary for 400,000 new shelter beds needed to accommodate everyone who is unsheltered and to ensure appropriate social distancing, and the creation of quarantine locations for the sick and exposed.

These recommendations were informed by factors that make people experiencing homelessness uniquely vulnerable to COVID-19 and could greatly increase homelessness. These factors should inform a broad range of policies and practices for the foreseeable future.

An Aging Population

The Centers for Disease Control and Prevention (CDC) has warned that people 65 years and older may be at [higher risk](#) of becoming severely ill from COVID-19.

In recent years, medical researchers have been increasingly focused on older adults experiencing homelessness. They are finding that this group [ages faster](#) than everyone else. Study participants in their 50s have been found to experience geriatric conditions (e.g., memory loss, falls, functional impairments) at rates similar to members of the general population in their 70s.

Thus, discussions about medically vulnerable older adults now include people as young as 45-50.

Here's what we know about the size of this group:

- *Sheltered:* [324,512 people](#) over the age of 50 stayed in homeless shelters in 2016-2017, representing **23 percent** of the entire shelter population.
- *Unsheltered:* An estimated **107,194 individuals over the age of 45** were living unsheltered on a single night in 2019.¹
- *Growing Numbers:* Even before the current health/economic crisis, the older adult homeless population was projected to [trend upwards](#) until 2030. For example, in Los Angeles, the 65+ population was expected to [increase by 54 percent](#) over the next five years.

Existing Health Conditions

The CDC has warned that, like older adults, people with serious [medical conditions](#) may be uniquely at-risk of becoming seriously ill due to COVID-19. Homelessness is associated with health challenges. For many, poor health was the cause of their homelessness. Profound and/or prolonged

¹ Estimate based on a 1) across-regional responses to the [VI-SPDAT survey](#), finding that 60 percent of unsheltered people are in this age group and 2) HUD's AHAR Report detailing the nation-wide [Point-in-Time count](#) of unsheltered individuals.

illness can result in the loss of a job or other income. Being homeless, outdoors and in crowded settings can also compromise one's health.

A [recent study](#) of homeless adults found significant self-reports of health challenges:

- Physical Health Problems
 - **84 percent** of *unsheltered* people
 - **19 percent** of *sheltered* people
- Mental Health Problems
 - **78 percent** of *unsheltered* people
 - **50 percent** of *sheltered* people
- Substance Abuse Conditions
 - **75 percent** of *unsheltered* people
 - **13 percent** of *sheltered* people
- Trimorbidity (Co-occurring physical health, mental health, and substance abuse challenges)
 - **50 percent** of *unsheltered* people
 - **2 percent** of *sheltered* people

Existing physical health conditions may make it harder for the body to defend against new ones. Mental health, substance abuse, and trimorbidity challenges (combined with unstable housing) may hinder self-care and the receipt of health care services.

General Wellness Care

Crowded shelters and encampments, sleeping outdoors, and housing instability make it difficult to engage in activities that can help ward off illnesses:

- *Eating Sufficient and Nutritious Food.* On a typical day, access to food can be inconsistent for people who have limited resources to purchase it and a lack of places to cook and store food. Historically, researchers have documented high rates of [food insecurity](#) among homeless adults. For example, one study found food insecurity among **56 percent** of homeless participants—and this food insecurity was linked to a greater likelihood of hospitalization and outpatient medical visits.

Circumstances are further complicated by COVID-19-related disruptions of daily life. Quarantined employees and volunteers, business closures, and supply shortages may disrupt the delivery of food to those in need—especially over the long term.

- *Getting Sufficient Sleep/Rest.* Stress and existing health conditions have been linked to [inadequate sleep](#) among people experiencing homelessness. Additionally, exposed and congregate settings can be noisy and may require vigilance in guarding one's safety and possessions—also disrupting sleep/rest.
- *Social Distancing.* Currently recommended social distancing can be difficult in congregate settings (shelters and encampments). Limited system resources combined with great need can translate into crowded conditions that [ease the spread](#) of airborne infections and communicable infections.

- *Hygiene.* Living unsheltered, or only in shelters at night, often limits access to running water needed for frequent hand washing and generally keeping clean.

Potential Homeless Population Growth

COVID-19 is an immediate concern. When it is combined with previous troubling trends, there is a danger of increasing numbers of people experiencing homelessness (including related health and instability challenges). The following factors are relevant:

- *Rising Older Adult Homelessness.* As noted, older adult homelessness was projected to experience steep increases even before the current health and economic crises.
- *Rising Unsheltered Homeless.* Unsheltered homelessness has already been [trending upwards](#) since 2016, growing by **22 percent** over the last five years.
- *On the Brink.* Far too many Americans are severely housing cost burdened—**10.9 million households** spend more than 50 percent of their income on housing. In an economic crisis, the loss of a job or hours at work could quickly lead to homelessness.

Further Information

The Alliance has created an [information portal](#) focused on homelessness and the COVID-19 crisis. It includes helpful resources like those included below.

- [US Department of Housing and Urban Development Resources](#)
This page provides a comprehensive information on Disease Risks and Homelessness from HUD with a specific emphasis on COVID-19.
- [US Department of Housing and Urban Development COVID-19 Webinar](#)
This webinar features subject matter experts and is meant to identify essential community partnerships needed to prepare for and respond to COVID-19 among people experiencing homelessness.
- [US Centers for Disease Control Plan-Prepare-Respond Guidance](#)
This site provides Interim Guidance for Homeless Shelters responding to COVID-19. It covers planning for disease outbreaks, what to do during a crisis, and the follow up needed after the crisis.
- [National Health Care for the Homeless Resources](#)
This page provides a multitude of resources from federal, state, and local communities, as well as people with lived experience.
- [US Interagency Council on Ending Homelessness Resources](#)
USICH is providing several resources that can be used by homelessness services systems in response to COVID-19.
- [Seattle King County Public Health Department Interim Guidance on COVID-19](#)
This document provides guidance on how to prevent and handle COVID-19 among people experiencing homelessness.

- [Corporation for Supportive Housing Resources for Housing Providers](#)
This page provides information for Permanent Supportive Housing and Affordable Housing providers to help prepare and mitigate effects of COVID-19.

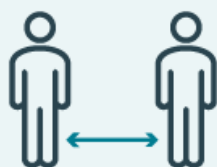
Exhibit D



COVID-19



WEAR A MASK



STAY 6 FEET APART



AVOID CROWDS



GET A VACCINE

Vaccine Considerations for People with Underlying Medical Conditions

Updated Apr. 23, 2021

[Print](#)

Everyone 16 years of age and older is now eligible to [get a COVID-19 vaccination](#). **Get a COVID-19 vaccine as soon as you can.** Widespread vaccination is a critical tool to help stop the pandemic.

COVID-19 vaccines may be administered to most people with underlying medical conditions. This information aims to help people in the following groups make an informed decision about receiving a COVID-19 vaccine.



If you have questions about getting COVID-19 vaccine, you should talk to your healthcare providers for advice. Inform your vaccination provider about all your allergies and health conditions.

People with underlying medical conditions at increased risk from COVID-19

Adults of any age with [certain underlying medical conditions](#) are at increased risk for severe illness from the virus that causes COVID-19. COVID-19 vaccines are recommended for and can be administered to most people with underlying medical conditions.

The [list of high-risk medical conditions that put people at increased risk for severe COVID-19-associated illness](#) is updated routinely as new data become available.

People who have weakened immune systems

People with HIV and those with weakened immune systems due to other illnesses or medication [might be at increased risk for severe COVID-19](#). They may receive a COVID-19 vaccine. However, they should be aware of the limited safety data:

- Information about the safety of COVID-19 vaccines for people who have weakened immune systems in this group is not yet available
- People living with HIV were included in clinical trials, though safety data specific to this group are not yet available at this time

People with weakened immune systems should also be aware of the potential for reduced immune responses to the vaccine, as well as the need to continue following [current guidance](#) to protect themselves against COVID-19.

People who have autoimmune conditions

People with autoimmune conditions may receive a COVID-19 vaccine. However, they should be aware that no data are currently available on the safety of COVID-19 vaccines for people with autoimmune conditions. People from this group were eligible for enrollment in some of the clinical trials. More information about vaccine clinical trials can be found below.

People who have previously had Guillain–Barre syndrome (GBS)

People who have previously had GBS may receive a COVID-19 vaccine. To date, no cases of GBS have been reported following vaccination in participants in the [mRNA COVID-19 vaccine](#) clinical trials. One case of GBS was reported in a vaccinated participant in the Johnson & Johnson Janssen COVID-19 Vaccine clinical trial (compared to one GBS case among those who received placebo). With few exceptions, the independent Advisory Committee on Immunization Practices (ACIP) [general best practice guidelines for immunization](#) do not include a history of GBS as a precaution to vaccination with other vaccines.

People who have previously had Bell’s palsy

People who have previously had Bell’s palsy may receive a COVID-19 vaccine. Cases of Bell’s palsy were reported following vaccination in participants in the COVID-19 vaccine clinical trials. However, the Food and Drug Administration (FDA) does not consider these to be more than the rate expected in the general population. They have not concluded these cases were caused by vaccination.

After vaccination, follow current guidelines to prevent the spread of COVID–19

After you are fully vaccinated against COVID-19, you may be able to start doing some things that you had stopped doing because of the pandemic. Learn more about what you can do [when you have been fully vaccinated](#).

People with underlying medical conditions included in the COVID–19 vaccine clinical trials

Vaccine manufacturers report information from clinical trials, including demographics and underlying medical conditions of people who participated in COVID-19 vaccine trials. You can find additional information on COVID-19 vaccine clinical trials at [clinicaltrials.gov](#) [↗](#), a database of privately and publicly funded clinical studies conducted around the world.

Related Pages

Specific Vaccines

- › [Pfizer-BioNTech COVID-19 vaccine](#)
- › [Moderna COVID-19 vaccine](#)
- › [Johnson & Johnson’s Janssen COVID-19 vaccine](#)

Specific Groups

- › [Information for Specific Groups](#)
- › [People with Disabilities](#)
- › [Pregnancy or Breastfeeding](#)

Exhibit E

COVID-19 Risks and Vaccine Access for Individuals Experiencing Homelessness: Key Issues to Consider

Olivia Pham (<https://www.kff.org/person/olivia-pham/>) ,

Robin Rudowitz (<https://www.kff.org/person/robin-rudowitz/>) (<https://twitter.com/RRudowitz>) , and

Jennifer Tolbert (<https://www.kff.org/person/jennifer-tolbert/>)

Published: Mar 24, 2021

Issue Brief

Throughout the COVID-19 pandemic, people experiencing homelessness have faced a unique set of challenges in protecting themselves and their families from the virus. People experiencing homelessness are already at higher risk for COVID-19 due to underlying health risks and other factors, while homelessness itself creates barriers to meeting social distancing guidelines and accessing testing and treatment. As with other congregate settings, shelters are at high risk for COVID-19 spread. Individuals who are unsheltered (<https://www.cdc.gov/coronavirus/2019-ncov/community/homeless-shelters/unsheltered-homelessness.html>) face additional risks from the cold weather and lack of access to hygiene and sanitation facilities. This brief explores issues related to risks related to COVID-19, vaccine priority in state plans, and other policy options that affect access to vaccines for people experiencing homelessness.

COVID-19 Risks for People Experiencing Homelessness

As of January 2020 (<https://www.huduser.gov/portal/datasets/ahar/2020-ahar-part-1-pit-estimates-of-homelessness-in-the-us.html>) **(the latest comprehensive data available, but prior to the pandemic), approximately 580,000 people in the U.S. were experiencing homelessness – about 18 out of every 10,000 people on a given night (Appendix Table 1** (<https://www.kff.org/report-section/covid-19-risks-and-vaccine-access-for-individuals-experiencing-homelessness-key-issues-to-consider-appendix>)). The majority are individuals, but 30% are people in families. Nearly one in five (21%) are chronically homeless. The U.S. Department of Housing and Urban Development (HUD) considers an individual to be homeless (https://www.hud.gov/sites/documents/HAAA_HEARTH.PDF) if he or she lives in an emergency shelter, transitional housing program (including safe havens), or a place not meant for human habitation, such as a car, abandoned building, or on the streets. According to point-in-time data on homelessness from HUD, homelessness increased by 2.2% in 2020, marking the fourth year of national increases after long-term downward trends in homelessness since 2007. Data

(<https://www.huduser.gov/portal/sites/default/files/pdf/2020-AHAR-Part-1.pdf>) show there were higher rates of homelessness among people of color, specifically among Black or African American people, American Indian and Alaska Native people, Native Hawaiian and Pacific Islander people, and Hispanic or Latino people. For example, African Americans account for approximately 12 percent of the general population but 39 percent of people experiencing homelessness. Fifty-four percent (<https://www.huduser.gov/portal/sites/default/files/pdf/2020-AHAR-Part-1.pdf>) of people experiencing homelessness are in four states (California, New York, Florida, and Texas) and over a quarter (28%) are in California alone.

Because many people who are homeless have underlying medical conditions, they may also be at higher risk for severe illness from COVID-19. Data and research (<http://endhomelessness.org/wp-content/uploads/2020/03/Covid-Fact-Sheet-3.25.2020-2.pdf>) show that people who are homeless have a range of health conditions ranging from physical and mental health problems to substance use conditions and tri-morbidity (co-occurring physical health, mental health, and substance use disorder challenges). These challenges present at higher rates for the unsheltered homeless populations. In particular, people experiencing homelessness are more likely to suffer from diabetes, heart disease, and HIV (<https://nhchc.org/wp-content/uploads/2019/08/homelessness-and-health.pdf>) compared to the general population. People with these conditions face (or may face) a greater risk (<https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html>) of developing severe illness from COVID-19 or of dying from COVID-19.

