

# NY-501 Coordinated Entry Policy and Procedure Manual

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# 1. About this Coordinated Entry Policy and Procedure Manual

This Manual governs the implementation, policies, procedures, roles and responsibilities of Coordinated Entry (CE) in the NY-501 Continuum of Care (CoC). All programs receiving CoC or Emergency Solutions Grant (ESG) funding are required to adhere to the CE policies and procedures described in this Manual. The CoC strongly encourages the collaboration of other non-HUD funded agencies to align their programs and processes with the key components of this Manual.

Each participating homeless housing agency director must sign and return the Agency Agreement (located at the end of this document) to their CE County Lead on an annual basis. Changes to this Manual, the CE Assessment Tool (which includes prioritization criteria) require the approval of the CoC Board of Directors.

## **Coordinated Entry Leads:**

Chemung County- Ellen Topping -Catholic Charities of Chemung/Schuyler

Livingston County- Andrew Timm – Livingston County DSS

Schuyler County- Debra MacDonald- Catholic Charities of Chemung/Schuyler

Steuben County- Heather Hargraves- Arbor Housing and Development`

Allegany County- Patty Graves- ACCORD

## 2. Purpose and Goals

CE is a HUD-mandated approach to the coordination and management of a CoC's crisis response system. CE ensures homeless housing and supportive service providers make consistent decisions from available information to most efficiently and effectively connect people to interventions that will rapidly end their homelessness.

The goals of CE and this CE Manual are to:

- Articulate a common CoC-wide homeless services response system
- Provide fair, equal and low barrier access to homeless housing and services
- Serve the most vulnerable clients first
- Provide person-centered services that respond to a range of needs
- Reduce length of homelessness
- Reduce new entries into homelessness through diversion and prevention efforts
- Improve collaboration among agencies and prevent duplication of services

## 3. Core Components of NY-501 CE

### 3a. Access

#### Fair, Equal and Low Barrier Access

The CE process will not "screen out" anyone from assistance. The CE process must provide fair and equal access for all clients regardless of actual or perceived race, color, religion, national origin, age, gender identity, pregnancy, citizenship, familial status, household composition, disability, Veteran status, sexual orientation, or domestic violence status.

All populations must be provided with equal access regardless of the characteristics, attributes or perceived barriers to housing or services, including, but not limited to, lack of employment or income, drug or alcohol use, or having a criminal record. Individuals with disabilities, physical and communication accessibility barriers must be provided with appropriate accommodation within each county's CE System.

Clients will not be denied services if they do not participate in the CE Assessment. If confidentiality is an issue; numbers or initials may be used instead of names.

#### Points of Entry and 24/7 Access

Each CoC county will identify homeless housing service Points of Entry within their county. Point of Entry sites, addresses, and phone numbers covering 24/7 access will be affirmatively marketed to communities, agencies, and organizations. Points of Entry must be accessible to individuals with disabilities. As needed, service provider staff may go to the client or meet elsewhere to facilitate entry.

#### Marketing and Communication Plan

The CE Committee is responsible for annually reviewing and updating (as needed) the CoC CE Marketing and Communication Plan. Each county Homeless Housing Task Force (HHTF) and CE County Lead will implement the Marketing/Communication Plan within their county. The Plan should target populations least likely to access needed services and clearly identify CE Points of Entry.

NY-501 Marketing and Communication Plan:

- a) The CE Committee will maintain and disseminate (to 211, Departments of Social Services (DSS), HHTF memberships, veteran groups and others) an up-to-date CoC-wide CE flier with all five counties' 24/7 Point(s) of Entry with addresses/phone numbers and contact information for each CE County Lead
- b) Each HHTF will recruit a diverse membership to affirmatively market homeless services and CE Points of Entry for homeless individuals and families. Each HHTF will review and renew marketing efforts at least annually. Marketing to promote awareness of and access to CE Points of Entry and 24/7 access to emergency services should include:
  - websites of homeless service providers, behavioral health providers and other relevant organizations
  - Fliers/posters for DSS, libraries, schools, behavioral health providers, health care facilities, churches, police and other relevant organizations
  - Fliers/posters for dissemination to community list serves

