

# COVID-19 Office Hours: Transcript

## June 24th, 2022

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Hello everyone and welcome to the SNAPS COVID-19 office hours.

My name is Micah Webster with apt associates, and I'm gonna spend a couple of moments going over some tech notes and then we'll get into the content that we have for today.

Couple of housekeeping reminders.

We are recording the office hours today as we do each week.

And we will post a copy of the recording along the slides and any content that we received through the chat box.

On the hot exchange, just a few business days.

If you have any issues with audio during the webinar, we encourage you to.

Switch over from computer to phone audio.

The numbers that are on the screen, and then I've just entered into the chat.

Everyone will remain muted.

The duration of the office hours this week, but we absolutely anticipate and hope to hear from you through the chat feature in Webex.

Define the chat just take a look at the bottom right hand corner of your screen, and you should see the word chat and what looks like a message.

Double click on that to open the chat.

Please send all questions, comments and feedback through the chat.

And with that, I'm going to turn things over to Norm Suchar of the HUD Office of Special Needs Assistance Programs. Norm.

Thank you very much Micah and welcome everyone to today's session.

We have a brief session today, but we have a lot to cover.

Uh, we will have our regular update.

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From the Centers for Disease Control and prevention Ashley Meehan be providing that update. Uh, she will also.

Provide an overview of monkey pox for us today and.

The things we need to pay attention to, we'll also have some.

Updates, uh, regarding a few different.

Notices or no photos you may have heard about.

So, we'll we'll go through those as well.

Uh, and we'll also have an update.

So, we're going to just jump right into the content here. I do want to remind everyone if you have any.

Questions or anything you want to share with us. Please do. So through the chat window at any time.

Uh, if you want to talk, uh, ask questions about the content today. That's great.

Uh, if you have other questions, we will do our best to answer.

Whatever we can, uh, so thank you so much.

For joining, and with that, I'm going to turn things over to Ashley from CDC, for our covid update and monkey pox overview Ashley.

Thanks norm. Hi, everyone this is Ashley man from.

Coming in from the CDC, we can go to the next.

Side Micah, thank you. Um, so Here's what we're looking at in terms of our.

Bigger trend in covid, 19 pieces over time.

Um, so as the more time passes, this graph just gets harder and harder to read.

Uh, harder and harder to read, so we can go to the next slide.

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And here, we have, it zoomed in from early March to earlier this week. And you.

To earlier this week and you can see that.

For about the last month.

Kind of stabilized, or the number of cases have been kind of stabilized. Um, but I do just want to.

Um, but I do just want to note that this.

Does not include testing that people are doing at home? Um, you know, those aren't always reported. Um, and that's probably how.

Always reported, and that's probably how most people are testing nowadays. So we do need to interpret.

So, we do need to interpret this with a little bit of caution, but.

For the most part, it seems like the number of cases being reported to CDC is is relatively stable. Next slide.

So, here, we have our covenant team community levels map. Um, some counties are moving back.

Um, some counties are moving back into low transmission, so we see that the, um, percent change in that.

Um, percent change in that, uh, table on the right shows that about 3% of counties.

Percent of counties have moved back into that low Green Zone. Um, but we do see that Florida.

Um, but we do see that Florida and.

Some places out West are in medium and high community levels.

Um, so you may remember back in April, um, this.

Um, this map looked a little bit different. We were seeing the Northeast.

Feast in New York state that were orange and yellow all over.

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Um, and we can see that it's kind of spread West and South, so.

Um, hopefully we'll continue to see more counties moving out of these.

By and medium community levels next slide.

Um, I did want to highlight 1.

1 publication that came out earlier this month, um, around.

And veterans experiencing homelessness, um, this team.

Qualitative interviews with health care and housing service providers. Um, and they talked about some of the barriers and.

Um, and they talked about some of the barriers and facilitators to vaccinating.

Trading veterans, um, and something that I really want to highlight is that.

Highlight is that they found that, um, utilizing shelter staff and peers to talk about vaccination was.

And peers to talk about vaccination was really, really beneficial and and really helped to improve people's confidence in vaccines. And I think it's just really.

And I think it's just really important to highlight and acknowledge and recognize and think all.

Homeless service providers who have been feeling this role and wearing these many different hats to support your clients. So.

So, um, just wanted to mention that if you're interested go ahead and take a read. Um, see if it aligns with.

Ahead and take a read um, see if it aligns with your experience as.

Homeless service or housing service providers um, and yeah, I wanted to share that next.

And then the last thing I forgot to put a slide in for this, but children under 5.

But children under 5 can now be vaccinated against 19, which is great news.

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1 thing that may be a little bit different about this is that you'll likely need to connect them with a pediatrician or.

With a pediatrician or some sort of other primary care office um, I'm not sure what.

Office, um, I'm not sure what appointment availability will look like at, you know, a standard pharmacy or CBS or something. Um, they often have.

Um, they often have children get vaccinated at, um, pediatrician's offices so.

Um, pediatrician's offices, so, um, definitely encourage clients and families.

If they have children under 5 to consider getting vaccinated. So that's it for my update.

So, that's it for my covert update feel free to put any questions in the.

Feel free to put any questions in the chat. Um, but I can also pause and see if there are any covered questions before I jump into monkey pox.

Doesn't look like any questions so far. All right. Great.

All right, great. Well, if you think of them, put them in a chat, and we can go to the next slide and get started on Monday.

Flight and get started on monkey pox. So today I'll give a bit of an overview of monkey pox and what the current situation is.

Um, CDC has been closely tracking some clusters of monkey pox cases recently.

Recently reported in several countries that don't normally have monkey pox cases. Um, including the U. S. next slide.

