

# COORDINATED ENTRY WRITTEN STANDARDS



*Continuum of Care CA-513*

*Kings/Tulare Homelessness Alliance  
May 2021*

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## I. Purpose of This Document

—Under 24 CFR §578.7(a)(9) of the Continuum of Care (CoC) Interim Rule of 2012, authorized by the Homeless Emergency Assistance and Rapid Transition to Housing Act of 2009 (HEARTH Act), the U.S. Department of Housing and Urban Development (HUD) requires that the Kings/Tulare Homeless Alliance (“the Alliance”) have Written Standards that govern how Continuum of Care Program funded projects operate.

Under Notice CPD-17-01<sup>1</sup> released on January 23, 2017, HUD required each CoC to incorporate additional requirements into their Written Standards or develop a set of Written Standards to ensure that its Coordinated Entry (CE) implementation includes each of the additional requirements outlined in the Notice.

These Written Standards establish the community-wide expectation of how resources are to be targeted within the community separate from meeting eligibility requirements, and specific to prioritizing assistance according to population and household types. The standards are to be reviewed regularly in order to ensure the system of providing assistance is transparent, ensure local priorities are clear to all recipients, and as a CoC that limited resources are being used strategically. To guarantee the written standards are implemented comprehensively, project performance, HMIS data, Coordinated Entry tracking, as well as project participant and stakeholder input will all be considered when evaluating the written standards for effectiveness.

This plan is an unprecedented collaborative effort in our community with those entities most likely to come into contact with the homeless population. While establishing a successful unified entry and assessment program serving Kings and Tulare Counties will be challenging, this Plan is intended to be a live document. As funding shifts, programs expand and/or close, and local systems evolve, this plan will need to be adjusted accordingly. Throughout this endeavor, the Alliance will remain committed to educating and establishing systems for diversion, prevention and rapid re-housing, as well as integrating this strategy in our local community for preventing and ending homelessness.

This document and additional Coordinated Entry resources will be stored on the Kings/Tulare Homeless Alliance CE webpage at:

<https://www.kthomelessalliance.org/coordinated-entry>

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<sup>1</sup> Notice CPD-17-01: Notice Establishing Additional Requirements for Continuum of Care Centralized or Coordinated Entry System. U.S. Dept of Housing and Urban Development (HUD). January 2017. Available at: <https://files.hudexchange.info/resources/documents/Notice-CPD-17-01-Establishing-Additional-Requirements-or-a-Continuum-of-Care-Centralized-or-Coordinated-Assessment-System.pdf>

## A. Regulatory Citations

- HUD Coordinated Entry Notice CPD-17-01
- HUD Prioritization Notice CPD-16-11
- CoC Program Interim Rule: 24 CFR 578.7(a)(8)
- ESG Interim Rule: 24 CFR 576.400(d)
- HUD Equal Access Rule: 24 CFR 5.105(a)(2) and 5.106(b)

## B. Guidance Documents and Resources

- *Coordinated Entry Policy Brief*  
<https://files.hudexchange.info/resources/documents/Coordinated-Entry-Policy-Brief.pdf>
- *Coordinated Entry Self-Assessment*  
<https://www.hudexchange.info/resource/5219/coordinated-entry-self-assessment/>
- *National Alliance to End Homelessness*  
<https://endhomelessness.org/resource/coordinated-entry-community-samples-resource-library/>
- *Coordinated Entry and Victim Service Providers FAQs*  
<https://www.hudexchange.info/resource/4831/coordinated-entry-and-victim-service-providers-faqs/>

## C. Document Version

Version	Date Approved	Updates
1.0	Mar 2013	N/A
2.0	Dec 2013	Replacement of Housing Assistance Application with VI-SPDAT suite of triage tools.
3.0	Sept 2017	Added ESG Written Standards and standards of operations for all CoC-funded projects.
4.0	Pending Approval	Conducted general overview of Written Standards to update and bring into compliance; added privacy and consent forms, ESG Written Standards.

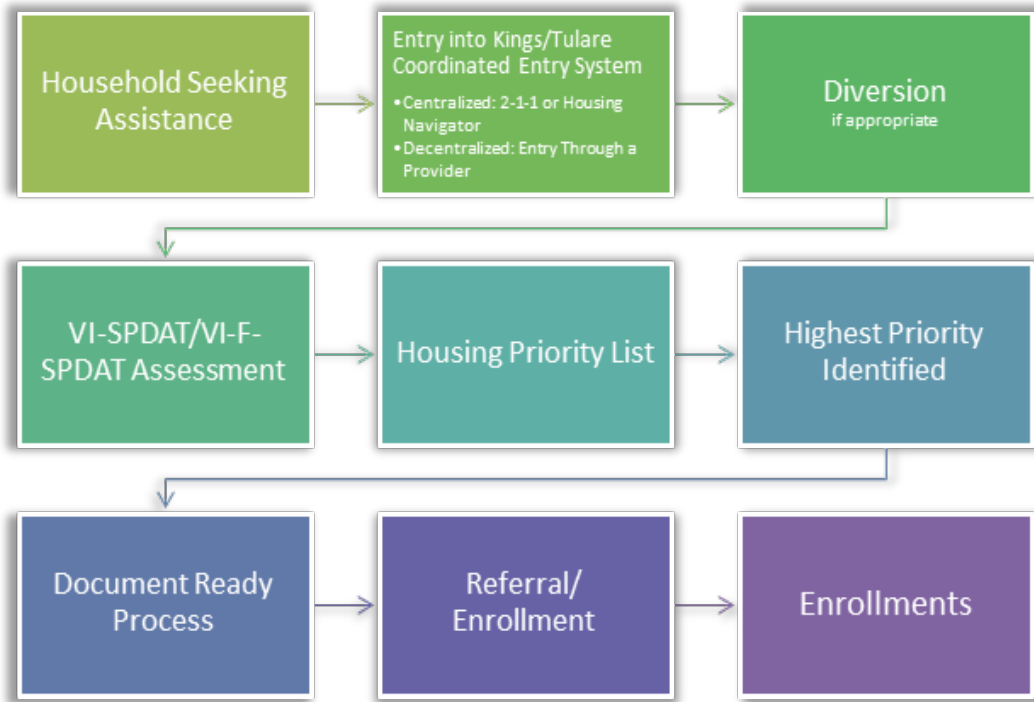
## II. Overview of Coordinated Entry

In 2010, the Alliance adopted a communitywide plan to end homelessness titled, **Connecting the Dots**. The plan includes a comprehensive and interrelated set of strategies focused on reducing the number of people who experience homelessness within Kings and Tulare Counties. One of the strategies identified in the plan is the need for a coordinated entry and assessment system. **Every Door Open: A Coordinated Entry & Assessment System Serving Kings/Tulare Counties** was created to address this need.

**Every Door Open** is a partnership of housing and service providers (collectively referred to as “Providers”) and is structured to deliver a more consistent level of services and housing to those that are at-risk of homelessness or experiencing homelessness in Kings/Tulare counties. **Every Door Open** coordinates local investment towards ending homelessness, in order to increase our ability to prevent and reduce homelessness. The following focal points have been incorporated into **Every Door Open** in order to address the needs of individuals and families that are at-risk or experiencing homelessness:

- **Coordinated Entry**– Housing Providers within the region will use the same assessment tool, policies on eligibility verification, and data collection forms. By following a unified entry protocol, the process becomes more efficient for the potential program participant, the housing provider, and the agency that is working to find housing for the potential program participant. Additionally, data is shared between agencies to maximize service potential and minimize duplication of services.
- **Accessible Point of Entry** – Households with a housing crisis anywhere in the bi-county region can enter the system either through a Housing Navigator, partner agency, or 2-1-1. Clients will be screened by a Housing Navigator, any partner agency, or centrally through the 2-1-1 information and referral hot line.
- **Screen In (not Out) for Eligibility** – The goal of this comprehensive entry and assessment system is to identify the appropriate level of services for each applicant, and fully utilize the regional referral capability to assist every client in accessing the required level of services and/or housing needed to attain and remain successful in permanent housing.
- **Appropriate Level of Services and Housing First** - The effectiveness of **Every Door Open** revolves around the ability to accurately assess participants and assign the appropriate level of services. Prevention, Diversion and Rapid Re-Housing are the three main priorities of **Every Door Open**, with accurate referral to emergency, transitional, or Permanent Supportive Housing. As providers work through the assessment protocol, referrals will be crucial in assigning and connecting each participant with the appropriate level of service.

The following summarizes the general process of *Every Door Open*:



#### A. Coordinated Entry Guiding Principles

The Alliance has developed these Written Standards in accordance with 24 C.F.R §576.400(e), as well as through stakeholder feedback and incorporation of national best practices. The standards include common forms, policies, and evaluation tools in order to enhance compliance amongst all HUD homeless funding streams and allow for measurable results. These standards are not intended to be static and will be updated as necessary to address the needs of the community.

The standards are in place to support the local guiding principles that have been established for Every Door Open Coordinated Entry System. The guiding principles help organize and structure local Coordinated Entry planning and management efforts and ensure that stakeholders share a common understanding of system goals and priorities. The guiding principles are:

- Establish community-wide expectations on the operations of projects within the community.
- Ensure that the system is transparent to all users.
- Establish a minimum set of standards and expectations in terms of the quality expected of projects.
- Ensure the local priorities are transparent to recipients and sub-recipients of funds.
- Create consistency and coordination between projects throughout the CoC.



## B. Key Terms and Definitions

Below key terms or acronyms that will appear throughout the Coordinated Entry Written Standards. For a comprehensive list of acronyms, please see Appendix A.

<b>Terms and Definitions</b>	
Chronically Homeless	<p><u>HUD Definition</u>  <i>Chronically homeless</i> means: (1) A “homeless individual with a disability,” as defined in Section 401(9) of the McKinney-Vento Homeless Assistance Act, who:</p> <ul style="list-style-type: none"> <li>i. Lives in a place not meant for human habitation, a Safe Haven, or an emergency shelter; AND</li> <li>ii. Has been homeless continuously for at least 12 months or on at least four separate occasions in the last 3 years, as long as the combined occasions equal at least 12 months and each break in homelessness separating the occasions included at least 7 consecutive nights of not living as described in (i) above.</li> </ul>
Case Conferencing	Local process for CE staff to coordinate and discuss ongoing work with persons experiencing homelessness in the community, including the prioritization or active list. The goal of case conferencing is to provide holistic, coordinated, and integrated services across providers, and to reduce duplication.
Continuum of Care (CoC)	Group responsible for the implementation of the requirements of <u>HUD’s CoC Program interim rule</u> . The CoC is composed of representatives of organizations, including nonprofit homeless providers, victim service providers, faith-based organizations, governments, businesses, advocates, public housing agencies, school districts, social service providers, mental health agencies, hospitals, universities, affordable housing developers, law enforcement, organizations that serve homeless and formerly homeless veterans, and homeless and formerly homeless persons.
Continuum of Care (CoC) Program	HUD funding source to (1) promote communitywide commitment to the goal of ending homelessness; (2) provide funding for efforts by nonprofit providers, and state and local governments to quickly rehouse homeless individuals and families while minimizing the trauma and dislocation caused to homeless individuals, families, and communities by homelessness; (3) promote access to and effect utilization of mainstream programs by homeless individuals and families; and (4) optimize self-sufficiency among individuals and families experiencing homelessness.

Diversion	A housing intervention that attempts to return an individual from homelessness directly back into safe and appropriate housing, ideally at the exact moment that the individual first enters literal homelessness.
Emergency Shelter	Short-term emergency housing available to persons experiencing homelessness.
Emergency Solutions Grant (ESG) Program	HUD funding source to (1) engage homeless individuals and families living on the street; (2) improve the quantity and quality of emergency shelters for homeless individuals and families; (3) help operate these shelters; (4) provide essential services to shelter residents; (5) rapidly rehouse homeless individuals and families; and (6) prevent families and individuals from becoming homeless.
Homeless Management Information System (HMIS)	Local information technology system used by a CoC to collect participant-level data and data on the provision of housing and services to homeless individuals and families and to persons at risk of homelessness. Each CoC is responsible for selecting an HMIS software solution that complies with HUD's data collection, management, and reporting standards.
Permanent Supportive Housing (PSH)	Permanent housing with indefinite leasing or rental assistance paired with supportive services to assist homeless persons with a disability or families with an adult or child member with a disability achieve housing stability.
Prioritization	Common, community-wide standards that determine who programs serve next from among multiple potential referrals with different vulnerabilities and needs.
Rapid Re-Housing (RRH)	Program emphasizing housing search and relocation services and short- and medium-term rental assistance to move homeless persons and families (with or without a disability) as rapidly as possible into permanent housing.
Release of Information (ROI)	Written documentation signed by a participant to release his/her personal information to authorized partners.
Transitional Housing (TH)	Program providing homeless individuals and families with the interim stability and support to successfully move to and maintain permanent housing. Transitional housing funds may be used to cover the costs of up to 24 months of housing with accompanying supportive services. Program participants must have a lease (or sublease) or occupancy agreement in place when residing in transitional housing.
Vulnerability	A combination of variables that indicate an individual or family is at high-risk of death or harm due to continued homelessness.

### C. Coverage Area

The Coordinated Entry process covers the full geography of the CoC, or rather the geographic boundaries within Kings and Tulare Counties.

### D. Participating Providers

All CoC Program<sup>2</sup> and ESG Program<sup>3</sup>-funded projects are required to participate in **Every Door Open** Coordinated Entry System. The CoC still aims to have all homeless assistance projects participating in its Coordinated Entry process and will work with all local projects and funders in its geographic area to facilitate their participation in the Coordinated Entry System.

For CoC and ESG funded projects, participate can mean either the project fills vacancies with referrals made by Coordinated Entry (receiving project) **or** the project/provider functions as an Entry Point **and** fills vacancies with referrals made by Coordinated Entry. CoC and ESG Program funded projects must, at a minimum, fill availabilities with referrals made by the Coordinated Entry System.

### E. CoC and ESG Coordination

The Alliance is committed to aligning and coordinating Coordinated Entry policies and procedures governing assessment, eligibility determinations, and prioritization with its Written Standards for administering ESG Program funds. The standards specific to ESG programs are incorporated into these Written Standards and can be located in Section XI.

The CoC will include at least one representative from the local ESG recipient(s) as an active participant on its Membership Committee. Additionally, at least annually, representatives from the CoC and the ESG recipient agencies will identify any changes to their written standards and share those with the Alliance so that the changes may be reflected in the Coordinated Entry Written Standards.

### F. Roles and Responsibilities

Below are the key roles and responsibilities for stakeholders that are engaged in the design and implementation of the Coordinated Entry System.

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<sup>2</sup> HUD Continuum of Care Program Interim Rule: <https://www.hudexchange.info/resource/2035/coc-program-interim-rule-formatted-version/>

<sup>3</sup> HUD Emergency Solutions Grant Program Interim Rule: <https://www.hudexchange.info/resource/1927/hearth-esg-program-and-consolidated-plan-conforming-amendments/>

## 1. Coordinated Entry Planning Entity

As the Lead Agency in the Kings/Tulare County Continuum of Care, the Alliance will:

- Create, support, and monitor standardized access points and assessment processes which are low barrier and cover the full geographic range of the CoC
- Monitor use of the standardized prioritization criteria as part of a uniform and coordinated referral process for all beds, units, and services available at participating projects.
- Affirmatively market **Every Door Open** to ensure fair and equal access, especially for people in the CoC least likely to access homeless assistance.
- Create and maintain CoC policies and procedures that meet all HUD standards and requirements for all project types participating in Coordinated Entry.
- Convene regular opportunities for ongoing planning and stakeholder consultation.
- Administer initial and ongoing trainings for CoC staff who are approved by the CoC to administer assessments.
- Securely maintain the Homeless Management Information System (HMIS), in accordance with CoC HMIS policies and procedures.
- Coordinate, integrate, and leverage mainstream community resources to maximize impact of services for individuals who are experiencing homelessness.

## 2. Housing Navigator

Housing Navigators employed by the Alliance and other agencies works directly with Coordinated Entry, housing partners and program participants to rapidly house and provide support and assistance. The Housing Navigator may also support other functions of the organization in coordination with the Alliance and Continuum of Care Director.

Responsibilities include:

- Conduct vulnerability assessments
- Get program participants at the top of the Housing Priority List “document ready” prior to referral
- Coordinate with Housing Specialists at partner agencies
- Match households with appropriate housing and service providers

## 3. Assessors

Assessors are responsible for conducting the Coordinated Entry process with those who meet the eligibility requirements and are seeking assistance in the housing response system. Assessors are responsible for ensuring that all requests for assistance are treated equally and fairly, regardless of the individual

circumstances of the household requesting assistance. They are responsible for being transparent about the local housing crisis response system with participants. Each Assessor will input all participant data directly into the Homeless Management Information System (HMIS), or “ClientTrack”.

The Alliance is committed to ensuring that all staff who assist with Coordinated Entry operations receive sufficient training to implement the Coordinated Entry system in a manner consistent with the vision and framework of Coordinated Entry, as well as in accordance with the policies and procedures of its Coordinated Entry System.

Quarterly trainings are administered by the Alliance for providers who manage access points and conduct assessments for Coordinated Entry. Training is offered at no cost to agency or staff and is delivered by an experienced and professional trainer who is identified by the CoC. A rotating list of training topics include:

- Review of Coordinated Entry policies and procedures;
- Requirements for use of assessment information to determine prioritization;
- Criteria for uniform decision-making and referrals;
- How to conduct trauma-informed assessment techniques for survivors of domestic violence, sexual assault, stalking or human trafficking;
- Safety planning; and,
- Culturally and linguistically competence practices.

#### 4. All Active Participants

As Active Participants in the Kings/Tulare County CoC Coordinated Entry Process, participating programs and projects will:

- Agree to follow all applicable Coordinated Entry Written Standards as adopted by the CoC.
- Agree to follow all universally applicable CoC Written Standards as adopted by the CoC (including, but not limited to, Client Confidentiality, Equal Opportunity, and Non-Discrimination policies).
- Agree to follow all applicable project-type-specific written standards as adopted by the CoC (including, but not limited to, Prevention/Diversion, Permanent Supportive Housing, Rapid Re-housing, Transitional Housing and Emergency Shelter).
- Agree to assign all beds, units, and services available at participating projects solely through the CEP uniform referral process.
- Provide timely updates to the CoC related to referrals assigned through the Coordinated Entry Process.
- Actively participate in ongoing planning and stakeholder consultation opportunities.

## G. Safety Planning and Risk Assessment

People who have previously experienced, or are fleeing domestic violence, human trafficking, sexual assault, stalking, or dating violence require a path through the Coordinated Entry System that promotes and protects their confidentiality and safety. The following policies and procedures are incorporated into Coordinated Entry to ensure that all persons have immediate and confidential access to available crisis services within the defined Coordinated Entry geographic area, regardless of which access point they contact.

The CoC-defined access points conduct an initial screening of risk or potential harm perpetrated on participants as a result of domestic violence, human trafficking, sexual assault, stalking, or dating violence. In the event defined risk is deemed to be present, the participant is referred or linked to a victim services provider or law enforcement where they can receive specialized services and housing assistance, using a trauma-informed approach designated to address the particular service needs of survivors of abuse, neglect and violence.

All data collected by victim service providers is entered directly into a comparable database that meets HUD and Violence Against Women Act (VAWA) requirements.

## H. Veterans

Projects serving homeless veterans must prioritize those veterans who are ineligible for Veterans Affairs (VA) services, and work closely with the local Department of Veterans Affairs and coordinate resources with VA-funded housing and services (e.g. HUD-VASH, Supportive Services for Veteran Families (SSVF)). Veterans must be screened for eligibility for VA-funded housing and/or services.

# III. Access

## A. Access Model

The Alliance has adopted a “no wrong door” approach to Coordinated Entry, which ensures that no matter which homeless assistance provider a person goes to for assistance, he/she will have access to the same resources, referrals and assessment and prioritization processes. In the bi-county region, the doors by which a household can enter the system is through either meeting with a Housing Navigator, partner agency, street outreach, or by calling 2-1-1. Since Kings and Tulare Counties encompass a large geographic area that is a mix of both urban and rural, 2-1-1 was intentionally incorporated into the strategy as an access point so that households may be able to access Coordinated Entry, regardless of their location.

## B. Eligibility

Every Door Open is designed to serve Category 1 “individuals and families who are literally homeless”, Category 2: “individuals and families who are at imminent risk of homelessness”, and Category 4: “households fleeing or attempting to flee domestic violence” of the HUD Homeless Definition<sup>4</sup>.