### **3b. Decision Tree**

Each County CE Lead and Homeless Housing Task Force (HHTF) will diagram and annually update a Decision Tree that identifies

- Key referral sources (211, SPOA, DSS, agencies, outreach, walk-ins, etc.)
- Designated Points of Entry for accessing homeless services
- Providers and services for diverting clients who are not literally homeless
- Providers and services for diverting clients who are experiencing domestic violence
- Organization(s) who administers CE Assessment
- Veteran service providers and services
- Homeless housing providers including emergency shelter

#### Safety Planning

CE ensures that people fleeing domestic violence have safe and confidential access to the CE process and domestic violence services, and that any data collection adheres to the Violence Against Women Act (VAWA).

### **3c. Standardized CE Assessment**

All CoC and ESG funded agencies must use the approved NY-501 CoC CE Assessment Tool to collect client data. Other homeless housing providers are strongly encouraged to follow suit.

The CE Assessment Tool is developed/revised by the CE Committee and must be approved by the CoC Board of Directors.

The CE Assessment will be administered to all individuals/families who are literally homeless and are eligible for CoC or ESG programs and services, except for those whose needs are met by domestic violence providers.

Each county must identify who will administer the CE Assessment. All staff administering the assessment must be trained on an annual basis. Those administering the CE Assessment must ensure effective communication with individuals with disabilities.

The Assessment Tool includes data required by the Homeless Information Management System (HMIS), housing and service needs, program eligibility elements and criteria to determine a client's vulnerability score (see 3d).

#### Person-Centered

The CE process is driven by what the client needs and incorporates participant choice, which may be facilitated by questions or through other methods. Choice can include location and type of housing, level of services, and/or other options.

#### Optional Prescreening Form

Some counties may choose to use a "Homeless Prescreening Form" for DSS or other referral sources to capture the initial data and direct clients to the county Point(s) of Entry.

#### Consent to Share Client Information

Staff that conduct the CE Assessment will obtain an Authorization for Release of Information from each client to allow communication with housing and service provider referrals. If a client chooses not to fill out an Authorization form the staff administering the CE Assessment will advise that they will not be able to send referrals out to other housing agencies. The client may choose to have their name kept off the referral form and use initials or a number identifier instead.

### **3d. Standardized Prioritization**

NY-501 follows the guidelines set forth in HUD's CPD-16-11. The CE Assessment Tool defines the CoC's criteria to determine an individual's vulnerability score; targeting those with the greatest need and who are most difficult to serve.

Individuals and families with the highest vulnerability score are housed first. If two or more homeless clients in the same county are identically prioritized for referral to the same available unit, the CE County Lead will serve the client that presented first.

The CE Committee determines (and the Board approves) the score/ranking of specific target populations which is included in the CE Assessment Tool.

### **3e. Priority List**

Every individual/family receiving a CE Assessment is placed on a county's Priority List which is prioritized by their vulnerability score. Those with the highest score are given priority for eligible housing vacancies. All HUD and ESG homeless housing vacancies must be filled from the CE Priority List.

The Priority List identifies which housing programs each client is eligible for and which ones they prefer. Each CE County Lead is responsible for maintaining the Priority List, facilitating placements of the most vulnerable clients first, and documenting progress (referrals, refusals, barriers, etc.) until a client is permanently housed.

### **3f. Referral**

Based on eligibility, needs, and preferences, clients are referred to housing programs to meet their needs. Referrals will also respond to a range of consumer needs. Agencies who administer the CE Assessment will be the primary contact for clients who require assistance until another provider assumes that role.