Homelessness services are often provided in congregate settings that can lead to rapid spread of infection. As of January 2020, more than six in ten (61% or 354,386) people experiencing homelessness were sheltered, meaning they used an emergency shelter, safe haven, or transitional housing program. While similar data for 2020 are not available, data show that in 2018

(<https://www.huduser.gov/portal/sites/default/files/pdf/2018-AHAR-Part-2.pdf>), 1,446,000 people experienced sheltered homelessness at some time during the year, four times the number that were counted as sheltered homeless in January 2018. Early in the pandemic, a Centers for Disease Control and Prevention (CDC) study of residents and staff members from five homeless shelters in Massachusetts, California, and Washington (https://www.cdc.gov/mmwr/volumes/69/wr/mm6917e1.htm?s_cid=mm6917e1_e&deliveryName=USCDC_921-DM26442) found that high proportions of residents and staff members had positive test results for COVID-19. Updated guidance (<https://www.cdc.gov/coronavirus/2019-ncov/community/homeless-shelters/plan-prepare-respond.html>) from CDC on responding to COVID-19 for homeless populations calls for communication and coordination among community partners and identifies strategies to reduce transmission at homeless shelters, such as reconfiguring the layout to maintain social distancing among residents and staff, identifying overflow sites to

reduce crowding, developing policies and locations for isolating people with COVID-19, ensuring staff who have contact with residents with COVID-19 wear personal protective equipment (PPE), and improving ventilation systems.

Unsheltered people experiencing homelessness are also at high risk from COVID-19.

As of January 2020, approximately 226,000 people (or 39% of the total homeless population) were unsheltered, meaning these individuals sleep outside and in other locations not meant for human habitation. According to the CDC

(<https://www.cdc.gov/coronavirus/2019-ncov/community/homeless-shelters/unsheltered-homelessness.html>), while outdoor settings may allow people to increase physical distance between themselves and others, sleeping outdoors often does not provide protection from the environment, adequate access to hygiene and sanitation facilities, or connection to services and health care. CDC provides specific guidance (<https://www.cdc.gov/coronavirus/2019-ncov/community/homeless-shelters/unsheltered-homelessness.html>) to respond to COVID-19 for unsheltered homeless populations that includes strategies for training outreach staff on how to help prevent people from becoming sick and on how to link those with symptoms to medical care. The guidance also includes considerations for unsheltered homeless in encampments such as allowing for space between sleeping quarters or tents and working to improve sanitation.

National data related to testing, cases and deaths for those experiencing homelessness are not available.

One website (<https://homelessdeathscount.org/>) has compiled overall deaths from people experiencing homelessness and has added available data for 18 cities or counties reporting data on COVID-19 deaths among people experiencing homelessness. While the data are not official counts and are likely undercounts of actual deaths due to COVID-19 among this population, they provide some information specific to this population. For example, as of the end of October, the New York City Department of Homeless Services

(<https://www.coalitionforthehomeless.org/age-adjusted-mortality-rate-for-sheltered-homeless-new-yorkers/>) reported that 104 homeless people had died from COVID-19, including 95 sheltered individuals. While the overall counts appear to be small, analysis of the NYC data (<https://www.coalitionforthehomeless.org/age-adjusted-mortality-rate-for-sheltered-homeless-new-yorkers/>) deaths for sheltered homeless per 100,000 were 75% higher than the overall rate for New York City. In Los Angeles County, as of March 8, 2021 (http://publichealth.lacounty.gov/media/coronavirus/docs/SummaryReport_People_Experiencing_Homelessness.pdf), there were 7,015 cases and 190 confirmed deaths for people experiencing homelessness out of an estimated population of 66,000. DC reported that as of March 9, 2021 (<https://coronavirus.dc.gov/page/human-services-agency-covid-19-case-data>), there have been 521 reported positive cases of COVID-19 among people in homeless shelters and 25 individuals in the Homeless Services System have died from COVID-19. Los Angeles (http://www.publichealth.lacounty.gov/chie/reports/HomelessMortality2020_CHIEBrief_Final.pdf), Orange County, CA (<https://www.latimes.com/california/story/2021-01-07/homeless-deaths-orange-county>) and Phoenix, AZ ([<https://www.kff.org/medicaid/issue-brief/covid-19-risks-vaccine-access-individuals-experiencing-homelessness-key-issues/>](https://www.azcentral.com/in-</p>
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[depth/news/local/phoenix/2020/12/17/exceptionally-deadly-2020-homeless-people-phoenix-area/5872993002/](https://www.azcentral.com/story/news/local/phoenix/2020/12/17/exceptionally-deadly-2020-homeless-people-phoenix-area/5872993002/)) reported a surge in deaths among people experiencing homelessness in 2020; however few deaths were directly attributed to COVID-19 in these localities.

The **Los Angeles report**

(http://www.publichealth.lacounty.gov/chie/reports/HomelessMortality2020_CHIEBrief_Final.pdf)

showed a 25% increase in deaths from January to July 2020 compared to the same months in the prior year, but also found that a sharp increase in drug overdoses accounted for most of the increase and COVID-19 was the fifth leading cause of death among people experiencing homelessness. Some news reports indicate that the pandemic may have significantly limited access to facilities and services that may have prevented these deaths. **One advocate** (<https://www.statnews.com/2021/03/11/the-uncounted-people-who-are-homeless-are-invisible-victims-of-covid-19/>) noted that people who are homeless do not receive autopsies and another researcher noted that housing status is not listed on most death certificates or hospital records so deaths attributable to COVID-19 among people who are homeless are likely undercounted.

Data from health centers that primarily treat patients who are homeless show rates of positive tests and vaccines similar to overall health centers. Health care for the homeless (HCH) grantees are community health centers that receive funding to treat patients who are homeless. Some HCH grantees receive funding to treat only people experiencing homelessness while other HCH grantees treat both housed and unhoused patients. **Cumulative data** (<https://nhchc.org/covid-dashboard/>) through January on COVID-19 testing and vaccinations show that HCH clinics have a similar share of individuals who test positive for COVID-19 relative to all health centers (12% compared to 13%) and a similar share of those receiving both COVID-19 vaccine doses was lower (27.7% compared to 29.5%). Additionally, the National Health Care for the Homeless Council has partnered with CDC to collect and report **data** (<https://nhchc.org/cdc-covid-dashboards/home/>) from universal testing events at shelter or encampment-based service sites during the pandemic. There were 557 total testing events that participated and submitted data as of March 2021 showing a 6.1% positivity rate for clients, presumably lower than the rate at health centers because these were universal testing events.

Vaccine Prioritization, Access and Coverage Issues for Those Experiencing Homelessness

While federal guidance on COVID-19 vaccine allocation does not explicitly include people experiencing homelessness among the priority populations, it acknowledges higher transmission rates in congregate settings. In December 2020, the CDC Advisory Committee on Immunization Practices (ACIP) **recommended** (https://www.cdc.gov/mmwr/volumes/69/wr/mm695152e2.htm?s_cid=mm695152e2_w) that states prioritize certain at-risk populations for initial vaccine allocations, including health care workers and long-term care residents in phase 1a, people ages 75 and older and frontline workers in phase 1b, and people ages 65-74 and younger adults with high-risk medical conditions in phase 1c. Other ACIP **guidance** (<https://www.cdc.gov/vaccines/covid->

[19/phased-implementation.html](#)) notes that states may choose to include people who reside in congregate living facilities, such as correctional or detention facilities and homeless shelters, along with priority groups in phases 1b and 1c due to “their shared increase risk of disease.”

About half of states include people experiencing homelessness in their state vaccination plans (<https://www.kff.org/other/state-indicator/state-covid-19-vaccine-priority-populations/>). Although people in congregate settings face increased risk of contracting COVID-19, only 25 states explicitly prioritize residents in homeless in shelters for COVID-19 vaccine allocation while another six states prioritize people living in congregate settings, but do not specify homeless shelters (Figure 1). Only Massachusetts and Oregon include people in homeless shelters in their phase 1a group. The remaining states include people in homeless shelters in phase 1b or 1c. Oregon also includes people experiencing homelessness (those who are unsheltered) in phase 1b and Nevada includes people experiencing homelessness, both sheltered and unsheltered, in phase 1c. With supplies of the COVID-19 vaccine still limited, states are phasing in eligibility for the vaccine, and different groups become eligible for the vaccine at different times. As of March 22, 2021 (<https://www.kff.org/other/state-indicator/populations-eligible-for-covid-19-vaccine/>), people living in homeless shelters were eligible for the vaccine in 21 states.

Figure 1: Prioritization of People Experiencing Homelessness in State Vaccination Plans

Outreach and incentives can help to encourage take-up of vaccines. As noted above, how states prioritize groups for the COVID-19 vaccine will have implications for access for people experiencing homelessness. State plans have been evolving over time and more states are including individuals in homeless shelters as a priority. In addition, CDC has stated that the newly approved, 1-dose Johnson & Johnson vaccine may be desirable for people experiencing homelessness for whom scheduling a second dose would be difficult and because the vaccine is easier to transport and store. Specific outreach strategies that account for a high prevalence of mental health issues and potential mistrust of the health care system will help to ensure access to and take-up of vaccines. Advocates for people experiencing homelessness also have said incentives (<https://nhchc.org/wp-content/uploads/2020/12/Issue-brief-10-COVID-19-HCH-Community-Vaccines.pdf>) such as gift cards, socks, or other basics could be used to help encourage take-up of vaccines. Massachusetts (<https://www.boston.com/news/coronavirus/2021/03/17/massachusetts-vaccine-rollout-schedule-timeline>) received a \$25 million grant from CDC for an effort to reduce barriers to

vaccination in hard-hit areas; of that amount \$3 million will be used to fund organizations to administer vaccines to groups “not effectively reached by other outreach efforts,” including homeless people living on the streets or in encampments.

An initiative to provide direct allocation of COVID-19 vaccine to health centers will help reach vulnerable populations, including people experiencing homelessness. As part of an effort to increase equity in vaccine distribution, the Biden administration recently launched the Health Center COVID-19 Vaccine Program (<https://www.hrsa.gov/coronavirus/health-center-program>), which provides designated health centers direct allocation of COVID-19 vaccines. The initial phase of the program allocated 1 million doses to 250 health centers across the country that serve a significant number of particularly vulnerable populations, including people experiencing homelessness. Of the initial 250 health centers, more than one-third (35%) are HCH grantees. With vaccine supplies increasing, an additional 700 health centers were invited to participate in the program on March 11, 2021.

A number of cities are also using mobile teams to conduct outreach and administer vaccines for people experiencing homelessness. For example, in Enid, OK (https://www.enidnews.com/news/covid19/mobile-outreach-will-bring-covid-19-vaccines-to-enid-homeless-community/article_e23c4da2-8204-11eb-9f11-53f3a28d4705.html), Gainesville, FL (<https://www.gainesville.com/story/news/coronavirus/2021/03/10/gainesville-paramedics-target-homeless-mobile-vaccine-outreach/6936128002/>), Berkeley, CA (<https://www.berkeleyside.com/2021/03/12/covid-19-vaccine-berkeley-homeless-shelters-peoples-park/>), Louisville, KY (<https://www.courier-journal.com/story/news/local/2021/03/09/louisville-sets-aside-coronavirus-vaccine-homeless-population/6931344002/>), Honolulu, HI (<https://www.hawaiinewsnow.com/2021/03/17/medical-teams-hit-street-vaccinate-hawaiis-most-vulnerable-homeless/>) and Sacramento, CA (https://www.sacbee.com/news/article250003024.html?ac_cid=DM407859&ac_bid=-223709722), mobile teams with staff from health departments, fire rescue and other public health groups are going to shelters, places where people who are homeless get food and areas where unsheltered homeless individuals live to administer vaccines. In DC (<https://dcist.com/story/21/02/04/dc-health-officials-start-vaccinating-homeless-community-covid/>), the Department of Human Services is partnering with the entity that is the main provider of medical care to the homeless to administer vaccines in homeless shelters. These efforts recognize people who are experiencing homelessness are not able to sign up with a computer for a vaccine appointment and then get to that appointment.

Medicaid can provide coverage and access to care (including COVID-19 testing and treatment) for homeless populations, particularly in states that have adopted the expansion. Broader coverage exists for people experiencing homelessness in states that have adopted the ACA Medicaid expansion. Based on data from HCH programs (<https://www.healthaffairs.org/doi/10.1377/hblog20200225.434660/full/>) in 2018, the overall rate of uninsured was 34%; however, in states that adopted the expansion, the rate of uninsured patients was 23% compared to 66% in non-expansion

states; however, even in expansion states the rate of uninsured at HCH programs range because all those who are eligible for Medicaid may not be enrolled. **In focus groups** (<https://www.kff.org/uninsured/issue-brief/early-impacts-of-the-medicaid-expansion-for-the-homeless-population/>) following the implementation of the ACA, providers serving people experiencing homelessness reported that the coverage gains from expanding Medicaid enabled patients to access many services that they could not obtain while uninsured, including some life-saving or life-changing surgeries or treatments. For people experiencing homelessness who are uninsured, The American Rescue Plan provides a **new state option** (<https://www.kff.org/medicaid/issue-brief/medicaid-provisions-in-the-american-rescue-plan-act/>) for coverage of COVID-19 treatment services, without cost-sharing. The **COVID-19 uninsured testing group** (<https://www.kff.org/coronavirus-covid-19/issue-brief/key-questions-about-the-new-medicaid-eligibility-pathway-for-uninsured-coronavirus-testing/>) was created by the FFCRA and is available at state option, with 100% federal matching funds, during the PHE, the American Rescue Plan adds COVID-19 treatment services to this group.

Medicaid can also provide some services and supports to help people experiencing or at risk of experiencing homelessness in responding to COVID-19.

For example, while Medicaid cannot pay directly for housing, **Medicaid can pay** (<https://www.medicaid.gov/federal-policy-guidance/downloads/sho21001.pdf>) for community transition costs to facilitate individuals transitioning from an institutional or other congregate living arrangement (such as a homeless shelter) to a community-based living arrangement. Medicaid coverage of **community transition as well as respite** (<https://endhomelessness.org/resource/homelessness-covid-19-considerations-and-action-steps/>) care may be helpful in addressing temporary housing needs for individuals during the pandemic.

States can also address the health needs of people experiencing homelessness by requesting temporary disaster relief authorities in Medicaid/CHIP. As of January 2020, **44 states** (<https://www.kff.org/medicaid/issue-brief/medicaid-emergency-authority-tracker-approved-state-actions-to-address-covid-19/#Table4>) have received authority through an approved 1135 waiver to allow provision of services in alternative settings, such as homeless shelters or mobile units. Authority for these waivers is tied to the duration of the national emergency and the public health emergency declarations. Additionally, **Rhode Island** (<https://www.medicaid.gov/sites/default/files/State-resource-center/Medicaid-State-Plan-Amendments/Downloads/RI/RI-20-0007.pdf>) received approval from the Centers for Medicare & Medicaid Services (CMS) for a disaster relief SPA that added an emergency case management benefit for Medicaid beneficiaries experiencing homelessness.