Um, say I want to flag that there's a really, really helpful overview. Um, that was.

Really really helpful overview um, that was published earlier in June. Um, it's shared about.

The original cases of monkey pox and the U. S. and, um.

You know what monkey pox is, and how these initial cases were, uh, were 1st identified um, I found this really helpful.

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I found this really helpful as somebody who had no.

Your experience with this type of virus um.

And I, I think it's pretty easy to understand for, for most of the general public. So, if you're interested go ahead and take a look.

Interested go ahead and take a look. Um, but until recently most monkey pox cases, um.

Pieces, um, in the country.

Where the virus is circulating widely, um, they.

They, I'm so sorry, let me back up.

Um, there have been cases in the U. S. recently from people.

To us recently from people who have traveled to countries where monkey pox has been circulating as well as countries.

And circulating as well as countries where monkey pox is not usually circulating. So there are a number of countries.

There are a number of countries that are seeing cases of.

Um, and that's kind of why we're keeping.

And I on it, um, so before I go to the next slide.

I do kind of want to give a content warning, um, on the next slide there will be some photos of what monkey pox.

Photos of what monkey pox lesions look like.

Um, if you are someone who gets skirmisher feels kind of grossed out by, um.

Out by dermatological images feel free to close your eyes and just listen or.

Feel free to close your eyes and just listen or put a piece of paper over the bottom half of your.

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Put a piece of paper over the bottom half of your screen, or look at something else. Um, you know, if you're.

Um, you know, if you're sensitive to something with a bumpy texture.

Thing with a bumpy texture I recommend looking away. Um, so.

Um, so with that being said, make sure everyone has your eyes closed if you want, and we can go to the next slide are.

All right, so what is monkey pox? Monkey pox is a rare disease that spreads from animals.

Monkey pox is a rare disease that spreads from animals to people and then between people as well, it's.

People as well, it's caused by the monkey pox virus, which is, um, an Orthodox virus.

Which is an Orthodox virus monkey pox.

Monkey pox is a relative of smallpox, but has milder symptoms.

It was 1st, described and identified in 1958. um.

The 8, um, in some monkeys, that's where the name.

Um, but then the 1st confirmed case in humans.

Case in humans was in 1979.

It is commonly found in Western, in Central Africa.

In Western in Central African countries, um.

And that's where we consider it to be endemic or it spreads. Um.

Or usually in Africa, or in African countries, the death rate can be as high as 11% in people who are not.

And people who are not vaccinated for monkey pox, um, depending on the strain of monkey.

Um, depending on the strain of monkey pox, we typically think of monkey pox as starting with.

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We typically think of monkey pox as starting with flu like illness. That's like, fever, headache, muscle.

Fever headache, muscle, aches, you know, fatigue and then within 1, 2, 3.

And then within 1 to 3 days, um, usually a rash develops, um, historically beginning on.

Um, historically, beginning on the face or hands and spreading to other parts of the body.

Into other parts of the body, and then the rash progresses over a few days to weeks.

2 weeks, um, so then it kind of turns into these sores or.

1st, and then they, this is kind of gross I'm sorry burst open and scab over and then the.

And then the scabs eventually fall off. Um, it's important to note that people can.

Bread, uh, the infection until all of the scabs fall off and healthy skin emerges. So there can.

So, there can be a pretty long time of infectivity.

Um, people are usually ill for 2 to 4 weeks and most recover without specific treatment.

And most recover without specific treatments. Okay next slide.

So, as of June 22nd in the U. S there were 156 cases in 23 States and Washington D. C.

And Washington D. C. that's just for the U. S.

Um, that number has already gone up in the last 2 days. I believe we're now around 170.

We are now around 175.

Um, 175 cases, um, you can find the map of where cases have been identified on to.

On website, um, so in this specific image, um, the blue state.

Um, the blue states are where cases have been identified.

Side globally, as of June 22nd there have been more than 3300 pieces reported in 42.



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Pieces reported in 42 different countries so, um, we're seeing quite a few cases.

So, um, we're seeing quite a few cases coming out of Europe. Um, I think the U. K.

I think the UK is leading in number of cases. Um, and so there have been some.

Um, and so there have been some cases in the U. S that have been linked.

To travel to Europe, um, and then people have come back to the U. S and and develop symptoms. Alright. We can go to the next.

All right, you can go to the next slide.

So, how does monkey pox spread with the transmission of monkey pox?

The transmission of monkey pox monkey pox is spread through close.

Contact, um, usually skin to skin contact with the rash, um, or with a contaminated surface. So.

Surface, so that can be through intimate or sexual.

Activity touching cuddling kissing, um, but also shared I.

Items like clothing or bedding, or other personal care items or um, uh.

Um, anything that you made both touch.

It's also spread through respiratory secretions, which usually require close face to face contact, um, direct.

Um, direct contact, like, kissing, um, you know, is an example of.

Um, you know, secretions in the mouth from breathing.

Um, some of the cases 1st identified in, may of 2022 were linked through sexual activity.

Were linked through sexual activity. Um, so, that helpful overview that I mentioned at the beginning of this.

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Review that I mentioned at the beginning of this that describes how those cases were identified.

Pieces were identified in that early transmission. Um, again, it begins as a rash that turns into lesions that.

1st open, um, we're still looking at what infectivity looks like.

What infectivity looks like in the U. S. right now um, and there are vaccinations.

Um, and there are vaccinations and treatments available for monkey pox next.

All right, so testing for orthopods viruses and just a reminder monkey pox.

And just as a reminder, monkey pox is an Orthodox virus.