Clients will have equal access to information and advice about housing assistance for which they are eligible to assist them in making informed choices about services that best meet their needs. Homeless clients can seek housing assistance through any of the CoC participating homeless service providers and will receive integrated services. Participating housing providers will work collaboratively to achieve responsive and streamlined access to services and cooperate to use available resources to achieve the best possible housing outcomes for consumer, particularly for those with high, complex or urgent needs.

HUD homeless housing providers must fill all vacancies through referrals; other homeless service projects are strongly encouraged to follow suit. Clients with the highest vulnerability score receive available housing first. If eligible housing is not available within the county, other CoC housing should be researched.

#### Gender identity

Individuals should be accommodated based on their self-identified gender. If this creates challenging dynamics among residents, the host program should make every effort to locate alternative accommodations that are appropriate and responsive to the individual's needs.

#### Denial/Rejection

CoC housing providers may deny referrals from the CE process. Service denials should be infrequent and well-documented. Allowable criteria for denying an eligible client referral for housing must be shared with the CE County Lead and clients. The criteria below must be reviewed/updated annually and approved by the Board with the rest of this Manual. The NY-501 criteria for housing program denials include:

- History of violence against staff or residents
- Does not meet program criteria (i.e. not chronically homeless, no history of substance abuse, dishonorable discharge from military, etc.)
- Needs a higher level of support.

The housing provider will submit a denial form to the CE County Lead and explain to the client why they are not eligible for the housing. The CE County Lead will refer the client to the next available and appropriate housing provider.

## **4. Roles and Responsibilities**

### **4a. CE County Leads**

Each of the five CoC counties will identify a CE County Lead who will oversee their county's resolution to permanently house those who are homeless. The CE County Lead:

- is the point of contact for their county CE questions and/or concerns?
- is responsible for overseeing the CE process in their county from the time a client presents as homeless to being stably housed (with the exception of those experiencing domestic violence)
- will assure individuals with disabilities, physical and communication accessibility barriers are provided with appropriate accommodation
- will communicate regularly with all their CE Points of Entry and housing providers to get updates on vacancies and referrals
- will enter all homeless clients receiving a CE Assessment on a Priority List (on a spreadsheet or in HMIS) to track and document client activity until they are permanently housed
- will distribute the client Priority List weekly and co-lead bi-weekly county meetings to facilitate clients' permanent housing
- should be familiar with homeless prevention services/providers and encourage their participation on the County HHTF
- will be an active participant on the CoC CE Committee
- will be an active participant on their county Homeless Housing Task Force

### **4b. CE Committee**

All CE County Leads must actively participate on the CE Committee. Other provider organizations, Departments of Social Services and interested parties are encouraged to participate. The CE Committee will meet at least four times a year.

The CE Committee is responsible for:

- oversight of the CE System and its implementation
- discussing and troubleshooting CE issues
- annually evaluating the CE System
- reviewing and making recommended revisions to the CE System, the CE Marketing and Communication Plan, this Manual and the CE Assessment Tool/prioritization criteria to the CoC Board for approval
- the client CE grievance and appeal process

### **4c. County Homeless Housing Task Forces (HHTF)**

Each of the five CoC Counties must have a county Homeless Housing Task Force (HHTF) Membership on the Task Force should include housing providers, homeless service providers, domestic violence housing/service providers, veteran service providers, and representatives from schools, healthcare facilities, behavioral health providers and other interested parties. Inclusion of mainstream housing and services are crucial tools for reducing homelessness and should be included on the HHTF and in the CE process as much as possible.

Each county HHTF will:

- work to facilitate communication, collaboration and strategies to decrease homelessness
- set up an annual schedule of meetings
- be familiar with this Manual, the CE Assessment Tool, prioritization criteria, and criteria for denials/rejections

- review and/or update their county Decision Tree annually
- if relevant, review and/or update their county Homeless Prescreening form annually
- implement a Marketing/Communication Plan developed by the CE Committee in their county; implementation to be reviewed/renewed at least annually
- participate in annual CE Committee review/evaluation of county CE

#### **4d. The CoC Board of Directors**

The CoC Board of Directors is ultimately responsible for the NY-501 CE System. Representatives from each county are responsible for assuring their county follows the policies and procedures in this Manual to facilitate an effective CE County System. Board members are also responsible for assuring their county has a function HHTF

The Board is also responsible for reviewing and approving the revisions to this Manual and the Coordinated Assessment Tool (with prioritization criteria).