Looking Ahead

While issues related to health care access for people experiencing homelessness are not new, the pandemic has exacerbated many challenges faced by this population and the total numbers of people experiencing homelessness has **likely increased**

(<https://www.nytimes.com/2021/03/18/us/politics/homelessness-coronavirus.html#click=https://t.co/aApEbtsw1m>). People experiencing homelessness, particularly those receiving services in homeless shelters, are at greater risk of severe illness or death from COVID-19; however, national data about cases and deaths for this population are not known. Looking ahead, ensuring access to and take-up of the COVID-19 vaccine will be an important step in mitigating the health effects of COVID-19 for people experiencing homelessness. The approval of the 1-dose Johnson & Johnson vaccine along with distribution to clinics serving people experiencing homelessness and targeted outreach will help to ensure access to and take-up of vaccines. Finally, as the economic effects of the pandemic continue, recent polling shows (https://www.kff.org/coronavirus-covid-19/poll-finding/kff-health-tracking-poll-late-february-2021/?utm_campaign=KFF-2021-polling-surveys&utm_medium=email&hsmi=2&hsenc=p2ANqtz-lcYIMSc3fZDh0SrRtaJPvhfHbeDMhpsXIEPBgf_ad8oFwatZWjDALCMxnKIVcTfHqjEj6y9B5rqG4bogo52-uFw2j3A&utm_content=2&utm_source=hs_email) that 16% of adults report they have fallen behind on their rent or mortgage and other data show (<https://www.kff.org/coronavirus-covid-19/issue-brief/one-year-into-the-pandemic-implications-of-covid-19-for-social-determinants-of-health/>) that 7% of adults have no confidence that their ability to make next month's housing payment. To help address problems of housing insecurity and homelessness, the American Rescue Plan (<https://www.congress.gov/bill/117th-congress/house-bill/1319/text>) provides \$5 billion for housing vouchers for those at high risk of becoming homeless, \$5 billion for homelessness assistance and supportive services and more than \$20 billion in funding for low-income renters at risk of losing housing.

Appendix

Appendix Table 1: Demographic Characteristics of People Experiencing Homelessness, 2020

	Total #	Share of Total Homeless Population
Total	580,466	
Individuals	408,891	70%
People in Families	171,575	30%
Shelter Status		
Sheltered	354,386	61%
Unsheltered	226,080	39%
Age		
Under 18	106,364	18%
Ages 18 to 24	45,243	8%
Over 24	428,859	74%
Gender		
Male	352,211	61%
Female	223,578	39%
Transgender	3,161	<1%
Gender Non-Conforming	1,460	<1%
Race		
White	280,612	48%
Black or African American	228,796	39%
Asian	7,638	1%
American Indian or Alaska Native	18,935	3%
Native Hawaiian or Other Pacific Islander	8,794	2%
Multiple Races	35,680	6%
Ethnicity		
Non-Hispanic/Non-Latino	450,107	78%
Hispanic/Latino	130,348	22%
Subpopulations		
Veterans	37,252	6%
Unaccompanied Youth (Under 25)	34,210	6%
Chronically Homeless	120,323	21%

SOURCE: 2020 Point in Time Estimates of Homelessness In the U.S., U.S. Department of Housing and Urban Development.

Endnotes

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Exhibit F

Week 27 Household Pulse Survey: March 17 – March 29

APRIL 07, 2021

The tables below show data collected from March 17, 2021 through March 29, 2021. Phase 1 of the Household Pulse Survey (HPS) began on April 23, 2020, was collected and disseminated on a weekly basis, and ended July 21, 2020. Phase 2 started collection August 19, 2020, ended on October 26, and used a two-week collection and dissemination period. These tables are part of Phase 3 of the survey and continue the same biweekly collection and dissemination approach as Phase 2. Despite going to a two-week collection period, the HPS continues to call these collection periods “weeks” to maintain continuity.

All tables show data for the nation, each of the fifty states, plus Washington, D.C., and the fifteen largest metropolitan areas.

Sections on this page:

- [Detailed Tables](#) [#tables]
- [Standard Error Tables](#) [#setables]
- [Technical Documentation](#) [#techdoc]



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Detailed Tables

Education Tables

<input checked="" type="checkbox"/> Table 1a. Time Spent On Learning Activities, in the Last 7 Days, Relative to Before the Coronavirus Pandemic, by Select Characteristics	https://www2.census.gov/programs-surveys/demo/tables/hhp/2021/wk27/educ1a_week27.xlsx	[<1.0 MB]
<input checked="" type="checkbox"/> Table 1b. Days Spent in Live Contact with Teachers, in the Last 7 Days, Relative to Before the Coronavirus Pandemic, by Select Characteristics	https://www2.census.gov/programs-surveys/demo/tables/hhp/2021/wk27/educ1b_week27.xlsx	[<1.0 MB]
<input checked="" type="checkbox"/> Table 2. Coronavirus Pandemic Impact on How Children Received Education for the 2020-2021 School Year, by Select Characteristics	https://www2.census.gov/programs-surveys/demo/tables/hhp/2021/wk27/educ2_week27.xlsx	[<1.0 MB]
<input checked="" type="checkbox"/> Table 3. Computer and Internet Availability in Households with Children in Public or Private School, by Select Characteristics	https://www2.census.gov/programs-surveys/demo/tables/hhp/2021/wk27/educ3_week27.xlsx	[<1.0 MB]
<input checked="" type="checkbox"/> Table 4. Provider of Computer and Internet Services for Households with Children in Public or Private School, by Select Characteristics	https://www2.census.gov/programs-surveys/demo/tables/hhp/2021/wk27/educ4_week27.xlsx	[<1.0 MB]
<input checked="" type="checkbox"/> Table 5. Types of Postsecondary Educational Program, by Select Characteristics	https://www2.census.gov/programs-surveys/demo/tables/hhp/2021/wk27/educ5_week27.xlsx	[<1.0 MB]
<input checked="" type="checkbox"/> Table 6. Impact of Coronavirus Pandemic on Post-Secondary Educational Plans, by Select Characteristics	https://www2.census.gov/programs-surveys/demo/tables/hhp/2021/wk27/educ6_week27.xlsx	[<1.0 MB]
<input checked="" type="checkbox"/> Table 7. Impact of Coronavirus Pandemic on Post-Secondary Educational Plans, by Reasons for Changes	https://www2.census.gov/programs-surveys/demo/tables/hhp/2021/wk27/educ7_week27.xlsx	[<1.0 MB]

Employment Tables

<input checked="" type="checkbox"/>	Table 1. Experienced and Expected Loss of Employment Income by Select Characteristics	[//www2.census.gov/programs-surveys/demo/tables/hhp/2021/wk27/employ1_week27.xlsx]	[<1.0 MB]
<input checked="" type="checkbox"/>	Table 2. Employment Status and Sector of Employment, by Select Characteristics	[//www2.census.gov/programs-surveys/demo/tables/hhp/2021/wk27/employ2_week27.xlsx]	[<1.0 MB]
<input checked="" type="checkbox"/>	Table 3. Educational Attainment for Adults Not Working at Time of Survey, by Main Reason for Not Working and Source Used to Meet Spending Needs	[//www2.census.gov/programs-surveys/demo/tables/hhp/2021/wk27/employ3_week27.xlsx]	[<1.0 MB]
<input checked="" type="checkbox"/>	Table 4. Applying for and Receiving Unemployment Insurance Benefits Since March 13, 2020, by Select Characteristics	[//www2.census.gov/programs-surveys/demo/tables/hhp/2021/wk27/employ4_week27.xlsx]	[< 1.0 MB]

Food Sufficiency and Food Security Tables

<input checked="" type="checkbox"/>	Table 1. Household Food Spending by Select Household Characteristics	[//www2.census.gov/programs-surveys/demo/tables/hhp/2021/wk27/food1_week27.xlsx]	[<1.0 MB]
<input checked="" type="checkbox"/>	Table 2. Food Sufficiency for Households, in the Last 7 Days, by Select Characteristics	[//www2.census.gov/programs-surveys/demo/tables/hhp/2021/wk27/food2_week27.xlsx]	[<1.0 MB]
<input checked="" type="checkbox"/>	Table 3. Food Sufficiency for Households with Children, in the Last 7 Days, by Select Characteristics	[//www2.census.gov/programs-surveys/demo/tables/hhp/2021/wk27/food3_week27.xlsx]	[<1.0 MB]
<input checked="" type="checkbox"/>	Table 4. Recent Food Insufficiency for Households, by Additional Food Related Household Characteristics	[//www2.census.gov/programs-surveys/demo/tables/hhp/2021/wk27/food4_week27.xlsx]	[<1.0 MB]
<input checked="" type="checkbox"/>	Table 5. Recent Food Insufficiency for Households with Children, by Additional Food Related Household Characteristics	[//www2.census.gov/programs-surveys/demo/tables/hhp/2021/wk27/food5_week27.xlsx]	[<1.0 MB]

Health Tables

<input checked="" type="checkbox"/>	Table 1. Coronavirus Pandemic Related Problems with Access to Medical Care, in Last 4 Weeks, by Select Characteristics	[//www2.census.gov/programs-surveys/demo/tables/hhp/2021/wk27/health1_week27.xlsx]	[<1.0 MB]
<input checked="" type="checkbox"/>	Table 2a. Symptoms of Anxiety Experienced in the Last 7 Days, by Select Characteristics	[//www2.census.gov/programs-surveys/demo/tables/hhp/2021/wk27/health2a_week27.xlsx]	[<1.0 MB]
<input checked="" type="checkbox"/>	Table 2b. Symptoms of Depression Experienced in the Last 7 Days, by Select Characteristics	[//www2.census.gov/programs-surveys/demo/tables/hhp/2021/wk27/health2b_week27.xlsx]	[<1.0 MB]
<input checked="" type="checkbox"/>	Table 3. Current Health Insurance Status, by Select Characteristics	[//www2.census.gov/programs-surveys/demo/tables/hhp/2021/wk27/health3_week27.xlsx]	[<1.0 MB]
<input checked="" type="checkbox"/>	Table 4. Mental Health Activities in the Last 4 Weeks, by Select Characteristics	[//www2.census.gov/programs-surveys/demo/tables/hhp/2021/wk27/health4_week27.xlsx]	[< 1.0 MB]
<input checked="" type="checkbox"/>	Table 5. COVID-19 Vaccinations, by Select Characteristics	[//www2.census.gov/programs-surveys/demo/tables/hhp/2021/wk27/health5_week27.xlsx]	[< 1.0 MB]
<input checked="" type="checkbox"/>	Table 6. Reasons for Not Receiving or Planning to Receive a COVID-19 Vaccine, by Select Characteristics	[//www2.census.gov/programs-surveys/demo/tables/hhp/2021/wk27/health6_week27.xlsx]	[< 1.0 MB]
<input checked="" type="checkbox"/>	Table 7. Reported Covid-19 Diagnosis, by Select Characteristics	[//www2.census.gov/programs-surveys/demo/tables/hhp/2021/wk27/health7_week27.xlsx]	[< 1.0 MB]

Housing Tables

<input checked="" type="checkbox"/>	Table 1a. Last Month's Payment Status for Owner Occupied Housing Units, by Select Characteristics	[//www2.census.gov/programs-surveys/demo/tables/hhp/2021/wk27/housing1a_week27.xlsx]	[<1.0 MB]
<input checked="" type="checkbox"/>	Table 1b. Last Month's Payment Status for Renter Occupied Housing Units, by Select Characteristics	[//www2.census.gov/programs-surveys/demo/tables/hhp/2021/wk27/housing1b_week27.xlsx]	[<1.0 MB]
<input checked="" type="checkbox"/>	Table 2a. Confidence in Ability to Make Next Month's Payment for Owner Occupied Housing Units, by Select Characteristics	[//www2.census.gov/programs-surveys/demo/tables/hhp/2021/wk27/housing2a_week27.xlsx]	[<1.0 MB]
<input checked="" type="checkbox"/>	Table 2b. Confidence in Ability to Make Next Month's Payment for Renter Occupied Housing Units, by Select Characteristics	[//www2.census.gov/programs-surveys/demo/tables/hhp/2021/wk27/housing2b_week27.xlsx]	[<1.0 MB]
<input checked="" type="checkbox"/>	Table 3a. Likelihood of Having to Leave this House in Next Two Months Due to Foreclosure, by Select Characteristics	[//www2.census.gov/programs-surveys/demo/tables/hhp/2021/wk27/housing3a_week27.xlsx]	[< 1.0 MB]
<input checked="" type="checkbox"/>	Table 3b. Likelihood of Having to Leave this House in Next Two Months Due to Eviction, by Select Characteristics	[//www2.census.gov/programs-surveys/demo/tables/hhp/2021/wk27/housing3b_week27.xlsx]	[< 1.0 MB]

Social Security Tables

<input checked="" type="checkbox"/>	Table 1. Applications for Social Security, Supplemental Security Income, or Medicare Benefits during the Coronavirus Pandemic, by Select Characteristics	[//www2.census.gov/programs-surveys/demo/tables/hhp/2021/wk27/socsec1_week27.xlsx]	[< 1.0 MB]
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<input checked="" type="checkbox"/> Table 2. Likelihood of Applying for Social Security, Supplemental Security Income, or Medicare Benefits in the Next 12 Months, by Select Characteristics	[[www2.census.gov/programs-surveys/demo/tables/hhp/2021/wk27/socsec2_week27.xlsx]]	[< 1.0 MB]
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Spending Tables

<input checked="" type="checkbox"/> Table 1. Difficulty Paying Usual Household Expenses in the Last 7 Days, by Select Characteristics	[[www2.census.gov/programs-surveys/demo/tables/hhp/2021/wk27/spending1_week27.xlsx]]	[< 1.0 MB]
<input checked="" type="checkbox"/> Table 2. Changes to Household Spending or Shopping Behavior in the Last 7 Days, by Select Characteristics	[[www2.census.gov/programs-surveys/demo/tables/hhp/2021/wk27/spending2_week27.xlsx]]	[< 1.0 MB]
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Stimulus Table

<input checked="" type="checkbox"/> Table 1. Stimulus Payment Status and Use, by Select Characteristics	[[www2.census.gov/programs-surveys/demo/tables/hhp/2021/wk27/stimulus1_week27.xlsx]]	[< 1.0 MB]
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Transportation Tables

<input checked="" type="checkbox"/> Table 1. Teleworking during the Coronavirus Pandemic, by Select Characteristics	[[www2.census.gov/programs-surveys/demo/tables/hhp/2021/wk27/transport1_week27.xlsx]]	[< 1.0 MB]
<input checked="" type="checkbox"/> Table 2. Trips Taken during the Coronavirus Pandemic, in Last 7 days, by Select Characteristics	[[www2.census.gov/programs-surveys/demo/tables/hhp/2021/wk27/transport2_week27.xlsx]]	[< 1.0 MB]
<input checked="" type="checkbox"/> Table 3. Planned Overnight Trips in 2020 and the Impact of the Coronavirus Pandemic, by Select Characteristics	[[www2.census.gov/programs-surveys/demo/tables/hhp/2021/wk27/transport3_week27.xlsx]]	[< 1.0 MB]

Note: The U.S. Census Bureau reviewed this data product for unauthorized disclosure of confidential information and approved the disclosure avoidance practices applied to this release. CBDRB-FY20-257.

