

**Local Board for Emergency Food and Shelter Program (EFSP) in Philadelphia  
Phase 35 (February 1, 2018-TBD)**

**APPLICATION FORM**

EFSP is a restricted federal grant and funds are made available through the U.S. Department of Homeland Security's Federal Emergency Management Agency (FEMA). While Philadelphia City/County EFSP activities are administrated by Catholic Social Services, EFSP is not a program of Catholic Social Services.

Please answer the following questions in the space provided. Please be concise. All questions must be answered for applications to be considered. Additional pages and attachments other than those requested will not be reviewed. Proposals will be considered only if all appropriate questions are answered. Applications are due via email by **5:00 pm on Friday, May 18, 2018**. Please email completed applications in a **Word document** format to Cindy Volkert at cvolkert@chs-adphila.org. An **electronic version** of the application packet is available at: <http://www.unitedforimpact.org/agencies/request-for-proposal-listings>. Please do not use application forms from previous EFSP phases.

Name of Organization:			
Federal Employer ID #:	-	Agency's DUNS number	
Mailing Address:			
Executive Director:			
Contact Name:			
Contact Title:			
Phone #:		Fax #:	
Email Address:			
Website Address:			
Congressional district where agency is physically located		Congressional district where agency's EFSP funded services are provided	
# of Previous EFSP Awards:	<input type="checkbox"/> 0 <input type="checkbox"/> 1-5 <input type="checkbox"/> 6+	Year of Last EFSP Award:	
Total Amount of EFSP Funds Requested:	\$	Total Budget for the Program(s) for which EFSP Funds are Requested:	\$
Total Budget for Your Agency's Current Fiscal Year:	\$	Number of Paid Staff in Your Organization:	

To the best of my knowledge, the information in this application is true and correct. **I understand that incomplete applications and applications submitted after the deadline will not be accepted.**

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

**I. PURPOSE OF THE GRANT**

Provide information for all categories for which you are applying for Phase 35 EFSP Funding.

The Local Board presently expects to direct 55% of the total funding to shelter providers with first consideration given to making additional beds available at mass shelters (five or more beds) with outreach conducted by the Outreach Coordination Center or the Office of Homeless Services (OHS), or for the creation or expansion of safe havens, with descending service priority as follows:

- Low-demand shelter beds not funded by the City, serving single men and women with special medical needs including physical frailty, behavioral health and/or substance abuse issues, including safe havens (as defined by 42 U.S.C. § 11392), or youth, including LGBTQI youth.  
\*Note: The EFSP per-person reimbursement is \$12.50 per night.

- a. Average # of beds per night to be funded by EFSP: \_\_\_\_\_
- b. Total # nights of care (out of 365): \_\_\_\_\_

- Augmented support for City-funded shelter beds, aimed at promoting self-sufficiency from a trauma-informed perspective.  
\*Note: The EFSP per-person reimbursement is \$12.50 per night.

- a. Average # of beds per night to be funded by EFSP: \_\_\_\_\_
- b. Total # nights of care (out of 365): \_\_\_\_\_

- Shelter beds not funded by the City, serving other populations including but not limited to families  
\*Note: The EFSP per-person reimbursement is \$12.50 per night.

- a. Average # of beds per night to be funded by EFSP: \_\_\_\_\_
  - b. Total # nights of care (out of 365): \_\_\_\_\_
- 

The Local Board presently expects to direct 30% of the total funding to Rent, Mortgage, Utility providers with descending service priority as follows:

- Emergency rent assistance
  - Emergency utility assistance
  - Emergency mortgage assistance
  - Multi-agency proposal
- 

The Local Board presently expects to direct 15% of the total funding to food providers with descending service priority as follows:

- Mass Feeding/Served Meals  
Note: Mass shelter providers may not utilize their \$12.50 per diem for costs related to served meals. Shelters must apply for separate funding for this purpose.
- Emergency food services
- Transportation of clients in shelter or delivery of food

Does your organization provide these services with funds other than EFSP?

Yes  No

Is your agency debarred or suspended from receiving funds or doing business with the Federal government?

Yes  No

**II. GENERAL AGENCY / PROGRAM INFORMATION**

1. As an attachment to this application form, please provide information about the following items.

Please be specific, and limit your response to two single-spaced pages.

