Greater Richmond Continuum of Care

Standards for Emergency Shelter Programs 2026

Introduction

The Greater Richmond Continuum of Care (GRCoC) has developed the following standards for partner agencies providing emergency shelters. These standards were created in collaboration with individuals from partner agencies including CARITAS, Daily Planet, Hanover Safe Place, HomeAgain, Housing Families First, Salvation Army, and YWCA. These standards were originally developed in April 2016. They were reviewed by the GRCoC System Policy and Process (SPP) Committee and approved by the GRCoC Board. SPP reviews Program Standards every two years to ensure they are current with community needs and priorities. These standards will serve as the guiding principles for all Emergency Shelters, regardless of their funding sources. These program standards were last updated in March 2026. Each Emergency Shelter provider must maintain compliance with their grant funder requirements.

Description

Emergency shelter is defined by the U.S. Department of Housing and Urban Development (HUD) in 24 C.F.R. § 576.2 (2012) as any facility, the primary purpose of which is to provide a temporary shelter for people experiencing homelessness in general or for specific sub-populations of people experiencing homelessness, and which does not require occupants to sign leases or occupancy agreements. Emergency Shelters provide emergency housing to deal with an individual's or family's immediate housing crisis. Assistance is offered without preconditions (such as employment, income, absence of criminal record, or sobriety) and with few to no barriers. According to the National Alliance to End Homelessness, low-barrier shelters embrace a housing-first approach so that anyone experiencing homelessness can access shelter without prerequisites, maintain a low-barrier environment that does not require sobriety, income, or other factors that would make it difficult to enter or stay in shelter, and uphold housing and safety - focused expectations that center on keeping guests, staff and visitors safe. The resources and services provided are typically tailored to the unique needs of the individual or family.

Emergency Shelters exist for both single adults and families. Single adult shelters serve individuals age 18 years and over. Family shelters serve one or more adults who are accompanied by one or more dependents. Emergency Shelters may also serve a specific target population such as single adult men, single adult women, those with medical vulnerability and survivors of sexual and domestic violence. All individuals and families, regardless of the type of shelter, must meet HUD's definition of homelessness (see Eligibility Criteria section below).

Eligibility Criteria

In order to be eligible for Emergency Shelter, individuals and families must meet specific definitions of homelessness as defined by HUD under 24 C.F.R. § 576.2 (2012). Specifically, individuals and families must meet one of the following three homeless definitions:

1. An individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:
    i. An individual or family with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping

accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground;

ii. An individual or family living in a supervised publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state, or local government programs for low-income individuals); or
    1. This includes Youth Homeless Demonstration Program defined kinship care.

iii. An individual who is exiting an institution where he or she resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution;

2. An individual or family who will imminently lose their primary nighttime residence, provided that:
    i. The primary nighttime residence will be lost within 14 days of the date of application for homeless assistance;
    ii. No subsequent residence has been identified; and
    iii. The individual or family lacks the resources or support networks, e.g., family, friends, faith-based or other social networks, needed to obtain other permanent housing; or
3. Any individual or family who:
    i. Is fleeing, or is attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against the individual or a family member, including a child, that has either taken place within the individual's or family's primary nighttime residence or has made the individual or family afraid to return to their primary nighttime residence;
    ii. Has no other residence; and
    iii. Lacks the resources or support networks, e.g., family, friends, faith-based or other social networks, to obtain other permanent housing.

Emergency Shelters should have minimal screening criteria, providing housing and services regardless of perceived or actual barriers (i.e., substance use, no or low income, domestic violence history, sexual orientation, gender identity or expression, previous declines of services, mental health, and criminal record) and limited to only that screening criteria required by funding contracts and the law. Emergency Shelters may not establish additional eligibility requirements beyond those specified in the GRCoC Coordinated Entry System Policies and Procedures and those required by other funders, including documentation, income, and/or employment. Domestic violence programs may include additional guidelines that participants have had an experience of domestic or sexual violence in order to access emergency shelter.

Determination of Eligibility and Prioritization

Clients will be referred from the coordinated entry system of the GRCoC. For all assistance, an initial evaluation to determine need, program eligibility, and priority level of individuals and/or families will be conducted by CES Access Points and the coordination of referrals is conducted by the CoC Referral Team. Coordination of services to survivors of sexual and domestic violence is done through the Regional EmpowerNet Hotline. Case conferencing may be utilized to support eligibility determination and service coordination, particularly for households experiencing domestic or sexual violence, to ensure appropriate and safe placement. All referrals and service connections follow established safety protocols, including confidentiality protections, survivor-centered practices, and coordination with appropriate partners to ensure client safety throughout the referral and housing process.

Emergency Shelter Services

The primary services provided by Emergency Shelters are listed below. It is not required that a single entity provide all services nor that a household utilize all services available. Emergency Shelter services should be based on the following core principles: a housing-first approach and client-driven collaboration. Case management best practices should always be followed and be in accordance with GRCoC policies. Specific services provided by Emergency Shelter programs must be in compliance with grant funding, health, and safety requirements.

Each Emergency Shelter must demonstrate that clients have access to each of the following services via formal or informal methods:

- Safe physical environment
- Access to food
- Access to housing-focused case management
- Housing stability plan
- Housing-barrier assessments
- Linkages to mainstream resources

Length of Shelter Stay

Emergency Shelter is often the first stop for individuals and families entering the crisis response systems. Emergency shelters provide short term, crisis housing. The mean length of the average shelter stays should not exceed community performance measures.