Standard Error Tables

Education Tables

<input checked="" type="checkbox"/> Standard Error Table 1a. Time Spent On Learning Activities, in the Last 7 Days, Relative to Before the Coronavirus Pandemic, by Select Characteristics	[[www2.census.gov/programs-surveys/demo/tables/hhp/2021/wk27/educ1a_se_week27.xlsx]]	[< 1.0 MB]
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<input checked="" type="checkbox"/> Standard Error Table 2. Coronavirus Pandemic Impact on How Children Received Education for the 2020-2021 School Year, by Select Characteristics	[[www2.census.gov/programs-surveys/demo/tables/hhp/2021/wk27/educ2_se_week27.xlsx]]	[< 1.0 MB]
<input checked="" type="checkbox"/> Standard Error Table 3. Computer and Internet Availability in Households with Children in Public or Private School, by Select Characteristics	[[www2.census.gov/programs-surveys/demo/tables/hhp/2021/wk27/educ3_se_week27.xlsx]]	[< 1.0 MB]
<input checked="" type="checkbox"/> Standard Error Table 4. Provider of Computer and Internet Services for Households with Children in Public or Private School, by Select Characteristics	[[www2.census.gov/programs-surveys/demo/tables/hhp/2021/wk27/educ4_se_week27.xlsx]]	[< 1.0 MB]
<input checked="" type="checkbox"/> Standard Error Table 5. Types of Postsecondary Educational Program, by Select Characteristics	[[www2.census.gov/programs-surveys/demo/tables/hhp/2021/wk27/educ5_se_week27.xlsx]]	[< 1.0 MB]
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Employment Tables

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<input checked="" type="checkbox"/>	Standard Error Table 4. Table 4. Applying for and Receiving Unemployment Insurance Benefits Since March 13, 2020, by Select Characteristics	[[www2.census.gov/programs-surveys/demo/tables/hhp/2021/wk27/employ4_se_week27.xlsx]	[<1.0 MB]

Food Sufficiency and Food Security Tables

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Health Tables

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<input checked="" type="checkbox"/>	Standard Error Table 2a. Symptoms of Anxiety Experienced in the Last 7 Days, by Select Characteristics	[[www2.census.gov/programs-surveys/demo/tables/hhp/2021/wk27/health2a_se_week27.xlsx]	[<1.0 MB]
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Housing Tables

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<input checked="" type="checkbox"/>	Standard Error Table 3a. Likelihood of Having to Leave this House in Next Two Months Due to Foreclosure, by Select Characteristics	[[www2.census.gov/programs-surveys/demo/tables/hhp/2021/wk27/housing3a_se_week27.xlsx]	[<1.0 MB]
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<input checked="" type="checkbox"/>	Standard Error Table 3. Reasons for Changes To Household Spending on Goods and Services in the Last 7 Days, by Select Characteristics	[//www2.census.gov/programs-surveys/demo/tables/hhp/2021/wk27/spending3_se_week27.xlsx]	[< 1.0 MB]

Stimulus Table

 Standard Error Table 1. Stimulus Payment Status and Use, by Select Characteristics [\[//www2.census.gov/programs-surveys/demo/tables/hhp/2021/wk27/stimulus1_se_week27.xlsx\]](https://www2.census.gov/programs-surveys/demo/tables/hhp/2021/wk27/stimulus1_se_week27.xlsx) [\[< 1.0 MB\]](#)

Transportation Tables

	Standard Error Table 1. Teleworking during the Coronavirus Pandemic, by Select Characteristics	[//www2.census.gov/programs-surveys/demo/tables/hhp/2021/wk27/transport1_se_week27.xlsx]	[< 1.0 MB]
	Standard Error Table 2. Trips Taken during the Coronavirus Pandemic, in Last 7 days, by Select Characteristics	[//www2.census.gov/programs-surveys/demo/tables/hhp/2021/wk27/transport2_se_week27.xls]	[< 1.0 MB]
	Standard Error Table 3. Planned Overnight Trips in 2020 and the Impact of the Coronavirus Pandemic, by Select Characteristics	[//www2.census.gov/programs-surveys/demo/tables/hhp/2021/wk27/transport3_se_week27.xlsx]	[< 1.0 MB]

Note: The U.S. Census Bureau reviewed this data product for unauthorized disclosure of confidential information and approved the disclosure avoidance practices applied to this release. CBDRB-FY20-257.

Technical Documentation

Source and Accuracy Statement for Household Pulse Survey: March 17 – March 29	[//www2.census.gov/programs-surveys/demo/technical-documentation/hhp/Phase3_Source_and_Accuracy_Week27.pdf]	1.0 MB
Household Pulse Survey Background Documentation	[//www2.census.gov/programs-surveys/demo/technical-documentation/hhp/2020_HPS_Background.pdf]	< 1.0 MB
Household Pulse Survey User Note (released 02/24/21)	[//www2.census.gov/programs-surveys/demo/technical-documentation/hhp/Phase3_2021_Household_Pulse_Survey_User_Notes_022421.pdf]	< 1.0 MB

Explore More

Data Tool

Household Pulse Data Tool

An interactive application for exploring data from the Household Pulse Survey. This application is not supported in Internet Explorer 11 and older versions.

[\[/data/data-tools/household-pulse-data-tool.html\]](#)

Table

Household Pulse Survey Data Tables

Weekly releases to the Household Pulse Survey detailed tables.

[/programs-surveys/household-pulse-survey/data.html]

Public Use File (PUF)

Household Pulse Survey Public Use File (PUF)

Weekly releases to the Household Pulse Survey PUF files.

[\[/programs-surveys/household-pulse-survey/datasets.html\]](#)

Household Pulse Survey Technical Documentation

Background information on the Household Pulse Survey, Source and Accuracy statements, and User Note.

[/programs-surveys/household-pulse-survey/technical-documentation.html]

Household Pulse Survey

The new Household Pulse Survey is designed to deploy quickly, and efficiently collect data on how people's lives have been impacted by the Coronavirus pandemic.

[/householdpulsedata]

September 30, 2020

Experimental Data Products

Innovative statistical products created using new data sources or methodologies that benefit data users in the absence of other relevant products.

[/data/experimental-data-products.html]

Last Revised: April 6, 2021

Exhibit G

TEXAS HOUSE OF REPRESENTATIVES
COMMITTEE ON URBAN AFFAIRS



CHAIRMAN PHILIP CORTEZ, Ph.D.

VICE-CHAIRMAN JUSTIN HOLLAND

Texas Rent Relief Program

Committee Staff Report
to the
House Committee on Urban Affairs
April 5, 2021
87th Legislature

COMMITTEE DIRECTOR
ANGELINA LOPEZ
ASSISTANT COMMITTEE CLERK
J.J. GARZA



TEXAS HOUSE OF REPRESENTATIVES
COMMITTEE ON URBAN AFFAIRS



CHAIRMAN PHILIP CORTEZ, Ph.D.

VICE-CHAIRMAN JUSTIN HOLLAND

April 5, 2021

P.O. Box 2910
Austin, Texas 78768-2910

The Honorable Philip Cortez, Ph.D.
Chairman, House Committee on Urban Affairs
Members of the House Committee on Urban Affairs
Texas State Capitol, Rm. E2.408
Austin, Texas 78701

Dear Mr. Chairman and Committee Members:

At the direction of Chairman Cortez, the committee staff of the House Committee on Urban Affairs has enquired into the Texas Rent Relief Program. The program, operated by the Texas Department of Housing and Community Affairs (TDHCA) and funded by the federal government, provides rent and utility bill assistance to eligible Texans who have suffered economic losses due to COVID-19.

The committee staff hereby submits its report on the information gathered over the past few weeks. We wish to thank Bobby Wilkinson, Executive Director of TDHCA, Michael Lyttle, Chief of External Affairs at TDHCA, and the staff of Horne LLP for their assistance in compiling the data necessary for this report. Additionally, we would like to commend them for their expertise, cooperation, and patience in helping us understand the challenges the program faces while attempting to improve the program's performance.



TEXAS HOUSE OF REPRESENTATIVES
COMMITTEE ON URBAN AFFAIRS



CHAIRMAN PHILIP CORTEZ, Ph.D.

VICE-CHAIRMAN JUSTIN HOLLAND

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THE TEXAS RENT RELIEF PROGRAM

Background

The COVID-19 pandemic has ravaged people and economies across the world. More than 550,000 Americans have succumbed to the disease, with almost 49,000 Texans among them. In the last year, nearly 600,000 Texans have lost their jobs.

Early last year as the disease began to spread rapidly, many state and local public health officials ordered people to avoid crowds, work from home when possible, and implement rigorous safety measures. Restaurants, bars, and other hospitality and travel industry businesses were order to close or drastically reduce occupancy levels.

The employees of these businesses, many of whom earn below average wages, were hit particularly hard by these rules. Workers faced sudden unemployment, and those who were eligible for unemployment compensation found those benefits paid substantially less than the amount the workers had earned previously. Congress did increase unemployment benefits early in the pandemic, but workers still struggled to pay all their bills.

With millions of workers unemployed, the potential for mass evictions loomed. The Centers for Disease Control banned evictions to keep the health crisis from getting worse. Landlords, however, found their incomes and cash flow significantly reduced as some renters paid less than full rent or made no payment at all. Landlords face the possibility that back rent amounts have grown so large that many renters may never be able to pay them. Additionally, many jurisdictions banned the termination of vital services like electricity and water to aid families hurt by the pandemic.

Renters are facing considerable anxiety over ever increasing back rent and unpaid utility bills. Landlords face similar anxiety over whether they will ever recover back rent. Utility companies, both public and private, also face the possibility of not collecting on services they have provided. So, in December of 2020, Congress made rent and utility bill relief a major part of the economic relief package.

The Coronavirus Aid, Relief, and Economic Security (CARES) Act and the Coronavirus Response and Relief Supplemental Appropriations Act of 2021 provide economic stimulus and financial relief for workers, families, and businesses impacted by the Coronavirus pandemic. The package includes \$25 billion for emergency rental assistance to families that are unable to pay rent and utilities due to pandemic. States and local governments have been given the funds to provide assistance to eligible households.

The State of Texas and its local governments of 200,000 people or more were allocated \$1.95 billion dollars. Texas' local governments were granted a total of \$638,872,974. Houston was given \$70.1 million, and Harris County \$73.8 million. San Antonio received \$46.8 million, and Bexar County was granted 13.9 million. In all, 36 cities and counties received money.¹

The Department of Treasury did not release funds for statewide programs until January 27, 2021.

States were given greater flexibility to design their own programs,² within the confines of eligibility standards and coverage parameters. After subtracting the local governments' portion from the total state appropriation, almost \$1.31 billion remained for the Texas Rent Relief Program. The Texas Department of Housing and Community Affairs (TDHCA) was charged with creating the program, determining the eligibility of applicants, and distributing the money. The total allocation for rent relief is 4.5 times larger than the annual state appropriation for TDHCA.

With the equivalent of 313 full-time employees³, all dedicated to other programs, and the need to establish a new program with an online method for taking and assessing applications, TDHCA turned to an outside vendor, to develop the program's infrastructure. TDHCA "selected Horne LLP as the all-inclusive contractor charged with managing the entire program..." at a cost of \$42,570,947. Of the four states allocated more than \$1 billion, Texas was the first to open its rent relief program.⁴

Rent Relief Program Launches

The timing of the opening coincided with a natural disaster, Winter Storm Uri. As the storm drove temperatures into the single digits, blanketed the state in snow, and cut power and water to millions of Texans, the number of phone operators contracted to assist with online filing was reduced to about one-third. After the freeze, the vendor increased the number of operators.⁵

A few days later on February 19th news broke that the "application process has been closed [while] Texas Rent Relief reviews and improves the system."⁶ During the House Committee on Urban Affairs hearing on March 3, 2021, TDHCA Executive Director Bobby Wilkinson mentioned software issues, but did not elaborate⁷. TDHCA later reported that "the system was nonfunctional due to system admin access issues...." The system was down for one day.⁸

When Mr. Wilkinson testified on March 3rd, he reported 52,000 requests for financial assistance had come in, totaling about \$180.2 million. He acknowledged that no payments had actually been made and no one had received any money. Then he added that "We are going to start making payments this week."⁹

On March 10th Mr. Wilkinson testified again before the Urban Affairs Committee, mainly on the other programs at the department. While he mentioned he had addressed the committee the week before on the Rent Relief Program, he did not say that payments had not gone out the previous week as he anticipated.¹⁰ The next day at the monthly TDHCA board meeting, Mr. Wilkinson told the board that no payments had been made and the number of requests was 70,000 totaling about \$259 million, for an average of about \$3,600 per application.

Mr. Wilkinson told the board that "the call center was doing great." He also said, "On the back end, the ability to review has been impaired, so we are working with the vendor to make some software changes to speed up the review process and try to get some payments out the door."