- a. The mission and history of your organization.
- b. The organization’s previous and current capability to provide those services for which funding is sought.
- c. Your organization’s impact in preventing or ending homelessness for the clients you serve.
- d. The overall goals for the program.
- e. The services that will be provided.
- f. The staff (background and number) who will operate the program.
- g. The number of persons to be served.
- h. Any specific sub-group(s) that will be targeted.
- i. How clients will enter and be terminated from the service, including your intake/admission procedures.
- j. The way(s) in which this program represents an expansion of existing services.
- k. The way(s) in which clients are enrolled in public benefits (SNAP, SSI, etc.).
- l. The relationship with any other organizations or institutions that may be cooperating in the program. Please include how your agency relates to city agencies, initiatives, and strategies.
- m. The sources of funding for the program in your current fiscal year and during the Phase 35 period.

2. Please check all geographic areas you serve:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Center City              | <input type="checkbox"/> Upper North Phila      | <input type="checkbox"/> Germantown/Northwest Phila |
| <input type="checkbox"/> West Philadelphia        | <input type="checkbox"/> Southwest Philadelphia | <input type="checkbox"/> Other: _____               |
| <input type="checkbox"/> Lower North Philadelphia | <input type="checkbox"/> Northeast Philadelphia |   |
| <input type="checkbox"/> South Philadelphia       | <input type="checkbox"/> Kensington/Richmond    |   |

3. Please indicate the approximate percentage of each type of client receiving shelter or emergency assistance services from your agency.

% men without children	_____	% men with children	_____
% women without children	_____	% women with children	_____
% couples without children	_____	% couples with children	_____
% veterans	_____	% unaccompanied youth *	_____

\*What percentage of unaccompanied youth are LGBTQI youth? \_\_\_\_\_

### III. SPECIFIC INFORMATION BY PROVIDER TYPE

#### ONLY COMPLETE SECTIONS THAT APPLY TO YOUR REQUEST

#### A. MASS SHELTERS/SAFE HAVENS/RESPITES

1. Please list the location of the shelter(s) that your agency currently operates and their capacity, as established by the City Department of Licenses and Inspections.

<b>Shelter/Safe Haven/Respite Name and Address</b>	<b>Total # Beds (Legal Capacity as established by the Department of Licenses and Inspections)</b>
1.	
2.	
3.	

2. If your agency currently has contracts with the City's Office of Homeless Services (OHS), please provide the following information for OHS-funded shelters.

<b>Shelter/Safe Haven/Respite Name and Address</b>	<b># Beds Funded by the City Office of Homeless Services (OHS)</b>	<b>OHS Contract Period</b>
1.		
2.		
3.		

4. Please list the shelter(s) for which you expect to have an OHS contract during the EFSP Phase 35 funding period (February 1, 2018- TBD), the projected number of beds to be funded, and the expected contract amount.

<b>Shelter/Safe Haven/Respite Name and Address</b>	<b># Beds to be funded by City Office of Homeless Services (OHS)</b>	<b>Expected Contract Amount</b>
1.		\$
2.		\$
3.		\$

4. Does your agency have shelter beds that are funded by sources other than OHS and EFSP?

YES  NO

If yes, please provide the following information about these shelters:

Shelter/Safe Haven/Respite Name and Address	Total # Beds (Legal Capacity as established by the Dept. of Licenses & Inspections)	Major Funding Source(s)	# Beds Funded by these sources
1.			
2.			
3.			

5. How do you propose to use the Phase 35 EFSP grant?

To fund additional beds at a non-OHS-funded shelter.

ADDRESS	# of Beds to be Funded by EFSP
1.	
2.	

To fund beds at an OHS-funded facility (up to full licensed capacity).

ADDRESS	# of Beds to be Funded by EFSP
1.	
2.	

To provide augmented support services for OHS-funded beds so that an enhanced level of care can be provided promoting self-sufficiency.

ADDRESS	Describe Proposed Enhancement:
1.	
2.	

6. Does your agency charge rent or shelter fees?

YES  NO

If yes, please explain:

**NOTE: Rent and fees cannot be charged for EFSP-funded shelter beds.**

**B. OTHER NON-MASS SHELTER/EMERGENCY OFF-SITE LODGING**

1. Indicate the number nights of non-mass shelter/off-site emergency lodging you propose to provide during the Phase 35 Period.

	<b>Total # Nights</b>	<b># OHS-Funded Nights</b>	<b># EFSP-Funded Nights</b>
Hotel/Motel			
Boarding Home			
Other, please specify:			

2. If you plan to subcontract with a shelter or boarding home for non-mass shelter care, is it licensed by the City Department of Licenses and Inspections?