Each of the five CoC counties will identify a CE County Lead who will oversee their county’s CE process. The five CE Leads will actively participate on the CoC CE Committee which is responsible for CoC-wide CE oversight and an annual CE System evaluation.

### **5. Other**

#### **5a. Street Outreach**

The NY-501 CoC encourages employment of street outreach workers to ensure that people on the streets are engaged and supported in seeking assistance and that the CoC prioritizes people on the street for assistance in the same manner as any other person assessed through the CE process. Street outreach improves a community’s ability to perform well on Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act outcomes and make progress on ending homelessness.

Programs with street outreach workers should offer ongoing engagement with those not able or willing to access housing services on their own. Outreach workers provide immediate support, intervention, connections with homeless assistance programs/social services and follow up with the clients while the client transitions to housing. Outreach workers may complete CE Assessments and should participate in SPOA meetings.

#### **5b. Proactive and Prevention Services**

CoC housing providers will provide proactive/prevention services that facilitate the client applying for assistance or accessing services from other providers to best meet client needs.

Homeless prevention services are available through the following agencies: Catholic Charities of Chemung and Schuyler Counties, Chances and Changes and Steuben County Department of Social Services.

#### **5c. Emergency Services**

Emergency Shelter providers should actively participate in CoC CE Committee meetings.

County Department of Social Services (DSS) place families and singles at emergency shelters and hotel/motels throughout the CoC NY-501. The CE will not delay access to emergency services such as shelter through DSS.

**5d. Grievance/Appeal Process** The NY-501 CoC provides fair, equal and low barrier access to homeless housing (see 3a).

- The CE Committee is responsible for documenting and addressing grievances/appeals while embracing a person-centered and easily navigable approach. Clients who feel they did not receive fair treatment, were denied resources or given an inappropriate referral may contact the CE County Lead and/or appeal these decisions or actions by filing a formal complaint to the CoC Board. The applicant's name, address, and contact information
- The name and address of the person/organization the complaint is against
- The address or other identification of the housing/program involved
- A brief description of the event(s) that caused the applicant to believe his/her rights were violated
- The date(s) of the alleged violation

## **5e. Evaluation**

The CoC CE Committee will conduct ongoing CE System evaluation to include the items below at least annually:

- Review of the five county's Decision Trees and marketing implementation efforts
- A brief questionnaire to each HHTF regarding CE compliance, Decision Trees, marketing implementation, trained CE Assessment staff, participation of non-CoC programs in the CE System, and the identification of county CE strengths and weaknesses
- Discussion/identification of solutions and strategies to address HHTF questionnaire results
- A review of CE Committee's meeting participation, strengths/weaknesses and strategies for improvement
- Review/revision of this Manual, the CE Assessment Tool, the Marketing/Communication Plan to be presented to the CoC Board for approval
- A review of data collection and Priority Lists



## Appendix A: NY 501 CoC Coordinated Entry Assessment

Are you seeking housing services?  Yes  No

Have you previously completed an application for assistance through Coordinated Entry?  Yes  No

Date of interview:

Staff member completing assessment

Agency name

Staff email

Phone #

Fax #

Were you referred?  Yes  No If yes, by whom:

### HEAD of HOUSEHOLD PRESCREENING INFORMATION

Are you currently homeless?  Yes  No Are you at risk of becoming homeless?  Yes  No

I understand that the information on this form may be shared with agencies funded through the NY 501 Continuum of Care (CoC) and Emergency Solutions Grant (ESG).