Um, so previously some work that had been done related to small pox, helped build.

Been done related to small pox, helped build capacity for testing for monkey pox.

Um, the laboratory response network, or has laboratories across the country and state and local public health departments.

The country and state and local public health departments that can test for monkey pox and other Orthodox viruses.

Pox and other orthopods viruses, um, currently the only orthopods viruses.

Um, currently the only Orthodox virus circulating in the U. S. is monkey pox. Um, so.

Is monkey pox so.

You know, a sample does test positive for Orthodox broadly. It's going to be monkey pox. Um, when that happens.

Um, when that happens, healthcare providers can begin contact tracing and treating folks as needed. Um.

Um, let's see okay, we can go to the next slide.

Okay, so there are some.

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Seems to prevent viruses, and in some circumstances, it may be recommended.

Circumstances it may be recommended to get vaccinated after close contact with someone who has monkey pox.

Contact with someone who has monkey pox, um, that ultimately comes.

Down to, um, decisions with local public, health and clinicians based on the person's risk for developing monkey pox.

There are currently 2 licensed vaccines in the.

To prevent smallpox and monkey pox, um, and 2000.

Um, and 2000, um, is an FDA.

Um, is an FDA approved, uh, vaccine to prevent smallpox in.

Uh, vaccine to prevent smallpox and monkey pox in adults, uh, 18 and older. If.

Uh, 18 and older, if they're at high risk for smallpox or monkey pox.

Um, it's made with.

A non replicating virus, which is better for some populations.

I'm not 100% sure what that means. Um, 2000 is an older vaccine used to.

Their vaccine used against smallpox disease um.

And that is, uh, that's an option, but I think we're really trying to push.

Trying to push, you may have seen in the news recently that New York City was offering monkey pox, vaccination wide.

Was offering monkey pox vaccination widely, um, and.

He is thinking internally about how to strategize and prepare.

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Um, for wider availability of, um, monkey pox, vaccinations, if needed next slide.

There are 2 antivirals available to treat monkey pox and Orthodoxy viruses.

Parks viruses the 1st is T parks um, it's an FDA approved antiviral.

Approved antiviral to treat smallpox disease and adults and children.

Adults and children, and then there's a vaccinia immune globulin.

Immune globulin, intravenous or V give, which is licensed by the.

Which is licensed by the FDA for treatment of complications, due to vaccination.

Due to vaccination next slide.

All right, so how is this current outbreak different from.

This current outbreak different from what we've seen related to monkey pox in the past. Um, so there are a few.

Um, so there are a few differences, um, the 1st, is that we are seeing a lot of cases in locations where we haven't seen cases.

To this extent before, um, we're seeing a lot of pieces in Europe and the U. S. um, which is different.

Um, which is different, um, a lot of the cases that I've been identified in the U. S. not all the many.

In the U. S. not all but many are among gay, bisexual, and other men who have sex with men.

Bisexual and other men who have sex with men, however, anyone who has been in close contact with someone who.

Has monkey pox could be at risk. Um, last I heard that there were no deaths due to monkey pox in.

There were no death student monkey pox in the US with this current current transmission, but there's always a chance that that.

Current transmission, but there's always a chance that that has changed. Um, the symptoms are also.

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Um, the symptoms are also appearing a little bit differently now than they have in the past.

Um, that, uh, there's a rash, um, I don't know who looked at it and who didn't. Um, but that.

Looked at it and who didn't, but that rash still looks pretty common. Um, but in this current transmission.

Um, but in this current transmission in the U. S um, we're seeing it start in general and a\*\*\* areas.

Start in general and a\*\*\* areas, um, rather than starting on the face and that's because of this transmission.

Um, during sexual activity, um, so it's appearing in.

It's appearing in areas that sometimes might get.

Um, MIS, diagnosed or misclassified as an, for example.

Um, and then the symptoms now.

Also a bit mild, or, um, they may not have these.

Early signs like fever or fatigue where, um, in the past that was pretty characteristic of monkey pox.

That was pretty characteristic of monkey pox.

Um, it's not really clear right now. Why we're seeing these unusual presentations. Um, we.

Unusual presentations, um, we have a clinical team that has been looking.

Um, very, very, uh, intensely at why that might be happening next slide.

All right, so a lot of efforts are being focused on clinical care providers right now, um, to.

Um, to identify and test for monkey pox in clinics. Um, so as.

Um, so, as I mentioned, you know, this is, um, has the possibility to be mistaken for, um, and so we're really trying to make sure that.

Um, and so we're really trying to make sure that clinical providers, um, know to be on the lookout for this.

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Um, no to be on the lookout for this. Um, but in the background, um, our team has also.

But in the background, um, our team has also been working to put together some considerations for congregate settings. Um, so we have some considerations that.

Um, so we have some considerations that are up available online right now. Um, it's not only.

It's not only specific to homeless shelters or homeless service.

It also applies to other non healthcare settings, like University.

University dorms or group homes or correctional facilities next slide.

All right, so the summary of these considerations are going to look at.

Really similar to the recommendations that we had during the, um, so I'll just run through some of the.

I'll just run through some of the high level considerations. We have, um, for monkey box for congregate settings.

Um, for monkey box, for congregate settings, um, the 1st is communicate with.

Staff volunteers and residents, um, as much as you can.

About monkey pox what it is, um, that it's circulating, um, also.

Um, also respond to cases so, if there are people who have suspected monkey pox or.

Who have suspected monkey pox or some other rash or lesions have them.

Or lesion have them medically evaluated as soon as you can.

Um, we're also going to benefit from isolating people with monkey pox. Um, I know.

insolating people with monkey pox. Um, I know nobody was a fan of isolation during and.