### *Category 1: Literally Homeless*

Individual or family who lacks a fixed, regular, or adequate nighttime residence, meaning they either:
Have a primary nighttime residence that is a public or private place not meant for human habitation, <b>OR</b>
Are living in a 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 and local government programs), <b>OR</b>
Are exiting an institution where the person has 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.

### *Category 2: Imminent Risk of Homelessness*

Individual or family who will imminently lose their primary nighttime residence, provided that:
Residence will be lost within 14 days of the date of application for homeless assistance
No subsequent residence has been identified; <b>AND</b>
The individual or family lacks the resources or support networks needed to obtain other permanent housing.

### *Category 4: Fleeing or Attempting to Flee Domestic Violence*

Any individual or family who:
Is fleeing or attempting to flee domestic violence, <b>AND</b>
Has no other residence, <b>AND</b>
Lacks the resources or support networks to obtain other permanent housing.

All persons participating in any aspect of Coordinated Entry such as access, assessment, prioritization, or referral are afforded equal access to Coordinated Entry services and

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<sup>4</sup> HUD Homeless Definition Criteria and Recordkeeping. U.S. Dept. of Housing and Urban Development (HUD). Available at: [https://files.hudexchange.info/resources/documents/HomelessDefinition\\_RecordkeepingRequirementsandCriteria.pdf](https://files.hudexchange.info/resources/documents/HomelessDefinition_RecordkeepingRequirementsandCriteria.pdf)

resources without regard to their actual or perceived membership in a federally protected class such as race, color, national origin, religion, sex, age, familial status, or disability. Additionally, all people in different populations and subpopulations in the CoC's geographic area, including people experiencing chronic homelessness, veterans, families with children, youth, and survivors of domestic violence, have fair and equal access to the coordinated entry process.

- Coordinated Entry is marketed and advertised throughout the bi-county region to ensure households have fair and equal access to the coordinated entry process. Marketing materials clearly show that all access points are accessible to all populations including individuals and families that may be less likely to apply in the absence of special outreach services such as:  
Chronically Homeless households, veterans, parenting youth, and survivors of domestic violence, and
- Eligible persons who experience barriers due to race, color, national origin, religion, sex, age, familial status, disability, sexual orientation, gender identity, marital status or Limited English Proficiency (LEP).

Strategies Include:

- Weekly email updates to the general community, program providers, cities and the bi-county region departments, and other key stakeholder organizations;
- Creation of flyers that are disseminated in public places where targeted populations congregate;
- Provide Coordinated Entry announcements at the monthly Alliance membership meeting, case management roundtable, homeless taskforce committee meetings and other meetings routinely attended by the Alliance staff; and,
- Regular updates posted on the Alliance website and social media accounts.

### C. Designated Access Points

Households seeking housing assistance can access the system through a Housing Navigator, partner agency, street outreach, or by calling 2-1-1. Each access point provides access to crisis response services for persons experiencing homelessness or at-risk of homelessness according to the standards outlined in this document. All designated access point staff participate in quarterly trainings on a variety of topics that support and refine their execution of the assessment. There are no specialized access points designated for subpopulations served in the Coordinated Entry System.



Below is general information about the access points for Coordinated Entry.

Access Point	Location Type	Special Considerations
Housing Navigator	In-person or telephone	Hours: 8-5 (M-F)
Partner Agency	In-person	Hours Vary
Street Outreach	In-person	Hours Vary; not all persons on outreach teams have capability to conduct a vulnerability assessment
2-1-1	Telephone	Available 24/7; does not conduct an assessment, rather they provide emergency assistance and diversion resources; refers callers to Housing Navigator.

#### D. Access Coverage

**Every Door Open** utilizes a hybrid approach to Coordinated Entry and developed a system that is both centralized (2-1-1 hotline) and decentralized (partner agency). This ensures that the CoC's entire geographic area is accessible to Coordinated Entry processes either through defined location-specific access points, street outreach or through the 2-1-1 community information and referral hotline that is accessible through the entire CoC geography. The 2-1-1 hotline provides access to basic Coordinated Entry intake services 24 hours a day, 7 days a week and can be contacted from any location within the CoC.

#### E. Accessibility of Access Sites

The Alliance ensures that all services will be physically accessible to persons with mobility barriers. Additionally, all Coordinated Entry communications and documentation will be accessible to persons with limited ability to read and understand English.

The Alliance serves as the primary point of contact for ensuring that all Coordinated Entry materials are available in English and Spanish. In addition, Coordinated Entry participating agencies and Housing Navigators must ensure they are able to communicate effectively with households who access Every Door Open. Each agency will, to the greatest extent practicable, provide communication accommodations through translation services to effectively and clearly communicate with persons who have disabilities, as well as with any person with limited English proficiency. Agencies are also expected to provide visually and audibly accessible Coordinated Entry materials when requested by participants in Coordinated Entry.

The following is a list of current resources provided to participant agencies:

Language Interpretation + Limited English Proficiency (LEP)	Language Line Solutions	<a href="https://www.languageline.com">https://www.languageline.com</a>
	Google Translate	<a href="https://translate.google.com">https://translate.google.com</a>
Hearing Impairment	Deaf and Hard of Hearing Center, Inc.	<a href="https://www.dhsc.org">https://www.dhsc.org</a> ; Visalia: 559-302-9979
Visual Impairment	Sequoia Braille Transcribers	<a href="https://www.afb.org">https://www.afb.org</a>

#### F. Emergency Services

**Every Door Open** immediately connects households to emergency resources such as emergency shelters and healthcare services. Initial screening and assessment services may only be available during business hours. When prospective participants present for services during non-business hours participants will still be able to access emergency services, including emergency shelter, when those emergency services are available.

In the event prospective participants attempt to access designated access points during non-business hours, those persons will still be able to access emergency shelter to the extent that it is available without first receiving an assessment through coordinated entry. Coordinated Entry screening and assessment will be completed in the immediate days that follow.

#### G. Education Services

The educational needs of children and youth must be accounted for, to the maximum extent practicable, and families with children and unaccompanied youth must be placed as close as possible to the school of origin so as not to disrupt the children’s education. Projects that serve homeless families with children and/or unaccompanied youth must have policies and practices in place that are consistent with the laws related to providing education services to children and youth. These providers must have a designated staff person to ensure that children and youth are enrolled in school and receive education services, as appropriate. Homeless families with children and unaccompanied youth must be informed of their eligibility for McKinney-Vento education services as well as other State and local education services. Providers shall maintain documentation in the participant’s case file to demonstrate that these requirements have been met and that applicants and participants understand their rights.

##### 1. Collaboration with McKinney-Vento Local Education Liaisons

Providers must document whether school-aged children are eligible for McKinney-Vento services and whether the child is connected with a local education liaison. If the child is not already engaged, recipients must refer the family directly to the liaison at their school of choice. All applicants/participants with school-aged children must be provided with documentation that explains

their rights under the McKinney-Vento Act and that provides contact information for the liaison at every school district within either Kings or Tulare County.

#### H. Involuntary Family Separation

In an effort to maintain family unity, for housing serving families with children, the age and gender of a child under age 18 shall not be used as a basis for denying any family's admission per 24 CFR § 578.93(e). Additionally, recipients may not deny admission to any member of the family (e.g., 15-year old son).

#### I. Low-Barrier and Housing First

All ESG projects must follow a Low-Barrier and Housing First approach. All other projects are strongly encouraged to use a Low-Barrier and Housing First approach to facilitate homeless individuals' and families' rapid return to housing.

A housing first approach allows eligible homeless individuals and families to enter the project without barriers, such as income or sobriety requirements, or service participation requirements. Application and admission policies should be as streamlined and short as possible to move eligible individuals and families into permanent housing as quickly as possible. Projects using a housing first approach offer supportive services; however, participation in these services is based on the needs and desires of the program participant.

To be considered Housing First, the project must follow a Low-Barrier approach (as described below) and must not terminate participants from the program for the following reasons:

- Failure to participate in supportive services
- Failure to make progress on a service plan
- Loss of income or failure to improve income
- Being a victim of domestic violence
- Any other activity not covered in a lease agreement typically found in the project's geographic area

To be considered Low-Barrier, participants must not be screened out based on the following:

- Having too little or no income
- Active or history of substance abuse
- Having a criminal record with exceptions for state-mandated restrictions
- History of domestic violence (e.g., lack of a protective order, period of separation from abuser, or law enforcement involvement)

Persons may be terminated from the program only when violations of the lease are serious, and only in the most severe cases. Use of alcohol or drugs in of itself (without

other lease violations) is not a reason for program termination. It is important to note that a participant may be evicted from the housing unit, but this does not mean that the provider must terminate the participant from the program; the provider may continue serving the participant in another housing unit.

#### J. Street Outreach

Street outreach teams' function as access points to Coordinated Entry and seek to engage persons who may be served through Coordinated Entry but who are not seeking assistance or are unable to seek assistance via projects that offer crisis housing or emergency shelter. To the extent possible, efforts are made to train as many Street Outreach as possible about Coordinated Entry and the assessment process. The Alliance is also actively working to expand the use of HMIS by community partners so assessments so as many outreach team members as possible have the capability to assess persons in the field.

### IV. Assessment

#### A. Standardized Assessment Approach

All persons served by **Every Door Open** Coordinated Entry System will be assessed using the Vulnerability Index and Service Prioritization Decision Assistance Tool (VI-SPDAT) and the Vulnerability Index and Family Service Prioritization Decision Assistance Tool (F-VI-SPDAT). The VI-SPDAT must be completed with single individual households or each member of households without children. The F-VI-SPDAT must be completed with households with children.

ESG funded programs and access points must use these tools to ensure that all persons served are assessed in a consistent manner, using the same process. The assessment tools provide the CoC Coordinated Entry staff with information to determine which applicants are eligible and appropriate for the variety of housing and support services available in our community. They document the participant's condition, attributes, need level and vulnerability, allowing the access point and/or assessment staff to identify a service strategy to CoC Coordinated Entry staff who manages the CoC's prioritization list. Please see Appendix D of this document for a copy of the assessment tools.

#### B. VI-SPDAT and F-VI-SPDAT

The VI-SPDAT and F-VI-SPDAT are publicly available assessment tools that provide a standardized analysis of risk and other objective assessment factors that result in a score. These tools should be used as a guide, with the understanding that each applicant has a unique set of circumstances. Generally speaking, the assessment is a tool for ensuring that protocols are applied consistently throughout the bi-county region, and that each provider is actively engaging in responsible assessments. All persons are able to access all services available within the geographic area of the CoC regardless of which access point they contact.

The scoring breakdown is as follows:

VI-SPDAT Score	F-VI-SPDAT Score	Housing Intervention
0-3	0-3	Prevention, Diversion
4-9	4-9	Rapid Re-Housing, Transitional Housing
10+	10+	Permanent Supportive Housing

### C. Prevention and Diversion Services

**Every Door Open** will ensure that all potentially eligible diversion candidates will be screened for diversion and homelessness prevention assistance, regardless of the access point at which they initially seek assistance.

2-1-1, one of the access points responsible for providing diversion and homeless prevention resources will coordinate information and referrals with community resource providers, Housing Navigators and the Alliance to ensure persons at imminent risk of homelessness are provided coordinated access to homeless prevention services regardless of where the participant first contacts the CoC. Households can also receive diversion and homelessness prevention services at any Coordinated Entry access point.

### D. Phases of Assessment

All projects participating in Coordinated Entry will follow the assessment and triage protocols of the Coordinated Entry system. The assessment process only collects enough information to prioritize and refer participants to available CoC housing and support services, starting with the least intensive service and increasing service level as needed.

All households, regardless of access point are immediately triaged. The focus of staff is to identify the immediate housing crisis and to determine if the CoC housing response system is the appropriate system to address the household's immediate needed. At this time, prevention services are offered to households at imminent risk of homelessness, while diversion services are offered to those who are attempting entry into the shelter. An assessment is only completed after a relationship is developed with housing navigation staff and/or the household is enrolling in housing and supportive services. If the household enrolls in RRH, they are offered only the level of assistance needed to support their efforts to become self-sufficient. This is determined during assessment and subsequent re-assessments throughout the duration of program enrollment. This ensures that the financial and supportive services provided by RRH projects are effectively targeted and responsive to the diverse needs of households experiencing homelessness. Finally, those who have been stably housed for some time (such as those in PSH) are re-assessed annually to determine if they are ready for less-intensive housing and service strategies.

## E. Updating the Assessment

Participant assessment information is updated as needed or once per year, if the participant is active on the Coordinated Entry Housing Priority List for more than 12 months. Participant records are updated with new information as new or updated information becomes known by staff.

Households who choose not to participate in data collection upon initial assessment or project entry may later decide that their information can be collected and entered into HMIS. Participant data in HMIS can be updated after an initial Coordinated Entry data collection period and throughout project enrollment to reflect emergence of new information, corrections to previously collected information, or additions of previously unanswered questions.

## F. Assessment Screening

**Every Door Open** collects and documents participants' membership in Civil Rights protected classes but will not consider membership in a protected class as justification for restricting, limiting, or steering participants to particular referral options. Further, the goal of the Coordinated Entry is to identify the appropriate level of services for each applicant, fully utilizing the regional referral capability to assist every household in assessing the required level of services and/or housing needed to attain and remain successful in permanent housing.

## G. Participant Autonomy

Household's served by **Every Door Open** Coordinated Entry System have the autonomy to identify whether they are uncomfortable or unable to answer any questions during the assessment process, or to refuse a referral that has been made to them without retribution, losing their prioritization status or limiting their access to other forms of assistance. Program participants must not be pressured or forced to disclose specific disabilities or diagnoses to Coordinated Entry staff during the assessment process. Specific medical diagnoses or disability information may only be obtained for purposes of determining program eligibility to make appropriate referrals. However, participants who choose not to provide information in these instances could be limiting potential referral options.

## V. Grievance and Appeal Process

The Alliance operates in compliance with all federal, state and locally applicable civil rights and fair housing laws and requirements. In addition, projects participating in the Coordinated Entry that receive funding from federal, state, or local sources must also comply with all civil rights and fair housing laws and requirements. The Alliance has designated the CoC Board as the entity responsible for monitoring agencies on compliance with all Coordinated Entry requirements, including adherence to civil rights and fair housing laws and regulations. Failure to comply with these laws and regulations

will result in a monitoring finding, which may affect the agency's position in the local CoC rating and ranking process.

Participants must be notified of their right to submit grievances, including nondiscrimination and equal access complaints. When a program participant or community member does not like a particular procedure, the outcome of a process, feel harmed by staff behavior that may be inappropriate, or behavioral styles that may feel abrupt or too direct, the program participant may file a grievance. Initially, staff will attempt to handle the complaint by having an informal conversation with the person, but if that fails, the participant will be directed to file a grievance, which is a formal procedure that includes management involvement and possible oversight from the relevant agency's Executive Director. Please see Appendix E for a copy of the Grievance Policy.

It is important to have a mechanism for program participants to address grievances or complaints promptly. Participants need to feel that their concerns are well heard, that they are treated respectfully, and that the agency makes every effort to formally investigate complaints in a fair and thorough manner. Participants need to know that we are engaged in continuous improvement of our services. The following is the grievance procedure:

- The person making the grievance or complaint will be asked if they have adhered to grievance procedures provided by the organization, they are making a grievance or complaint about. If the person making the grievance or complaint has not gone through the grievance procedure provided by the organization, the CoC will recommend that the person do so and document that procedure. If the resolution provided by that organization was not satisfactory to the complainant, he/she may put the problem in writing and submit it to the Executive Director of the CoC. If the complainant does not want his/her name attached to the complaint, his/her anonymity will be protected. If the complainant is unwilling to put the concern in writing, the Executive Director or another CoC member will document what has been said.
- Each situation will be treated seriously and with sensitivity, and will be documented for the record with date, time, program name, and nature of the complaint, as well as with any action taken towards resolution.
- Once a complaint or grievance has been submitted, the Executive Director of the CoC will approach the program's representative, explain the complaint or grievance, and ask for a response to the charge(s). Responses will be documented. It will be up to the Executive Director to decide if the matter needs to be discussed by the Board of Directors of the CoC. A second complaint or grievance will be handled in the same manner.  
If a program receives a third complaint, the Board of Directors of the CoC will review the situation and recommend action. The Executive Director of the program being reviewed will be asked to respond to the Board of Directors.

- All complaints or grievances involving **vulnerable adults or children** will be immediately turned over to the appropriate county office.

Finally, all participants who are assessed will be informed by staff of the ability to file a nondiscrimination complaint. Nondiscrimination complaints can be resolved either through the internal dispute resolution process described above or by contacting: Fair Housing Office U.S. Department of Housing and Urban Development 600 Harrison Street, Third Floor San Francisco, CA 94107-1387 Telephone 1-800-347-3739 Fax (415) 489-6558 • TTY (415) 489-6564 E-mail: [Complaints\\_office\\_09@hud.gov](mailto:Complaints_office_09@hud.gov)

If the assessor, staff member or household has a concern with the outcome of the grievance, an appeal may be submitted to the Alliance.

## VI. Prioritization

Prioritization refers to the process by which all persons in need of assistance who use Coordinated Entry are ranked in order by priority. Prioritization ensures that people with the most severe needs and level of vulnerability are prioritized for housing and homeless assistance before those with less severe needs and lower levels of vulnerability. The Alliance uses data collected through the Coordinated Entry process to prioritize homeless persons within the CoC's geography. **Every Door Open** does not prioritize households based on severity of service need or vulnerability for emergency services, including shelters, drop-in services, domestic violence shelters or other short-term crisis residential programs. All participating agencies must adhere to the prioritization standards adopted by the CoC Board.

### A. Prioritization Standards

#### 1. Permanent Supportive Housing (PSH)

The Alliance has adopted the order of priority consistent with HUD's *Notice on Prioritizing Persons Experiencing Chronic Homelessness in PSH and Recordkeeping Requirements for Documenting Chronic Homeless Status*.<sup>5</sup>

*First Priority—Chronically Homeless Individuals and Families with the Longest History of Homelessness and with the Most Severe Service Needs.*

A chronically homeless individual or head of household as defined in 24 CFR 578.3 for whom both of the following are true:

- The chronically homeless individual or head of household of a family has been homeless and living in a place not meant for human habitation, a safe haven, or in an emergency shelter for at least 12 months either continuously

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<sup>5</sup> Prioritizing Persons Experiencing Chronic Homelessness in PSH and Recordkeeping Requirements for Documenting Chronic Homeless Status. Notice CPD-14-012. U.S. Dept. of Housing and Urban Development (HUD). July 2014. Available at: <https://www.hudexchange.info/resource/3897/notice-cpd-14-012-prioritizing-persons-experiencing-chronic-homelessness-in-psh-and-recordkeeping-requirements/>



or on at least four separate occasions in the last 3 years, where the cumulative total length of the four occasions equals at least 12 months; and,

- The CoC or CoC Program recipient has identified the chronically homeless individual or head of household, who meets all of the criteria in paragraph (1) of the definition for chronically homeless, of the family as having severe service needs according to Section I.D.3 of the Notice.

*Second Priority—Chronically Homeless Individuals and Families with the Longest History of Homelessness.*

A chronically homeless individual or head of household, as defined in 24 CFR 578.3, for which both of the following are true:

- The chronically homeless individual or head of household of a family has been homeless and living in a place not meant for human habitation, a safe haven, or in an emergency shelter for at least 12 months either continuously or on at least four separate occasions in the last 3 years, where the cumulative total length of the four occasions equals at least 12 months; and,
- The CoC or CoC program recipient has not identified the chronically homeless individual or the head of household, who meets all of the criteria in paragraph (1) of the definition for chronically homeless, of the family as having severe service needs.

*Third Priority—Individuals and Families with the Most Severe Service Needs.*

An individual or head of household as defined in 24 CFR 578.3 for whom both of the following are true:

- The homeless individual or head of household of a family has been homeless and living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter on at least four separate occasions in the last 3 years, where the total length of those separate occasions equals less than twelve months; **AND**
- The CoC or CoC program recipient has identified the homeless individual or the head of household, who meets all of the criteria in paragraph (1) of the definition for chronically homeless, of the family as having severe service needs.

*Fourth Priority—All Other Homeless Individuals and Families.*

An individual or head of household as defined in 24 CFR 578.3 for whom both of the following are true:

- The homeless individual or head of household of a family has been homeless and living in a place not meant for human habitation, a safe haven, or in an emergency shelter for on at least four separate occasions in the last 3 years, where the cumulative total length of the four occasions is less than 12 months; **AND**

- The CoC or CoC program recipient has not identified the chronically homeless individual or the head of household, who meets all of the criteria in paragraph (1) of the definition for chronically homeless, of the family as having severe service needs.

#### *Special Considerations*

Where a CoC or a recipient of CoC Program-funded PSH beds that are dedicated or prioritized is not able to identify chronically homeless individuals and families as defined in 24 CFR 578.3 within the CoC, the order of priority in Section III.B. of the Notice may be followed.