Program Guidelines

Emergency Shelter providers will have written program guidelines that outline program policies, procedures and expectations and specify services available. Program guidelines should be minimal to ensure client and staff safety and should not add unnecessary barriers for clients.

Program Transfer

Households may transfer from one emergency shelter program to another when their household composition or family status has changed depending on availability of shelter opportunities.

For a household to transfer, the following steps must be taken:

- The transferring program must internally review the case to ensure that the household's continued enrollment is not a possibility.

- If the household cannot remain enrolled, then case conferencing between the transferring program, the potential receiving program(s), and a member of the Homeward coordinated entry team must occur. Both programs must agree on the client transfer.

- If agreement is reached, the Homeward coordinated entry team will initiate the referral to the receiving program. The transferring program must remain available for documentation and information requests from the receiving organization to ensure a smooth transition.

- If an agreement is not reached, the household will remain part of the transferring program, or if discharge must occur, the household will be considered part of the general prioritization pool.

Non-Discrimination

Providers must have a policy prohibiting discrimination against participants based on actual or perceived race, ethnicity, color, sex, sexual orientation, gender identity and expression, religion, national origin, ancestry, disability, marital status, age, source of income, familial status, or domestic or sexual violence survivor status, and ensuring that all participants are afforded equal opportunities.

Confidentiality

All Emergency Shelter providers will establish a written policy to ensure client confidentiality, which will be reviewed upon entry into the program. All clients shall sign a client confidentiality agreement.

Conflict of Interest

All Emergency Shelter providers will establish a written policy to:

1. formally document conflicts of interest amongst all employees, agents, officers, consultants, and board members, and
2. prescribe appropriate action to take to ensure that all aforementioned parties do not use their positions for a purpose that gives the appearance of being motivated by the desire for private gain for themselves or others.

Grievances & Appeals

All providers must have an agency-approved grievance policy and provide specific procedures to be followed for any disputed decision affecting assistance. Any individual receiving assistance must receive written notification of the grievance policy.

A grievance with termination should be reviewed or heard by an individual other than the person (or subordinate of that person) who made or approved the termination decision. Should the client or household disagree with the decision made by the initial reviewer, a second level must be available for an appeal at the CoC level. This two-level process, at a minimum, must consist of: (1) Written notice to the project participant containing a clear statement of the reasons for termination; (2) Prompt written notice of the final decision; and (3) Written policy for continuing assistance to surviving family members, in the event of a death of a head of household, that establishes a reasonable grace period of continued assistance to surviving family.

Termination

Providers must have a documented termination policy. The provider must exercise judgment and examine all extenuating circumstances in determining when violations warrant termination so that a program participant's assistance is terminated only in the most severe cases. In addition, Emergency Shelters may cease services to the client immediately if there is any real or perceived threat of violence or actual act thereof. Whenever possible, termination from one service may not necessitate termination from all services. Termination best practices should always be followed and be in accordance with the GRCoC Emergency Shelter Policies. Upon termination, Emergency Shelters should document the incidents that led to a participant's termination, both within the agency and in the data system. Bans from a particular program must be recorded in HCIS and should note the program or agency issuing the ban, the reason, and the length of time. Please click this link for further guidance on bans.

Data System

Emergency Shelter providers must adhere to the HCIS policies approved by the GRCoC Board. Providers must use HCIS or a comparable data system if the agency is prohibited

from using HCIS.

All households accessing Emergency Shelter programs must be entered into the agency's HCIS project in a timely manner. The GRCoC HCIS data requirements outlined below support consistent data collection and inform the Coordinated Entry prioritization process for housing resources. These requirements may be updated as needed to reflect system, software, or vendor changes and to ensure continued alignment with prioritization practices.

Emergency Shelter enrollments should remain open for the duration of the client's stay and must be updated to reflect bed occupancy, service engagement, and program exits. Data should be entered and updated regularly to ensure accuracy. Providers should routinely review active enrollments to confirm that client records are complete, up to date, and that exits are recorded promptly when the client discharges.

For projects participating in Coordinated Entry, required assessment fields, including any Coordinated Entry Assessment components, must be completed and kept current in accordance with GRCoC policy. All households entering an emergency shelter program must complete an intake and enrollment process to confirm eligibility and to assess housing and service needs. Providers are required to obtain all necessary Releases of Information (ROIs) at intake to support service coordination, data sharing in accordance with GRCoC policy, and alignment with Coordinated Entry prioritization and referral processes, as applicable.

Shelter Compliance

All shelter providers must meet all federal, state, and local regulations regarding ADA and Fair Housing compliance. Emergency Shelter guidelines should also include a low-barrier process for requesting and reviewing reasonable accommodations at each facility and provide that information to the CoC Referral Team to assist individuals, if necessary, with their request.

Emergency Transfer Plan (ETP) Documentation

All Emergency Transfer Plan (ETP) activity must be documented in an interim update within the client's HCIS record to ensure accurate tracking of transfer requests and related actions. To protect client safety and confidentiality, details related to ETP requests, including safety planning and transfer circumstances, must not be recorded in case notes. All ETP activities follow the GRCoC's CoC-wide Emergency Transfer Plan policy and applicable VAWA and HUD requirements.

**Data outcomes and performance measures will be published in a separate, forthcoming document and are not included in this section.*