And unfortunately, it's back again with monkey pox. So, um, we really want to make sure that people who, um, do have.

Do you have confirmed monkey pox are separated from others in a congregate setting? Um.

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Um, after people have been, um, identified an isolated, we.

Also want to identify people who may have been exposed to them, or around them to see who might be exposed to monkey pox.

To see, who might be exposed to monkey pox, or be considered a close contact and make sure that they're monitored and tested as needed.

We also want to ensure access to hand washing, um, whether that's, um, hand sanitizer.

Um, whether that's, um, hand sanitizer or making sure that syncs are stocked with soap and that's gonna be really important as well. Um, and then cleaning and disinfect.

Um, and then cleaning disinfecting the areas where people with monkey pox spent time if someone in.

If someone in your facility, um, you know, ends up being a.

You know, ends up being a confirmed case of monkey pox.

That your cleaning, um, anywhere that they may have touched and, um, similar to.

I'm similar to covid if you have high touch areas, um, clean those.

Um, clean those just a little bit more frequently than usual.

And then provide appropriate personal, protective equipment, or for staff volunteers and residents.

Payment or for staff volunteers, and residents, um, and I want to flag here.

Um, and I want to flag here, even during laundry, so this is a little bit different.

So this is a little bit different than our recommendations during covid. Um, but if you'll remember.

Um, but if you'll remember, um, monkey pox, it, you know, the.

Burst open and then they scab over and then those.

Um, scabs fall off, um, and so they can fall on the ground, um, and then be kicked back up.

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And then be kicked back up when you're vacuuming or sleeping or running fans and they.

Or skipping or running fans, and they may also be.

Um, you know, like on or in clothing or embedding so if you have someone in your facility.

You have someone in your facility who's doing laundry or handles.

Client belongings or doing, you know, this sweeping or vacuuming. Um, they should be wearing, um.

Um, they should be wearing, um, if, um, if some.

If if somebody has had monkey pox in your facility, um, because as grosses, this may be.

Because as gross, this may be, they could.

Inhale or ingest those particles, um, which have viral material. Um, so I did want to know that that.

Um, so I did want to know that that is a little bit different than.

covid, um, that we are recommending for folks who are doing laundry or caring for other.

Um, other people who are caring for people who have monkey pox all right we can go to the next slide.

Okay, that was a lot and, uh, we're still learning a lot.

And, uh, we're still learning a lot more about it, but if you have any questions, you're more.

If you have any questions, you're more than welcome to email, um, the 1st email that says pox virus at CDC.

The 1st email that says pox virus at CDC dot Gov and CC.

And CC, our team's box special populations at CDC dot. Gov. Um, we're happy to do our best.

Um, we're happy to do our best to answer any questions you all may have, um, if you don't have any right now, but you think.

Um, if you don't have any right now, but you think of some leader, um, please email those boxes. Um, and if you.



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Please email those boxes. Um, and if you have someone in your.

Have someone in your facility that you think could be could have monkey pox um, definitely get them connected.

Um, definitely get them connected to care and then send out.

An email to us to let us know, and we're happy to help think through what to do in those situations. So I'll stop there.

So, I'll stop there and see if there are any questions. Um, I'm definitely not an expert, but I will do my best to answer them.

Thank you very much, Ashley. We definitely appreciate that. Cause we've been hearing a lot about.

Monkey pox, but haven't really known what to make of it.

Um, it sounds like most of the actions that a.

Shelter or other homeless service provider should take are very consistent with the covid.

Responses and and protections that.

We have been, you know, that we've gotten very used to.

Uh, you mentioned that laundry and and.

Vacuuming and some dusting and some of the other cleaning activities.

Might require protective equipment.

Uh, if somebody has been diagnosed with.

Monkey pox in the area. Are there other sort of things we should be paying attention to in, in homelessness settings?

Around monkey pox, or is it mostly just being vigilant about.

Are you know the, uh, measures we've taken.

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Yeah, that's a good question. I don't.

I don't think there's anything additional to be aware of, um, you know.

These general infection prevention strategies that, you know, we really started, um, encouraging strongly during.

Um, encouraging strongly during, I think they are gonna apply to a number of different infectious diseases.

A number of different infectious diseases, you know, washing our hands, uh, thoroughly and often can protect.

Thoroughly and often can protect us from a number of different illnesses and.

Of different illnesses and viruses and infections. Um, so there's nothing really addition.

Um, so there's nothing really additional um, I did quickly want to.

I did quickly want to note, though, that, um, with laundry, um, you don't have to.

With laundry, um, you don't have to wash it on a specific heat setting or with a specific.

Specific heat setting, or with a specific type of of soap, um, just.

Of soap, um, just normal detergent and warm or cold water will be fine. So, um, did just want to flag that as well.

I thank you, that's also extremely helpful.

Great uh, if you have more questions for Ashley, please go ahead and type them in the chat window or is.

Ashley mentioned, please go ahead and send them to those email addresses.

That we've put in the chat window, so with that, we're gonna move on to our next presentation, uh, had published a lot of stuff over the last couple of weeks.

1 of those things we published is an expedited waiver process.

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I'm going to turn things over to ebony Rankin from this.

The snaps office to talk about what exactly that is what it means and how you take advantage of it.

So, ebony over to you thanks, Laura and good afternoon. Everyone.

So, last, uh, Wednesday, um, had posted, um.

Cpd 2209 notice and that allowed for, um.

That process on certain waivers it waivers are still to prevent.

The spread of 2019 and to help, um.

Provide some economic assistance to communities.

Still impacted by corporate 19 and so, um.