Signature of head of household

Date

### HEAD of HOUSEHOLD HMIS DATA ELEMENTS

1. First name

Last name

Other names (including nicknames):

2a. Address: Is this a  current or  previous or  no address

City

State

Zip

Mailing address: If same as above check box  or  no mailing address

City

State

Zip

2b. Contact number ( ) -Alternate contact # ( ) -

3. Date of birth MM/DD/YYYY / / How old are you?

4. Social Security number / /

5. Ethnicity  Non-Hispanic/Non-Latino  Hispanic/Latino

6. Gender

Male  Female  Trans Female (MTF or Male to Female)  Trans Male (FTM or Female to Male)  
 Gender Non-Conforming (not exclusively male or female)

7. Race

American Indian/Alaskan Native  Asian  Black or African American  Native Hawaiian/Pacific Islander  White

8. Can person easily provide the following?

Social Security card  Yes  No Birth certificate  Yes  No

Driver's license  Yes  No Picture or non-driver ID  Yes  No

9. Have you ever received assistance from a local agency or been a past resident?  Yes  No

If yes, which agency:

10. Do any of the following apply to you?

Currently a victim of domestic violence  Previous victim of domestic violence

11. Do you need a confidential location to stay?  Yes  No

### DOMESTIC VIOLENCE INSTRUCTIONS—STOP!

If client checks current or previous victim of domestic violence in Question 10 and answers Yes to Question 11, this assessment **should end**. Contact domestic violence agency.

Name of staff member accepting the referred: \_\_\_\_\_ Date of referral: \_\_\_\_\_

If client answers N/A to Question 10 and No to Question 11, then proceed to Question 12.

### HEAD of HOUSEHOLD VETERANS STATUS

12. Have you served one day of active military duty? (Veteran Status)  Yes  No

If yes, which branch of the military  Army  Navy  Coast Guard  Air Force  Marines

13a. Do you know your discharge status?  Yes  No Can you provide documentation?  Yes  No

13b. Discharge status

- Honorable     General under honorable discharge     Under other than honorable conditions  
 Dishonorable     Uncharacterized     Bad conduct

**HEAD of HOUSEHOLD HOMELESS/HOUSING HISTORY (CHRONIC STATUS)**

14. From the following choices below, explain why you are currently homeless

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Benefits loss/reduction   | <input type="checkbox"/> Released from Psych Facility   | <input type="checkbox"/> Drug/alcohol abuse |
| <input type="checkbox"/> Job income loss/reduction | <input type="checkbox"/> Illness  | <input type="checkbox"/> Sex industry work  |
| <input type="checkbox"/> Eviction                  | <input type="checkbox"/> Injury   | <input type="checkbox"/> Trafficking        |
| <input type="checkbox"/> Relocation                | <input type="checkbox"/> Domestic violence  | <input type="checkbox"/> Other: _____       |
| <input type="checkbox"/> Released from prison/jail | <input type="checkbox"/> Asked to leave shared residence (e.g. living in a home of another due to hardship) |   |
| <input type="checkbox"/> Released from hospital    |   |   |

14a. Do you have documentation of current housing status?  Yes  No

If yes, indicate type of documentation:

14b. How many months have you been homeless (this time)?

15. Have you been living in a place not meant for human habitation or in an emergency shelter continuously for at least one year?  Yes  No

16. Were you homeless on at least 4 separate occasions in the last 3 years where the combined length of time homeless on those occasions equals 12 months or more?  Yes  No

17. Where did you sleep last night?

18. Where are you going to sleep tonight?

19. Do you have friends or a family member who you can stay with for a short period, or who can lend you money for housing purposes?  Yes  No

19a. List your previous 2 places of residence

Address	County	Approx. move-in date	Approx. move-out date	Reason for move

**HEAD of HOUSEHOLD DISABLING CONDITION**

20. Have you ever been diagnosed with a disabling condition (physical disability, developmental disability, chronic health condition, HIV/AIDS, mental health problem or substance abuse)?  Yes  No

20a. If yes to Question 20, please choose all disabling conditions you have been diagnosed for below:

- physical disability     chronic health condition     developmental disability  
 HIV/AIDS     mental health problem     substance abuse

21. Are you currently or have you ever participated in treatment for your diagnosis?  Yes  No

21a. If yes to Question 21, please choose all disabling conditions you have received treatment for

- physical disability     chronic health condition     developmental disability  
 HIV/AIDS     mental health problem     substance abuse

22. If answered Yes to question 20 and No to question 21, are you willing to participate in a program for your diagnosis?  Yes  No

23. Do you know your HIV/AIDS status?  Yes  No

24. For family households only. Are there other members within the household that have been diagnosed with a disabling condition (physical disability, developmental disability, chronic health condition, HIV/AIDS, mental health problem or substance abuse)?  Yes  No

**HEAD of HOUSEHOLD LEGAL STATUS/INFORMATION**

25. Have you ever been arrested?  Yes  No

26. Do you or any member of the household have a history of any of the following:

- Arson     Illegal drugs     Assault     Sex offender

27. Have you or any member of the household ever been convicted for any of the above?  Yes  No

If Yes, briefly explain.

28. Are you or any member of the household currently on probation or parole?  Yes  No

Name of person on probation/parole \_\_\_\_\_

Name of probation/parole officer \_\_\_\_\_

What was the conviction? \_\_\_\_\_

29. Is there a current order of protection against you or that you have on another person?  No

Yes, on me by: \_\_\_\_\_

Yes, on someone else (name) \_\_\_\_\_

29a. What type of order of protection?  Stay Away  Refrain From

**HEAD of HOUSEHOLD HEALTH CONDITIONS**

30. Are you pregnant?  No  Yes, If yes, due date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

31. Are you covered by health insurance?  Yes  No

32. If answered Yes in question 31, specify type of insurance (for Medicaid, Medicare include ID number)

Medicaid ID# \_\_\_\_\_

Medicare ID# \_\_\_\_\_

State Children's Health Insurance Program

Veteran's Administration (VA) Medical Services

Employer – Provided Health Insurance

Health Insurance obtained through COBRA

Private Pay Health Insurance

State Health Insurance for adults (or use local name)

Indian Health Services Program

Other (please specify):

CDPHP  Fidelis

Empire  MVP

Other:

32a Do you have a care manager?  Yes  No

If yes, specify agency and contact information for care manager

33. Special conditions

Mobility impairment  Yes  No

Specify

Medication assistance needed  Yes  No

Specify

Wheelchair accessibility needed  Yes  No

Specify

Direct supervision needed  Yes  No

Specify

Other:

Specify

**HEAD of HOUSEHOLD INCOME & EMPLOYMENT**

34. Are you currently employed?  Yes  No

If yes, where are you currently employed?

Hours per week?

35. Sources of income for head of household:

\$ \_\_\_\_\_ Earned income (i.e. employment)