Software Issues Slow Response

On March 19th, news broke that only three payments had been made while the program had been opened more than a month. The Houston Chronicle reported that Brooke Boston, Deputy Executive Director of Programs at TDHCA said "We had some major system issues happen and so it's really only been maybe, like, 14 days that we've been fully in our new system." The comments were made on a Zoom call with officials from the Department of Treasury.

The report also listed a number of complaints from tenants and landlords, including problems with accessibility, inability to enter phone numbers, unanswered phone calls, and the inability to check the status of an application.¹¹

After struggling with what was supposed to be a "turnkey" software system supplied by Horne LLP, TDHCA reported the following on March 25th to the committee:

The system did not function to the level of satisfaction established by the contractor (Horne) and TDHCA. The contractor made some modifications but those changes proved insufficient. Seeing that the system failed to meet the needs of the program, the contractor switched to using a new software called Neighborly.¹²

TDHCA reports the launch of the new software was made Saturday, March 13th.¹³ TDHCA also reported that "[t]he application system was shut down for one day on March 12th while the new application system was brought online."¹⁴ This apparently is the change in software to which Ms. Boston referred on the Zoom call of March 19th.

On March 23, 2021, a television news report said that almost 170,000 people had applied for financial relief, but only 134 had been approved. One Houstonian who had applied for rent money reacted this way when he found out so few had been approved:

We feel helpless, you know, and that shouldn't be that way, when we have this big pot of money to help people."

Mr. Wilkinson did say "I'm sorry" to those who have been waiting to receive money. He promised that things would change for the program and the people it serves.¹⁵ However, a very large backlog of applications has amassed, and hundreds of new applications arrive daily. And the sentiments of those who are waiting for word are perhaps best summed up by one Houston resident who said, "It's very stressful."

The Backlog

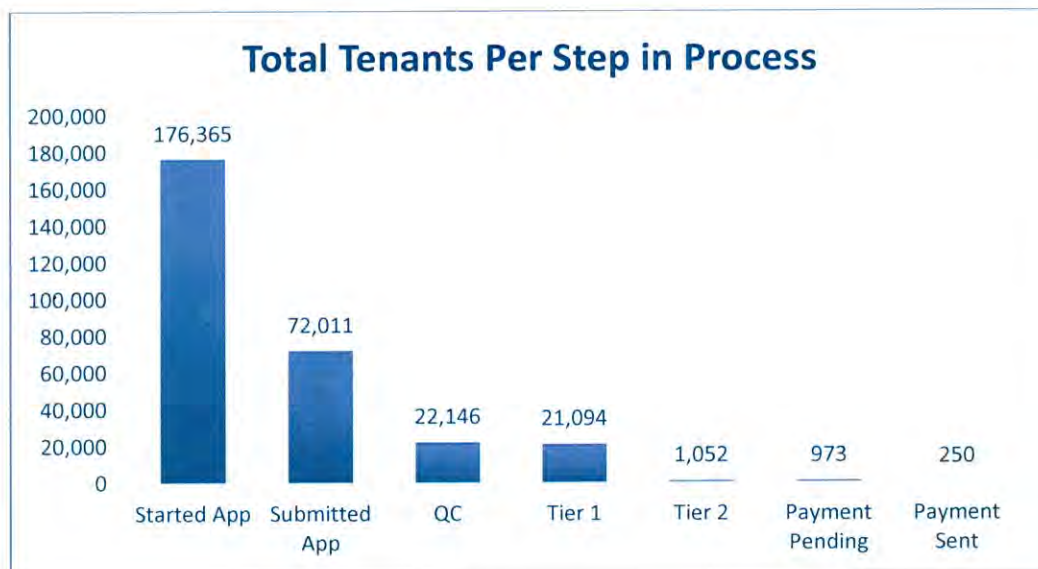
Establishing exact numbers on the people who are applying and how much money has been sent to applicants is difficult, in part because the numbers are constantly changing. Every day new applications come in, and very recently, money has begun to be sent out.

The committee staff has sent two questionnaires to TDHCA, the first asking for responses by the end of the day on Friday, March 25th, and the second asking for comparable answers by the end of the day on Thursday, April 1st, which contained numbers through March 31st. After getting the first set of answers and discussing them with representatives of TDHCA and Horne LLP, committee staff was better able to hone in on the appropriate questions to ask. Committee staff would like to express its gratitude to both organizations for their kind assistance.

The process of applying is done almost exclusively online. The call center answers questions applicants may have about the process, documentation necessary, qualifications, etc. A very small number of applications have been completed over the phone, but the number is statistically insignificant.

Applications by Step in Approval Process

There are seven stages an application must clear before payment is received. The chart below show the total number of applications that have made it into each step of the process.



Through March 31st, TDHCA reports that 176,365 tenants had begun filing for financial assistance. The number has eliminated duplicate applications that clouded the response in the first questionnaire. The total value of the started applications is \$513.6 million, for an average of \$2,907 per started application.

However, as will be made clear later, few tenants finish an application the first time they log on to the website. The number of applications actually submitted is 72,011, meaning that 104,354 tenants are still in the process of completing their applications.

After an application is submitted, it goes through a review process to ensure eligibility and the completeness of the application. Applications can be returned because of missing information or other issues. After that review, applications are submitted to Quality Control (QC) to determine payment. As of March 31st, 22,146 tenants had reached this level. So, of the 72,011 submitted applications, 49,865 are still in review or have been returned as incomplete.

Once in QC, applications go through a Tier 1 review, followed by a Tier 2 review. Applications that make in through both processes are sent money. On March 31st, there were 21,094 tenants in Tier 1. A total of 1,052 tenants were in Tier 2.

After completing Tier 2, an application is approved for payment, but processing a payments does take time. As of March 31st, a total of 973 tenants had been approved for financial assistance, but their payments were in processing. As of March 31st, 250 tenants had payments sent to them.

Through March 31st, 0.14 percent of tenants who have begun applications have received money, and 0.35 percent of tenants who have submitted applications have received money.

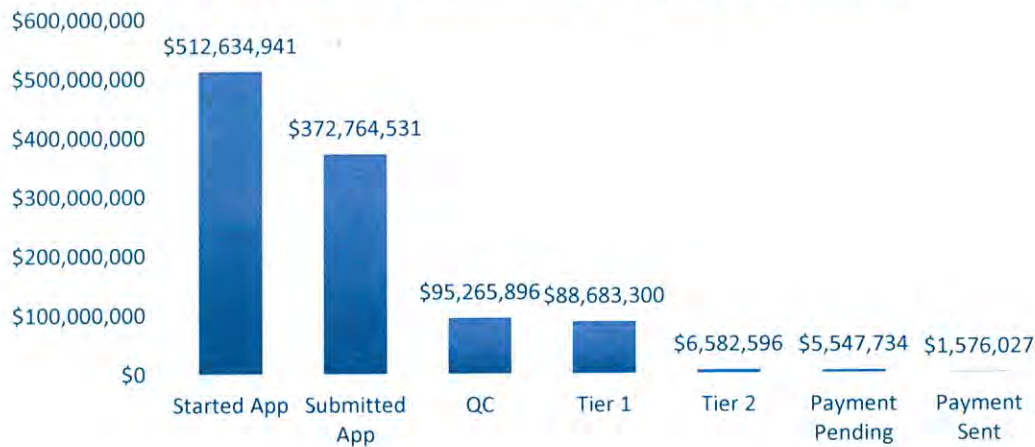
The chart below shows the total dollar value of requests at each step in the application and approval process.¹⁶

Through March 31st, 0.31 percent of the total dollar value of the applications begun has been paid, and 0.42 percent of the total dollar value of the applications submitted as been paid.

On April 1st, TDHCA submitted a *Program Update for the Rent Relief Program* dated Thursday, April 1st. The document claims that "as of Friday, April 2, the Texas Rent Relief Program will have distributed more than \$2.3 Million in rent and utility assistance to Texans." This projection would add approximately \$700,000 to the "Payment Sent" total.¹⁷ TDHCA did not update any of the other numbers it sent in its April 1st response to the committee staff's questionnaire.

Over the 45 days since the program's inception through March 31, "Submitted Applications" have averaged a total value of \$8,283,656 per day. The additional \$700,000 projected to be distributed over April 1st and 2nd would not significantly alter the percentage of the total dollar value of submitted applications that have been paid.

Total Value of Requests Per Step in Process



Applications by Time Period

The chart below shows the number of applications by how long the application has been pending. Not surprisingly, given the software issues early in the program, most applications at each stage in the process are at least 30 days old.

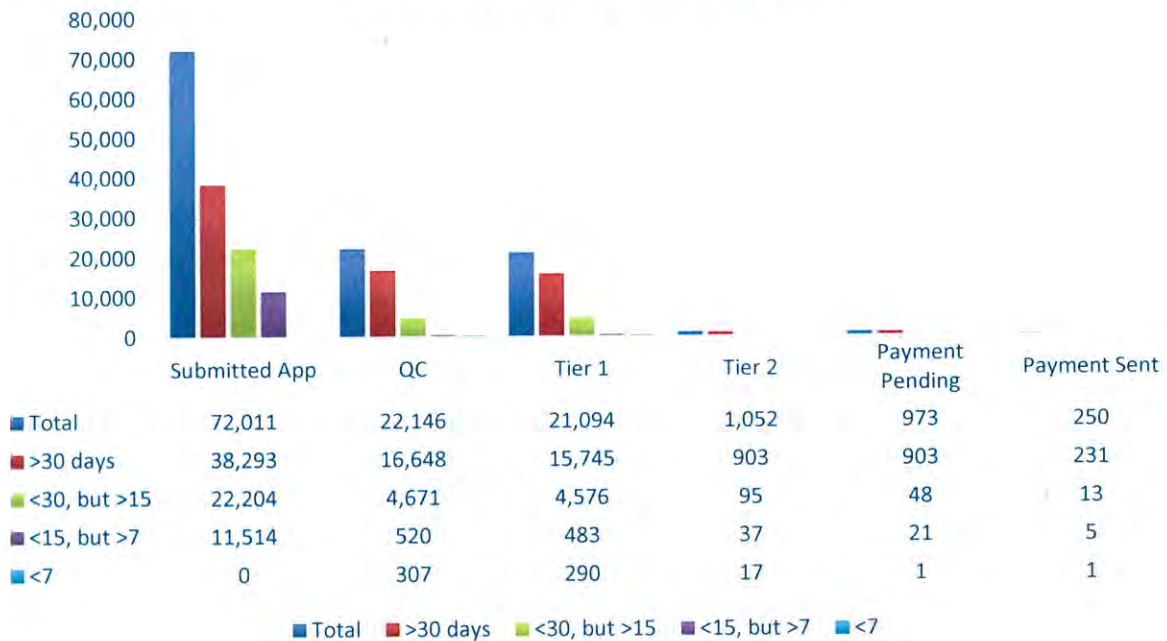
Because the program opened on February 15th, and as of March 31st, was exactly 45 days old, the applications at each stage which are older than 30 days cover a 15 day period. Conveniently, we can compare applications in the first 15 days to applications in the second 15 days to applications in the third 15 days.

In the first 15 days, 38,293 applications were submitted. In the second 15 days, 22,204 applications were submitted. In the third 15 days, 11,514 applications were submitted. Whether the backlog of cases without approval and the news of the program's troubles has discouraged tenants from applying is unknown, but it must be of concern.

Unfortunately in our haste to get the appropriate questions developed to submit to TDHCA so that this report could be compiled over the Easter weekend, we neglected to ask for a breakdown of applications begun, but not yet submitted by time period. Committee staff has subsequently sent an email to TDHCA to request the information, but whether it will be available in time for the hearing on April 7th will not be known until the day before the hearing at the earliest.

Regardless, committee members are rightfully concerned that the assistance tens of thousands of Texans need is not getting to them. Despite having applied, in many cases weeks ago, tenants remain anxious and stressed about the lack of approval or denial. Landlords, too, await decisions as rent goes uncollected or greatly reduced.

Applications by Time Period



Committee members should consider requesting clear goals regarding the number of backlogged cases TDHCA should clear daily. Each day on average, almost 4,000 tenants begin the application process, and about 1,600 submit applications. Until TDHCA can match the daily number of submitted applications with payments sent the backlog will continue to grow.

Since the change to the Neighborly software, TDHCA reports that "the vendor increased staffing to more than 400 people to review and process applications." The agency further states that two new contractors have been brought on adding another 200 analysts to the program. TDHCA says that number will grow to over 1,000 in the next month.¹⁸ TDHCA does not indicate the cost of the additional employees.

Application Difficulties

As is reflected in the numbers above, tenants are taking multiple visits to the website and multiple phone calls to the call center before they are able to submit an application. Almost 60 percent of tenants who have started applications have yet to complete them. As of March 31st, 176,365 tenants had begun applications, but only 72,011 had submitted them.

The parameters set by the federal government require significant documentation for an application to be eligible for consideration. Clearly the information necessary to complete the application is not easily at hand for most people.

For a description of eligibility and the necessary documentation, please see Appendix A.

To compound the difficulties, the below average income workers that are the target of the program often do not have broadband Internet service or computers. For those who have lost their jobs or those at lower wage levels, a smart phone may be the only access to the application process they have. Weeding through the multi-webpage application process is extremely difficult on the small screen of a mobile phone.

While landlords are able to help tenants apply, landlords with a small number of rental units may not be substantially better connected to the web than their tenants. This may be especially true in rural and low income areas.

As further evidence of the difficulties of the application process, the call center has received 481,264 calls for help, or 2.7 calls per application begun. In our first questionnaire, we asked for statistics related to applications submitted unaided by the call center, applications submitted with only one visit to the website, and whether callers had the necessary information to complete an application. Unfortunately, the statistics necessary to answer these questions are not tracked.

The TDHCA response to the first questionnaire did point out that "90% of calls are resolved by providing: 1-[sic] Application status, 2. Application submitted, 3. Eligibility information and 4. Technical support."¹⁹

As has been reported, early in the program's inception complaints of long call wait times were considerable. In late February committee staff called the call center twice, and waited on hold at least 20 minutes before hanging up without speaking to an operator. TDHCA and the contractor did respond to complaints by adding more operators. TDHCA now reports that since the program's inception the Average Speed to Answer is 2 minutes and 53 seconds. The average call time is reported as 5 minutes and 32 seconds. For the previous seven days ending March 31st, the Average Speed to Answer is 2:07, and Average Call Time is 6:47.