These this waiver is different than the waivers that we laid out and the notices that we post it and.

2020 and 2021, the last of those waivers as.

Most of you guys know expire, March, 31st, 2020.

Is important to know that the waivers that are granted.

From here do not extend those waivers that.

Um, ended in March, March, 30 of 2022.

They just you did, because you have to request, uh, new waivers.

For this, um.

You see, and they and what do we mean by expedite.

Um, normally our waiver, the waiver process, you have to go through.

Uh, your local had filled office to submit a waiver request and they send it.

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Up through headquarters the process.

These waivers go directly to head headquarters the process and.

We'll usually take a little faster than than normal weeks or months that we normally take.

To to process a waiver.

Um, even though it's expedited, we still have the same scrutiny.

The wavers so you may still get a request for more information.

Which could extend how long it takes for us to.

Um, either approve or disapprove your waiver so, next slide.

So.

So, the, um, applicable waivers, uh, this time.

Some of them are similar to the waivers you've seen in previous, uh, notices dealing with.

Um, to prevent it does provision of the spread of covert 19.

Um, and then some of them are not so for.

Slc and waiver, you have the suitable dwelling size and standards.

A waiver for pH and and with this.

Waiver would do if approved will allow recipients to assist program participant.

To assist program participants to move in a housing with.

2 or more people per room we have the FMR.

Waiver for individual units, at least and calls and this will allow recipient.

Um, to use grant funds for rent above.

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But the rent still has to be reasonable.

It is important to note when we say least and costs for this because if you're.

Uh, if you're a grant that has a rental assistant cost, you're already.

How to use grant funds for rent above? Fmr.

So this is for decent units. Um, we have the 1 year lease requirement, which.

Uh, if, um, approve, the recipients can execute, at least.

For a term of less than a year, but that leaves would still have to be more than 1 month.

In the rapid rehousing limit to 24 months of rental assistance.

So this will allow for recipients who've reached 24 months between the approval date of the waiver.

So, the approval a date of the waiver is not the date that you submit it to her is a date that high.

Sends you the letter via email saying it is approved.

So, um, participants who reached 24 months of it.

Assistance between the data, the approved waiver.

And, um, when you request that waiver to end, can have.

Uh, additional months of assistance, and the additional months of assistance will not go past March 30th, 2023.

And the last 1 for.

For disability documentation for permanent support of housing.

And it just removes the confirmation of disability documentation on timeline of 45 days.

It allows for a written certification by individuals seeking that assistance.

Um, that assistance, uh.

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Uh, if they have written certification that they have the disability that is accepted.

The disability that is acceptable.

Um, for for assistant program, assisting program participants with sub.

Leases this would, if you get this way to approve, it removes the requirement that restrict participants from receive and rental assistant.

Participants from receiving rental assistance from the owner.

For owners agent, so it opens up, um.

All the participants can receive rental assistance.

Uh, from, um, How's the relocation is stabilization services it.

This is it allows for assistance past.

The 24 month limit, and I have to, uh, that, you know, that please read the notice on.

On these because we do have other, um.

Requirements for these waivers for rental assistance for.

For rental assistance, um, for it.

You know, allows for assistance beyond the 24 month.

Limit and then similar to.

The restriction assistance to units.

With Rhett at overload. Fmr. This allows you to.

Provide rental assistance for unit above once again as long as the rent is reasonable.

For hardware, there's 3, um.

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It waves the 21 week and 60 day limitations on stays in short term support. It.

1 stays in short term supported housing facility.

The space and security, it allows.

Um, a recipients to place more than 2 people in a room, and it allows recipients to reconfigure rooms.

Uh, for temporary quarantine services, if necessary.

Um, and then, of course, with the self certification, it weighs the requirement to have.

Source documentation of, um, HIV status at the time of determination of documents.

Of, uh, documentation eligibility.

So those are these are all the, um, uh, clickable waivers.

For each of the 3 programs, um.

The waivers will go to the same Mailbox, uh, for.

Each program, so you don't have to worry about separating, um.

Sending it to different places, it all goes to 1 mailbox.

Um, and now how do you request a waiver and what do we require next slide.

So our requirements as please send a waiver.

2 snaps info at her dot. Gov. Do not send it.

Anywhere else, please send it to snaps info.

Uh, dot Gov, I promise you. Folks are definitely.

We are definitely monitoring this mailbox. Uh, and we, we're getting requests.

Um, in all day, so please send your request here.

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We have an example of, um, in our appendix a, of that of the notice, we do have an example of that. You can use.

To put your request, so you can use to establish a request.

Um, the subject line, please put the subject line is expedited, um, pandemic.

Regulatory waiver request, you don't have to add anything else to that subject.

Subject line because what happens is that we get other.

As you can imagine other info from the snaps info mailbox.

So, the easier you make it on us to to be able to sort your request.

The faster, we can see your request and make sure you provide the recipient information. So this may not be the person who's actually.

Send in a request, even if recipient should be sending a request so it should be the recipient information, which includes a contact.

For the person who is actually sending it on behalf of the recipient.

The grant number or numbers, um, if you have multiple.

Grants that are using the same, um, asking for the same waiver. You can actually.

2 multiple grants on 1, um, 1 request.

You want to include what your specific waiver flexibilities are we need to know what we're responding to.

And please make sure your waiver flexibilities, uh, make sense.

With the, um, with the program, you're actually requesting it for.

And a justification for each waiver.

And when I say each waiver is each, uh, waiver flexibility and make.

And make sure your waiver justification is not picky.



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Meaning that we need to have a robust, um.

Justification the impact this, this could the impact, um, that.