\$ \_\_\_\_\_ Private disability insurance

\$ \_\_\_\_\_ SSI

\$ \_\_\_\_\_ TANF

\$ \_\_\_\_\_ Veteran's disability payment

\$ \_\_\_\_\_ Retirement income from SSA

\$ \_\_\_\_\_ SSDI

\$ \_\_\_\_\_ Pension from a former job

\$ \_\_\_\_\_ Public assistance

\$ \_\_\_\_\_ Alimony or other spousal support

\$ \_\_\_\_\_ Veteran's pension

\$ \_\_\_\_\_ VA service connected disability compensation

\$ \_\_\_\_\_ Child support

\$ \_\_\_\_\_ VA non-service-connected disability pension

\$ \_\_\_\_\_ Unemployment benefits

\$ \_\_\_\_\_ Worker's compensation

\$ \_\_\_\_\_ Other

Total income for household \$

36. Sources of Non-Cash Benefits for head of household:						
<input type="checkbox"/> Food stamps <input type="checkbox"/> Special Supp. Nutrition Program for Women, Infants and Children (WIC) <input type="checkbox"/> TANF Child Care services <input type="checkbox"/> Other TANF Funded services <input type="checkbox"/> Temporary Rental Assistance			<input type="checkbox"/> TANF Transportation services <input type="checkbox"/> Section 8, public housing, or other ongoing rental assistance <input type="checkbox"/> Other source			
37. Information on individuals who will live with the head of household.						
Full Name and SS#	Relation to head of household	Date of Birth	Sources of income	Monthly Income	Annual Income	Disability diagnosis?
1. SS#				\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. SS#				\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. SS#				\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. SS#				\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. SS#				\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. SS#				\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. SS#				\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. SS#				\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. SS#				\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. SS#				\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. SS#				\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. SS#				\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
38. Total family income (head of household plus and others in household) \$						
39. Based on the responses above, head of household is eligible for homeless housing <input type="checkbox"/> Yes <input type="checkbox"/> No						

### INDIVIDUAL VULNERABILITY INDEX SCORING

Chronic Homelessness Definition: Client has been continuously homeless for one (1) year or more OR has had four (4) or more episodes of homelessness in the last three (3) years where the combined length of time homeless on those occasions equals 12 months or more AND has a documented disabling condition.

		Points	Explanation
A	Chronically homeless-- has been homeless for 24 months or longer in total over the last three years Score 15 points		
B	Chronically homeless -- has been homeless for 18-23 months in total over the last three years Score 12 points		
C	Chronically homeless -- has been homeless for 12-17 months in total over the last three years Score 10 points		
D	Homeless for 12 months or longer in total over the last three years Score 3 points		
E	Living in a place not meant for habitation, such as an abandoned building or anywhere outside Score 3 points		
F	Living in an emergency shelter, DSS-funded motel, or institutional placement Score 2 points		
G	Has limitations on where they can live due to sex offender status, probation/parole, domestic violence or handicap disability Score 2		
H	Living in a transitional housing or rapid re-housing project Score 1 point		
I	Individual is under 24 years old Score 1 (See Question 3)		
J	Individual is over 60 years old Score 1		
K	Has served at least one day of active military service Score 1 (See Question 12)		
L	Currently or previously diagnosed with one or more disabling condition Score 1 (See Question 20 – 21a.)		
M	Currently pregnant Score 1 (See Question 30)		
N	Has a history of being trafficked or a history of work in the sex industry Score 1 (see Question 14)		
	<b>TOTAL NUMBER OF POINTS</b>		

<b>FAMILY VULNERABILITY INDEX SCORING</b>			
	Chronic Homelessness Definition: Client has been continuously homeless for one (1) year or more OR has had four (4) or more episodes of homelessness in the last three (3) years where the combined length of time homeless on those occasions equals 12 months or more AND has a documented disabling condition.		
		Points	Explanation
A	Head of household is chronically homeless and has been homeless for 24 months or longer in total over the last three years Score 15 points		
B	Head of household is chronically homeless and has been homeless for 18-23 months in total over the last three years Score 12 points		
C	Head of household is chronically homeless and has been homeless for 12-17 months in total over the last three years Score 10 points		
D	Head of household has been homeless for 12 months or longer in total over the last three years Score 3 points		
E	Family is living in a place not meant for habitation, such as an abandoned building or anywhere outside Score 3 points		
F	Family is currently living in an emergency shelter, DSS-funded motel, or institutional placement Score 2 points		
G	Family size is greater than 4, Score 2 (See Question 37)		
H	Individual or household member has limitations on where they can live due to sex offender status, probation/parole, domestic violence or handicap disability, then Score 2		
I	Family is currently living in a transitional housing or rapid re-housing project Score 1 point		
J	Head of household is under 24 years old, Score 1 (See Question 3)		
K	Head of household has served at least one day of active military service, Score 1 (See Question 12)		
L	Head of household has currently or previously have been diagnosed with one or more disabling condition, Score 1 (See Question 20 – 21a.)		
M	Head of household is currently pregnant, Score 1 (See Question 30)		
N	Individuals living with head of household have a disability Score 1 (See Question 24, See Question 37)		
O	Family income is low compared to family size Score 1 (See Question 38)		
P	Individual or household member has a history of being trafficked or a history of work in the sex industry Score 1 (see Question 14)		
	<b>TOTAL NUMBER OF POINTS</b>		