While an online application process and call centers is certainly convenient to most applicants and the agency, there should be some concern that many applicants are simply unable to access the web in a manner conducive to finishing an application. It is likely that these people are the very people who need the help the most.

Manning and equipping local offices is time consuming and expensive. The local governments that were awarded money directly have often turned to local nonprofits and charitable groups to help reach people without web access. Local governments are aided by economies of scale and confined geographic areas. Additionally, larger local governments also provide utility service like water and electricity, so helping people apply will also benefit those utilities.

Whether TDHCA can do the same in rural areas should be explored. Whether TDHCA could enlist the help of privately owned electric retail providers to assist people in applying should also be explored.

TDHCA has conducted webinars with landlords to get them involved in assisting tenants. After all, the landlord will the payments. Landlords generally have found the webinars helpful, but they are also frustrated with the length of time it is taking to process applications.

Conclusion

TDHCA was handed a major task in establishing a statewide rent relief program. The amount of money to be awarded dwarfs TDHCA's annual budget. Additionally, it appears that the number of people working on the program will be more than three times the number of employees at TDHCA. The Texas Rent Relief Program was the first to open of the four states receiving at least \$1 billion in aid. TDHCA has also attempted to adjust to complaints and criticism about the program.

The initial promise of a turnkey website and software fizzled out quickly. The first update could not meet expectations either. The second update did find thousands of duplicate applications and submitted applications with incomplete information, which will require more work by the applicants to resubmit those claims. The software failures created a backlog that has forced TDHCA to contract for 3 to 4 times the number of analysts originally hired. Whether such actions will reduce the backlog quickly is yet to be determined, but TDHCA says, "The pace of processing and payments is increasing daily...."²⁰

Committee members should consider requesting clear goals regarding the number of backlogged cases TDHCA should clear daily. They should also request the TDHCA explore assistance from local nonprofits, charitable groups, utility providers, or perhaps request the contractor reach out less digitally connected and isolated populations.

There are undoubtedly other operational and technical issues not mentioned in this report. Committee staff should be directed to continue to monitor the program, routinely request updated numbers, and inform committee members of the program's progress.

APPENDIX A - Checklist



Texas Rent Relief Program Checklist
What You Need to Request Assistance
03/14/2021

For Tenants

- ☐ Government-issued or personal ID for at least one household member on the lease.
- ☐ Copy of lease agreement, or if no written lease agreement, rent receipt for the three most recent complete month paid by the tenant to establish a pattern of paying rent.
- ☐ Notice of late rent payment OR notice to evict, if applicable.
- ☐ Decide the months for which you are going to ask for assistance:
 - ☐ Past due rent can be for any and all months for your current unit back to March 13, 2020.
 - ☐ You are allowed to request assistance for your current month and up to 2 more months of future assistance right now if you will be in the unit.
- ☐ Decide the months and which utility bills you need help with.
You will be required to provide copies of past due utility bills.
 - ☐ Past due utilities can be for arrears and late fees for utilities at your current unit back to March 13, 2020 (if you have not received assistance for that period yet).
 - ☐ You are allowed to request assistance for your current utilities and up to 2 more months of future utility bills if you will be in the same unit.
- ☐ If your landlord has started eviction proceedings, you will need: Court Docket #, Justice of the Peace Precinct #, and County.
- ☐ Unemployment benefits letter and/or unemployment benefits statement(s), if applicable.
- ☐ Know that you will be asked to sign a certification. To read this ahead of time, you can [click here](#).
You will be promising that everything you provide is true and that you have not already received assistance for the same months.
- ☐ For all household members 18 years of age or above (or head or co-heads of household if all members are under 18), income documentation must be provided from one of the four options below. Please note that if you follow options 1 and 2, you will only have to provide documentation one time. If you choose options 3 and 4 and reapply for additional assistance after three months, you will need to provide income documentation again.

Option 1: Eligibility through Other Programs

- ☐ If your household has 6 or fewer members and is receiving SNAP, LIHEAP or SSI (for the head or co-head of household) benefits, provide a letter or documentation of that program eligibility OR,
- ☐ If you are living in a rent-restricted property, you or your landlord can provide evidence of your most recent income certification (as long as it is no older than one year from when you apply for assistance).
- ☐ If you have either of the items above, you must also sign a certification that your income is still below the limit.



Texas Rent Relief Program Checklist
What You Need to Request Assistance
03/14/2021

Option 2: 2020 Tax Return

- ☐ Filed 2020 IRS Form 1040 if you completed your 2020 federal income taxes OR

Option 3: Source Documents for 2020 Tax Return

If you have not yet completed your federal income taxes for 2020 OR you are not required to file a federal income tax return for 2020, you will need to provide all of the applicable annual income documentation from this list:

- ☐ 2020 IRS Form W2
- ☐ Current Social Security Benefits letter or 2020 Form 1099-SA (including benefits paid to minors)
- ☐ 2020 Form 1099-R
- ☐ 2020 IRS Form 1099-MISC for contractor income

Option 4: Other acceptable income documentation:

- ☐ Check stubs from your employer for the previous 30 days
- ☐ Current unemployment benefits letter including gross benefit amount
- ☐ Current letter from your employer verifying gross wages (pay rate, hours/week, pay date)
- ☐ Current Pension/Retirement Benefit letter (if applicable)
- ☐ Award letter for Social Security (not SSI) annuities, insurance policies, retirement funds, pensions, disability benefits, death benefits or other types of similar periodic receipts.
- ☐ Current Annuity Payment letter
- ☐ Current Interest Statement 1099- INT and Current Dividend Statement 1099- DIV
- ☐ Certification of Income Form (for Self- Employed, Cash, or Zero Income)

For Landlords

- ☐ Government-issued ID (ONLY if individual/sole proprietor).
- ☐ Proof of Ownership. This can be a screen shot or **photocopy of your county's** real property record, or Appraisal District information that shows the property address and lists the same owner entity as the applicant applying.
 - ☐ When applicable, landlords must provide one or more documents to establish a relationship between entity owning the property (entity in the real property record), and entity listed on lease and W-9 (if different entities).
 - Example documents accepted include but are not limited to: contract or agreement between owner/company owning the property and the property management company, partnership agreement, bond issuance document or a Land Restrictive Agreement (LURA).
 - These documents must be executed (signature present by all parties).
- ☐ For landlords applying on behalf of a tenant or providing some of the documentation for a tenant, see items listed above. In general, items you can help by providing for them will include:



Texas Rent Relief Program Checklist
What You Need to Request Assistance
03/14/2021

- ☐ Copy of lease agreement, or if no written lease, agreement a landlord attestation certifying to the term and amount of rent.
- ☐ Notice of late rent payment OR notice to evict if applicable.
- ☐ If you are an affordable property and the tenant is living in a rent-restricted unit, provide evidence of the household's most recent income certification (as long as it is no older than one year from when you apply for assistance).
- ☐ Household Certification & Income Documentation, as listed above (if not being provided by tenant).
- ☐ Completed IRS Form W-9.
- ☐ If involved in eviction proceedings, Court Docket #, Justice of the Peace Precinct, and County.
- ☐ Know that as the landlord you will be asked to sign a certification. To read this ahead of time, you can [click here](#).

APPENDIX B - Program Update



Program Update

April 1, 2021

Summary

TDHCA has addressed challenges that came with creating and launching a \$1.3 billion dollar rent relief program from the ground up. The pace of processing and payments is increasing daily, and as of Friday, April 2, the Texas Rent Relief program will have distributed more than \$2.3 Million in rent and utility assistance to Texans.

Background

On January 27, 2021, the Texas Department of Housing and Community Affairs (TDHCA) received \$1.3 billion in Coronavirus Response and Relief Supplemental appropriations from Treasury. The Federal government provided very little guidance up front and allowed states maximum flexibility in how to design their programs.

After creating a foundational outline for a statewide program, TDHCA and our vendor, Horne, built an application system and online presence from the ground up in less than a month, making Texas one of the first states to publicly seek applications.

The Texas Rent Relief program launched on Monday, February 15, 2021. To announce the program, TDHCA engaged in a public outreach campaign including statewide news media outreach and a statewide paid media campaign consisting of print, direct mail and digital advertising targeting major metros as well as minority and rural communities. We also shared an outreach toolkit for agencies and industry organizations to promote the program among their networks.

Challenges

Application System Design

During that first week, TDHCA discovered issues with proprietary online application system designed by the vendor; the system was not able perform application reviews or process payments, and was not easy for applicants to navigate. In the week that followed, changes and updates to bring the system to an acceptable standard proved insufficient, during which time the volume of applications continued to increase.

On March 1, Horne and TDHCA chose to purchase and implement Neighborly, an off-the-shelf application system that could deliver an online user-friendly experience while allowing the ability to perform application reviews, process payments and provide adequate reporting details to meet federal requirements.

The new Neighborly system launched on Saturday, March 13, by which time a significant backlog of applicants had amassed in the original system all requiring review.

Application Errors

In transitioning applicants from the original system into Neighborly, the vendor discovered tens of thousands of duplicate applications and applications submitted with incomplete information.



Progress

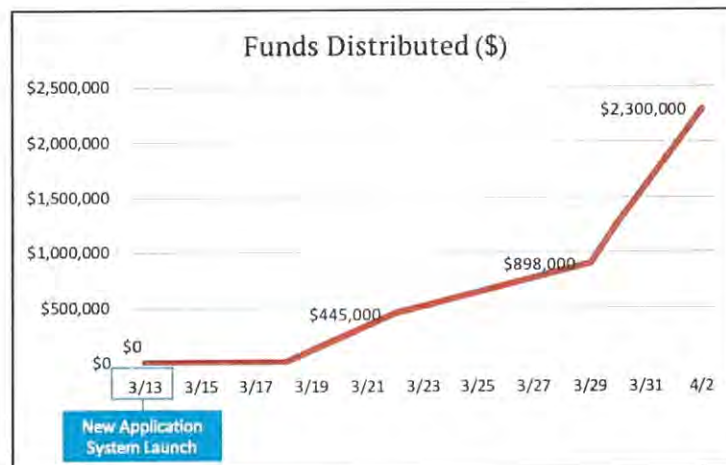
In alignment with new Neighborly application system launch, TDHCA and the vendor increased staffing to more than 400 people to review and process applications.

To address the backlog of applications that built up before the March 13 launch of the Neighborly system, TDHCA added two additional contractors to perform application reviews, bringing the total team to more than 600 analysts. Over the next month, that number will increase to more than 1,000 total staff working on this project.

These analysts are reviewing all applications for missing and incomplete documentation and input errors and reaching out to applicants to let them know what is needed to proceed.

Looking Ahead

The review process and timeline becomes more efficient each day as reviewer teams become more proficient in knowing how to navigate the materials and understanding the review tools in place. Subsequently, funding distribution continues to ramp up at a rapid pace with more than \$2.3 Million in aid distributed as of Friday, April 2.



The program is sending emails directly to applicants and using the TexasRentRelief.com website, TDHCA social media channels and earned media interviews to provide guidance to applicants, including:

- Asking them to log into their accounts and confirm their contact information and their landlord's contact information is correct
- Reminding them to properly upload all required documentation such as past due utility bills, all pages of their lease, etc.
- Reminding those who started, but haven't submitted an application, that their application is not in review until they hit the "submit" button

APPENDIX C - Questionnaire Response, April 1, 2021

**Requested Updated Information Regarding the
Texas Rent Relief Program for the
Committee on Urban Affairs
March 30, 2021**

Please provide the latest numbers available through a consistent time period, such as Noon, 5 p.m. or Midnight, Wednesday night, March 31st. We would like the latest data, but we do need to keep the end of the reporting period uniform across the answers. Feel free to select the end of the reporting period that can bring the latest data and be maintained across the answers.

The priority of the questions are the highest levels of the outline below. If answers cannot be obtained for the lowest levels, i. or 1. for example, in time to get the answers back to the Urban Affairs Committee by 5 p.m. on Thursday, April 1, 2021, please report the answers to the primary questions, and send the lower level answers after the Easter Holiday.

1. How many individuals have begun filing for financial assistance through the website? (This should be the updated statistic reported as about 171,000 in the phone call with Horne LLP, Michael Lyttle of TDHCA, and J.J. Garza of the House Urban Affairs Committee. That number was the total number of individuals who had started applications, after eliminating duplicates.)
176,365 tenants.
 - a. If available, please report the total value of these applications? (The value may not be obtainable because many applications may not provide enough to determine a value?)
\$512,634,940.58 requested.
2. How many individuals have submitted an application through the website? (This will be the number of people who have "clicked" submit. The number should include applications submitted but may have missing info or returned. This was reported 54,477 on the phone call.)
72,011 tenants.
 - a. Please report the total value of these applications.
\$372,764,531.20 requested.
 - i. How many are older than 30 days?
38,293 tenants.
 1. Total Value of these applications?
200,839,595.10 requested.
 - ii. How many are older than 15 days, but less than 30 days old?
22,204 tenants.
 1. Total Value of these applications?
111,053,123.80 requested.
 - iii. How many are older than 7 days, but less than 15 days old?
11,514 tenants.
 1. Total Value of these applications?
\$60,871,812.35 requested.
3. How many applications are in QC (Quality Control)? (This was reported as 21,066 on the phone call.)

22,146 tenants.

- a. Total Value of these applications?
\$95,265,896.44
 - i. How many are older than 30 days?
16,648 tenants.
 1. Total Value of these applications?
\$71,304,757.45 requested.
 - ii. How many are older than 15 days, but less than 30 days old?
4,671 tenants.
 1. Total Value of these applications?
\$18,376,357.70 requested.
 - iii. How many are older than 7 days, but less than 15 days old?
520 tenants.
 1. Total Value of these applications?
\$3,368,235.67 requested.
4. How many applications are in Tier 1? (This was reported as 20,476 on the phone call?)
21094 tenants.
 - a. Total Value of these applications?
\$88,683,299.82 requested.
 - i. How many are older than 30 days?
15745 tenants.
 1. Total Value of these applications?
\$65,756,443.83 requested.
 - ii. How many are older than 15 days, but less than 30 days old?
4,576 tenants.
 1. Total Value of these applications?
\$17,701,129.77 requested.
 - iii. How many are older than 7 days, but less than 15 days old?
483 tenants.
 1. Total Value of these applications?
\$3,104,674.44 requested.
5. How many applications are in Tier 2? (This number was reported as 590 on the phone call.)
1,052 tenants.
 - a. Total Value of these applications?
\$6,582,596.62 requested.
 - i. How many are older than 30 days?
903 tenants.
 1. Total Value of these applications?
\$5,548,313.64 requested.
 - ii. How many are older than 15 days, but less than 30 days old?
95 tenants.
 1. Total Value of these applications?
\$675,227.93 requested.
 - iii. How many are older than 7 days, but less than 15 days old?
37 tenants.
 1. Total Value of these applications?