Recipients of CoC Program-funded PSH should follow the order of priority above while also considering the goals and any identified target populations served by the project. For example, a CoC Program-funded PSH project that is permitted to target homeless persons with a serious mental illness that has been identified as a project that will prioritize a portion or all of its turnover beds to persons experiencing chronic homelessness should follow the order of priority under Section III.A.1. of the Notice to the extent in which persons with serious mental illness meet the criteria.

#### 2. Rapid Re-Housing (RRH)

The prioritizations of persons who are determined to be eligible for RRH are consistent with the CoC's scoring range for need and vulnerability associated with RRH projects. RRH will be prioritized for individuals and families with a vulnerability score in the range of 4 to 9 based on the VI-SPDAT or F-VI-SPDAT. Referrals will be based on the highest score within that range. Homeless veteran households will be further prioritized in CoC-funded RRH projects.

Within this range, the Coordinated Entry System prioritizes households experiencing homelessness with the following characteristics:

- Households with the highest service needs
- Households sleeping in an unsheltered location
- Households with the longest history of homelessness

#### 3. Transitional Housing (TH)

The prioritization for persons who are determined to be eligible for TH are consistent with the CoC's scoring range for need and vulnerability associated with TH projects. The Alliance will prioritize the following persons for TH:

- Households fleeing or experiencing domestic violence as the primary cause of their current housing crisis
- Households without children that score 4-9 on the VI-SPDAT
- Households with children whose F-VI-SPDAT score is 4-9 **AND** whose housing history, education level and employment history will also be considered when choice of transitional housing and RRH are both available.

## B. Prioritization List

The CoC has established a community-wide prioritization list (“Housing Priority List”) of all known homeless persons who are seeking or may need CoC housing and services to resolve their housing crisis. The Housing Priority List is organized according to participant need, vulnerability and risk. The list provides an effective way to manage an accountable and transparent prioritization process.

The Housing Priority List is managed by the Housing Navigator and is monitored by the Alliance and Kings United Way, who serve as the CoC and HMIS Lead agency respectively. New participants are added to the Housing Priority List and existing participants’ rank order on the list is managed according to the prioritization principles as established by the CoC’s Written Standards.

All assessments are entered into the HMIS software, Client Track by providers and the Housing Navigator as close to real time as possible. This process allows for the Housing Navigator to maintain a real-time Housing Priority List. As housing opportunities become available, the Housing Navigator selects households from the Housing Priority List based on a combination of VI-SPDAT score, length of time homeless and program requirements (e.g. disabling condition, chronic homeless status, etc.). Selection is also made based on information received by participating agencies that required to provide the following information about participants: assessment score, participant preferences for housing type and location, and any additional special housing needs such as physically accessible units or other accommodations.

## C. Matching

Assisted households will be matched to the appropriate program based on level of need and other criteria (i.e. special populations), including:

- Domestic violence
- Disability status
- Mental illness
- Substance abuse
- Youth and young adults
- Geographic location, including matching families with children to programs that can serve the family in the child’s current school district, or other location they prefer such as near family/friends; and
- Household type and size.

If multiple households in the same geographic area are identically prioritized for the next availability and each household is also eligible for the same unit, the Coordinated Entry Team will refer the household that first presented for assistance.

## VII. Referrals

All Coordinated Entry participating providers will enroll new participants only from **Every Door Open** referral process. Once a household is near the top of the Housing Priority List, the Housing Navigator will work with the household to become document ready which includes providing proof of benefits and other supporting documentation (e.g. income, lease, eviction notices, etc.) to verify housing status and eligibility.

This process will determine:

- Whether or not the household has no other support networks or resources to obtain/retain permanent housing;
- If the household income is below 30% AMI of HUD's annual income limits and if the household has assets that exceed the program's asset limit;
- If the head of household is chronically homeless;
- If the household's living situation qualifies as literally homeless.

All households will be contacted by a Housing Navigator prior to being referred to an agency for placement. Navigators will spend a maximum of seven days trying to locate a client for engagement. All contact information provided by the participant will be utilized and community-wide networks, including street outreach, the police and entry points will be contacted. If the client is not found, the Navigator will work with the next participant on the list. Until the backlog of non-document ready clients has been cleared, Navigators will refer clients to agencies that have been screened as chronic homeless and disabled, but not yet document ready.

### A. Notification of Vacancies

To facilitate prompt referrals and to reduce vacancy rates, participating providers must notify the Alliance of any known and anticipated upcoming vacancies.

When a TH, RRH, or PSH vacancy occurs or is expected to occur in the immediate future, the provider agency with the vacancy must alert the Alliance. The notification must include specific details of the vacancy, including the project name, unit size, location, and any funder-defined eligibility requirements. The Housing Navigator will immediately work to identify and refer a prioritized, document-ready household to fill the vacancy.

Once a household has been referred, the agency has a week to contact the household and record a housing note in HMIS. The receiving agency must provide the client with a welcome letter outlining what information and steps will be needed for a potential housing placement. This letter must be dated within seven days of receiving the referral. The agency then has between 30 and 60 days to place the household into housing. This timeframe includes getting the client document ready and into lease. If the household has not been placed during this time, the agency must:

- Close the VI-SPDAT and referral in HMIS;
- Add a housing note in HMIS updating the program participant's situation; and,
- Enter a new VI-SPDAT entered on the participant

## B. Participant-Declined Referrals

One of the guiding principles of Coordinated Entry is participant choice. This principle must be evident throughout the Coordinated Entry process, including the referral phase. Participants in Coordinated Entry are allowed to reject housing and service options without retribution or limiting their access to other forms of assistance. However, they must stay connected with Housing Navigators to receive a future referral.

Households will be given information about the programs available to them and provided choices whenever feasible based on assessment information, vulnerability and need scores, preliminary eligibility pre-determinations, and available resources. Of the options available, participants will be afforded their choice of which project to be referred to. If a household declines a referral to a housing program, they remain on the Housing Priority List until the next housing opportunity is available. If the household rejects two housing options, the provider can choose to continue to work with the household or close the referral.

## C. Provider-Declined Referrals

There may be instances when agencies decide not to accept a referral from the Coordinated Entry system. When a provider declines to accept a referred prioritized household into its project, the agency must notify the Housing Navigator of the denial and the reason for the denial.

Households will be deemed ineligible and a referral may be rejected by the agency if:

- The household appears to have other resources/housing opportunities that it can access to avoid homelessness;
- The household does not meet HUD's Category 1: Literally Homeless definition;
- The household has very high or multiple barriers to re-housing and can be referred to another program that would better suit the client's housing situation such as board and care.

If an agency rejects a referral, the agency must communicate the refusal to the Coordinated Entry Coordinator immediately. The agency must also:

- Provide the reason for the referral rejection, to be explained at the monthly Case Management Roundtable;
- Assist in connecting the household with other services and resources; AND,
- Document the reason for the rejection in HMIS and Coordinated Entry enrollment is closed.

Households that do not qualify for HUD or CoC program housing assistance will be referred to other appropriate programs and resources within the community.

## VIII. Data Management

***Every Door Open*** uses HMIS, or ClientTrack, for collecting, using, storing, sharing and reporting participant data associated with the Coordinated Entry process. Coordinated Entry's partners and all participating agencies contributing data to Coordinated Entry must ensure participants' data is secured regardless of the systems or locations where participant data are collected, stored, or shared, whether on paper or electronically. Additionally, participants must be informed how their data is being collected, stored, managed, and potentially shared, with whom, and for what purpose. In Tulare/Kings Counties, all client information is shared with providers who have signed the Interagency Network Data Sharing Agreement form.

Participants must receive and acknowledge a "Participant Consent" form prior to the collection of data for Coordinated Entry. The form identifies what data will be collected, where those data will be stored/managed, how those data will be used for the purposes of helping the participant obtain housing and assistance and for other administrative purposes, and what data will be shared with others (if the participant consents to such data sharing). Please see Appendix F for a copy of the CoC's Participant Consent form.

### A. Data Collection Stages and Standards

Participating agencies must collect all data required for Coordinated Entry as defined by the CoC, including the "Universal Data Elements" listed in HUD's HMIS Data Standards Manual.<sup>6</sup>

The Universal Data Elements are required to be collected by all project participating in HMIS, regardless of funding source. They are the basis for producing unduplicated estimates of the number of people experiencing homelessness, accessing services from homeless assistance projects, basic demographic characteristics of people experiencing homelessness, patterns of service use, including information on shelter stays and homelessness over time.

Additionally, agencies must meet the minimum HMIS data quality standards when collecting data. Data is collected during each phase of the Coordinated Entry process and entry points must make every effort to directly input participant data in HMIS, in real time.

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<sup>6</sup> 2020 HMIS Data Standards. U.S. Department of Housing and Urban Development (HUD). December 2019. Available at: <https://www.hudexchange.info/resource/3824/hmis-data-dictionary/>

## B. Privacy Protections

All agencies participating in Coordinated Entry are required to notify and obtain participant consent for the collection, use, and disclosure of participants' Personally Identifiable Information (PII). The Alliance protects all participants' PII regardless of whether or not PII is stored in HMIS. All participant projects will ensure that participants' PII will only be collected, managed, reported, and potentially shared if those data are able to be secured in compliance with HUD-established HMIS privacy and security requirements. Please see Appendix G of this document for a copy of the privacy notification.

## IX. Evaluation

### A. Evaluation of CE System

Regular and ongoing evaluation of the Coordinated Entry System will be conducted to ensure that improvement opportunities are identified, that results are shared and understood, and that the Coordinated Entry System is held accountable.

The Alliance has selected the following as key outcomes for Coordinated Entry:

- *Reduction in the length of stay, particularly in shelter (project level):* If households are referred to the right interventions, and those interventions have the necessary capacity, fewer families should be staying in shelter waiting to move elsewhere. Also, if families are referred immediately to the right provider, over time, families will likely spend less time jumping from program to program looking for help, which could reduce their overall length of stay in homelessness.
- *Reduction in the number of persons experiencing first-time homelessness (system and project level):* If every individual and family seeking assistance is coming through the front door to receive it and the front door has prevention and diversion resources available, more people should be able to access these resources and avoid entering a program unnecessarily.
- *Reduction of repeat episodes of homelessness (system and project level):* If families are sent to the intervention that is the best suited to meet their needs the first time, families are more likely to remain stably housed.

**Every Door Open** Coordinated Entry System undergoes a formal evaluation using HMIS data on an annual basis, in conjunction with the annual Point in Time Count homeless census data report. Each stage of the system's intake, assessment and referral process is reviewed to determine whether the system meets the needs of participant programs and households. The Alliance is in the process of establishing an integrated feedback loop, that involves using the information gained from Coordinated Entry assessments to make any necessary adjustments to the system, including implementing updates to the existing Written Standards. For example, if families are being referred to the right program, but that program cannot serve them due to capacity issues while other

program types have an increasing number of empty beds, it may be appropriate to make system-wide shifts in the types of programs and services offered.

Committee recommendations and subsequent changes to the CES Written Standards as a result of findings from the evaluations must be approved by the CoC Board.

## X. Serving Survivors

***Every Door Open*** acknowledges that the needs of a household who is fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, or stalking, may be different than the needs of non-victims. A Victim Service Provider (i.e. rape crisis center, battered women's shelter, transitional housing program, etc.) plays an integral role in their community's homeless response system by providing specialized housing and supportive services for survivors of domestic violence. Therefore, the Alliance actively promotes the full participation and integration of Victim Service Providers into the Coordinated Entry System.<sup>7</sup>

Projects serving individuals or families eligible under Category 4 of the HUD Homeless Definition (persons fleeing or attempting to flee violent situations) must follow all related federal and state laws, follow confidentiality policies, and have written policies and procedures regarding the provision of specific services to meet the safety and special needs of this population.

The following are Coordinated Entry policies that have been developed in partnership with Victim Service Providers in the CoC:

- No program participating in the Coordinated Entry process may deny services to a household based on past or current experiences as a victim of Domestic Violence, Sexual Assault or other traumatic victimization.
- Referrals will only be made to domestic violence providers
- Individuals who are seeking shelter or entered the system through a non-domestic violence provider will receive a high level of confidentiality and an immediate warm hand-off to a qualified domestic violence provider for housing and services
- Data of victims will be entered into a comparable database and is not shared with other providers
- Providers will be trained on safety planning and trauma-informed assessment techniques.

Maintaining the continuing safety of households who are victims of violence is of the highest priority. Participants who are receiving Tenant-Based Rental Assistance and have complied with all program requirements during their residence, are a victim of domestic violence, dating violence, sexual assault, or stalking, and who reasonably

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<sup>7</sup> *Coordinated Entry and Victim Service Providers FAQs*. U.S. Department of Housing and Urban Development (HUD). November 2015. Available at: <https://www.hudexchange.info/resource/4831/coordinated-entry-and-victim-service-providers-faqs/>



believe they are imminently threatened by harm from further domestic violence, dating violence, sexual assault, or stalking (which would include threats from a third party, such as a friend or family member of the perpetrator of the violence) have options to maintain their safety. If they remain in the assisted unit and are able to document the violence and basis for their belief, they may take their rental subsidy and move to protect their health and safety. Recipients must retain a record of the Imminent Threat of Harm for both participants who enter and exit under provisions as described at 24 CFR §578.51(c)(3).

## XI. ESG Written Standards

### A. General Requirements

#### 1. Eligibility

- a) ESG subrecipients must conduct an initial evaluation to determine each individual or family's eligibility for ESG assistance, and the amount and types of assistance the individual or family needs to regain stability in permanent housing. With the participants' voluntary involvement, participants must be evaluated using the population-appropriate CES triage tools. The participant reviews and signs the HMIS consent form, which is uploaded into HMIS.
- b) All ESG subrecipients will use the coordinated entry systems and triage tools to determine and/or prioritize participants' need for emergency shelter or other ESG-funded housing interventions and assistance. Based upon these assessments, families and individuals should be referred to, and provided with, the services and housing intervention most appropriate for their situations and needs.
- c) ESG-funded service providers are responsible for ensuring that the needs of all participants are assessed utilizing the CES triage tools and coordinated assessment protocols described above. Each assessment must include a determination of eligibility for all potential sources of financial assistance, to ensure that limited ESG prevention or rapid re-housing resources available are prioritized for homeless individuals and families who are most in need of this assistance.
- d) Regardless of which timeframe is used, re-evaluations must, at minimum, establish that:
  - The program participant lacks sufficient resources and support networks necessary to retain housing without ESG assistance.
  - Participants must be at or below 30% Area Median Income (AMI) to continue receiving assistance.
    - Homelessness prevention assistance requires participants have lower than 30% AMI upon initial evaluation
    - There is no initial income threshold requirement for rapid re-

housing clients

- When determining the annual income of an individual or family, the recipient or subrecipient must use HUD's standards to ensure precision and eligibility. Providers should utilize HUD's CPD Income Eligibility Calculator (<https://www.hudexchange.info/incomecalculator/>)
- When the program participant's income or other circumstances change, such as change in household composition that affects the program participant's need for assistance under ESG, the subrecipient must then re-evaluate the program participant's eligibility and the amount and types of assistance that the program participant needs.

## 2. Coordination with Mainstream Supportive Services

Subrecipients must assist each program participant, as needed, to obtain appropriate supportive services, including assistance in obtaining permanent housing, medical health treatment, mental health treatment, counseling, monitoring and evaluation, and other services essential for achieving independent living; housing stability and case management; and other federal, state, local, or private assistance available to assist the program participant in obtaining housing stabilizing benefits from programs including, but not limited to:

- HUD Housing Choice Voucher
- HUD - Veterans Affairs Supportive Housing (VASH) Voucher
- Emergency Food and Shelter Program
- Medicaid
- Supplemental Nutrition Assistance Program (SNAP)
- Women, Infants and Children (WIC)
- Federal-State Unemployment Insurance Program
- Social Security Disability Insurance (SSDI)
- Supplemental Security Income (SSI)
- California Work Opportunity and Responsibility to Kids (CalWORKs)
- General Assistance Program (GA)
- First 5
- Other mainstream resources such as housing, health, social services, employment, education services and youth programs that an individual or family may be eligible to receive

## 3. Program Facilitation

- a) All service-providing subrecipients shall employ a Housing First approach to their work, which seeks to quickly connect people experiencing a housing crisis with permanent housing without preconditions (such as sobriety, treatment, or service participation requirements) and the supports needed to maintain housing. The Housing First mindset will involve:

- (1) A housing-crisis focus, with rapid intervention when a household is homeless or at imminent risk of becoming homeless
- (2) Client self-determination and choice, including housing choice and client-centered goals
- (3) Low-barrier housing and service accessibility
- (4) Acceptance into programs or housing, regardless of sobriety, mental health history, criminal history, or low/no income
- (5) Service or compliance issues not being used as criteria to determine tenancy in housing
- (6) Progressive engagement techniques focused on delivering the right resources to the right people at the right point in time, for the correct duration
- (7) Programs which are client-ready, in that they recognize that all clients are housing-ready with the correct supports

b) Service providers must maintain a written set of Grievance and Termination Policies and Procedures. These policies and procedures must be freely available to all program participants and staff. Copies of the grievance and termination policies and procedures must be clearly marked and made available to the program participants during intake.

c) Housing Notes: Case managers must routinely document the content and outcome of case management meetings related to achieving housing outcomes and include this documentation in the clients' files not less than once per month. HMIS is the tool to be used for this process.

#### 4. Housing Standards

ESG subrecipients must adhere to Habitability Standards for both emergency shelters and permanent housing to ensure that shelter and housing facilities are safe, sanitary, and adequately maintained.

#### 5. HMIS

Subrecipients shall participate in the Kings/Tulare Homeless Management Information System (HMIS). If the program is exempt from participation in HMIS, subrecipients shall use the DV-HMIS, an equivalent system to record, track and maintain all required data under the U.S. Department of Housing and Urban Development (HUD) Universal Data Standards including, but not limited to: demographic information, dates of participation in the program, benefits and services provided, outcomes achieved and placement destinations upon exit from the program.

## B. Street Outreach

### 1. Eligibility

ESG subrecipients must determine an individual or family's vulnerability and willingness or ability to access emergency shelter, housing, or an appropriate health facility. Subrecipients should make this determination prior to providing essential services to ensure that ESG funding is used to assist those with the greatest need for street outreach assistance.

### 2. Services

ESG funding may be used to cover the costs of providing essential services to people experiencing unsheltered homelessness, who are unwilling or unable to access emergency shelter, housing, or an appropriate health care facility. These outreach funds can be used connect persons experiencing unsheltered homelessness with emergency shelter, housing, or critical services; or to provide urgent, non-facility-based care.

#### a) Essential services consist of:

- (1) Engagement
- (2) Case management
- (3) Emergency health services – only when other appropriate health services are inaccessible or unavailable within the area
- (4) Emergency mental health services – only when other appropriate mental health services are inaccessible or unavailable within the area
- (5) Transportation
- (6) Services for special populations

## C. Emergency Shelter

### 1. Overview and Purpose

ESG Emergency Shelter funds are intended to respond to crisis and provide short-term emergency assistance to enable homeless households to move toward independent living by obtaining permanent housing as quickly as possible. The primary goal of emergency shelter is:

- To provide temporary accommodation that is safe, respectful, and responsive to individual needs; and
- Re-house participants in permanent housing as quickly as possible, regardless of other personal issues or concerns.

## 2. Household Eligibility

Homeless clients entering into the shelter system must meet the HUD criteria for homelessness as either literally homeless (Homeless Category 1), at imminent risk of homelessness (Homeless Category 2), homeless under another federal statute (Homeless Category 3), or fleeing/attempting to flee domestic violence (Homeless Category 4).

### a) Initial Screening

All people requesting shelter must be screened for other safe and appropriate housing options and resources to obtain/maintain their housing. People who have other safe and appropriate housing options shall be diverted away from emergency shelter and instead are offered problem-solving assistance and immediate linkages to other community supports. People who have critical health and safety needs should be provided an appropriate response.

Emergency Shelters cannot discriminate per HUD regulations. Additionally, they cannot impose pre-conditions for entry such as sobriety, identification, income or employment related items. Transgender placement is based on self-identification of gender.

### b) Prioritization

Emergency shelters will prioritize individuals/families that:

- Have the most urgent and severe needs; and
- Cannot be diverted; and
- Can be safely accommodated in the shelter; and
- Are not in need of emergency medical or psychiatric services or are dangers to self or others.

## 3. Documentation

The receiving provider is responsible for confirming the household's homeless status, and maintaining hard copies of the records. See Appendix E for acceptable forms of documentation of homelessness.