Having this waiver, or not having this waiver will do to your community that can be included into your justice.

Patient, and we do have examples of the justification in a notice as well.

If you want to look through those and please don't copy and paste it.

The justification, um, but you can use it to.

Help guide you when you are sending into justification to us.

And you want to give us, uh, tell us the duration of the waiver.

So, the duration of the waiver cannot extend past March 31st.

2023 it cannot.

Start before we actually approve it at HUD.

Um, we will have the date, the date of the latter of approval.

That's when when it'll start, but it cannot extend past March 31st 2023.

You can feel free to include that March 31st date if you want, if you're not sure you need that long, you can still include it.

Um, but that's as far as it's going to be extended, and, like I said, a template is provided for those.

We're wondering exactly how they should submit these waivers and if you submit it 1 already and haven't used a template.

Um, as long as you have the information that we ask for, that's okay, too next slide.

So some of the things we have a reminder slide here, because it's some of the things that we've seen so far.

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Um, in, uh, in our waiver request.

Include a justification for each waiver requested is helpful, not to have like, a copy and paste 1 sentence justification.

And remember these are waivers to still prevent the spread of Kobe 19 cause we're still in a pandemic.

And to give assistance to those communities, who are.

Impacted by, you know, all the stuff that just.

Just, the pandemic has impacted, so make sure you include and justification for each type of waiver. You request it.

Um, and for grants make sure you include your applicable sub recipients.

We will need that information so if you don't, we will likely come back.

And ask you for it, which will increase the time it takes for us to process.

So grants include applicable sub recipients.

For SLC grants, you do not have to include applicable sub recipients as long as we have your grant number for, um.

Clc grants and why should we progress? We know.

What grant that that is applicable to.

Um, and I've said before waiver request must be applicable to grant component. We have 1 that allow.

You to use.

Of funds for.

Lisa above, so if you have a rental assistance.

Project please do not ask for that waiver because it's not applicable to rental assistants is applicable to.

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Listen, so just make sure you double check that your waiver request is applicable to the actual grant component.

Um, waivers are not retroactive.

So, they will, I said this again, it will start when we approve it and and.

At the either the date you choose as before March.

31st or March 31st I think a lot of people.

Just choose in March 31st, but they are not, um.

Retroactive, however, for those I know there are a lot of grants.

Specifically grants that have not.

Started 2020.

2021 grant yet, um.

So the waiver can apply to your 2021 grant.

Um, even if you haven't.

If you haven't gone to grant agreement yet, if that makes sense.

So, if you have a grant that started July 1st.

You can actually ask for for if you have a renewal grant that start in July.

You can actually ask for a waiver and include that renewal grant in it as well.

You can include a 2020 grant, even though it's gonna only.

Like, if we approve it Monday, you only have like, 4 days for the 2020 Grant and then year 2021.

Could be kicked in and if you're not sure include them both and we can let, you know, if.

Um, is applicable to your 2021 grants.

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Um, and then the last a reminder.

Um, oh, yeah, so I just you said that the waivers are available for 2021 grants that are waiting for grant agreement.

And these are for the renewal grants that, you know, we're going to get executed.

But have not did they just haven't gotten the grant agreement? Because they're not uh, they're not the previous grant has an expired.

They're not the previous grant hasn't expired yet.

Um, so that is all I have.

Uh, I I see a lot of questions in the chat and I think Brett is.

Answer and most of them, um, so that's all. I had 1.

Thanks so much ebony, a couple of questions I just want to throw your way.

Uh, some projects or some recipients.

Especially in the program, have multiple grants.

Uh, can they just submit 1 waiver, request and list multiple grants in those.

And list multiple grants in those, or do they need to submit separate waiver requests for each separate grants?

They can submit 1 wave of requests for multiple grants.

Um, they, uh, they just need to make sure if the.

If they're submitting different, um.

Different waivers that there is a justification for each waiver.

It is, you can definitely submit, um, 1 request for multiple grants.

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Great, thank you. And there was an.

Important clarification in the chat with respect to.

Cv this way this expedited waiver does not.

Not apply the because these waivers are already covered in the.

These waivers are already covered in the noticed.

And the notice continues to apply to, uh.

To funds through the end of the.

The end of funding, uh, so.

So, helpful clarification there um.

Okay, and apologize for not having anyone from the hopper office on today. Uh, so we.

On today, uh, so we will try to get, uh, answers about the waivers.

Answers about the waivers.

When we can, thank you so much ebony we're going to move to the next part of our presentation but if you have questions.

Part of our presentation, but if you have questions about the expedited waiver process.

The expedited waiver process or expedited waiver. Notice please.

Please continue to submit those in the chat window, and we will continue to do our best to answer the as many of them as.

To answer that as many of them as we can.

Um, I'm going to turn things over now to grogan from the snapshot.

Rogan from the snaps office and marley's is going to give us a bit of an update.

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Give us a bit of an update on the program.

Program because we had an important deadline that passed a little few days ago.

Few days ago, so, uh, over to you.

Okay, hi, everybody I wanted to give a specific Thank you to recipients and sub recipients.

For the hard work, and the amazing progress.

That you all made up until the, I think.

So 3 hours of the deadline on June 16th, so.

You are really astounded all of us.

There are less than 50 recipients that.

Did not make the 50 draw deadline and over 300 of you that.

Did which is just amazing. So.

Although we don't have the graphs to show you.

I just wanted to let you all know that you made some records over the last few weeks since the beginning of June you drew down a total of 84Million um, the week that ended.

June 3rd, then 76Million the week that end of June 10th and then you all ended.