YES                       NO

3. If you plan to subcontract, please provide the name and address of the subcontracted provider.

<b>Name</b>	<b>Address</b>

**C. EMERGENCY RENT, MORTGAGE, AND UTILITY ASSISTANCE**

1. Please provide the following information about rent, mortgage, and utility grants provided by your agency.

	<b>How many of this type of grant did your agency make last year?</b>	<b>How many grants would EFSP funds support during Phase 35?</b>
Rent Assistance		
Mortgage Assistance		
Utility Assistance		

The unduplicated number of people who received rent, mortgage, and utility assistance at your agency last year:	
---	--

2. Please provide information about funding you expect to receive from other sources for these services during the Phase 35 period (February 1, 2018- TBD).

<b>Major funding sources expected for these services during Phase 35</b>	<b>Funding Amount</b>	<b>Confirmed? Yes or No</b>
1.	\$	
2.	\$	
3.	\$	

**D. PROVIDERS OF EMERGENCY FOOD**

1. Please enter the unduplicated number of clients currently served on an annual basis by category of service.

<b>Category of Service</b>	<b>Total Unduplicated # Served Annually</b>
Meals in Mass Feeding Sites	
Food Banks/Pantries in Low-Income Neighborhoods	
Food Vouchers	
Other Emergency Food Service, please specify:	

2. Please enter the unduplicated number of clients to be served with EFSP funds in Phase 35.

<b>Category of Service</b>	<b>Total Unduplicated # to be Served with EFSP Funds in Phase 35</b>
Meals in Mass Feeding Sites	
Food Banks/Pantries in Low-Income Neighborhoods	
Food Vouchers	
Other Emergency Food Service, please specify:	

3. What is the volume of food you distributed last year?

- a. # Meals distributed last year: \_\_\_\_\_
- b. Pounds of food distributed last year: \_\_\_\_\_

4. Explain how your agency promotes the safety and dignity of clients during meal times and/or while distributing food in accordance with the *Best Practices for Creating Safe and Dignified Experiences for Emergency Meal Guests*.

5. Please check all that apply (Served Meal Programs only):

We serve meals on the following days:

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday
- Saturday
- Sunday

We serve the following meal types:

- Breakfast
- Lunch
- Dinner

6. Please provide information about funding will you receive from other sources for these services during the Phase 35 period.

<b>Major funding sources expected for these services during Phase 35 (February 1, 2018- TBD)</b>	<b>Funding Amount</b>	<b>Confirmed? Yes or No</b>



1.	\$	
2.	\$	
3.	\$	

**E. TRANSPORTATION**

1. Indicate for which purpose(s) you propose to utilize EFSP funds:

- To transport clients in shelter.
- To transport/deliver food.

2. If transportation costs are proposed to be paid through mileage reimbursement, please indicate the number of miles logged last year and the number of miles proposed to be paid through EFSP funds in Phase 35.

- a. Total # miles logged by your agency last year: \_\_\_\_\_
- b. # miles to be paid through EFSP in Phase 35: \_\_\_\_\_

**IV. SUBMISSION OF APPLICATION AND ATTACHMENTS**

The deadline for submission of applications is **5:00 pm on Friday, May 18, 2018.** The following are required submissions:

- 1. Application form.
- 2. Completion of the annual program budget **USING THE PROGRAM BUDGET FORM ATTACHED** for each program seeking EFSP funding.

Requests for Shelter/Safe Haven/Respite Funding. Budget should cover those shelter locations at which EFSP dollars will be used (or for the program if you are not seeking mass shelter dollars). Awards will be made based on a per diem reimbursement of \$12.50 per person per night of shelter care. Those applicants seeking augmented support for OHS-funded beds in order to provide an enhanced level of care must request the per diem method of reimbursement and should be sure to describe the exact nature of the services to be provided and submit an additional budget page showing exactly how the requested EFSP funds would be used.

Requests for Rent/Mortgage/Utility Funding. Please note that the Local Board may allow agencies receiving EFSP funds for emergency rent, mortgage, and utility assistance to use some of these funds for administrative costs.