## 4. General Operating Standards

### a) Lease Requirement

In ESG Emergency Shelters, participants must not be required to sign a lease or occupancy agreement.

### b) Duration of Assistance

ESG-Emergency Shelters must operate a maximum 90-day project model. To the extent practicable, participants will be assisted in obtaining housing within 30 days of entry into the emergency shelter. All ESG-Emergency

Shelters will strive to reduce the average length of stay. However, participants may stay longer in order to prevent them from becoming homeless, on the streets, or other places not meant for human habitation.

c) Service Requirement

Each participant will be assessed to identify needs and barriers to obtain permanent housing. An initial evaluation and assessment must be completed at program entry, including verifying and documenting eligibility. If a participant's stay in emergency shelter is longer than 30 days, then the recipient must reassess and document the need for continued services every 30 days while the participant continues in shelter. The reassessment must show that the participant needs additional time in shelter to obtain other housing, and would be unsheltered without ESG assistance.

Obtaining appropriate housing, particularly permanent housing, and addressing the most immediate and manageable barriers is the priority for emergency shelters. Given the expected short-period of assistance, the focus is on those barriers that can be addressed during the timeframe of assistance. Each participant will have a housing stability/service plan that may include longer-term solutions to other barriers or risk-factors that might destabilize a household after assistance has ended. This plan is to be completed at program entry and updated at least every 30 days for emergency shelter. The plan will be derived from the assessment and include at a minimum, housing stability goals and other goals as appropriate to the essential services identified in the agency's ESG contract. Each participant will participate in developing her/his own individualized housing stability/service plan to obtain housing and maintain housing stability after ESG-funded assistance ends.

Recipients may use their current evaluation and assessment form, reassessment form, tracking method, and housing stability/service plan, or develop new forms or other tracking methods. The evaluation, assessment, reassessment, housing stability/service plan, and goals must be documented according to the agency's protocols for documentation, and at a minimum must be in a format that is readily available for monitoring. Essential services must be tied directly to the needs and barriers identified in the assessment and recipients are encouraged to build on the participants' strengths to attain housing stability. Participation in services unrelated to obtaining permanent housing is voluntary.

d) Exiting

To the degree practicable, participants exiting emergency shelter will be assisted in accessing housing that best fits their needs, with a preference for assisting participants to access permanent housing. Exits to other homeless

situations are avoided, even when program rules are violated. People who pose an imminent risk of harm to themselves or others may be exited to more appropriate assistance, such as a more intensive program, hospital, or another emergency responder.

## D. Rapid Re-Housing

### 1. Overview and Purpose

Rapid Rehousing is a type of permanent housing that offers supportive services, as needed, and/or short-term (up to three (3) months) or medium-term (four (4) to twenty-four (24) months) rental assistance in order to help homeless individuals or families move as quickly as possible into permanent housing and achieve stability. 24 CFR § 578.37(a)(1)(ii).

Rapid re-housing is intended to assist eligible participants to quickly obtain and sustain stable, permanent housing. Effective rapid re-housing requires case management and financial assistance, as well as housing search and location services. Though available units may at times seem scarce, oftentimes this problem can be overcome by good relationships with landlords, flexibility on lease terms, or offering security deposits to landlords.

### 2. Household Eligibility

CRITERION	INITIAL	REASSESSMENT
<b>Homeless Eligibility</b>		
<b>Literally homeless</b>	√	
<b>Imminent risk of homelessness<sup>8</sup></b>		
<b>Fleeing/attempting to flee domestic violence</b>	√ <sup>9</sup>	
<b>Income Evaluation Required</b>		√
<b>Need (amount and type of assistance)</b>	√	√
<b>Lacking resources and support networks</b>		√

### 3. Prioritization

Rapid Rehousing assistance will be prioritized for individuals and families with a vulnerability score in the range of 4 to 9 based on the VI-SPDAT or VI-F-SPDAT. Referrals will be based on the highest score in the RRH range of 4 to 9. Homeless veteran households will be further prioritized in CoC-funded RRH projects.

<sup>8</sup> While Imminent Risk of Homelessness is an eligible population according to the HEARTH guidelines, there are NOFA guidelines that may deem this population ineligible.

<sup>9</sup> Eligible only if also literally homeless.

Eligible households:

- Must be literally homeless as defined by HUD (See Table 3 above) and reside in Kings or Tulare County; AND
- The household must be at or below 30% AMI at the time they are admitted to the program and be at or below 50% AMI at the time of reassessment(s); AND
- Households cannot be residing in subsidized housing or receiving a duplicate housing subsidy.

4. Documentation

The receiving provider is responsible for confirming the household’s homeless status, and maintaining hard copies of the records. See Appendix B for acceptable forms of documentation of homelessness.

5. General Operating Standards

a) Re-housing Placement

Households should be housed within 45 days of acceptance into the program. Extensions may be granted for extenuating circumstances.

b) Lease Term

Each program participant must have a legally binding, written lease for the rental unit, unless the assistance is solely for rental arrears. The lease must be between the owner and the program participant. Additionally, for CoC-RRH the lease must be for a term of at least one that is renewable (for a minimum term of one month) and terminable only for cause.

c) Housing Standards

All housing must meet housing habitability and/or quality standards (24 CFR 982.401(j)), FMR requirements, and rent reasonableness standards before any rental assistance is paid.

<b>REQUIREMENT</b>	<b>ESG</b>
<b>Housing Standards</b>	HUD Habitability Standards
<b>Fair Market Rent</b>	Rental assistance may cover up to the FMR for the unit
<b>Rent Reasonableness</b>	Units must comply with HUD’s rent reasonableness standards

d) Housing First

Providers are expected to follow a Housing First model. The only real expectations of Housing First, which the individual or family agrees to prior to starting with the program, is to comply with Housing Stability Case Management, pay their portion of the rent, and avoid any lease violations or



disruptions that would cause their eviction from the unit. Examples of required Housing First practices include:

- Ensuring low-barrier, easily accessible assistance to all people, including, but not limited to, people with no income or income history, and people with active substance abuse or mental health issues;
- Helping participants quickly identify and resolve barriers to obtaining and maintaining housing;
- Seeking to quickly resolve the housing crisis before focusing on other non-housing related services;
- Allowing participants to choose the services and housing that meets their needs, within practical and funding limitations;
- Connecting participants to appropriate support and services available in the community that foster long-term housing stability.

e) Progressive Engagement

Participant needs should be met with the appropriate level of services, starting with the least intensive service and increasing service level as needed. For example, the Rapid Rehousing project could provide all households enrolled with a basic level of assistance, such as assistance preparing a housing search plan and list of local landlords. Some households will be successful finding housing with that level of assistance, but for those households who demonstrate that they need more assistance and support to find housing, the supportive services must be increased to meet the level of need.

The initial assessment of strengths, needs, and barriers to stable housing should inform the initial level of financial assistance and supportive services to be provided by the Rapid Rehousing project. Participants should then be re-assessed throughout the duration of the program enrollment so that housing stability plans and supportive services can be increased or decreased, as appropriate. This approach ensures that the financial and supportive services provided by Rapid Rehousing projects are effectively targeted and responsive to the diverse needs of households experiencing homelessness.

f) Connections to Mainstream Resources

At the time of enrollment and/or reassessment, each provider of assistance must assess the supportive services needed by the participant, the availability of such services, and the coordination of services needed to ensure long-term housing stability and must adjust, as appropriate.

g) Reassessment of Eligibility and Supportive Service Needs

Reassessment of eligibility and needs will occur every 90 days from the date of program entry, or when a participant notifies a provider of any changes that could affect their ongoing program eligibility.

h) Exiting

Prior to assistance ending, a plan must be in place that identifies how the participant will maintain stability in permanent housing. If the participant is not yet able to retain permanent housing, they may be re-evaluated and if determined to be eligible, they may continue receiving assistance as long as maximum time limits have not yet been met. Participants may receive additional assistance to prevent them from becoming homeless, on the streets, or other places not meant for human habitation.

i) Termination

The provider may only involuntarily terminate assistance to a household if the household is evicted by the landlord, or if the client reveals information after program entry that makes them ineligible for the program. In the case of eviction by the landlord, the agency may continue to aid a household in a new unit. Attempts should be made by the provider to assist the household in avoiding a return to homelessness.

(1) Due Process

In terminating assistance or denying an extension to a program participant, the provider must provide a formal process that recognizes the rights of individuals receiving assistance under the due process of law. This process, at a minimum, must consist of:

- i. Providing the program participant with a written copy of the program rules and the termination process before the participant begins to receive assistance;
- ii. Written notice to the program participant containing a clear statement of the reasons for termination or denial of extension;
- iii. A review of the decision, in which the program participant is given the opportunity to present written or oral objections before a person other than the person (or a subordinate of that person) who made or approved the termination or denial of extension decision; and
- iv. Prompt written notice of the final decision to the program participant.
- v. Additionally, the provider must attempt (and document that attempt) to assist the participant in finding additional resources to decrease the likelihood that they will not become homeless as a result of termination or denial of extension. This assistance must be documented and made available to the Alliance, HCD, and/or HUD during site visits, program monitoring, and audits.

j) Eligible program activities

<p><b>Rental Assistance</b></p>	<ul style="list-style-type: none"> <li>▪ Short-term rental assistance (up to 3 months)</li> <li>▪ Medium-term rental assistance (4 to 24 months)</li> <li>▪ Rental arrears (one-time payment of up to 6 months of rent in arrears, including any late fees on those arrears)</li> </ul>
<p><b>Rental Assistance Type</b></p>	<ul style="list-style-type: none"> <li>▪ Tenant-based rental assistance</li> <li>▪ Project-based rental assistance</li> </ul>
<p><b>Housing Relocation and Stabilization Services</b></p>	<p><b>Financial assistance costs</b></p> <ul style="list-style-type: none"> <li>▪ Rental application fees</li> <li>▪ Security deposits (up to 2 months)</li> <li>▪ Last month’s rent</li> <li>▪ Utility deposits and payments (up to 24 months, including up to 6 months for payments in arrears)</li> <li>▪ Moving costs</li> </ul> <p><b>Service costs</b></p> <ul style="list-style-type: none"> <li>▪ Housing search and placement</li> <li>▪ Housing stability case management</li> <li>▪ Mediation</li> <li>▪ Legal services</li> <li>▪ Credit repair</li> </ul>

k) Supportive Services

In addition to rental assistance, rapid re-housing funds may be used to provide supportive services (CoC) and housing relocation and stabilization services (ESG) that address the specific needs of program participants and that are essential for assisting program participants in obtaining and maintaining housing. The table below outlines the eligible supportive services for both ESG and CoC RRH projects.

<b>Services</b>	Supportive services are limited to housing relocation and stabilization services.
<b>Limit on Service Provision</b>	Housing stability case management assistance may not exceed 30 days during the period in which the program participant is seeking permanent housing and may not exceed 24 months during the period in which the program participant is living in permanent housing.
<b>Case Management Requirement</b>	At a minimum, program participants must attend monthly case management meetings.

**l) Case Management**

Housing stability case management is intended to assist participants in maintaining housing for the long-term through increased housing stability. Because household needs must be met with the appropriate type and level of services, Providers must provide housing stability case management that includes the following services, at minimum:

- An assessment of strengths, needs, and barriers to stable housing.
- Assistance connecting to mainstream resources.
- Development of a client-driven housing stability plan.
- Program staff must conduct at least one (1) home visit with participants every one (1) month.

**m) Rental Assistance**

- (1) **Duration of Assistance.** Short term, shallow subsidy rental assistance shall not exceed 3 months of rental assistance, plus security deposit of up to 2 months. Medium term rental assistance shall not exceed 24 months of rental assistance, plus security deposit of up to 2 months. Clients cannot receive more than 24 months of rental assistance during any 3-year period.
- (2) **Dual Subsidy.** Rapid Re-Housing monthly rental assistance cannot be used with any other local, state or federal housing subsidy or rental assistance. For example, monthly Rapid Re-Housing rental assistance cannot be used in combination with a Section 8 Voucher.

- (3) Fair Market Rent. The total monthly amount of rent and utility costs for each unit must not exceed HUD Fair Market Rents for the year in which the contract begins.
- (4) Household Contribution. The household share of rent and utility costs will be 30% of their current gross monthly income<sup>10</sup>.
  - i. The rent and utility amount need to be clearly documented.
  - ii. The total rent and utility amount must cover 100% of the utilities if the utilities are not included in the monthly rent amount and the household pays for utilities directly.
  - iii. The actual household contribution will be determined monthly, based on each household's specific situation and financial resources.
- (5) Rent Reasonableness. Rapid Re-Housing funds will only provide rental assistance for a unit if the rent is reasonable. The provider must determine whether the rent charged for the unit receiving rental assistance is reasonable in relation to rents being charged for comparable unassisted units, considering the location, size, type, quality, amenities, facilities, and management and maintenance of each unit. Reasonable rent must not exceed rents currently being charged by the same owner for comparable unassisted units.

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<sup>10</sup> Client income shall be calculated in accordance with HUD guidance CPD-96-03.

## Appendix A: Acronym List and Glossary

Acronym	Definition
AHAR	Annual Homeless Assessment Report
APR	Annual Performance Report (for HUD homeless programs)
Cal Fresh	Supplemental Nutrition Assistance Program (formerly Food Stamps)
Case Conferencing	Local process for CE staff to coordinate and discuss ongoing work with persons experiencing homelessness in the community, including the prioritization or active list.
CDBG	Community Development Block Grant (CDP program- Federal)
Chronically Homeless	<p><i>Chronically homeless</i> means: (1) A “homeless individual with a disability,” as defined in Section 401(9) of the McKinney-Vento Homeless Assistance Act, who:</p> <ul style="list-style-type: none"> <li>i. Lives in a place not meant for human habitation, a Safe Haven, or an emergency shelter; AND</li> <li>ii. Has been homeless continuously for at least 12 months or on at least four separate occasions in the last 3 years, as long as the combined occasions equal at least 12 months and each break in homelessness separating the occasions included at least 7 consecutive nights of not living as described in (i) above.</li> </ul>
CoC	A designated geographic area targeted for homelessness funding by the Federal government
Continuum of Care	Federal grant program stressing permanent solutions to homelessness
Con Plan	Consolidate Plan, a locally developed plan for housing assistance and urban development under CDBG and other CDP programs
CPD	Community Planning and Development (HUD Office)
CSBG	Community Services Block Grant
ESG	Emergency Solutions Grant – A HUD funding source targeted to end homelessness
Diversion	A housing intervention that attempts to return an individual from homelessness directly back into safe and appropriate housing, ideally at the exact moment that the individual first enters literal homelessness.
Emergency Shelter	Short-term emergency housing available to persons experiencing homelessness.
FMR	Fair Market Rent (Maximum for rent paid for with CoC leasing funds)

FTE	Full-time equivalent (employee) (2080 hours of paid employment)
GA/GR	General Assistance/General Relief (County Assistance)
HCD	Housing and Community Development (State)
HEARTH	Homeless Emergency and Rapid Transition to Housing Act of 2009, S.896
HMIS	Homeless Management Information System – A common database for program services coordination; locally administered by United Way
HOME	Home Investment Partnerships (CPD program)
HOPWA	Housing Opportunities for Persons with AIDS (CPD program)
Housing Navigation	A process to actively engage and verify eligibility for households that are potentially eligible for a program, but who need assistance documenting or verifying that eligibility.
Housing Priority List	A community-wide list where everyone who is assessed is ranked according to their vulnerability and other prioritization criteria.
HQS	Housing Quality Standards (required before move-in for HUD programs)
HUD	U.S Department of Housing and Urban Development (Federal)
KTHA	Kings/Tulare Homeless Alliance, lead agency of the Kings/Tulare County CoC
LOS	Landlord Outreach Specialist is a staff member whose primary role is identifying and creating new housing partnerships and opportunities for program participants.
MHSA	Mental Health Services Act
MOU	Memorandum of Understanding
NOFA	Notice of Funding Availability
PSH	Permanent Supportive Housing - housing with indefinite leasing or rental assistance paired with supportive services to assist homeless persons with a disability or families with an adult or child member with a disability achieve housing stability.
PHA	Public Housing Authority
PHC	Project Homeless Connect
PIT	Point- In-Time Homeless Census Count
Prioritization	Community-wide standards that determine which programs serve next from among multiple potential referrals with different vulnerabilities and needs.

RRH	Rapid Re-Housing: Program emphasizing housing search and relocation services and short- and medium-term rental assistance to move homeless persons and families (with or without a disability) as rapidly as possible into permanent housing.
ROI	Release of Information: Documented informed consent to use a participant's personal information in specific ways.
SAMHSA	Substance Abuse and Mental Health Services Administration
SOAR	SSI/SSDI Outreach, Access and Recovery: A streamlined Social Security disability application process designed to significantly reduce disability benefit application decision times and to increase application approval rates.
SNAPS	Office of Special Needs Assistance Program (HUD office overseeing CoC)
SRO	Single Room Occupancy housing units
SSA	Social Security Administration
SSDI	Social Security Disability Income
SSI	Supplemental Security Income
SSO	Supportive Services Only (A CoC project type that provides supportive services only)
TA	Technical Assistance
TANF	Temporary Assistance to Needy Families
TAY	Transition Age Youth: you between the ages of 18-24
TH	Transitional Housing: Program providing homeless individuals and families with the interim stability and support to successfully move to and maintain permanent housing.
VA	Veterans Affairs, a federal agency
Victim Service Provider	Any organization barred by the Violence Against Women Act from participating in the community-wide HMIS system; broadly defined as programs assisting survivors of traumatic relationship-based interpersonal violence, including but not limited to domestic violence, sexual assault, and human trafficking.
VI-SPDAT	Vulnerability Index and Service Prioritization Decision Assistance Tool: A standardized, shared housing assessment designed to identify a household's service needs as well as potential program eligibility.
VI-F-SPDAT	A version of the VI-SPDAT specialized for families with minor children.
Vulnerability	A combination of variables that indicate an individual or family is at high-risk of death or harm due to continued homelessness.