\$263,561.23 requested.

6. How many applications have been approved for financial assistance, but payments are being processed, but not sent?

973 tenants.

- a. Total Value of these applications?

\$5,547,734.02 requested.

- i. Older than 30 days?

903 tenants.

1. Total Value of these applications?

\$5,175,820.37 requested.

- ii. Older than 15 days, but less than 30 days old?

48 tenants.

1. Total Value of these applications?

\$253,786.32 requested.

- iii. Older than 7 days, but less than 15 days old?

21 tenants.

1. Total Value of these applications?

\$115,147.33 requested.

7. How many applications have been approved for financial assistance, and the payment sent?

250 tenants.

- a. Total Value of these applications?

\$1,576,027.03 requested.

- i. Older than 30 days?

231 tenants.

1. Total Value of these applications?

\$1,422,218.47 requested.

- ii. Older than 15 days, but less than 30 days old?

13 tenants.

1. Total Value of these applications?

\$98,775.45 requested.

- iii. Older than 7 days, but less than 15 days old?

5 tenants.

1. Total Value of these applications?

\$51,206 requested.

8. How many calls have come into the call center since the program's inception?

Total: 481,294.

- a. How many calls have been received and completed in the last 7-day period?

47,130

- i. Since the program's inception, what is the Average Speed to Answer?

2:53

- ii. Since the program's inception, what is the Average Call Time?

5:32

- iii. What is the Average Speed to Answer for the last 7-day period?

2:07

- iv. What is the Average Call Time for the last 7-day period?

6:47

9. How many landlords have originated the application for assistance and invited tenants?

13,174 landlords.

10. What is the actual number of applications completed through the website by day for March 26 through the end of the time period for the other answers for this questionnaire?

4,517 complete applications.

APPENDIX D - Questionnaire Response, March 25, 2021

**Questions for Texas Rent Relief Program
from the House Committee on Urban Affairs
Please Return by Friday, March 25, 2021 by 5 p.m.**

What is the Texas Rent Relief Program?

The Texas Rent Relief Program is entirely new, built from the ground up using \$1.3 billion from the Department of the Treasury. The U.S. Department of Treasury provided funds and FAQs, but not detailed rules or system tools for delivery. TDHCA took on the enormous responsibility of building a system to accept applications, help tenants and landlords submit documentation, manage application files, and process eligibility while tracking large amounts of data and providing a historical record of the implementation in adherence with federal rules and requirements.

How is this program different from those operated by cities such as the City of Houston and San Antonio?

Unlike cities, which launched their programs last summer using CARES Act funding, TDHCA's Texas Rent Relief Program is helping Texans statewide, not just in limited cities. Additionally, the U.S. Department of Treasury only announced FAQs for the funding provided to the Texas Department of Housing and Community Affairs on January 9, 2021 – *about half a year after cities received funds from other sources*. The Texas Rent Relief Program application was announced one month after TDHCA received the rules for eligible uses and began taking applications Feb. 15, 2021.

Of the four states that received more than \$1 billion in funding, **only Texas launched its program in February**. California followed *a full month later*. Texas approved applications for U.S. Department of the Treasury's emergency rental assistance program the same week California began taking applications. Texas moved quickly to meet the urgency of those in need.

California

State-administered allocation: **\$1,497,605,326.90**

State-administered program start date: **3/15/2021**

Texas

State-administered allocation: **\$1,308,110,629.80**

State-administered program start date: **2/15/2021**

Florida

State-administered allocation: **\$871,237,608.50**

State-administered program start date: **TBD**

New York

State-administered allocation: **\$800,652,297.60**

State-administered program start date: **TBD**

1. Requests and payments

- a. How many requests for financial assistance have been received? (Please keep a uniform reporting period for all answers.)

- A total of 164,530 applications have been received; however, we know there are duplicate applications and our contractor is in the process of de-duplicating applications.
 - i. How many have been received through the website?
 1. How many requests have been received through the website unaided by calls to the phone center?
 - a. Statistic not tracked. Call center helps applicants apply to the online portal.
 2. How many applications have been completed in one visit to the website?
 - ii. How many calls have come into the call center?
 - a. 437,819 calls.
 2. Of those phoning in, how many or what percentage of applicants have all the necessary information on hand to complete an application on the first call?
 - a. Statistic not tracked. The call center supports calls to provide information and assistance to any caller whether they apply or not and this is not captured in our disposition options. 90% of calls are resolved by providing 1- Application status, 2. Application submitted, 3. Eligibility information and 4. Technical support.
 3. How many or what percentage of phone calls are terminated before the application is complete because of a lack of information?
 - a. Statistic not tracked. The call center team helps applicants determine which federally mandated documents are needed for eligibility and offers assistance to applicants with gathering documents if needed.
 - b. How many requests have been approved, but payment is in processing?
 - 416 households have been approved for assistance but payment is in processing.
 - i. What is the total value of these requests?
 - \$2,195,712
 - c. How many requests have been approved and the payment sent?
 - 159 applicants have received payment.
 - i. What is the total value of these requests?
 - \$928,416
 - d. How many requests have been denied?
 - 41 applicants have been deemed ineligible
 - i. What is the total value of these requests?
 - Not available
 - e. How many requests have originated with the assistance of a landlord?
 - Currently there are 12,513 landlords who have originated the application for assistance and invited tenants.
2. Performance Measures and Goals

a. Please innumerate the following goals and performance measures for the components of the program.

i. Goal - The number of phone in requests processed per day or period of days?

a. The call center goal for service is define by answering all calls received with an average speed of answer of less than 10 mins. During the last 7-day period the Average Speed of Answer has been 1:29 mins. Average call time is 6:05 mins for the same period.

2. Performance Measure - The actual number performed per day or period of days?

a. All calls received are answered daily within the service level noted above.

ii. Goal - Number or percentage of completed requests by phone per day or period of days?

a. Please refer to questions above. All calls received are answered as this is an inbound call center. The center does not control or limit the number of calls received.

2. Performance Measure - Actual number or percentage of phone in requests completed per day or period of days?

a. During the last 7-day period the call center has received and completed 44,847 calls.

iii. Goal - Total number of phone in requests completed per day or period of days?

1. Performance Measure - Actual number of phone in requests completed per day or period of days.

a. As stated above, all calls received are answered and processed daily.

iv. Goal - Number of requests completed through the website per day or period of days?

1. Performance Measure - Actual number completed through the website per day or period of days?

	Submit_CompletedDate	ABC 123 total
1	3/9/2021	1
2	3/11/2021	7
3	3/13/2021	8458
4	3/14/2021	3813
5	3/15/2021	6443
6	3/16/2021	4754
7	3/17/2021	4988
8	3/18/2021	5555
9	3/19/2021	3112
10	3/20/2021	1311
11	3/21/2021	1120
12	3/22/2021	5577
13	3/23/2021	3822
14	3/24/2021	2674
15	3/25/2021	3524
16	3/26/2021	925

v. Goal - Number of completed requests in one visit to the website?

1. Performance Measure - Actual number completed in one visit?

a. Statistic not tracked. The Texas Rent Relief Program website includes a [document checklist](#) for both landlords and tenants. If a landlord or tenant has all of the documents ready before logging in to apply, then applications can be completed in one visit. The call center team is available to help applicants needing help applying or submitting documents.

vi. Goal - Number of completed requests in two or more visits to the website?

1. Performance Measure - Actual number completed in two or more visits?

a. Statistic not tracked. See above.

vii. Goal - The Number of determinations on granting or denial per day?

1. Performance Measure - Actual number of determinations made.?

a. Denied and Approved (granting)

	Case_ModifiedDate	Count
1	3/23/2021	207
2	3/22/2021	140
3	3/24/2021	106
4	3/25/2021	139
5	3/17/2021	7
6	3/19/2021	107
7	3/21/2021	6
8	3/26/2021	53
9	3/20/2021	16
10	3/18/2021	27
11	3/15/2021	2
12	3/16/2021	1
13	3/12/2021	1
14	3/14/2021	1

b. Approved (granting cases)

	Case_ModifiedDate	Count
1	3/23/2021	198
2	3/24/2021	105
3	3/25/2021	139
4	3/22/2021	128
5	3/17/2021	1
6	3/19/2021	102
7	3/21/2021	6
8	3/26/2021	52
9	3/20/2021	15
10	3/18/2021	24
11	3/15/2021	1
12	3/16/2021	1
13	3/14/2021	1

c. Denied application breakdown by date:

	Case_ModifiedDate	Count
1	3/22/2021	12
2	3/17/2021	6
3	3/23/2021	9
4	3/19/2021	5
5	3/18/2021	3
6	3/24/2021	1
7	3/20/2021	1
8	3/15/2021	1
9	3/12/2021	1
10	3/26/2021	1

viii. Goal - Number of determinations reviewed for accuracy or appealed?

1. Performance Measure - Actual number of determinations reviewed or appealed?

a. Appealed applications:

i. 3/23/21: Count = 2 applications

3. Backlog of cases

a. How many requests have been denied?

i. Denied due to incomplete information? Applications that are incomplete are not denied. They become inactive, but inactive applications can be processed once applications submit federally required documentation.

- Denied because applicant did not qualify? 41 applicants have been deemed ineligible because they did not qualify for assistance under the rules and requirements established by the U.S. Department of the Treasury.
- b. How many requests for assistance by phone have been made since the program opened?
 - a. 88 Applications
- ii. How many of these requests are unanswered?
 - a. All 88 intake applications via phone were answered.
- c. Average length of time from initial effort to make a request and payment?
 - a. Statistic not tracked.
- d. Average length of time from initial effort to make a request and determination (grant/denial).
 - a. Statistic no tracked.
- e. How many pending applications are older than 30 days and pending?
 - a. Completed applications older than 30 days = 18,406
- f. How many pending applications are older than 15 days and pending?
 - a. Completed applications Older than 15 days = 46,610 (including 18,406)
- g. How many pending applications are older than 7 days and pending?
 - a. Completed applications Older than 7 days = 57,427 (including 18,406 and 46,610)

4. Operations and Costs

- a. Who is the vendor for the application (intake) software?

We originally selected Horne LLP as the all-inclusive contractor in charge of managing the entire program including designing and managing the online application system, reviewing applications and marketing the program.

 - i. What was the value of the original contract?

\$42,570,947
 - ii. What modifications have been necessary to the original software?

Our contractor created and implemented a custom application system intending to be a "turnkey" software solution. The system did not function to the level of satisfaction established by the contractor and TDHCA. The contractor made some modifications but those changes proved insufficient. Seeing that the system failed to meet the needs of the program, the contractor switched to using a software called Neighborly.
 - iii. What additional costs has the agency incurred due to these modifications?

None.
- b. Who is the vendor for the review (assessment) software? n/a
 - i. What was the value of the original contract?
 - ii. What modifications have been necessary to the original software?
 - iii. What additional costs has the agency incurred due to these modifications?
- c. Who is the vendor for the operation of website?

Horne is the contractor for the website. They have subcontracted with other companies to manage the website.

 - i. What was the value of the original contract? The line item on the Horne contract for Outreach and Marketing – which includes the website is \$2,601,760.

- ii. What modifications have been necessary to the operations of the website?
An initial website was launched that met the basic needs for the program. A newer website was launched increasing its user friendliness.
 - iii. What additional costs has the agency incurred due to these modifications?
None.
- d. Please describe the nature of problem that caused the website to be shut down, and report when the website was unavailable for the intake of requests for financial assistance?
The website was not shutdown. The application system was not functional on two separate days: on February 19, 2021 the system was nonfunctional due to system admin access issues and on March 12, 2021 the application system was shut down for one day while the new application system was brought online.

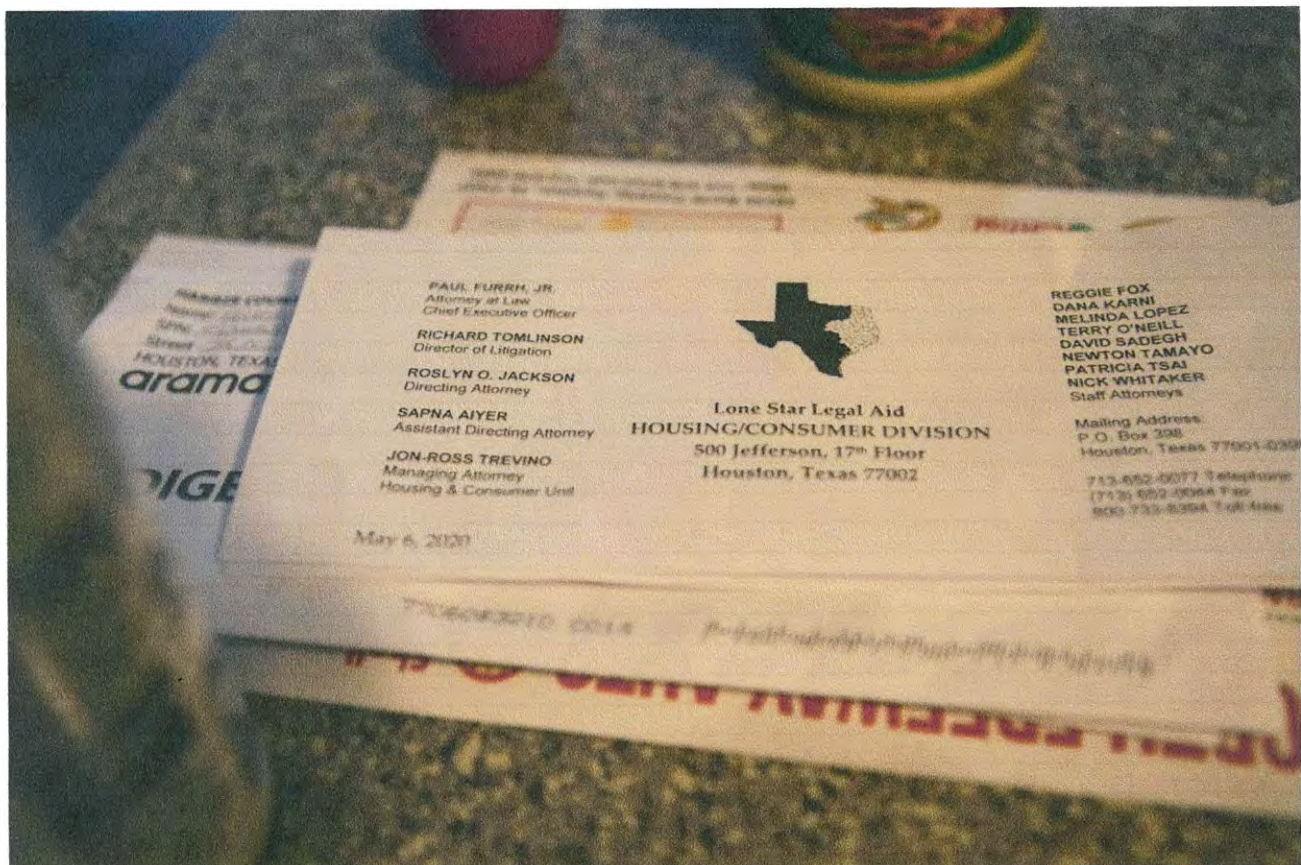
APPENDIX E - News Articles

The Texas rent relief program has been open for a month. It's made just 3 payments.