- 3. Agency-wide budget for your current fiscal year.
- 4. Agency’s Board of Directors roster.
- 5. Agency’s IRS tax exemption letter.
- 6. Organizational history and mission statement (not to exceed one page).
- 7. Agency’s most recent audited financial statements. Note: Agencies requesting less than \$25,000 in EFSP funding may substitute board-approved financial statements instead of an audit. Agencies currently receiving a General Operating Grant from United Way of Greater Philadelphia and Southern New Jersey do not need to submit an audit.
- 8. Shelter/Safe Haven/Respite providers only must ALSO submit each of the following documents:

- Certificate of Occupancy, indicating shelter's legal capacity.
- Current Housing Inspection from the Department of Licenses and Inspections.
- Current Food Preparation License from the Department of Licenses and Inspections.
- Current Food Safety Certifications.
- Most recent certification/inspection of the facility's fire alarm system.
- Most recent OHS monitoring report, for agencies that have a current contract with the Office of Homeless Services.
- Monitoring reports from other City agencies with which your agency has a current contract for shelter services (e.g., Coordinating Office of Drug and Alcohol Programs, Department of Human Services, etc.).
- The enclosed survey on Shelter Standards Compliance, for agencies that do not currently have an OHS contract.

9. Emergency Food providers only must ALSO submit each of the following documents:

- Current Food Preparation and Serving Licenses from the Department of Licenses and Inspections
- Current Food Safety Certifications
- Certified *Best Practices for Creating Safe and Dignified Experiences for Emergency Meal Guests* (SEE ATTACHED)
- Certified *Definitions of Safety, Dignity, and Trauma-Informed Practice* (SEE ATTACHED)

Local Board for Emergency Food and Shelter Program (EFSP) in Philadelphia  
*Survey on Shelter Standards Compliance*

Name of Facility: \_\_\_\_\_  
 Date Survey Completed: \_\_\_\_\_  
 Executive Director: \_\_\_\_\_

	Yes	No	If no, please explain and provide a plan of corrective action:
<b>Licensing</b>			
Rooming Housing License (expiration date: _____ )	<input type="checkbox"/>	<input type="checkbox"/>	
Food Preparation License (expiration date: _____ )	<input type="checkbox"/>	<input type="checkbox"/>	
Food Safety Certification(s) (expiration date: _____ )	<input type="checkbox"/>	<input type="checkbox"/>	
Certification of hard-wired fire alarm system (exp. date: _____ )	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Fire Safety</b>			
Posted fire evacuation plans	<input type="checkbox"/>	<input type="checkbox"/>	
Monthly fire drills	<input type="checkbox"/>	<input type="checkbox"/>	
Fire extinguishers are checked yearly	<input type="checkbox"/>	<input type="checkbox"/>	
Emergency exits are clearly marked	<input type="checkbox"/>	<input type="checkbox"/>	
Emergency exits are unobstructed	<input type="checkbox"/>	<input type="checkbox"/>	
First aid kit is available and adequate	<input type="checkbox"/>	<input type="checkbox"/>	
Hours of emergency phone numbers are posted at all phones	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Program Policy and Procedure</b>			
Written policy and procedure manual available and accessible	<input type="checkbox"/>	<input type="checkbox"/>	
Written policy on client rights and responsibilities	<input type="checkbox"/>	<input type="checkbox"/>	
Written procedures on grievance and termination of services	<input type="checkbox"/>	<input type="checkbox"/>	
Written employment eligibility/hiring policies and procedures for staff	<input type="checkbox"/>	<input type="checkbox"/>	
All staff and volunteers have criminal record check clearances	<input type="checkbox"/>	<input type="checkbox"/>	
House rules and regulations are posted	<input type="checkbox"/>	<input type="checkbox"/>	
House rules and regulations are read to and signed by clients	<input type="checkbox"/>	<input type="checkbox"/>	
Maintenance of records containing basic client information	<input type="checkbox"/>	<input type="checkbox"/>	

Please attach any additional comments/remarks on separate pieces of paper. Thank you.

Local Board for Emergency Food and Shelter Program (EFSP) in Philadelphia

***Phase 35 Funding Application Checklist***

**For All Applicants**

- Application Form
- Completion of the annual program budget USING THE PROGRAM BUDGET FORM ATTACHED for each program seeking EFSP funding
- Agency-wide Budget
- Board of Directors Roster
- Agency's IRS Tax Exemption letter
- One-page organizational history and mission statement
- Most recent audited financial statements. Agencies requesting less than \$25,000 in EFSP funding may substitute board-approved financial statements in place of audited ones. Agencies currently receiving a General Operating Grant from United Way of Greater Philadelphia and Southern New Jersey do not need to submit an audit.