# Appendix B: Homeless Definitions and Recordkeeping Requirements



# Homeless Definition

<b>CRITERIA FOR DEFINING HOMELESS</b>	<b>Category 1</b>	Literally Homeless	(1) Individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning: <ul style="list-style-type: none"> <li>(i) Has a primary nighttime residence that is a public or private place not meant for human habitation;</li> <li>(ii) Is living in a 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 and local government programs); <u>or</u></li> <li>(iii) Is exiting an institution where (s)he has resided for 90 days or less <u>and</u> who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution</li> </ul>
	<b>Category 2</b>	Imminent Risk of Homelessness	(2) Individual or family who will imminently lose their primary nighttime residence, provided that: <ul style="list-style-type: none"> <li>(i) Residence will be lost within 14 days of the date of application for homeless assistance;</li> <li>(ii) No subsequent residence has been identified; <u>and</u></li> <li>(iii) The individual or family lacks the resources or support networks needed to obtain other permanent housing</li> </ul>
	<b>Category 3</b>	Homeless under other Federal statutes	(3) Unaccompanied youth under 25 years of age, or families with children and youth, who do not otherwise qualify as homeless under this definition, but who: <ul style="list-style-type: none"> <li>(i) Are defined as homeless under the other listed federal statutes;</li> <li>(ii) Have not had a lease, ownership interest, or occupancy agreement in permanent housing during the 60 days prior to the homeless assistance application;</li> <li>(iii) Have experienced persistent instability as measured by two moves or more during in the preceding 60 days; <u>and</u></li> <li>(iv) Can be expected to continue in such status for an extended period of time due to special needs or barriers</li> </ul>
	<b>Category 4</b>	Fleeing/ Attempting to Flee DV	(4) Any individual or family who: <ul style="list-style-type: none"> <li>(i) Is fleeing, or is attempting to flee, domestic violence;</li> <li>(ii) Has no other residence; <u>and</u></li> <li>(iii) Lacks the resources or support networks to obtain other permanent housing</li> </ul>



# Homeless Definition

## RECORDKEEPING REQUIREMENTS



<p><b>Category 1</b></p> <p>Literally Homeless</p>	<ul style="list-style-type: none"> <li>• Written observation by the outreach worker; <u>or</u></li> <li>• Written referral by another housing or service provider; <u>or</u></li> <li>• Certification by the individual or head of household seeking assistance stating that (s)he was living on the streets or in shelter;</li> <li>• For individuals exiting an institution—one of the forms of evidence above <u>and</u>: <ul style="list-style-type: none"> <li>○ discharge paperwork <u>or</u> written/oral referral, <u>or</u></li> <li>○ written record of intake worker’s due diligence to obtain above evidence <u>and</u> certification by individual that they exited institution</li> </ul> </li> </ul>	
	<p><b>Category 2</b></p> <p>Imminent Risk of Homelessness</p>	<ul style="list-style-type: none"> <li>• A court order resulting from an eviction action notifying the individual or family that they must leave; <u>or</u></li> <li>• For individual and families leaving a <u>hotel</u> or <u>motel</u>—evidence that they lack the financial resources to <u>stay</u>; <u>or</u></li> <li>• A documented and verified oral statement; <u>and</u></li> <li>• Certification that no subsequent residence has been identified; <u>and</u></li> <li>• Self-certification or other written documentation that the individual lack the financial resources and support necessary to obtain permanent housing</li> </ul>
	<p><b>Category 3</b></p> <p>Homeless under other Federal statutes</p>	<ul style="list-style-type: none"> <li>• Certification by the nonprofit or state or local government that the individual or head of household seeking assistance met the criteria of homelessness under another federal statute; <u>and</u></li> <li>• Certification of no PH in last 60 days; <u>and</u></li> <li>• Certification by the individual or head of household, and any available supporting documentation, that (s)he has moved two or more times in the past 60 days; <u>and</u></li> <li>• Documentation of special needs <u>or</u> 2 or more barriers</li> </ul>
	<p><b>Category 4</b></p> <p>Fleeing/ Attempting to Flee DV</p>	<ul style="list-style-type: none"> <li>• <i>For victim service providers:</i> <ul style="list-style-type: none"> <li>○ An oral statement by the individual or head of household seeking assistance which states: they are fleeing; they have no subsequent residence; and they lack resources. Statement must be documented by a self-certification or a certification by the intake worker.</li> </ul> </li> <li>• <i>For non-victim service providers:</i> <ul style="list-style-type: none"> <li>○ Oral statement by the individual or head of household seeking assistance that they are fleeing. This statement is documented by a self-certification or by the caseworker. Where the safety of the individual or family is not jeopardized, the oral statement must be verified; <u>and</u></li> <li>○ Certification by the individual or head of household that no subsequent residence has been identified; <u>and</u></li> <li>○ Self-certification, or other written documentation, that the individual or family lacks the financial resources and support networks to obtain other permanent housing.</li> </ul> </li> </ul>

# Appendix C: VI-SPDAT and VI-F-SPDAT



**AUTHORIZATION FOR USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION****Section 1. Who is the Participant?**

**Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **SSN:** \_\_\_\_\_

**Section 2. Use and Disclosure of Health Information**

I authorize the use or disclosure of the above-named individual's health information, which may contain medical, mental health, or substance abuse history and treatment information, as follows:

**Who Will Be Disclosing Information About the Individual?** The following entities may use or disclose the information: ABLE Industries, Adventist Health, Anthem, Aria Community Health, Aspiranet, Bethlehem Center, Center for Independent Living, Central CA Family Crisis Center, Central CA Legal Services, Central Valley Recovery Services, Central Valley Regional Center, Champions, Cities of Hanford, Porterville, Tulare, and Visalia, CSET, Employment Connection, Family Healthcare Network, Family Services of Tulare County, Kaweah Delta Hospital, KCAO, Housing Authorities of Kings and Tulare Counties, Kings County Behavioral Health, Kings Gospel Mission, Kings/Tulare Homeless Alliance, Kings United Way, Kings View, Lighthouse Rescue Mission, Mental Health Systems, Open Gate Ministries, RH Community Builders, Salt + Light, Salvation Army, Self-Help Enterprises, Sierra View District Hospital, Social Security Administration, St. Vincent de Paul, TC Hope, The Warehouse, Tulare County, Tulare Regional Medical Center, Turning Point of Central California, United Way of Tulare County, Uplift Family Services, Veterans Administration, Visalia Rescue Mission, Visalia Homeless Center, and Westcare.

**Who May Be Receiving Information About the Individual?** The information may be disclosed to: ABLE Industries, Adventist Health, Anthem, Aria Community Health, Aspiranet, Bethlehem Center, Center for Independent Living, Central CA Family Crisis Center, Central CA Legal Services, Central Valley Recovery Services, Central Valley Regional Center, Champions, Cities of Hanford, Porterville, Tulare, and Visalia, CSET, Employment Connection, Family Healthcare Network, Family Services of Tulare County, Kaweah Delta Hospital, KCAO, Housing Authorities of Kings and Tulare Counties, Kings County Behavioral Health, Kings Gospel Mission, Kings/Tulare Homeless Alliance, Kings United Way, Kings View, Lighthouse Rescue Mission, Mental Health Systems, Open Gate Ministries, RH Community Builders, Salt + Light, Salvation Army, Self-Help Enterprises, Sierra View District Hospital, Social Security Administration, St. Vincent de Paul, TC Hope, The Warehouse, Tulare County, Tulare Regional Medical Center, Turning Point of Central California, United Way of Tulare County, Uplift Family Services, Veterans Administration, Visalia Rescue Mission, Visalia Homeless Center, and Westcare.



**Section 3. What Information About the Individual Will Be Disclosed?**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Diagnosis          | <input type="checkbox"/> Lab Report        | <input type="checkbox"/> Immunization Record   |
| <input type="checkbox"/> History & Physical | <input type="checkbox"/> Medication Record | <input type="checkbox"/> Progress Note         |
| <input type="checkbox"/> Assessment         | <input type="checkbox"/> Plan of Care      | <input type="checkbox"/> Other: Written/Verbal |

Exception or information I do not want disclosed: \_\_\_\_\_

**Section 4. What is the Purpose of the Disclosure?**

To determine eligibility for housing and supportive services to the individual identified in this release.

**Section 5. What is the Expiration Date or Event?**

This authorization must expire within 1 year, or either on a specific date or upon a specific event. Please choose either:

- The following expiration date (no more than 2 years from today):

\_\_\_\_\_

- The following specific event (needs to happen within 2 years):

\_\_\_\_\_

**Section 6. Important Rights and Other Required Statements You Should Know**

- You can revoke this authorization at any time by writing to the Kings/Tulare Homeless Alliance at PO Box 1742, Visalia, CA 93279. If you revoke this authorization, it will not apply to information that has already been used or disclosed.
- The information disclosed based on this authorization may be redisclosed by the recipients and may no longer be protected by federal or state privacy laws. Not all persons or entities have to follow these laws.
- You do not need to sign this form in order to obtain enrollment, eligibility, payment, or treatment for services.
- This authorization is completely voluntary, and you do not have to agree to authorize any use or disclosure.
- You have a right to a copy of this authorization once you have signed it. Please keep a copy for your records or you may ask us for a copy at any time by writing to the Kings/Tulare Homeless Alliance.
- You may request a restriction or limitation on the protected health information to be used or disclosed.



**Section 7. Signature of the Individual**

I have reviewed this authorization and have had my rights explained/read to me. I hereby consent to release of my health information as specified above.

Signature: \_\_\_\_\_ Date (required): \_\_\_\_\_

**Section 8. Signature of Personal Representative (if applicable)**

Signature: \_\_\_\_\_ Date (required): \_\_\_\_\_

*Please describe your relationship to the individual and/or your legal authority to act on behalf of the individual in making decisions related to healthcare. You may be asked to provide us with the relevant legal documents giving you this authority.*

Relationship to the individual  
(required): \_\_\_\_\_

**NOTICE TO RECIPIENT OF INFORMATION**

*This information has been disclosed to you from records the confidentiality of which may be protected by federal and/or state law. If the records are protected under the federal regulations on the confidentiality of alcohol and drug abuse patient records (42 CFR Part 2), you are prohibited from making any further disclosures of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains, or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The federal rules restrict any use of this information to criminally investigate or prosecute any alcohol or drug abuse patient.*







VULNERABILITY INDEX - SERVICE PRIORITIZATION DECISION ASSISTANCE TOOL (VI-SPDAT)

SINGLE ADULTS

AMERICAN VERSION 2.0

**BASIC INFORMATION**

First Name _____	Nickname _____	Last Name _____
<input type="checkbox"/> Partial, Street Name, or Code Name Reported <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected		

In what language do you feel best able to express yourself? \_\_\_\_\_

Date of Birth: _____	Age: _____	Social Security Number: _____ - _____ - _____
<input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected		

Ethnicity:	<input type="checkbox"/> Non-Hispanic/Non-Latino <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Data Not Collected <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Client Refused
Race:	<input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Client Refused <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Data Not Collected <input type="checkbox"/> Black or African American <input type="checkbox"/> Client Doesn't Know
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Questioning <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Female <input type="checkbox"/> A Gender that is not singularly Female or Male <input type="checkbox"/> Client Refused <input type="checkbox"/> Transgender <input type="checkbox"/> Data Not Collected
Sexual Orientation:	<input type="checkbox"/> Straight/Heterosexual <input type="checkbox"/> Two Spirit <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Gay <input type="checkbox"/> Questioning <input type="checkbox"/> Client Refused <input type="checkbox"/> Lesbian <input type="checkbox"/> Queer <input type="checkbox"/> Data Not Collected <input type="checkbox"/> Bisexual <input type="checkbox"/> Other/Not listed: _____
Disabling Condition:	<input type="checkbox"/> Yes <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Data Not Collected <input type="checkbox"/> No <input type="checkbox"/> Client Refused
Veteran Status:	<input type="checkbox"/> Yes <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Data Not Collected <input type="checkbox"/> No <input type="checkbox"/> Client Refused
Living Situation:	<input type="checkbox"/> Place not meant for habitation (vehicle, street, parks, abandoned buildings, or anywhere outside) <input type="checkbox"/> Emergency Shelter (including hotel/motel paid for with ES voucher or RHY-funded Host Home shelter) <input type="checkbox"/> Safe Haven
Length of Stay:	<input type="checkbox"/> One night or less <input type="checkbox"/> One month or more, but less than 90 days <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Two to six nights <input type="checkbox"/> 90 days or more, but less than one year <input type="checkbox"/> Client Refused <input type="checkbox"/> One week or more, but less than one month <input type="checkbox"/> One year or longer <input type="checkbox"/> Data Not Collected

Approximate Date Homelessness Started \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

# of Times Client has been Homeless on the Streets, in ES, or SH in the past three years:	<input type="checkbox"/> One time <input type="checkbox"/> Four or more times <input type="checkbox"/> Client Refused <input type="checkbox"/> Two times <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Data Not Collected <input type="checkbox"/> Three times
# of Months Homeless on the streets, ES, or SH in past three years:	<input type="checkbox"/> One Month (first month) <input type="checkbox"/> More than 12 months <input type="checkbox"/> Client Refused <input type="checkbox"/> 2-12 months (#____) <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Data Not Collected
Covered by Health Insurance, if yes, indicate source:	<input type="checkbox"/> No coverage <input type="checkbox"/> VA Medical Services (Military Insurance) <input type="checkbox"/> State Health Insurance for Adults <input type="checkbox"/> Medicaid (Medi-Cal) <input type="checkbox"/> Employer Provided Health Insurance <input type="checkbox"/> Medicare <input type="checkbox"/> Health Insurance obtained through COBRA <input type="checkbox"/> Indian Health Services Program <input type="checkbox"/> State Children's Health Insurance Program <input type="checkbox"/> Private Pay Health Insurance <input type="checkbox"/> Other: _____



**A. HISTORY OF HOUSING & HOMELESSNESS**

1. Where do you sleep most frequently? (check one)	<input type="checkbox"/> Shelters	<input type="checkbox"/> Other (SPECIFY): _____
	<input type="checkbox"/> Transitional Housing	
	<input type="checkbox"/> Outdoors	<input type="checkbox"/> Refused
2. How long has it been since you lived in permanent stable housing?	_____	<input type="checkbox"/> Refused
3. In the last three years, how many times have you been homeless?	_____	<input type="checkbox"/> Refused
a) Total # of months homeless in past three years?	_____	<input type="checkbox"/> Refused

**B. RISKS**

4. In the past six months, how many times have you.....		
a) Received health care at an emergency department/room?	_____	<input type="checkbox"/> Refused
b) Taken an ambulance to the hospital?	_____	<input type="checkbox"/> Refused
c) Been hospitalized as an inpatient?	_____	<input type="checkbox"/> Refused
d) Used a crisis service, including sexual assault crisis, mental health crisis, family/intimate violence, distress centers and suicide prevention hotlines?	_____	<input type="checkbox"/> Refused
e) Talked to police because you witnessed a crime, were the victim of a crime, or the alleged perpetrator of a crime or because the police told you that you must move along?	_____	<input type="checkbox"/> Refused
f) Stayed one or more nights in a holding cell, jail or prison, whether that was a short-term stay like the drunk tank, a longer stay for a more serious offence, or anything in between?	_____	<input type="checkbox"/> Refused
5. Have you been attacked or beaten up since you've become homeless?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Refused
6. Have you threatened to or tried to harm yourself or anyone else in the last year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Refused
7. Do you have any legal stuff going on right now that may result in you being locked up, having to pay fines, or that make it more difficult to rent a place to live?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Refused
8. Does anybody force or trick you to do things that you do not want to do?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Refused
9. Do you ever do things that may be considered to be risky like exchange sex for money, run drugs for someone, have unprotected sex with someone you don't know, share a needle, or anything like that?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Refused

**C. SOCIALIZATION & DAILY FUNCTIONING**

10. Is there any person, past landlord, business, bookie, dealer, or government group like the IRS that thinks you owe them money?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Refused
11. Do you get any money from the government, a pension, an inheritance, working under the table, a regular job, or anything like that?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Refused
12. Do you have planned activities, other than just surviving, that make you feel happy and fulfilled?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Refused
13. Are you currently able to take care of basic needs like bathing, changing clothes, using a restroom, getting food and clean water and other things like that?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Refused
14. Is your current homelessness in any way caused by a relationship that broke down, an unhealthy or abusive relationship, or because family/friends caused you to become evicted?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Refused



**D. WELLNESS**

15. Have you ever had to leave an apartment, shelter program, or other place you were staying because of your physical health?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
16. Do you have any chronic health issues with your liver, kidneys, stomach, lungs or heart?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
17. If there was space available in a program that specifically assists people that live with HIV or AIDS, would that be of interest to you?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
18. Do you have any physical disabilities that would limit the type of housing you could access, or would make it hard to live independently because you'd need help?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
19. When you are sick or not feeling well, do you avoid getting help?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
20. <i>FOR FEMALE RESPONDENTS ONLY:</i> Are you currently pregnant?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
21. Has your drinking or drug use led you to being kicked out of an apartment or program where you were staying in the past?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
22. Will drinking or drug use make it difficult for you to stay housed or afford your housing?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
23. Have you ever had trouble maintaining your housing, or been kicked out of an apartment, shelter program or other place you were staying because of:	
a) A mental health issue or concern?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
b) A past head injury?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
c) A learning disability, developmental disability, or other impairment?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
24. Do you have any mental health or brain issues that would make it hard for you to live independently because you'd need help?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
25. Are there any medications that a doctor said you should be taking that, for whatever reason, you are not taking?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
26. Are there any medications like painkillers that you don't take the way the doctor prescribed or where you sell the medication?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
27. <i>YES OR NO:</i> Has your current period of homelessness been caused by an experience of emotional, physical, psychological, sexual, or other type of abuse, or by any other trauma you have experienced?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused

**FOLLOW UP**

On a regular day, where is it easiest to find you and what time of day is easiest to do so?	place: _____ time: ____:_____ or Morning/Afternoon/Evening/Night
Is there a phone number and/or email where someone can safely get in touch with you or leave you a message?	phone: (_____)_____- _____ email: _____
<b>SURVEYOR:</b> Take picture. Any final notes that you'd like to convey?	



# KINGS/TULARE HOMELESS ALLIANCE

## ADMINISTRATION

Interviewer's Name: \_\_\_\_\_ Agency: \_\_\_\_\_  Team  
 Staff  
 Volunteer

Survey Date: \_\_\_\_\_ Survey Time: \_\_\_\_\_ City (Location): \_\_\_\_\_  
 DD/MM/YYYY \_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_ : \_\_\_\_ AM / PM

Enrollment: CE – Every Door Open Assessment Contact Type:  Phone  Virtual  In-Person

## CONSENT FOR INTERVIEW

My name is \_\_\_\_\_ and I'm with the Kings/Tulare Homeless Alliance. I have a 10-minute survey that I would like to complete with you and take a picture of you so we can identify you at a later date. The answers will help us determine how we can go about supporting and housing you. Most questions only require a Yes or No response. Some questions require a one-word answer. I'll be honest, some questions are personal in nature, but know you can skip or refuse any question. The information collected goes in to our homeless provider data system and shared with authorized agencies for the purpose of furthering services and housing in the community.

If you do not understand a question, let me know and I would be happy to clarify. If it seems to me that you don't understand a question I will also do my best to explain it to you without you needing to ask for clarification.

One last thing we should chat about. I've been doing this long enough to know that some people will tell me what they want me to hear rather than telling me – or even themselves – the truth. It's up to you, but the more honest you are, the better we can figure out how best to support you. If you are dishonest with me, really you are just being dishonest with yourself. So, please answer as honestly as you feel comfortable doing.

## SIGN BELOW IF AGREEING TO BE INTERVIEWED

Your signature (or mark) below indicates that you have read (or been read) the information provided above, have gotten answers to your questions, and have freely chosen to be interviewed. By agreeing to be interviewed, you are not giving up any of your legal rights. Furthermore, your signature below indicates that you agree to have your photo taken unless otherwise the box is checked below.

\_\_\_\_\_  
Date Signature (or Mark) of Participant Printed Name of Participant  
 No, please do not take my picture.

\_\_\_\_\_  
Date Signature (or Mark) of Participant Printed Name of Participant  
 No, please do not take my picture.



**AUTHORIZATION FOR USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION****Section 1. Who is the Participant?****Name:** \_\_\_\_\_**Date of Birth:** \_\_\_\_\_ **SSN:** \_\_\_\_\_**Section 2. Use and Disclosure of Health Information**

I authorize the use or disclosure of the above-named individual's health information, which may contain medical, mental health, or substance abuse history and treatment information, as follows:

**Who Will Be Disclosing Information About the Individual?** The following entities may use or disclose the information: ABLE Industries, Adventist Health, Anthem, Aria Community Health, Aspiranet, Bethlehem Center, Center for Independent Living, Central CA Family Crisis Center, Central CA Legal Services, Central Valley Recovery Services, Central Valley Regional Center, Champions, Cities of Hanford, Porterville, Tulare, and Visalia, CSET, Employment Connection, Family Healthcare Network, Family Services of Tulare County, Kaweah Delta Hospital, KCAO, Housing Authorities of Kings and Tulare Counties, Kings County Behavioral Health, Kings Gospel Mission, Kings/Tulare Homeless Alliance, Kings United Way, Kings View, Lighthouse Rescue Mission, Mental Health Systems, Open Gate Ministries, RH Community Builders, Salt + Light, Salvation Army, Self-Help Enterprises, Sierra View District Hospital, Social Security Administration, St. Vincent de Paul, TC Hope, The Warehouse, Tulare County, Tulare Regional Medical Center, Turning Point of Central California, United Way of Tulare County, Uplift Family Services, Veterans Administration, Visalia Rescue Mission, Visalia Homeless Center, and Westcare.

**Who May Be Receiving Information About the Individual?** The information may be disclosed to: ABLE Industries, Adventist Health, Anthem, Aria Community Health, Aspiranet, Bethlehem Center, Center for Independent Living, Central CA Family Crisis Center, Central CA Legal Services, Central Valley Recovery Services, Central Valley Regional Center, Champions, Cities of Hanford, Porterville, Tulare, and Visalia, CSET, Employment Connection, Family Healthcare Network, Family Services of Tulare County, Kaweah Delta Hospital, KCAO, Housing Authorities of Kings and Tulare Counties, Kings County Behavioral Health, Kings Gospel Mission, Kings/Tulare Homeless Alliance, Kings United Way, Kings View, Lighthouse Rescue Mission, Mental Health Systems, Open Gate Ministries, RH Community Builders, Salt + Light, Salvation Army, Self-Help Enterprises, Sierra View District Hospital, Social Security Administration, St. Vincent de Paul, TC Hope, The Warehouse, Tulare County, Tulare Regional Medical Center, Turning Point of Central California, United Way of Tulare County, Uplift Family Services, Veterans Administration, Visalia Rescue Mission, Visalia Homeless Center, and Westcare.



**Section 3. What Information About the Individual Will Be Disclosed?**

- Diagnosis
- Lab Report
- Immunization Record
- History & Physical
- Medication Record
- Progress Note
- Assessment
- Plan of Care
- Other: Written/Verbal

Exception or information I do not want disclosed: \_\_\_\_\_

**Section 4. What is the Purpose of the Disclosure?**

To determine eligibility for housing and supportive services to the individual identified in this release.