Sarah Smith , Staff writer March 19, 2021

Updated: March 19, 2021 10:13 p.m. Comments

[Sarah Smith](#)



Lylia Walk speaks from inside her apartment where she is facing eviction after making an incomplete rent payment after losing her job. Photographed Tuesday, May 12, 2020, in Houston.

Mark Mulligan, Houston Chronicle / Staff photographer

This story has been updated to include comments from the Texas

Department of Housing and Community Affairs.

The Texas rent relief program has only made three payments despite being online for over a month, according to a video shared with the Houston Chronicle.

“We’ve paid three payments which is better than none but is way too few,” Texas Department of Housing and Community Affairs director Brooke Boston said on a Friday Zoom call. “We had some major system issues happen and so it’s really only been maybe, like, 14 days that we’ve been fully in our new system.”

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Boston’s remarks came as part of a Zoom webinar run by the Department of the Treasury for agencies administering the Emergency Rental Assistance Program to share best practices and find resources.

“This is a \$1 billion rental assistance program that the State of Texas is standing up completely from scratch. While the funding will be extremely helpful to many thousands of Texans, it did not come with program guidelines or mechanisms for delivery,” Texas Department of Housing and Community Affairs spokesperson Kristina Tirloni said in an email.

The Texas rent relief program opened Feb. 15. Tenants and landlords quickly complained about the program’s accessibility. Among the

top issues: The website would not allow applicants to enter their phone numbers, no one answered the phone number provided and people could not check their application status.

After a slew of complaints, the Texas Department of Housing and Community Affairs took down the website and put a new one back up in the hopes of smoothing the process.

“While the website was also improved, the system upgrade referenced on the webinar was the back-end application software system,” Tirloni wrote in an email. “Upgrades to the system were unsuccessful, so a new system was procured by the vendor to provide the necessary program functions.

Boston referenced the new system in the Friday call.

“We actually had to switch out systems partway through,” Boston said on the Friday call. “On average from time of receipt to time we get somebody through and approved in the queue for payment right now might be, let’s say, a month, but a week from now that may be 2 ½ weeks. I don’t want to paint my average as a trend yet.”

After the state switched programs, Tirloni said, the vendor upped their staff to 400 people and is “temporarily redeploying about 75 percent of its staff to focus specifically on assisting applicants.”

“Most applications are currently missing information or documentation necessary to qualify applicants for federal funds,” she said. “We are reviewing all applications and helping applicants provide the documentation necessary to qualify for federal assistance.”

The Houston-Harris rental assistance program, which is separate from the state program, has so far paid or pledged \$10.8 million to 3,190 applicants. The city-county program launched the week of Feb. 22.

“It is important to note that this is not an issue limited to Texas,” Tirloni said. “Because there are not previous programs from which to model this new rental assistance program, many states are similarly creating systems.”

'I'm sorry:' Agency behind rent relief program makes changes after Texans wait for money

Published March 23, 2021

HOUSTON, Texas (KTRK) -- A software issue is a reason why Texas leaders said its rental relief program is struggling to get money in the hands of tenants.

For more than a month, the state has offered tenants a way to get rent relief. But five weeks later, some are still waiting.

"It's very stressful," a Houston resident explained. "It's very confusing. It's meant to help people, but we're not hearing anything."

SEE ALSO: [Struggling renters starting to see help but \\$145M still available in Houston and Harris County program](#)

The Houstonian, who didn't want to reveal his identity, requested several months' rent. When we told him only 134 people have been approved out of nearly 170,000, he couldn't believe it.

"I mean, what are they doing with the money? It's just sad," he said.

The [Texas Department of Housing and Community Affairs](#) is behind the program. The state launched its portal before other large states, even before Houston and Harris County. But it discovered a software issue was causing errors and duplicates.

Despite the delay, officials said they stand by the decision to open the portal in mid-February.

"What if we had waited on the original software application until March 1, and now we're discovering it's having issues and we're looking for a fix? I'm still happy we got out there when we did," said Bobby Wilkinson, Texas Department of Housing & Community Affairs executive director.

The agency said an outside vendor made changes and relaunched the site a week ago. There are hundreds of more people processing applications, and money is starting to flow. On Tuesday alone, more than \$400,000 were distributed and more is coming soon.

SEE ALSO: [From rental relief to food assistance, how you can get help in Houston and surrounding areas](#)

Originally, the program received \$1.3 billion from the federal government. On Tuesday, ABC13 learned, the state will receive an additional billion for the program. It's still far behind other programs. So far, it's approved about 134 applicants. The program for Houston and Harris County has approved 4,151, totaling more than \$14 million.

"That's going to change," Wilkinson said. "That's going to change rapidly. I'll beat them on dollars pretty quick, and I want to beat them on percentage out the door within the month."

Officials said once applicants submit all documents, the money should arrive in a couple of weeks. These are funds they know people need.

"I'm sorry," Wilkinson said to people waiting on the money.

These are words that for struggling Texans are nice, but getting the money would be better before they're out of a home.

"I don't want to think about that, honestly," a Houston tenant said. "I don't want to go there."

It's a grave reality that hundreds of thousands of Texans face, which is why they hope the changes the state made to the relief program work.

Those who still wish to apply should visit the [Texas Rent Relief website](#).

Follow Nick Natario on [Facebook](#), [Twitter](#) and [Instagram](#).

[Report a correction or typo](#)

Struggling renters starting to see help but \$145M still available in Houston and Harris County program

HOUSTON, Texas (KTRK) -- Rent relief is starting to get into the hands of people who need it, but some programs are doing it faster than others.

Ebony Green is one of those who was able to get money to help with several months of rent.

"Three [months], and I'm getting married in July," said Green.

"That's a real blessing. A real, real blessing."

Rental relief portals opened last month. Officials with the Houston and Harris County program said it has distributed money to 3,806 families, totaling about \$13 million, and has about \$146 million remaining.

SEE ALSO: [Applications for \\$159 million COVID-19 rental relief fund opens](#)

If you need help, you can get it for several months. You can apply online, or now get in-person assistance at nine area agencies, including the YMCA. But if you're struggling to [apply online](#), there's now a new way to get in-person help.

There are a dozen locations across Harris County with agencies that will navigate the process with you.

"We have seen individuals who were helped with five, six months of rent being behind. For most families, that's just tremendous help," explained Dario Lipovac, YMCA senior program director.

But before you arrive, make sure you have certain documents such as proof that you live in Harris County and proof of income.

Fort Bend County is also offering rental and utility assistance. The program started with about \$23 million. ABC13 asked for an update on this program, but as of Monday night, we haven't received a response. Money is moving out a lot slower at the state level.

We've learned that 167,000 people have applied for help, but only 134 have been approved. Texas Department of Houston and Community Affairs officials explained it had issues with the online application, and a lack of staff to handle the demand. As of March 13, it uploaded a new system to eliminate errors and prevent duplicates.

SEE ALSO: [\\$1 billion in Texas' rent relief program still available](#)

There are also nearly 400 to handle the work with an outside vendor to handle demand, and the state agency deployed about 75% of its staff to focus on assisting applicants. Approximately \$431 million

has been requested, but it's unclear how much of that has been distributed. To learn more about the state's program, visit [Texas Rent Relief's website](#).

Follow Nick Natario on [Facebook](#), [Twitter](#) and [Instagram](#).

[Report a correction or typo](#)

Need help paying rent? Houston, Harris County assistance fund now open | Get details and link

Published Feb 24, 2021



HOUSTON — Help is on the way for Houston renters. The city and county have teamed up to offer \$159 million in rental relief.

Applications opened Thursday morning.

Alice Frazier said with her 9-year-old granddaughter to think about, she always makes sure to pay her rent.

“You got to have a place to live, you can’t survive without it,” she said.

Prince Harry Goes on Tour of L.A., Talks 'The Crown', Baby

Archie & More on 'Late Late Show' | THR News

Even if it means giving up other things.

“I have to back up on some things, lack some things that we might need. I have to manage and budget myself,” Frazier said.

Like so many others in the Houston area, Frazier needs help. She says she will be applying to receive some of the rental relief fund money.

“This program really can set you free from your rental debt for good,” Cristina Cave said.

Cave is a community relations manager at BakerRipley.

How to sign up

The fund is processed through BakerRipley and Catholic Charities. It's available through this website:

<http://houstonharrishelp.org/>.

Registration is now open — **again, it is not first come, first serve** so there is no need to try and be the first to sign up.

You'll need to enter your household information, location and past-due rent amount. You also need to provide documentation to prove income, COVID-19 impact and housing instability.

To qualify, your household income must be at or below 80% of the median family income. For example, for a family of four, income must be at or below \$63,050.

“What we want is to help those with the biggest need, that is going to be our priority,” Cave said.

The rent money will go straight to landlords who will have to credit renters' accounts within five days. They also must stop pursuing eviction and legal action.

Houston Mayor Sylvester Turner said [money to help those affected by last week's winter storm is on the way](#).

[RELATED: 'Give what you can' | Donations needed for Greater Houston Winter Storm Relief Fund](#)

“For people who don’t have insurance, who don’t have financial means. And, quite frankly, we know that federal help is coming but people need those dollars spent on their homes to try to get their homes repaired, like, right now, like, yesterday,” Turner said.

The city has already raised more than \$5 million. It is hoping to get money to those who need it now.

[You can still donate](#), but applications to receive assistance haven't opened.

For now, you can text "HOUSTONFREEZE" to 898211 and they will let you know when you can apply for the money.

For those without internet access, the organizations opened a special phone line where you can call to apply or ask any questions. Call [832-402-7568](#) for help.

ENDNOTES

- ¹ Emergency Rental Assistance Program, Payments to States & Eligible Units of Local Government, 11-12. <https://home.treasury.gov/system/files/136/Emergency-Rental-Assistance-Payments-to-States-and-Eligible-Units-of-Local-Government.pdf>
- ² Program Update, Texas Rent Relief Program, TDHCA, Submitted to the House Committee on Urban Affairs, April 1, 2021.
- ³ General Appropriations Act for the 2020-2021 Biennium, Eighty-sixth Texas Legislature, Regular Session, 2019, VII-1. https://www.lbb.state.tx.us/Documents/GAA/General_Appropriations_Act_2020_2021.pdf
- ⁴ TDHCA response to Questions for Texas Rent Relief Program from the House Committee on Urban Affairs. March 25, 2021
- ⁵ Testimony of Bobby Wilkinson, Executive Director of TDHCA, Public Hearing of the House Committee on Urban Affairs, March 3, 2021.
- ⁶ Landlords, tenants can apply for emergency rental funds assistance, Douglass Clark, Amarillo Globe-News, February 19, 2021, <https://www.amarillo.com/story/news/2021/02/19/emergency-rental-assistance-funds-available/6773737002/>
- ⁷ Testimony of Bobby Wilkinson, Executive Director of TDHCA, Public Hearing of the House Committee on Urban Affairs, March 3, 2021.
- ⁸ TDHCA response to Questions for Texas Rent Relief Program from the House Committee on Urban Affairs. March 25, 2021
- ⁹ Testimony of Bobby Wilkinson, Executive Director of TDHCA, Public Hearing of the House Committee on Urban Affairs, March 3, 2021.
- ¹⁰ Testimony of Bobby Wilkinson, Executive Director of TDHCA, Public Hearing of the House Committee on Urban Affairs, March 10, 2021.
- ¹¹ The Texas rent relief program has been open for a month. It's made just 3 payments. Sarah Smith, Houston Chronicle, March 19, 2021. <https://www.houstonchronicle.com/news/houston-texas/houston/article/The-Texas-rent-relief-program-has-been-open-for-a-16039430.php>
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- ¹⁴ TDHCA response to Questions for Texas Rent Relief Program from the House Committee on Urban Affairs. March 25, 2021.
- ¹⁵ 'I'm sorry:' Agency behind rent relief program makes changes after Texans wait for money, Nick Natario, ABC13.com, <https://abc13.com/houston-texas-rent-help-covid-19-relief-assistance-how-can-i-get-money-for-agency-issues/10443771/>
- ¹⁶ TDHCA response to Questions for Texas Rent Relief Program from the House Committee on Urban Affairs. April 1, 2021.
- ¹⁷ Program Update, Texas Rent Relief Program, TDHCA, Submitted to the House Committee on Urban Affairs, April 1, 2021.
- ¹⁸ Ibid.
- ¹⁹ TDHCA response to Questions for Texas Rent Relief Program from the House Committee on Urban Affairs. April 1, 2021.
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