The week ending, June 17th that was the, the week of a deadline having drawn down 98Million dollars. So.

So, Bravo, we're really, really encouraged by all the hard work and the dedication that you all put into it and, uh, and also a special thank you to the T providers who were listening. We know that you all were really.

Pulling for all of the communities that you're working with and put in a lot of hours and.

Trying to do everything you could to make that happen. So as.

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Next step, we're working on some notifying everyone.

To confirm where you stood as of.

The 16th and we are also working on 2 webinars. That should be that.

Should be presented in the upcoming weeks that we'll specifically target those who need some additional guidance on what to do. Now.

If you're having sensor captured as well as.

Steps to take in anticipation of the reallocation of funds so we will have more information for you all on that. And with that will turn it back to you norm.

Thanks so much Lisa and I just really want to echo Mar lisa's.

Uh, uh, sincere thanks to everyone who, uh, who.

Who who did set those record draws uh, for the past few weeks.

For us, uh, for the past few weeks, uh, it was just great to.

See, we have been following this daily sometimes more often than daily, and we just appreciate we know that it's a time.

And we just appreciate we know that it's a ton of work to get these draws made in addition to the fact that, uh, it's a lot of work to implement all.

Uh, it's a lot of work to implement all the programs under the program. We know that these programs.

Program we know that these programs have done a ton of goods.

Stuff and then we know that you all focus, uh, the most on.

Uh, the most on actually executing the.

Programs and making sure they work for people experiencing homelessness and, uh, sometimes the draw.

Sometimes the draw work is not the funniest work, but, uh, thank you so much for your attention.

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But thank you so much for your attention to it and we very much appreciate.

Your diligence about getting that done and it's, uh, said we will follow up if you do have questions, please.

Said we will follow up if you do have questions, please feel free.

Uh, to reach out to your desk officer, or, you know, anyone else, you.

Um, or, you know, anyone else you happen to know what head, and we will do our best to answer those.  
Uh.

Do our best to answer those, uh, as we can and also if you have any questions now feel free to type those in the chat window.

In the meantime, we're going to move into another update so I have a couple.

Uh, update, so I, I have a couple updates that I'm going to provide, so I'll turn it over to myself. Um, we have another deadline.

Um, we have another deadline coming up June, 28, which is next week uh, the No.

Uh, the closes, so if you're working.

So, if you're working on that, please continue working, we're pulling for you but, uh, we.

Working we're pulling for you, but, uh, we, that will close on, um, on next Tuesday.

Was on, um, on next Tuesday. Uh, and if you have questions.

Uh, and if you have questions, uh, there's information and then.

So, about who to contact definitely reach out to.

To us, uh, we are happy to help with any challenge.

There are problems here having, especially if there are problems related to getting the.

Your application submitted, uh, so very excited about that.



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We also, I think everybody.

Hopefully everybody noticed we, uh, published a earlier this week for unsheltered and.

So earlier this week for unsheltered in rural homelessness, so I want to pause.

So, I want to pause for a 2nd, and just, uh, just explain.

Just explain that this is a really important.

Uh, no info for HUD for, you know, I think.

You know, I think for communities, we have been seeing increases in unsheltered, homeless.

For the past several years, uh, in a lot of different parts of the country. Uh, and we've obviously been incredibly concerned about.

Uh, and we've obviously been incredibly concerned about this, uh, and this funding is.

Uh, and this funding is really dedicated to, uh, to to addressing, uh.

Uh, to to addressing unsheltered, homelessness we know it's not all of the funding and.

All of the funding and resources that will be needed, but we feel like this is.

An important watershed moment in, uh, in our work.

Uh, in our work, uh, if you have, we will be doing 2 webinars next week. Uh, so I want to.

Webinars next week. Uh, so I want to bring those to your attention. We will have 1 on Tuesday.

Stay that, uh, will be focused on the.

Portion of the, and we will have 1 on 1.

State that will be focused on the, uh, the special.

Uh, the special rural provisions, uh, of the.

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So, the role provisions are also obviously focused on unsheltered homelessness, but we, there are some unique.

Uh, but we, there are some unique aspects to the rural, uh, parts of the, and the rural funding and.

Uh, parts of the, and the rural funding in the no folks that we are doing a special session, uh, for that.

Uh, for that, uh, I don't think you really need to attend both of those, uh, unless you're in.

Uh, unless you're in a community that plans on applying for both the unsheltered and the rural.

For both the unsheltered and the rural portions of the if you are the.

Uh, if you are, then please feel free to, um, to, to attend both those.

To to attend both those sessions.

Um, I, I again want to reiterate, uh, how important this is. Uh, we are very much encouraged.

Uh, we are very much encouraging communities to leverage resources, mainstream housing and.

Resources mainstream housing and health care.

Sources and so, uh, I think it's really important to start those conversations with your mainstream health care and, uh.

Mainstream health care, and, uh, housing partners, including your public housing agencies.

Putting your public housing agencies, your, uh, local housing funder.

Local housing funders, the hospitals and other health care.

Hospitals and other health care funders in your community uh, I think that's going to be incredibly important in the.

I think that's going to be incredibly important and the sooner those conversations start, I think the.

Better position you'll be in, uh, to to, to do well on the No.

To do well on the is going to close October 20th. Uh, so there are about 4.

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So, there are about 4 months I think it's actually.

Exactly 120 days to complete the no phone. 1 thing I also want to mention is that.

Uh, 1 thing I also want to mention is that we will, this is different than the regular competition. We will also be publishing, uh, you know, coming up soon.

Uh, it, you know, coming up soon, I, the regular.

Regular, and.

And we don't know exactly when it will publish or exactly when the.