**Section 5. What is the Expiration Date or Event?**

This authorization must expire within 1 year, or either on a specific date or upon a specific event. Please choose either:

- The following expiration date (no more than 2 years from today):

\_\_\_\_\_

- The following specific event (needs to happen within 2 years):

\_\_\_\_\_

**Section 6. Important Rights and Other Required Statements You Should Know**

- You can revoke this authorization at any time by writing to the Kings/Tulare Homeless Alliance at PO Box 1742, Visalia, CA 93279. If you revoke this authorization, it will not apply to information that has already been used or disclosed.
- The information disclosed based on this authorization may be redisclosed by the recipients and may no longer be protected by federal or state privacy laws. Not all persons or entities have to follow these laws.
- You do not need to sign this form in order to obtain enrollment, eligibility, payment, or treatment for services.
- This authorization is completely voluntary, and you do not have to agree to authorize any use or disclosure.
- You have a right to a copy of this authorization once you have signed it. Please keep a copy for your records or you may ask us for a copy at any time by writing to the Kings/Tulare Homeless Alliance.
- You may request a restriction or limitation on the protected health information to be used or disclosed.



**Section 7. Signature of the Individual**

I have reviewed this authorization and have had my rights explained/read to me. I hereby consent to release of my health information as specified above.

Signature: \_\_\_\_\_ Date (required): \_\_\_\_\_

**Section 8. Signature of Personal Representative (if applicable)**

Signature: \_\_\_\_\_ Date (required): \_\_\_\_\_

*Please describe your relationship to the individual and/or your legal authority to act on behalf of the individual in making decisions related to healthcare. You may be asked to provide us with the relevant legal documents giving you this authority.*

Relationship to the individual (required): \_\_\_\_\_

**NOTICE TO RECIPIENT OF INFORMATION**

*This information has been disclosed to you from records the confidentiality of which may be protected by federal and/or state law. If the records are protected under the federal regulations on the confidentiality of alcohol and drug abuse patient records (42 CFR Part 2), you are prohibited from making any further disclosures of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains, or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The federal rules restrict any use of this information to criminally investigate or prosecute any alcohol or drug abuse patient.*







**BASIC INFORMATION**

<b>PARENT 1</b>	First Name _____ Nickname _____ Last Name _____
	<input type="checkbox"/> Partial, Street Name, or Code Name Reported <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected
	In what language do you feel best able to express yourself? _____
Date of Birth: DD/MM/YYYY ____/____/____ Age: _____ Social Security Number: ____-____-____	
<input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	
Ethnicity:	<input type="checkbox"/> Non-Hispanic/Non-Latino <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Data Not Collected <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Client Refused
Race:	<input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Client Refused <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Data Not Collected <input type="checkbox"/> Black or African American <input type="checkbox"/> Client Doesn't Know
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Questioning <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Female <input type="checkbox"/> A Gender that is not singularly <input type="checkbox"/> Client Refused <input type="checkbox"/> Transgender Female or Male <input type="checkbox"/> Data Not Collected
Sexual Orientation:	<input type="checkbox"/> Straight/Heterosexual <input type="checkbox"/> Two Spirit <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Gay <input type="checkbox"/> Questioning <input type="checkbox"/> Client Refused <input type="checkbox"/> Lesbian <input type="checkbox"/> Queer <input type="checkbox"/> Data Not Collected <input type="checkbox"/> Bisexual <input type="checkbox"/> Other/Not listed: _____
Disabling Condition:	<input type="checkbox"/> Yes <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Data Not Collected <input type="checkbox"/> No <input type="checkbox"/> Client Refused
Veteran Status:	<input type="checkbox"/> Yes <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Data Not Collected <input type="checkbox"/> No <input type="checkbox"/> Client Refused
Living Situation:	<input type="checkbox"/> Place not meant for habitation (vehicle, street, parks, abandoned buildings, or anywhere outside) <input type="checkbox"/> Emergency Shelter (including hotel/motel paid for with ES voucher or RHY-funded Host Home shelter) <input type="checkbox"/> Safe Haven
Length of Stay:	<input type="checkbox"/> One night or less <input type="checkbox"/> One month or more, but less than 90 days <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Two to six nights <input type="checkbox"/> 90 days or more, but less than one year <input type="checkbox"/> Client Refused <input type="checkbox"/> One week or more, but less than one month <input type="checkbox"/> One year or longer <input type="checkbox"/> Data Not Collected
Approximate Date Homelessness Started	_____ / _____ / _____
# of Times Client has been Homeless on the Streets, in ES, or SH in the past three years:	<input type="checkbox"/> One time <input type="checkbox"/> Four or more times <input type="checkbox"/> Client Refused <input type="checkbox"/> Two times <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Data Not Collected <input type="checkbox"/> Three times
# of Months Homeless on the streets, ES, or SH in past three years:	<input type="checkbox"/> One Month (first month) <input type="checkbox"/> More than 12 months <input type="checkbox"/> Client Refused <input type="checkbox"/> 2-12 months (#____) <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Data Not Collected
Covered by Health Insurance, if yes, indicate source:	<input type="checkbox"/> No coverage <input type="checkbox"/> VA Medical Services (Military Insurance) <input type="checkbox"/> State Health Insurance for Adults <input type="checkbox"/> Medicaid (Medi-Cal) <input type="checkbox"/> Employer Provided Health Insurance <input type="checkbox"/> Indian Health Services Program <input type="checkbox"/> Medicare <input type="checkbox"/> Health Insurance obtained through COBRA <input type="checkbox"/> Other: _____ <input type="checkbox"/> State Children's Health Insurance Program <input type="checkbox"/> Private Pay Health Insurance



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PARENT 2	First Name _____ Nickname _____ Last Name _____
	<input type="checkbox"/> Partial, Street Name, or Code Name Reported <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected
	In what language do you feel best able to express yourself? _____
Date of Birth: DD/MM/YYYY ____/____/____ Age: _____ Social Security Number: ____-____-____	
<input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	
Ethnicity:	<input type="checkbox"/> Non-Hispanic/Non-Latino <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Data Not Collected <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Client Refused
Race:	<input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Client Refused <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Data Not Collected <input type="checkbox"/> Black or African American <input type="checkbox"/> Client Doesn't Know
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Questioning <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Female <input type="checkbox"/> A Gender that is not singularly Female or Male <input type="checkbox"/> Client Refused <input type="checkbox"/> Transgender <input type="checkbox"/> Data Not Collected
Sexual Orientation:	<input type="checkbox"/> Straight/Heterosexual <input type="checkbox"/> Two Spirit <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Gay <input type="checkbox"/> Questioning <input type="checkbox"/> Client Refused <input type="checkbox"/> Lesbian <input type="checkbox"/> Queer <input type="checkbox"/> Data Not Collected <input type="checkbox"/> Bisexual <input type="checkbox"/> Other/Not listed: _____
Disabling Condition:	<input type="checkbox"/> Yes <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Data Not Collected <input type="checkbox"/> No <input type="checkbox"/> Client Refused
Veteran Status:	<input type="checkbox"/> Yes <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Data Not Collected <input type="checkbox"/> No <input type="checkbox"/> Client Refused
Living Situation:	<input type="checkbox"/> Place not meant for habitation (vehicle, street, parks, abandoned buildings, or anywhere outside) <input type="checkbox"/> Emergency Shelter (including hotel/motel paid for with ES voucher or RHY-funded Host Home shelter) <input type="checkbox"/> Safe Haven
Length of Stay:	<input type="checkbox"/> One night or less <input type="checkbox"/> One month or more, but less than 90 days <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Two to six nights <input type="checkbox"/> 90 days or more, but less than one year <input type="checkbox"/> Client Refused <input type="checkbox"/> One week or more, but less than one month <input type="checkbox"/> One year or longer <input type="checkbox"/> Data Not Collected
Approximate Date Homelessness Started	_____ / _____ / _____
# of Times Client has been Homeless on the Streets, in ES, or SH in the past three years:	<input type="checkbox"/> One time <input type="checkbox"/> Four or more times <input type="checkbox"/> Client Refused <input type="checkbox"/> Two times <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Data Not Collected <input type="checkbox"/> Three times
# of Months Homeless on the streets, ES, or SH in past three years:	<input type="checkbox"/> One Month (first month) <input type="checkbox"/> More than 12 months <input type="checkbox"/> Client Refused <input type="checkbox"/> 2-12 months (#____) <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Data Not Collected
Covered by Health Insurance, if yes, indicate source:	<input type="checkbox"/> No coverage <input type="checkbox"/> VA Medical Services (Military Insurance) <input type="checkbox"/> State Health Insurance for Adults <input type="checkbox"/> Medicaid (Medi-Cal) <input type="checkbox"/> Employer Provided Health Insurance <input type="checkbox"/> Indian Health Services Program <input type="checkbox"/> Medicare <input type="checkbox"/> Health Insurance obtained through COBRA <input type="checkbox"/> Other: <input type="checkbox"/> State Children's Health Insurance Program <input type="checkbox"/> Private Pay Health Insurance



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**CHILDREN**

1. How many children under the age of 18 are currently with you? \_\_\_\_\_  Refused
2. How many children under the age of 18 are not currently with your family, but you have reason to believe they will be joining you when you get housed? \_\_\_\_\_  Refused
3. *IF HOUSEHOLD INCLUDES A FEMALE:* Is any member of the family currently pregnant?  Yes  No  Refused
4. Please provide a list of children’s names and demographics:

<b>Additional Child</b>	<b>First Name</b>	<b>Last Name</b>	<b>Date of Birth</b>	<b>SSN</b>	<b>Disabled (Y or N)</b>	
	<b>Relationship to HOH</b> <small>(spouse/partner/child/etc.)</small>	<b>Gender</b> <small>(Use codes below)</small>	<b>Hispanic/Latino</b> <small>(Y or N)</small>	<b>Race</b> <small>(Use codes below)</small>	<b>Health Ins.</b> <small>(Y or N)</small>	<b>List Insurance Source</b>
<b>Additional Child</b>	<b>First Name</b>	<b>Last Name</b>	<b>Date of Birth</b>	<b>SSN</b>	<b>Disabled (Y or N)</b>	
	<b>Relationship to HOH</b> <small>(spouse/partner/child/etc.)</small>	<b>Gender</b> <small>(Use codes below)</small>	<b>Hispanic/Latino</b> <small>(Y or N)</small>	<b>Race</b> <small>(Use codes below)</small>	<b>Health Ins.</b> <small>(Y or N)</small>	<b>List Insurance Source</b>
<b>Additional Child</b>	<b>First Name</b>	<b>Last Name</b>	<b>Date of Birth</b>	<b>SSN</b>	<b>Disabled (Y or N)</b>	
	<b>Relationship to HOH</b> <small>(spouse/partner/child/etc.)</small>	<b>Gender</b> <small>(Use codes below)</small>	<b>Hispanic/Latino</b> <small>(Y or N)</small>	<b>Race</b> <small>(Use codes below)</small>	<b>Health Ins.</b> <small>(Y or N)</small>	<b>List Insurance Source</b>
<b>Additional Child</b>	<b>First Name</b>	<b>Last Name</b>	<b>Date of Birth</b>	<b>SSN</b>	<b>Disabled (Y or N)</b>	
	<b>Relationship to HOH</b> <small>(spouse/partner/child/etc.)</small>	<b>Gender</b> <small>(Use codes below)</small>	<b>Hispanic/Latino</b> <small>(Y or N)</small>	<b>Race</b> <small>(Use codes below)</small>	<b>Health Ins.</b> <small>(Y or N)</small>	<b>List Insurance Source</b>
<b>Additional Child</b>	<b>First Name</b>	<b>Last Name</b>	<b>Date of Birth</b>	<b>SSN</b>	<b>Disabled (Y or N)</b>	
	<b>Relationship to HOH</b> <small>(spouse/partner/child/etc.)</small>	<b>Gender</b> <small>(Use codes below)</small>	<b>Hispanic/Latino</b> <small>(Y or N)</small>	<b>Race</b> <small>(Use codes below)</small>	<b>Health Ins.</b> <small>(Y or N)</small>	<b>List Insurance Source</b>

**Gender Codes:**

**Race Codes** *(use all that apply):*

- (F) Female
- (M) Male
- (TG) Transgender
- (Q) Questioning
- (NSMF) Not Singularly Male or Female

- (O) Other
- (REF) Client Refused
- (D/K) Client Doesn't Know
- (DNC) Data Not Collected

- (AM) American Indian/Alaskan Native
- (AS) Asian
- (BL) Black/African American Native
- (HA) Hawaiian/Other Pacific Islander
- (W) White
- (REF) Client Refused
- (D/K) Client Doesn't Know
- (DNC) Data Not Collected



**A. HISTORY OF HOUSING & HOMELESSNESS**

5. Where do you and your family sleep most frequently? (check one)	<input type="checkbox"/> Shelters	<input type="checkbox"/> Other (SPECIFY): _____
	<input type="checkbox"/> Transitional Housing	
	<input type="checkbox"/> Outdoors	<input type="checkbox"/> Refused
6. How long has it been since you and your family lived in permanent stable housing?	_____	<input type="checkbox"/> Refused
7. In the last three years, how many times have you and your family been homeless?	_____	<input type="checkbox"/> Refused
a) Total # of months homeless in past three years for you and your family?	_____	<input type="checkbox"/> Refused

**B. RISKS**

8. In the past six months, how many times have you or anyone in your family.....		
a) Received health care at an emergency department/room?	_____	<input type="checkbox"/> Refused
b) Taken an ambulance to the hospital?	_____	<input type="checkbox"/> Refused
c) Been hospitalized as an inpatient?	_____	<input type="checkbox"/> Refused
d) Used a crisis service, including sexual assault crisis, mental health crisis, family/intimate violence, distress centers and suicide prevention hotlines?	_____	<input type="checkbox"/> Refused
e) Talked to police because you witnessed a crime, were the victim of a crime, or the alleged perpetrator of a crime or because the police told you that you must move along?	_____	<input type="checkbox"/> Refused
f) Stayed one or more nights in a holding cell, jail or prison, whether that was a short-term stay like the drunk tank, a longer stay for a more serious offence, or anything in between?	_____	<input type="checkbox"/> Refused
9. Have you or your family been attacked or beaten up since you've become homeless?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused	
10. Have you or anyone in your family threatened to or tried to harm yourself or anyone else in the last year?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused	
11. Do you or anyone in your family have any legal stuff going on right now that may result in you being locked up, having to pay fines, or that make it more difficult to rent a place to live?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused	
12. Does anybody force or trick you or anyone in your family to do things that you do not want to do?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused	
13. Do you or anyone in your family ever do things that may be considered to be risky like exchange sex for money, run drugs for someone, have unprotected sex with someone you don't know, share a needle, or anything like that?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused	

**C. SOCIALIZATION & DAILY FUNCTIONING**

14. Is there any person, past landlord, business, bookie, dealer, or government group like the IRS that thinks you or anyone in your family owe them money?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
15. Do you or anyone in your family get any money from the government, a pension, an inheritance, working under the table, a regular job, or anything like that?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
16. Does everyone in your family have planned activities, other than just surviving, that make them feel happy and fulfilled?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused



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17. Is everyone in your family currently able to take care of basic needs like bathing, changing clothes, using a restroom, getting food and clean water and other things like that?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
18. Is your family's current homelessness in any way caused by a relationship that broke down, an unhealthy or abusive relationship, or because family or friends caused your family to become evicted?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused

**D. WELLNESS**

19. Has your family ever had to leave an apartment, shelter program, or other place you were staying because of your physical health of you or anyone in your family?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
20. Do you or anyone in your family have any chronic health issues with your liver, kidneys, stomach, lungs or heart?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
21. If there was space available in a program that specifically assists people that live with HIV or AIDS, would that be of interest to you or anyone in your family?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
22. Does anyone in your family have any physical disabilities that would limit the type of housing you could access, or would make it hard to live independently because you'd need help?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
23. When someone in your family is sick or not feeling well, does your family avoid getting medical help?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
24. Has drinking or drug use by you or anyone in your family led your family to being kicked out of an apartment or program where you were staying in the past?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
25. Will drinking or drug use make it difficult for your family to stay housed or afford your housing?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
26. Has your family ever had trouble maintaining your housing, or been kicked out of an apartment, shelter program or other place you were staying because of:	
a) A mental health issue or concern?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
b) A past head injury?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
c) A learning disability, developmental disability, or other impairment?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
27. Do you or anyone in your family have any mental health or brain issues that would make it hard for you or your family to live independently because help would be needed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
28. Does any single member of your household have a medical condition, mental health concerns, <b>and</b> experience with substance use?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
29. Are there any medications that a doctor said you or anyone in your family should be taking that, for whatever reason, they are not taking?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
30. Are there any medications like painkillers that you or anyone in your family don't take the way the doctor prescribed or where they sell the medication?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
31. <b>YES OR NO:</b> Has your family's current period of homelessness been caused by an experience of emotional, physical, psychological, sexual, or other type of abuse, or by any other trauma you or anyone in your family have experienced?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused



**E. FAMILY UNIT**

32. Are there any children that have been removed from the family by a child protection service within the last 180 days?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
33. Do you have any family legal issues that are being resolved in court or need to be resolved in court that would impact your housing or who may live within your housing?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
34. In the last 180 days have any children lived with family or friends because of your homelessness or housing situation?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
35. Has any child in the family experienced abuse or trauma in the last 180 days?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
36. <i>IF THERE ARE SCHOOL-AGED CHILDREN:</i> Do your children attend school more often than not each week?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
37. Have the members of your family changed in the last 180 days, due to things like divorce, your kids coming back to live with you, someone leaving for military service or incarceration, a relative moving in, or anything like that?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
38. Do you anticipate any other adults or children coming to live with you within the first 180 days of being housed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
39. Do you have two or more planned activities each week as a family such as outings to the park, going to the library, visiting other family, watching a family movie, or anything like that?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
40. After school, or on weekends or days when there isn't school, is the total time children spend each day where there is no interaction with you or another responsible adult...	
a) 3 or more hours per day for children aged 13 or older?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
b) 2 or more hours per day for children aged 12 or younger?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
41. <i>IF THERE ARE CHILDREN BOTH 12 AND UNDER &amp; 13 AND OVER:</i> Do your older kids spend 2 or more hours on a typical day helping their younger sibling(s) with things like getting ready for school, helping with homework, making them dinner, bathing them, or anything like that?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A or Refused

**FOLLOW UP**

On a regular day, where is it easiest to find you and what time of day is easiest to do so?	place: _____ time: ____:____ or Morning/Afternoon/Evening/Night
Is there a phone number and/or email where someone can safely get in touch with you or leave you a message?	phone: (____)____ - _____ email: _____
<b>SURVEYOR:</b> Take pictures (adults only). Any final notes that you'd like to convey?	