**For Agencies Applying for Mass Shelter/Safe Haven/Respite Services**

- Certificate of Occupancy, indicating shelter's legal capacity
- License and Inspection Certificate (Housing Certificate)
- Current Food Preparation and Serving License
- Current Food Safety Certification(s)
- Most recent certification/inspection of the facility's fire alarm system
- Most recent OHS Monitoring Report, if an agency has a current contract with the Office of Homeless Services
- Most recent monitoring reports from other City agencies with which your agency has a current contract for shelter services (*e.g.*, DBH, DHS, etc.)
- Completed survey on Shelter Standard Compliance, if an agency does not a current contract with OHS

**For Agencies Applying for Emergency Food Assistance**

- Current Food Preparation and Serving Licenses from the Department of Licenses and Inspections
- Current Food Safety Certifications
- Reviewed and Signed *Definitions of Safety, Dignity, and Trauma-Informed Practice (SEE ATTACHED)*
- Reviewed and Signed *Best Practices for Creating Safe and Dignified Experiences for Emergency Meal Guests (SEE ATTACHED)*

The completed application must be submitted in a **Word document** to Cindy Volkert at [cvolkert@chs-adphila.org](mailto:cvolkert@chs-adphila.org).

## Annual Program Budget

Program Name \_\_\_\_\_

**\*Please fill out for each program(s) for which EFSP funds will be used to support**

<u>Expenses</u>	<u>Amount (\$)</u>
<b>Personnel (salaries, taxes, benefits):</b>	
<b>Professional Services (legal, accounting, etc.):</b>	
<b>Rent/Lease/Mortgage:</b>	
<b>Supplies (Office/Cooking Supplies/Eating Utensils/Food):</b>	
<b>Utilities:</b>	
<b>Communications:</b>	
<b>Printing:</b>	
<b>Repairs and Maintenance:</b>	
<b>Technology/Equipment:</b>	
<b>Travel/Mileage:</b>	
<b>Other: (please itemize by category)</b>	
<b>Total Estimated Expense of Project:</b>	

Revenue	Amount (\$)
<b>Government Contracts</b>	
<b>Foundation Support</b>	
<b>Revenue Fee for Service</b>	
<b>Products</b>	
<b>Development/Fundraising</b>	
<b>Special Events</b>	
<b>Volunteer Services</b>	
<b>In Kind Donations</b>	
<b>Other Revenues (please describe)</b>	
<b>Other Revenues (please describe)</b>	
<b>Other Revenues (please describe)</b>	

## *Best Practices for Creating Safe & Dignified Experiences for Emergency Meal Guests*

### **Guidelines**

Meals are served in accordance with food safety standards

- o Meal guests have access to hand washing/hand sanitizer and bathrooms.
- o At least one person preparing and serving the meal is certified in food safety (2 hour free training via City's Environmental Health Services/16 hour ServSafe Food Manager training). All staff/volunteers involved with food preparation know safe food handling/sanitation practices.
- o Food allergens/ingredient labels are provided for the meals. Alternate meals are available for individuals who have health and/or cultural dietary restrictions.

Meals are served in safe physical environments

- o Guests are not exposed to harsh weather conditions (excessive heat/cold, sleet/snow, etc).
- o Meals are served in well-lit environments and fire exits are clearly marked.
- o Meals are served in close proximity to public transit.
- o At least one staff/volunteer at the meal is trained in CPR/AED and first aid.
- o At least one staff/volunteer has formal training in Mental Health First Aid, Trauma Informed Practice, and/or De-escalation trainings (or something similar).
- o Any conflicts that occur will be addressed using verbal/non-physical de-escalation strategies. Only in situations where these strategies have not sufficed to maintain a safe environment will physical or law-enforcement strategies be used.
- o Physical contact is initiated only after receiving permission.

Meals are served in structured environments

- o There is someone supervising every meal service.
- o Staff/volunteers have a plan for themselves and for meal guests if there is a safety incident.
- o Clear rules guiding the meal are widely and consistently communicated to guests, staff and volunteers. Consequences for not abiding by rules are clear and applied equitably.
- o All staff/volunteers have attended an orientation for the meal site.
- o There is a consistent meal schedule; meals are served at same place and time each week.
- o There is adequate food and other offered services so as not to deny services to anyone or create a sense of scarcity.