Uh, when it will be due, but there's a reasonably good chance. Actually a very good chance that the.

It's actually a very good chance that the even though it publishes after will actually be due before.

What publishes after will actually be due before the unsheltered? No folks. So I just want to bring that to everyone's attention. Uh, again we don't.

That to everyone's attention, uh, again, we don't have a.

The specifics yet, but we will try to get those to you as soon as we can also want to mention that.

I also want to mention that, uh.

The unsheltered and is for new projects. It will not.

Will not fund any renewals, uh, so want to make, you know, bring that to your attention.

You know, bring that to your attention. Also those will be 3 year grants. Uh, so, again just want to bring a few things to your.

Uh, so again just want to bring a few things to your attention.

Uh, but for all the other, um, sort of details in the, we really just want to encourage you to, uh, come to those.

You to, uh, come to those webinars next Tuesday and Wednesday, and we will go into great depth.

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About those also, uh, if you do have questions about that no phone, we do have.

Questions about that. No for we do have.

Mailbox dedicated to the unsheltered and rural mofo. It is, uh, the mailbox is.

It is, uh, the mailbox is in the, uh, no flow itself, but.

No flow itself, but we will also post that.

Mailbox address, uh, or that email address I should say here.

I also want to bring to your attention, the fact that we published.

Fact that we published and sent out a list serve message, I believe we.

Uh, and send out a list serve message I believe we sent them listserv message out yesterday, right?  
Around 2 a little after 2.

Today right around 2 a little after 2 o'clock Eastern time. Uh, so.

Eastern time, uh, so if if are.

Are important to you please check on that.

Uh, check on that list, serve message and start.

Viewing those, if you have any questions about that again, reach out to us.

Um, so the, uh, last update I want to give is.

Update I want to give is over the timing of these office hours.

Timing of these office hours. covid office hours. We've been doing we are going to switch to a.

We are going to switch to a monthly schedule for these, uh, the next 1 of the.

Uh, the next 1 of these will be held on July.

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2nd, uh, we'll keep our Friday time slot, but we will go to a once a month schedule.

Schedule we have a lot that we're going to do in the interim. So we'll.

Still have plenty of opportunities to have to respond to your questions and.

Respond to your questions and to have conversations and give you updates.

But these covered webinars will switch to a once a month timeframe.

Timeframe, uh, so those are the updates, uh, we have.

Uh, we have, um, just going to take a quick look at the questions.

Questions and see if anybody has any questions, um, we do have.

Um, we do have a great question, uh, in about, why didn't we just combine.

About, why didn't we just combine this with.

For and recognizing the how.

Taxing the process is, uh, to communities. Uh, we are 100%.

We are 100 aware of how much work this is.

How much work this is, um, there are.

A lot of reasons we had to do this as a separate we did have as.

Slightly different funding source for the, uh, unsheltered.

Um, also, uh, you know, we were able to give a little more time to.

To give a little more time to work on the unsheltered note. We thought that was really, really important.

Important, uh, we do, uh, I will just say there, there's likely.

I will just say there, there's likely to be a lot of similar.

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Similar questions, uh, between the 2 no photos, the similar rating factors uh.

And hopefully that will streamline the process for you and it won't quite feel like 2, completely separate. No photos or 2 no.

You know, the work of 2 entire no folks that there will be some opportunities to streamline and.

Streamline and cook consolidate that work.

Um, so, uh, let's see if we have any other questions, the office hours, uh, will be I believe we're doing.

Uh, will be, I believe we're doing them every 4 weeks on Friday. I'm not sure we've.

On Friday, I'm not sure we've totally worked out that schedule, but it will be.

Roughly the same time during each month. Uh, but we will clarify that on the.

Clarify that on the 22nd when we get back together, because I don't know if we're doing or maybe if Letitia happens to, you know, the answer.

She'll put it in the chat window here.

Um.

Did have a question about the additional each additional vouchers that were mentioned in the.

I can say that we don't have any details about those right now but how does.

About those right now, but Heidi is planning on publishing a note note. Sorry? A notice on those.

No, sorry, I noticed on those vouchers, uh, later this summer.

Uh, later this summer, so stay tuned for that and that will have, uh, many more details.

Uh, any other questions we have here sorry when I'm talking, I.

We have here sorry when I'm talking, I just don't do a great job of reviewing the questions. Um, I think.

Um, I think that is, uh, all the questions I feel.

## COVID-19 Office Hours: Transcript

### June 24th, 2022

**Please note that this document should not be considered formal HUD guidance; the HUD Ask A Question Desk should be leveraged for official HUD responses to questions. Additionally, this document has not been edited. The content reflects the language used by panelists during the meeting.**

Uh, all the questions I feel like we're.

Uh, ready to, um, answer today. Uh, we'll take note of the other.

Today, uh, we'll take note of the other questions and try to answer them in the webinars next Tuesday or Tuesday and Wednesday or, uh, or.

Uh, Tuesday and Wednesday, or, uh, our next office hour session, but I do want.

To think, um.

Thank you leticia for clarifying that. We'll be doing these the 4th Friday of each month.

4th, Friday of each month, I do want to think everyone, uh, from the snaps office and CDC on the call today. I'm going to think all our.

I think all our providers, I want to think, uh, all of our, and.

Uh, all of our and and other homelessness partners.

Uh, for the incredible work, you're doing.

I know there's going to be a lot of work this summer with with no phones and everything else going on. So.

Want to say in advance how much I appreciate your work on that. And I think that.

Uh, and I think that wraps up everything for today.

Everything for today, uh, I wish everyone a good rest of the day a great weekend and that concludes the webinar.