# Appendix D: CES Eligibility Verification Resources



## COC PROGRAM PARTICIPANT HOMELESS VERIFICATION FORM

### PART 1: INSTRUCTIONS

- |   |  |
|---|--|
| <input type="checkbox"/> Complete all fields in Part 2<br><input type="checkbox"/> Attach all supporting documents to this form | <input type="checkbox"/> Complete all relevant fields in Part 3<br><input type="checkbox"/> Maintain this form & supporting docs in participant's file |
|---|--|

*See Part 4 for Detailed Instructions & Part 5 for a Quick Guide to Eligibility*

### PART 2: GENERAL INFORMATION

Participant Name:	Participant Date of Birth:	Participant HMIS #:
Person Completing Form:	Agency Completing:	Date Form Completed:
Email & Phone Number for Person Completing Form:		
Email:	Phone #:	
CoC Program for which Homelessness is Being Certified:	CoC Program Type: <b>(Check One)</b>	CoC Project Entry Date:
	<input type="checkbox"/> PSH <input type="checkbox"/> TH <input type="checkbox"/> RRH	

### PART 3: CURRENT HOMELESS STATUS & HOMELESS HISTORY

**Location Prior to CoC Program Entry:** *Indicate place where client was staying immediately prior to program entry (Check One):*  
**Required Documentation Must Be Attached (See Part 4).**

- |   |   |
|---|---|
| <input type="checkbox"/> Unsheltered<br><input type="checkbox"/> Rapid Re-housing<br><input type="checkbox"/> Hotel/Motel Paid by Govt or Charity | <input type="checkbox"/> Emergency Shelter<br><input type="checkbox"/> Transitional Housing (not qualified as chronic)<br><input type="checkbox"/> Institution < 90 days & literally homeless prior |
|---|---|

**Is client fleeing or attempting to flee domestic violence (Check One)?**  YES  NO

**Required Documentation Must Be Attached (See requirements in Part 4).**

#### Homeless Status (Check One)

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Literally Homeless (includes <90 days institution) | <input type="checkbox"/> Imminent Risk of Homelessness | <input type="checkbox"/> Fleeing Domestic Violence |
|---|--|--|

#### Chronic/Disability Status

Is this participant chronically homeless? (SEE HOMELESS HISTORY)  YES  NO

Is this participant being qualified for permanent supportive housing?  YES  NO

Is this participant being qualified for transitional housing for disabled?  YES  NO

**If yes, to any, Disability Verification must be completed.**

#### Homeless History - EXAMPLE

*Starting with the most recent occasion of homelessness, provide the names, dates and types of locations and length of each stay, where the participant resided during the last three years. Occasions can include more than one location and must be separated by at least a 7 night break when the individual did not meet the homeless definition. Unless there is evidence of a break in homelessness of 7 or more nights, documentation of an encounter with a service provider on a single day within 1 month, counts for the entire month. Each month can be counted only once. To qualify a participant as chronically homeless, you must document at least 12 consecutive months or at least 4 separate occasions within the last three years of living unsheltered, in ES, or in another qualified location provided that the total time homeless during those occasions equals at least twelve months.*

**Required Documentation Must Be Attached - For more details, including institutional stays & doc requirements, see Part 4.**

Program Name or Location	Program/Location Type	Start Date	End Date	Length of Stay	Occasion #	
<b>SAMPLE</b>	Gateway Park	Unsheltered	Aug 2014	12/23/14	Aug-Dec: 5 months	Occasion #1
	Sister's House	Housed	12/24/14	1/2/15	10 days = break	Not Homeless
	Project Home	Emergency Shelter	1/3/15	1/10/15	January: 1 month	Occasion #2
	Gateway Park	Unsheltered	1/11/15	2/2/15	February: 1 month	
	Valley Hospital	Institutional Stay < 90 days	2/3/15	4/15/15	March-April : 2 months	Not Homeless
	Hope House	Residential Rehab > 90 days	4/16/15	8/30/15	4+months=break	
	Project Home	Emergency Shelter	8/31/15	11/5/15	Aug-Nov: 4 months	
	Friends/Family	Housed	11/6/15	End of Jan	2+months=break	Not Homeless
	Bus Station	Unsheltered	End of Jan	2/5/16	Jan-Feb: 2 months	Occasion #4
<b>TOTAL # Occasions (red lengths do not count towards total):</b>				15 months	4 Occasions	

**SAMPLE PARTICIPANT QUALIFIES AS CHRONICALLY HOMELESS.**



## COC PROGRAM PARTICIPANT HOMELESS VERIFICATION FORM

### PART 4: DETAILED REQUIREMENTS AND DEFINITIONS

#### PERMANENT SUPPORTIVE HOUSING – **NOT** FOR CHRONICALLY HOMELESS

##### **EVIDENCE OF HOMELESS STATUS:**

**Attach to this form**, a signed and dated certification from an outreach worker or other service provider demonstrating that the individual or head of household is **currently** homeless and living in a place not meant for human habitation, in an emergency shelter, transitional housing, or a safe haven.

OR

Is fleeing or attempting to flee domestic violence, dating violence, sexual assault or stalking; and has no other residence; and lacks the resources or support networks to obtain other permanent housing. HUD stresses that where the safety of the individual or family would be jeopardized by an intake worker's attempt to obtain third party verification, that the intake worker must not attempt to obtain, under any circumstances, third-party verification and may accept written certification by the individual or head of household.

HUD has indicated that who can be considered a "service provider" is broad and can include anyone who can give their professional judgment that this person was sleeping in a qualified location during the relevant period of time. This can include but is not limited to a housing, shelter, or outreach provider, a doctor, counselor, clergy person, law enforcement officer or representative of the school system.

An intake worker may accept as third-party documentation, the oral or written observation of someone in the community, including but not limited to, a shopkeeper, a building owner, or a neighborhood resident (regardless of relationship with the household) that has *physically observed* where the individual or head of household is or has been residing. If the community member is unwilling to provide a written observation, the intake worker may document their conversation with the community member. The community member must indicate which specific months they *physically observed* the individual or head of household residing in a place not meant for human habitation. The intake worker must use their professional judgment to determine if the source is reliable<sup>1</sup>.

RRH participants retain their homeless status during the time period that they are receiving the RRH assistance. For participants **currently in RRH** seeking admission to PSH you **must also attach evidence** that they met this criteria prior to entry into RRH.

For participants **currently in TH** you **must also attach evidence** that they originally came from the streets or an emergency shelter.

**Third-party letters must be:** on agency letterhead, signed and dated. The name and title of the person signing should be indicated.

##### **EVIDENCE OF INSTITUTIONAL STAYS:**

**Attach to this form:** discharge paperwork or a written or oral referral from an appropriate official of the institution, stating the beginning and end dates of the time residing in the institution demonstrating the person resided there for less than 90 days. All oral statements must be recorded; OR Where the evidence above is not obtainable, a written record of the intake worker's due diligence in attempting to obtain the evidence described in the paragraph above and a certification by the individual seeking assistance that states that they are exiting or have just exited an institution where they resided for less than 90 days; AND Evidence that the individual was homeless and living in a place not meant for human habitation, a safe haven, or in an emergency shelter, immediately prior to entry into the institutional care facility. Evidence must also demonstrate that the person met the duration of homelessness criteria immediately prior to the institutional stay ONLY if being admitted to a chronic homeless bed. **Note: People who lived in Transitional Housing immediately prior to entering an institution should retain their TH bed for 89 days and would qualify as literally homeless but not chronically homeless.**

<sup>1</sup> <https://www.hudexchange.info/faqs/2759/can-a-community-member-such-as-a-shopkeeper-or-neighborhood-resident/>

## COC PROGRAM PARTICIPANT HOMELESS VERIFICATION FORM

### PERMANENT SUPPORTIVE HOUSING –FOR CHRONICALLY HOMELESS

#### DEFINITION

To be chronically homeless an **individual** must:

- 1) Live in a place not meant for human habitation, a safe haven, or in an emergency shelter (**Note: People living in Transitional Housing are not defined as chronically homeless by HUD.**); AND
- 2) Have been homeless and residing in a place not meant for human habitation, a safe haven, or in an emergency shelter continuously for at least 12 months or on at least 4 separate occasions in the last 3 years as long as the combined occasions equal at least 12 months and each break in homelessness separating the occasions included at least 7 consecutive nights of not living as described in part 1; AND
- 3) Be disabled. Disabling Condition is defined by HUD as a condition that: (i) Is expected to be long-continuing or of indefinite duration; (ii) Substantially impedes the individual's ability to live independently; (iii) Could be improved by the provision of more suitable housing conditions; and (iv) Is a physical, mental, or emotional impairment, including an impairment caused by alcohol or drug abuse, post-traumatic stress disorder, or brain injury; (2) A developmental disability, as defined in this section; or (3) The disease of acquired immunodeficiency syndrome (AIDS) or any conditions arising from the etiologic agent for acquired immunodeficiency syndrome, including infection with the human immunodeficiency virus (HIV).

An individual who has been residing in an institutional care facility, including a jail, substance abuse or mental health treatment facility, hospital, or other similar facility, for **fewer than 90 days** AND who was chronically homeless before entering that facility also qualifies. Stays in institutional care for fewer than 90 days will not constitute a break in homelessness, but rather such stays are included in the 12-month total, as long as the individual was living in a place not meant for human habitation, safe haven, or emergency shelter immediately before entering the institution. You **must attach evidence of the institutional stay** as described on page 3.

A **family** with an adult head of household (or if there is no adult in the family, a minor head of household) who meets all of the criteria defined above, including a family whose composition has fluctuated while the head of household has been homeless, also qualifies. To qualify the adult head of household must be disabled.

Third-party **documentation of a single encounter** with a service provider on a single day within 1 month is sufficient to consider an individual as homeless and living or residing in a place not meant for human habitation, a safe haven, or an emergency shelter for the entire calendar month (e.g. an encounter on May 5, 2015, counts for May 1-May 31 2015), unless there is evidence that there have been at least 7 consecutive nights not living or residing in a place not meant for human habitation, a safe haven, or an emergency shelter during that month (e.g. evidence in HMIS of a stay in transitional housing).

For participants **currently in RRH** you **must attach evidence** that they met these criteria prior to entry into RRH. RRH participants retain their chronically homeless status during the time period that they are receiving the RRH assistance. Time spent in RRH does not count towards an applicants' duration of homelessness.

HUD has determined that once a chronically homeless household has been determined eligible and accepted into a CoC Program-funded permanent supportive housing program, that, **under limited circumstances**, household may stay with a friend or family, in a hotel/motel, or in a transitional housing bed, while a PSH bed is identified (see details on page 5).

## COC PROGRAM PARTICIPANT HOMELESS VERIFICATION FORM

### EVIDENCE OF CHRONICALLY HOMELESS STATUS:

Chronically Homeless participant files must include evidence of:

- Homeless Status (See Evidence of Homeless Status on page 3);AND
- Duration (See Option 1 and 2 on page 6); AND
- Disability (See Disability Verification Form)

Evidence must demonstrate that the participant was **currently chronically homeless** at the time of entry into the CoC program. HUD has determined that after an individual or family has been accepted into a program but before an appropriate unit has been identified, a household may stay with a friend or family or in a hotel or motel without losing their eligibility for the PSH program in which they have already been accepted. HUD would also allow a CoC to temporarily house the participant in an available transitional housing bed while a permanent housing unit is identified. This allowance is only permitted in the circumstances described here and does not apply to persons enrolled in transitional housing that were considered chronically homeless prior to entry into the program and the following requirements apply:

(1)The transitional housing provider cannot place any requirements on the program participant, including requiring a program participant to participate in services or to meet sobriety requirements. 2) The PSH provider must be **actively** assisting the program participant to identify a unit as quickly as possible and must be able to document attempts at locating a unit in the case file. Placing a program participant into a permanent housing unit should not take any longer than the time it would normally take to place someone in permanent housing who is residing on the streets or in an emergency shelter. (3) There cannot be duplication in billing for the program participant. The PSH provider and the TH provider must coordinate to ensure that appropriate services are provided and the same services are not being paid for out of both grants.

**You must attach evidence of either 12 months continuous homelessness OR 4 occasions in 3 years that combined equal at least 12 months.**

### Acceptable forms of evidence:

CoC programs are required to maintain and follow written intake procedures establishing the order of priority for obtaining evidence as third-party documentation first, intake worker observation second, and certification from the person seeking assistance third. Records contained in CT HMIS are acceptable evidence of third-party documentation and intake worker observations.

Evidence that the individual lives in a place not meant for human habitation, a safe haven, or an emergency shelter, includes:

- A. An HMIS record or record from a comparable database;
- B. A written observation by an outreach worker of the conditions where the individual was living;
- C. A written referral by another housing or service provider;
- D. An oral or written observation of someone in the community, including but not limited to, a shopkeeper, a building owner, or a neighborhood resident; or
- E. Where evidence described in A through C above cannot be obtained, a certification by the individual seeking assistance, which must be accompanied by the intake worker's documentation of the living situation of the individual or family seeking assistance and the steps taken to obtain evidence in A through C directly above. (SEE LIMITATIONS ON USE OF SELF-CERTIFICATION EVIDENCE BELOW)

### Limitations on use of self-certification evidence

For all clients, up to 3 months of homelessness can be documented through self-certification. In limited circumstances, up to the full 12 months of homelessness can be documented through self-certification. Self-certification of the full 12 months should be limited to rare and extreme cases and may not be used for more than 25 percent of households served by a project during an operating year. This limitation does not apply to documentation of breaks in homelessness between separate occasions, which may be documented entirely based on self-report.

**Third-party letters must be:** on agency letterhead, signed and dated. The name and title of the person signing should be indicated.

**Option 1: Evidence of duration of homelessness – At least 12 Months Continuous**

Provide evidence that the homeless occasion was continuous, for at least 12 months, without a break in living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter. A break is considered at least seven or more consecutive nights not residing in a place not meant for human habitation, in shelter, or in a safe haven.

**Option 2: Evidence of duration of homelessness – At least 4 separate homeless occasions over 3 years**

**To qualify as chronically homeless under option 2:**

- **The combined occasions must equal at least 12 months AND**
- **Each break in homelessness separating the occasions must include at least 7 consecutive nights of not residing in a place not meant for human habitation, in shelter, or in a safe haven.**

HUD has not required that a single occasion of homelessness must total a certain number of days.

**EXAMPLES:**

John Doe qualifies as chronically homeless, because he was **continuously homeless for at least 12 months:**

- From Aug 2014 – Oct 2014, he lived in a park. You obtain a letter from an outreach worker indicating that she observed him sleeping in the park on at least 1 night in August, September and October (3 months).
- From 11/1/14 – 11/5/14, he is in jail (this is fewer than 7 days, does not constitute a break, and can be documented by self-report).
- From 11/6/14- mid-December, he stays in an encampment. You obtain another letter from outreach (2 months).
- Sometime in mid-December, he stays a few nights with a friend (fewer than 7 days, does not constitute a break and can be documented by self-report).
- A PSH program has a vacancy and their intake worker meets him on 7/4/15. He is staying in an emergency shelter. The intake worker prints a record from HMIS indicating he stayed in shelter during from 12/20/15 - 7/3/15 (You count each month December through July: 7 months)
- He has 12 months of continuous documented homelessness, and he enters the CoC PSH program on 7/9/15.

Jane Doe qualifies as chronically homeless, because she had **4 episodes over 3 years** that combined equaled at least 12 months:

- Jane was living in the woods for about 2 years starting sometime in the winter of 2013. You obtain a letter from the day shelter indicating that they observed Jane at the day shelter 2 or 3 times per month from March 2014 through January 2015. The letter indicates that she had untreated mental illness, was reluctant to engage with staff, and despite many attempts unwilling to reveal where she was sleeping at night other than to say she stayed in the woods. The letter also indicates that Jane: always carried her blankets and other belongings in a cart, appeared poorly groomed, and napped often and showered occasionally at the day center. You also obtain a letter from Jane indicating she stayed with her sister for 2 weeks during Christmas 2015, which constitutes a break. (March 2014 – January 2015 = 11 months; Occasions #1 & Occasion #2).
- In early January 2015, Jane gets bronchitis, and her sister lets her stay again for 2 weeks. (This constitutes a break and can be documented via self-report).
- Jane returns to the woods (Occasion #3 is documented by the day shelter). On 1/20/15, she is hospitalized until 2/27/15. You obtain a letter from the hospital social worker documenting the dates of her hospitalization. (Since the hospitalization is fewer than 90 days, preceded by unsheltered homelessness and you already counted Jan. 2015, you can count Feb. 2015 = 1 month;)
- The hospital discharges Jane to her sister’s apartment, where she stays again for 2 weeks (constitutes a break, documented via self-report) then goes to an emergency shelter where she stays beginning on 3/11/15 until a PSH program has a vacancy. You obtain a letter from the shelter indicating her stay from 3/11/15 until 3/20/15 (Counts as 1 month and occasion #4)
- Jane has 4 occasions totaling 13 months and enters the CoC PSH program on 3/20/15.

## COC PROGRAM PARTICIPANT HOMELESS VERIFICATION FORM

### Rapid Re-Housing

**Must serve only individuals or families coming from emergency shelters or the streets. Attach to this form**, a signed and dated certification from an outreach worker or other service provider demonstrating that the individual or head of household is **currently** homeless and living in a place not meant for human habitation or in an emergency shelter.

**Third-party letters must be:** on agency letterhead, signed and dated. The name and title of the person signing should be indicated.

### Transitional Housing

**Attach to this form**, a signed and dated certification from an outreach worker or other service provider demonstrating that the individual or head of household is **currently** homeless and living in a place not meant for human habitation, in an emergency shelter, transitional housing, or a safe haven (*see note below re special requirements for K/T Alliance*).

OR

Is fleeing or attempting to flee domestic violence, dating violence, sexual assault or stalking has no other residence; and lacks the resources or support networks to obtain other permanent housing. HUD stresses that where the safety of the individual or family would be jeopardized by an intake worker's attempt to obtain third party verification, that the intake worker must not attempt to obtain, under any circumstances, third-party verification and may accept written certification by the individual or head of household.

OR

Individual or family will imminently lose their primary nighttime residence, provided that: (i) 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 needed to obtain other permanent housing.

To document imminent loss of housing you must **attach to this form:** A court order resulting from an eviction action notifying the individual or family that they must leave; OR For Individuals and families leaving a hotel or motel, evidence that they lack the financial resources to stay; OR a documented and verified oral statement; AND Certification that no subsequent residence has been identified; AND self-certification or other written documentation that the individual or family lacks the financial resources and support necessary to obtain permanent housing.

For participants **currently in another TH program** you **must attach evidence** that they originally came from the streets or an emergency shelter.

**Third-party letters must be:** on agency letterhead, signed and dated. The name and title of the person signing should be indicated.

## COC PROGRAM PARTICIPANT HOMELESS VERIFICATION FORM

### PART 5: QUICK REFERENCE GUIDE - ELIGIBILITY FOR COC PROGRAMS

**Important Note:** *This guide is intended for quick reference only. CoC Programs should carefully review all details regarding homelessness and disability requirements and ensure adequate documentation is in each participant chart to avoid recapture of program funds by HUD.*

Component Type	Eligible Participants
<b>Permanent Supportive Housing – <u>Not</u> for Chronically Homeless People</b>	<p><b>Currently</b> homeless and living in a place not meant for human habitation, in an emergency shelter, transitional housing (originally from the streets or an emergency shelter), or a safe haven;</p> <p>OR</p> <p>Is fleeing or attempting to flee domestic violence, dating violence, sexual assault or stalking;</p> <p>AND</p> <p>One or more members of the household is diagnosed with a disability.</p>
<b>Permanent Supportive Housing –<u>For Chronically Homeless People</u></b>	<p>Currently living in a place not meant for human habitation, a safe haven, or in an emergency shelter (<i>Note: People living in Transitional Housing are not defined as chronically homeless by HUD.</i>);</p> <p>AND</p> <p>Have been homeless and residing in a place not meant for human habitation, a safe haven, or in an emergency shelter continuously for at least 12 months or on at least 4 separate occasions in the last 3 years that combined total at least 12 months;</p> <p>AND</p> <p>An adult head of household, or, if there is no adult in the family, a minor head of household, is diagnosed with a disability.</p>
<b>Rapid Re-housing</b>	Individuals or families coming from emergency shelters or the streets.
<b>Transitional Housing</b>	<p><b>Currently</b> homeless and living in a place not meant for human habitation, in an emergency shelter, transitional housing, or a safe haven (<i>see note below re special requirements for K/T Alliance</i>).</p> <p>OR</p> <p>Is fleeing or attempting to flee domestic violence, dating violence, sexual assault or stalking has no other residence; and lacks the resources or support networks to obtain other permanent housing.</p> <p>OR</p> <p>Will imminently lose their primary nighttime residence, provided that: (i) 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 needed to obtain other permanent housing.</p>



## COC PROGRAM PARTICIPANT DISABILITY VERIFICATION FORM

### PART 1: INSTRUCTIONS

- To be eligible for all CoC funded PSH, evidence that one or more members of the household is diagnosed with a disability must be documented in the participant file.
- To be eligible for a PSH unit that is dedicated to serve chronically homeless people, the disability must be documented for an adult head of household, or, if there is no adult in the family, a minor head of household.
- This form can also be used for CoC-funded TH or other programs that have committed to serving disabled people.
- Complete all fields in Part 2.
- Complete all fields under the relevant option in Part 3
- Attach all supporting documents to this form.
- Maintain this form and all supporting documents in the participant's file.

### PART 2: GENERAL INFORMATION

<b>Admitting CoC Agency Name:</b>	<b>CoC Project Name:</b>		
<b>Participant Name:</b>	<b>HMIS #</b>	<b>Date of Birth</b>	<b>CoC Project Entry Date</b>

### Part 3: DISABILITY CERTIFICATION

#### Option #1: Social Security (SSI/DI) or Veteran's Disability

Evidence must include one of the following (Check One):

- A) Written verification from the Social Security Administration; OR
- B) Copies of a disability check (e.g., SSI, SSDI or Veterans Disability Compensation)

**ATTACH EVIDENCE OF EITHER A OR B TO THIS FORM**

Check here to indicate that evidence has been attached.

## COC PROGRAM PARTICIPANT DISABILITY VERIFICATION FORM

### Option #2: Verification by a Qualified Licensed Professional

I, hereby, certify that \_\_\_\_\_ (Insert Participant Name) has been diagnosed with at least one of the following:

- A physical, mental, or emotional impairment, including an impairment caused by alcohol or drug abuse, post-traumatic stress disorder, or brain injury that: Is expected to be long-continuing or of indefinite duration; and substantially impedes the individual's ability to live independently; and could be improved by the provision of more suitable housing conditions; OR
- A developmental disability, as defined in section 102 of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (42 U.S.C. 15002); OR
- The disease of acquired immunodeficiency syndrome (AIDS) or any condition arising from the etiologic agency for acquired immunodeficiency syndrome (HIV).