Meals are served in clean spaces, free of litter

- o There are clearly labeled trash and/or recycling bins that everyone is directed to use.
- o Outdoor areas are left clean once meal providers leave (adequate trash pickup/disposal).

Meals are served in a respectful manner to all those seeking a meal regardless of age, race, sex, national origin, religion, disability, medical condition, sexual orientation or gender identity.

- o There are no prerequisites to receiving a meal, except safety concerns.
- o Guests are not required to share personal information or identification.
- o Guests can choose whether or not to participate in secular or religious services.
- o Meals are accessible to individuals with physical, emotional and developmental disabilities.
- o Chairs and tables are available for guests.
- o Meals are hot and nutritious. When possible, guests are offered choices.

Meals are served along with connections to services such as housing, benefits enrollment (SNAP, Medicaid, etc), legal services, identification, behavioral health care and physical health care

- o Meal providers engage with meal guests and work to build relationships with guests.
- o Additional services are offered to meal guests either by the meal provider or through partnerships with other organizations.
- o Meal providers make referrals to social and health service providers.
- o Businesses and cultural institutions located near areas where providers serve meals have adequate information regarding services available to individuals experiencing hunger and/or homelessness such as Project HOMES' where to turn guide and the Food Access Collaborative meal flyer.
- o Businesses/cultural institutions attend trainings to raise awareness about resources.

This document has been developed by the Food Access, Safety and Dignity subcommittee within the Shared Spaces Workgroup in April 2017. It will be reviewed twice a year.

**I certify that I have read these guidelines and will promote the safety and dignity of clients during meal times in accordance with these best practices.**

**Printed Name**\_\_\_\_\_

**Signature**\_\_\_\_\_

**Date**\_\_\_\_\_



## Definitions of Safety, Dignity, and Trauma-Informed Practice

The definitions below are designed to help inform community kitchen and congregate meal providers about how they think about their work, the environment and its impact on guests. They are intended to establish guidelines and best practice for meal providers and the Food Access Collaborative. These definitions are recognized as aspirational.

They can be put onsite to remind staff and volunteers about their mission and goals.

*Safety* -- A safe meal site environment is one that uses a trauma-informed approach in both guest interaction and physical space, where guests are not required to interact with other guests, volunteers, staff or the physical space in a way that makes them feel unsafe, as determined by their own feeling of safety. Key elements of safety at a meal site include a well-lit environment; supervision of the site by trauma-informed volunteers and staff to ensure physical and emotional safety for all guests; no requirement to share personal information, identification, or history; no guest being turned away unless they pose a threat to other guests, staff or volunteers except for reasons of safety; no physical contact without the expressed consent of the meal guest; and close proximity to public transportation.

*Dignity* -- A dignified meal site environment is one that communicates a sense of equity, value and worth to meal guests. The purpose is to relieve the experience of accessing a meal from any sense of shame, urgency, scarcity and stress that may be associated with food insecurity. Key elements of dignity at a meal site include sustaining an environment that is adequately supplied and thus never having to turn anyone away except for reasons of safety; ability to choose from meal options based on personal preference; nutritionally balanced meals; connections to social and health services; restroom and hand washing access; and is accessible to individuals with physical, emotional and developmental disabilities. Additional key elements are that individuals can choose whether or not to participate in religious services without any impact on their accessing a meal, and the use of trauma-informed language and respectful treatment from all staff, volunteers, and meal guests.

*Trauma-Informed Practice*— Research has shown that trauma and adverse childhood experiences (ACEs) are remarkably common and can have significant impact on one’s health and wellbeing throughout their lives. Given the prevalence and impact of trauma, it is important that human serving systems utilize a trauma-informed approach in their work. A system that is trauma-informed “realizes the widespread impact of trauma; recognizes the signs and symptoms of trauma in [individuals], families, staff, and others involved with the system; and responds by fully integrating knowledge about trauma into policies, procedures and practices, and seeks to actively resist re-traumatization” (SAMHSA). The Substance Use and Mental Health Services Administration has identified six key principals of trauma-informed practice, including safety; trustworthiness and transparency; peer support; collaboration and mutuality; empowerment, voice and choice; and cultural, historical, and gender issue awareness. At its core, a trauma-informed approach asks “what happened to you?” rather than “what’s wrong with you?” and focuses on connection, open communication, and healing. It connects a person’s behavior to their trauma response rather than isolating their actions to the current circumstances and assuming a personality flaw.

**I certify that I have read and understand these definitions.**

Printed Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