Check here to indicate that additional information regarding diagnosis has been attached (optional).

Notes (optional):

### Information About the Certifying Licensed Professional

**(Certifying professional must be licensed by the State to diagnose and treat the qualifying condition.)**

Signature of Licensed Professional:	Credentials:	Date:
Printed Name:	Organization:	
License #:	Phone #:	

### Option #3: Intake or referral staff observation

**Must be confirmed within 45 days of the application for assistance by evidence from Option #1 or #2 above.**

I hereby certify that \_\_\_\_\_ (Insert Participant Name) meets the HUD definition of disability.

Signature of Staff:	Title:	Date:
Printed Name:	Organization:	

## CoC Program Participant Chronic Homelessness Documentation Checklist

### INSTRUCTIONS

This checklist can be used by Permanent Supportive Housing projects to verify that the information provided on the CoC Program Participant Homelessness and Disability Verification Forms is sufficient to document chronic homelessness. This document is intended only as a brief summary. Please be sure to read the instructions contained on the forms carefully as they may include details that are applicable to your project.

### DISABILITY VERIFICATION CHECKLIST

- ✓ Ensure that the participant name indicated on the form is the adult head of household or, if there is no adult in the family, a minor head of household.
- ✓ If you are using Option One (SSI/DI or Veteran's Disability):
  - A written verification from the Social Security Administration or a copy of the disability check is attached.
  - Both the Disability Verification Form and the written verification or copy of the check are uploaded to HMIS.
- ✓ If you are using Option Two (Verification by a Licensed Professional):
  - The qualifying participants' name is printed and legible in the certification paragraph.
  - The form is signed.
  - Credentials field is complete and legible.
  - Date field is complete and legible.
  - Certifying professional is licensed by the state to diagnose and treat the qualifying participants' condition (e.g., MD, NP, LCP, LCSW).
  - Printed Name field is complete and legible.
  - License # is complete and legible.
  - Both Page 1 and Page 2 of the Disability Verification Form are uploaded to HMIS.

# CoC Program Participant Chronic Homelessness Documentation Checklist

## HOMELESSNESS VERIFICATION CHECKLIST

### HOMELESSNESS VERIFICATION FORM PART 2:

- ✓ Ensure Participant Name field is complete and legible.
- ✓ Ensure project entry date is complete and legible.

### HOMELESSNESS VERIFICATION FORM PART 3:

- ✓ Ensure location where the client was staying immediately prior to project entry is indicated and is a qualified location (must be: Unsheltered, Emergency Shelter, Hotel/Motel paid for by Govt or Charity, Rapid Re-Housing, or Institution for <90 days; in some instances qualified participants transferred from other PSH may qualify).
- ✓ Ensure that the dates provided demonstrate that the person is currently homeless at the time of CoC project entry (transitional housing does not qualify). KT Alliance recommends that projects document current homelessness no more than 45 days prior to project entry (e.g., for a participant entering a CoC project on June 1, 2015, the file should include evidence that the participant was homeless as of April 15, 2015.)
- ✓ Ensure that the dates provided either:
  - Constitute 12 months of continuous homelessness without a break of seven or more consecutive nights not residing in a place not meant for human habitation or in a shelter; OR
  - Constitute at least 4 separate occasions in the last 3 years in a qualified location; AND the combined occasions equal at least 12 months; AND Each occasion is demarcated by a break of at least 7 or more consecutive nights not residing in a place not meant for human habitation or in a shelter:
- ✓ Be sure the form does not include information that would call into question the household's chronic homeless status (e.g. indicate homeless status as "At Imminent Risk of Homelessness")

Note: An individual who has been residing in an institutional care facility, including a jail, substance abuse or mental health treatment facility, hospital, or other similar facility, for fewer than 90 days AND who was chronically homeless before entering that facility qualifies as chronically homeless. Stays in institutional care for fewer than 90 days will not constitute a break in homelessness, but rather such stays are included in the 12-month total, as long as the individual was living in a place not meant for human habitation, safe haven, or emergency shelter immediately before entering the institution. Households currently living in permanent supportive or rapid re-housing who were chronically homeless before entering that program also qualify.

### Third Party Documentation

Third-party **documentation of a single encounter** with a homeless service provider on a single day within 1 month is sufficient to consider an individual as homeless and living or residing in a place not meant for human habitation, a safe haven, or an emergency shelter for the entire calendar month (e.g. an encounter on May 5, 2015, counts for May 1-May 31 2015), unless there is evidence that there have been at least 7 consecutive nights not living or residing in a place not meant for human habitation, a safe haven, or an emergency shelter during that month (e.g. evidence in HMIS of a stay in transitional housing).

Evidence that the individual lives in a place not meant for human habitation, a safe haven, or an emergency shelter, includes:

- A. An HMIS record or record from a comparable database;
- B. A written observation by an outreach worker of the conditions where the individual was living;
- C. A written referral by another housing or service provider;
- D. An oral or written observation of someone in the community, including but not limited to, a shopkeeper, a building owner, or a neighborhood resident; or
- E. Where evidence described in A through C above cannot be obtained, a certification by the individual seeking assistance, which must be accompanied by the intake worker's documentation of the living situation of the individual or family seeking assistance and the steps taken to obtain evidence in A through C directly above. (SEE LIMITATIONS ON USE OF SELF-CERTIFICATION EVIDENCE BELOW)

**Limitations on use of self-certification evidence**

For at least 75 percent of the chronically homeless households assisted by a project during an operating year, no more than 3 months of living or residing in a place not meant for human habitation, a safe haven, or an emergency shelter may be documented using a certification by the individual seeking assistance. This limitation does not apply to documentation of breaks in homelessness between separate occasions, which may be documented entirely based on self-report.

**Third-party letters must be:** on agency letterhead, signed and dated. The name and title of the person signing should be indicated.

**Option 1: Evidence of at least 12 Months Continuous**

Provide evidence that the homeless occasion was continuous, for at least 12 months, without a break in living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter. A break is considered at least seven or more consecutive nights not residing in a place not meant for human habitation, in shelter, or in a safe haven.

**Option 2: Evidence of at least 4 separate homeless occasions over 3 years**

To qualify as chronically homeless under option 2:

- The combined occasions must equal at least 12 months AND
- Each break in homelessness separating the occasions must include at least 7 consecutive nights of not residing in a place not meant for human habitation, in shelter, or in a safe haven.

HUD has not required that a single occasion of homelessness must total a certain number of days.

**General guidance:**

- ✓ It is not sufficient to indicate that the person is chronically homeless, has been homeless since a certain date or has been homeless on at least four separate occasions over the past three years. The documentation must provide evidence of where the household was residing (e.g. emergency shelter, campsite) and when they were residing in those locations.
- ✓ If third-party documentation cannot be obtained for any portion of the required duration, the intake worker must:
  - Document efforts to obtain third-party verification
  - Document the living situation of the individual or family (e.g. the person has been living in the woods and has not had contact with any service providers during that period.)
  - Obtain a certification from the individual or head of household
- ✓ The documentation must:
  - Be on agency letterhead.
  - Be dated.
  - Be signed (unless it is from HMIS).
- ✓ Upload both the Homeless Verification Form and the supporting documentation to HMIS.

**COC PROGRAM PARTICIPANT HOMELESSNESS VERIFICATION:  
SAMPLE THIRD PARTY DOCUMENTATION OF CHRONIC HOMELESSNESS**

These sample letters can be used by CoC funded Permanent Supportive Housing projects in combination with the Program Participant Homelessness and Disability Verification Forms and Chronic Homelessness Checklist to document Chronic Homelessness. They are intended only as a resource. Letters are not required to follow the formats shown.

**EXAMPLE #1: This example would suffice alone to document at least  
12 months of continuous homelessness.**

*NOTE: HUD has not specifically defined the length of permissible delay between documentation of homelessness and project entry. KT Alliance recommends that projects document current homelessness no more than 45 days prior to project entry (e.g., for a participant entering a CoC project on June 1, 2015, the file should include evidence that the participant was homeless as of April 15, 2015.)*

(AGENCY LETTERHEAD)

Hope House  
123 Mountain Blvd.  
Sometown, CA 11111

August 15, 2015

To Whom It May Concern:

I am writing this letter as verification of homelessness for John Doe. Mr. Doe is currently residing at the emergency shelter operated by Hope House. He has been a resident at our shelter continuously without a break of seven or more consecutive nights since July 20, 2014.

Please contact me at (555)555-5555 with any questions.

Best Regards,

(INSERT SIGNATURE)

Jane Doe

Program Director

**EXAMPLE #2: This example would suffice alone to document at least  
12 months of continuous homelessness.**

*NOTE: HUD has not specifically defined the length of permissible delay between documentation of homelessness and project entry. KT Alliance recommends that projects document current homelessness no more than 45 days prior to project entry (e.g., for a participant entering a CoC project on June 1, 2015, the file should include evidence that the participant was homeless as of April 15, 2015.)*

(AGENCY LETTERHEAD)

Hope House  
123 Mountain Blvd.  
Sometown, CA 11111

August 15, 2015

To Whom It May Concern:

I am writing this letter as verification of homelessness for John Doe. Mr. Doe is currently homeless and receiving services from Hope House. We are referring him to your agency for housing to resolve his homelessness. Mr. Doe was a resident at our shelter from July 20, 2014 to September 2, 2014. He was then living at a campsite from September 5, 2014 through at least January 5, 2015, the date of a Hope House outreach worker's last encounter with him at the campsite. During the period he resided at the campsite, our Hope House outreach worker encountered him at least monthly. He returned to the Hope House Emergency shelter on January 10, 2015 and has resided at the shelter continuously without a break of seven or more consecutive nights since that time.

Please contact me at (555)555-5555 with any questions.

Best Regards,

(INSERT SIGNATURE)

Jane Doe

Program Director



**EXAMPLE #3: This example would suffice alone to document  
at least 12 months of continuous homelessness.**

*NOTE: HUD has not specifically defined the length of permissible delay between documentation of homelessness and project entry. KT Alliance recommends that projects document current homelessness no more than 45 days prior to project entry (e.g., for a participant entering a CoC project on June 1, 2015, the file should include evidence that the participant was homeless as of April 15, 2015.)*

(AGENCY LETTERHEAD)

Hope House

123 Mountain Blvd.

Sometown, CA 11111

August 15, 2015

To Whom It May Concern:

I am writing this letter as verification of homelessness for John Doe. Mr. Doe is currently living outside and receiving services from our Day Shelter. Mr. Doe has been receiving services from our agency since 2013. During that period he has been either residing in our emergency winter shelter or living outside continuously without a break of seven or more consecutive nights. Since at least April 2013, staff at Hope House have encountered Mr. Doe at least monthly residing in shelter or in a place not meant for human habitation, and we have provided services, including overnight shelter, access to a shower, laundry facilities, and day shelter.

Please contact me at (555)555-5555 with any questions.

Best Regards,

(INSERT SIGNATURE)

Jane Doe

Program Director

**EXAMPLE #4: This example includes 5 letters (A, B, C, D, & E) that together would suffice to document four separate occasions of homelessness in three years totaling at least 12 months**

**Letter A – Documents 4 months & Occasions #1 & #2**

(AGENCY LETTERHEAD)

Hope House  
123 Mountain Blvd.  
Sometown, CA 11111

August 15, 2015

To Whom It May Concern:

I am writing this letter as verification of homelessness for John Doe. Mr. Doe was a resident at our shelter from July 20, 2013 to September 15, 2013.

He returned to the Hope House Emergency shelter on January 10, 2015 and resided at the shelter until January 12, 2015.

Please contact me at (555)555-5555 with any questions.

Best Regards,

(INSERT SIGNATURE)

Jane Doe  
Program Director

**EXAMPLE #4: This example includes 5 letters (A, B, C, D, & E) that together would suffice to document four separate occasions of homelessness in three years totaling at least 12 months**

**Letter B – Documents 1 month and Occasion #3**

(AGENCY LETTERHEAD)

Central CA Community Services  
123 Main Street  
Sometown, CA 11111

August 15, 2015

To Whom It May Concern:

I am writing this letter as verification of homelessness for John Doe. Mr. Doe was a resident at our shelter from April 5, 2014 to April 10, 2014.

Please contact me at (555)555-5555 with any questions.

Best Regards,

(INSERT SIGNATURE)

Jane Doe  
Program Director

**EXAMPLE #4: This example includes 5 letters (A, B, C, D, & E) that together would suffice to document four separate occasions of homelessness in three years totaling at least 12 months**

**Letter C – Documents 5 months and Occasion #4**

*NOTE: HUD has not specifically defined the length of permissible delay between documentation of homelessness and project entry. KT Alliance recommends that projects document current homelessness no more than 45 days prior to project entry (e.g., for a participant entering a CoC project on June 1, 2015, the file should include evidence that the participant was homeless as of April 15, 2015.)*

(AGENCY LETTERHEAD)

Hospitality House  
123 Union Street  
Sometown, CA 11111

August 15, 2015

To Whom It May Concern:

I am writing this letter as verification of homelessness for John Doe. Mr. Doe is currently homeless and receiving services from Hospitality House. We are referring him to your agency for housing to resolve his homelessness. Mr. Doe has been receiving services from our agency and living in locations not meant for human habitation periodically since at least 2012. He is currently living in a park and has been residing outside and at a bus station since April 20, 2015 during which time Hospitality House staff have encountered him residing in these locations at least monthly.

Please contact me at (555)555-5555 with any questions.

Best Regards,

(INSERT SIGNATURE)

Jane Doe

Program Director

**EXAMPLE #4: This example includes 5 letters (A, B, C, D, & E) that together would suffice to document four separate occasions of homelessness in three years totaling at least 12 months**

**Letter D – Client Self Report (Documents More than Remaining Months Needed and breaks of more than 7 nights separating each occasion)**

*NOTE: For at least 75 percent of the chronically homeless households assisted by a project during an operating year, no more than 3 months of living or residing in a place not meant for human habitation, a safe haven, or an emergency shelter may be documented using a certification by the individual seeking assistance. This limitation does not apply to documentation of breaks in homelessness between separate occasions, which may be documented entirely based on self-report.*

August 15, 2015

To Whom It May Concern:

I am writing this letter to verify that I am homeless. I have been homeless since I lost my job and was evicted in 2012. During that time I have lived in many different places. I was arrested in September 2013 and spent about 5 months in jail. When I got out I stayed for a few days at a shelter then with a friend for about two months in February and March 2014. I had to leave my friend's place when he moved, and I camped in the woods for about 6 months during the Spring and Summer of 2014 until it got cold. During that time I kept to myself and didn't tell anyone about my situation. Then I left to stay with my grandmother in Georgia for a few months. When I came back I stayed in a shelter for a few days, then started staying with friends again from about the middle of January 2015 until it started to get warmer in April. Since then I have been sleeping in a park and sometimes a bus station.

Best Regards,

(INSERT SIGNATURE)

John Doe

**EXAMPLE #4: This example includes 5 letters (A, B, C, D, & E) that together would suffice to document four separate occasions of homelessness in three years totaling at least 12 months**

**Letter E – Intake Worker Certification (Documents Steps Taken to Obtain Third Party Documentation)**

*NOTE:* Where third-party evidence cannot be obtained, a certification by the individual seeking assistance, must be accompanied by the intake worker’s documentation of the living situation of the individual or family seeking assistance and the steps taken to obtain evidence.

*(AGENCY Letterhead)*

August 15, 2015

To Whom It May Concern:

Please accept the letter signed by John Doe on 8/15/15 as self-certification of his unsheltered homelessness for the period he lived in the woods in the Spring and Summer of 2014. As he states above, he did not tell anyone about his living situation at that time and did not seek services from any homeless service providers. We have checked with the outreach team and day shelter serving our area and they are unable to provide third party documentation of Mr. Doe’s unsheltered homelessness during that period. They did confirm that he is very proud, tries to get by on his own as much as possible without help, and avoids sharing details about his living situation.

Contained in his file are third-party documentation letters containing evidence of 4 separate occasions of homelessness over less than 3 years totaling 10 months. The letter from Mr. Doe documents more than the required additional 2 months and the breaks between each episode in order to confirm Mr. Doe’s status as chronically homeless

Please contact me at (555)555-5555 with any questions.

Best Regards,

(INSERT SIGNATURE)

Jane Doe

Intake Specialist

# Appendix E: Grievance Form

Your Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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

Have you filed a grievance with the agency?  Yes  No

If Yes, what was the outcome?

Please state your concern *(use back of form, if necessary)*:

What action would you suggest?

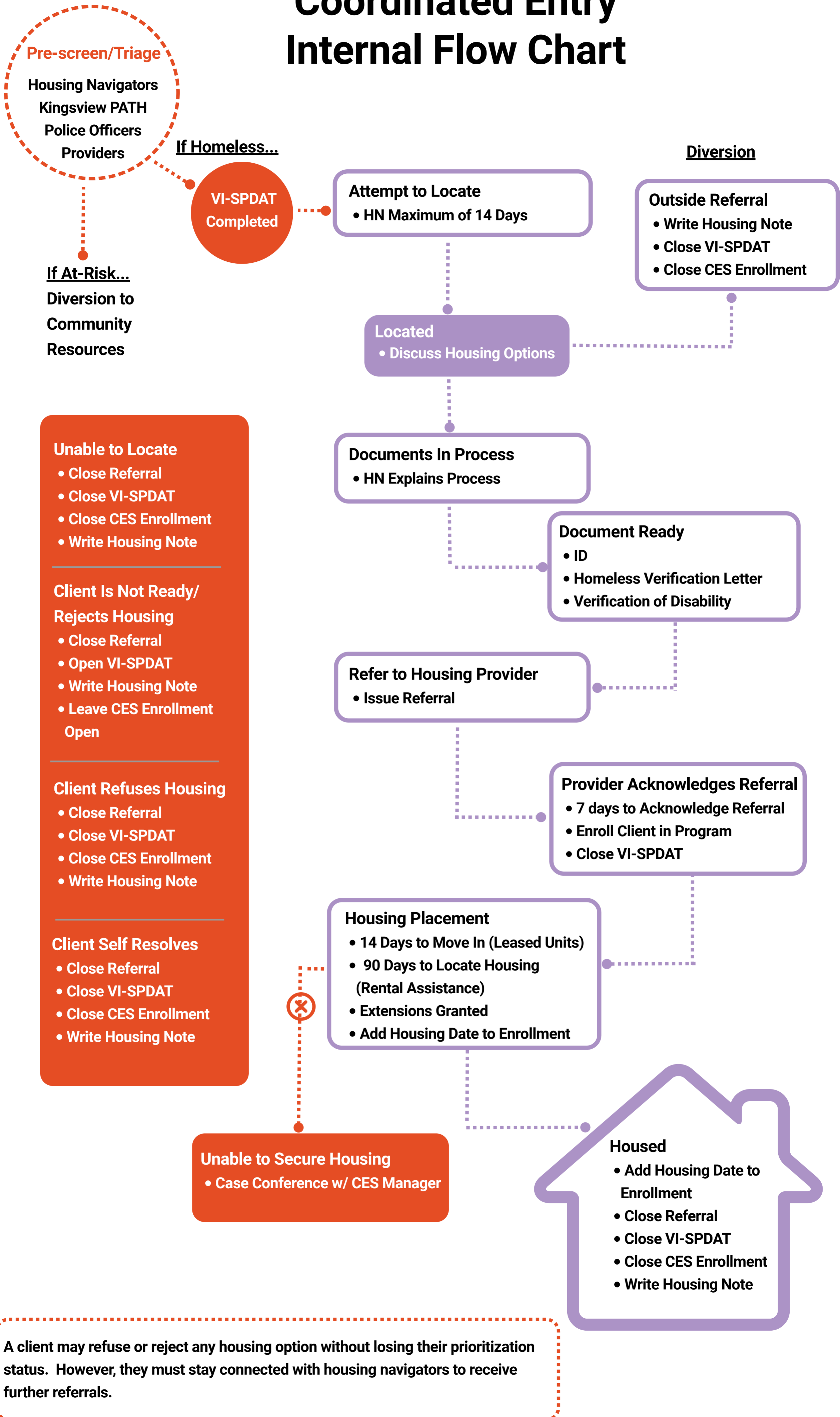
Your Signature: \_\_\_\_\_

Date: \_\_\_\_\_



# Appendix F: CES Flowchart

# Coordinated Entry Internal Flow Chart



A client may refuse or reject any housing option without losing their prioritization status. However, they must stay connected with housing navigators to receive further referrals.