**CoC Agency Referral Information**

Agency

Program

Notes

Agency

Program

Notes

Agency

Program

Notes

**Non-CoC Agency Referral Information**

Agency

Program

Notes

Agency

Program

Notes

Agency

Program

Notes

## Appendix B

### Coordinated Entry Housing Referral Denial Form

1. If a client is ineligible for your agencies program, please fill out this form after initial screening and e-mail to Coordinated Lead within **five** business days of client interview.
2. The following is a list of agreed upon reasons for client ineligibility for a COC housing opportunity.
  - History of Violence against staff or residents at referral agency
  - Does not meet program criteria (i.e. not chronically homeless, no history of substance abuse, dishonorable discharge from military)
  - Needs a higher level of support.
3. It will be explained to the client why they are not eligible for your agencies housing opportunity and that they will be contacted by the next available and appropriate agency.

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Client Name \_\_\_\_\_ Date \_\_\_\_\_  
Agency Name \_\_\_\_\_ Staff Name \_\_\_\_\_  
Email \_\_\_\_\_ Telephone \_\_\_\_\_

Location \_\_\_\_\_  
Telephone \_\_\_\_\_

Reason client is not eligible (please explain)

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#### For County CE Lead

Date received \_\_\_\_\_  
Updated team \_\_\_\_\_

Team meeting? Yes or No  
Outcome:



## **Appendix C**

### **NY-501 Coordinated Entry Grievance Policy**

It is the NY-501 Continuum of Care's Coordinated Entry (CE) policy to make every effort to settle difficulties and problems which may occur during the CE process.

Every client who participates in the CE process is entitled to file a grievance if they have a complaint regarding the CE process including

- 1) barriers/difficulties accessing the county Point of Entry for homeless services
- 2) issues regarding the CE assessment that gathers client data
- 3) issues regarding referrals to appropriate homeless housing and services

**We would encourage every client to first attempt to resolve problems directly with the agency or staff that they are working with during the CE process.** If, after addressing concerns with the agency/staff, the client is not satisfied with the outcome, then the client should proceed with the grievance procedure.

The *NY-501 Coordinated Entry Grievance Form* will be available at each

- 1) Point of Entry for homeless housing services
- 2) homeless housing agency
- 3) and from each CE County Lead

There are two levels of review available for each grievance filed:

#### **Level 1:**

- The first person to review the grievance will be the CE County Lead
- Once the grievance is received, the CE County Lead will contact and meet with the client within three (3) business days
- After the meeting, the CE County Lead will complete Part II of the grievance form and inform the client of the outcome
- The client will complete Part III and sign and date the form
- If client agrees with the outcome, the process ends and the resolution is implemented
- If client disagrees they move to the next level of grievance

#### **Level 2:**

- The NY-501 CE Committee will review grievance and complete Part IV of grievance form. If committee member is employed by agency involved in grievance, member will excuse him/herself
- After this meeting the CE County Lead will contact the client to convey possible resolutions
- The client will complete Part V of the *NY-501 Coordinated Entry Grievance Form*
- If client agrees the process ends and the resolution is implemented
- If client disagrees, client may bring grievance to the NY-501 Board of Directors

# NY-501 Coordinated Entry (CE) Grievance Form

If there is a problem or concern, we want to know about it. You will not be treated badly or disrespected for doing this. If needed, someone can help you write information on the form using your own words.

## **Part I: To be completed by the client**

**Print Name:**

**Date:**

**Phone** where you can be reached: \_\_\_\_\_

**Address or place** where you can be reached: \_\_\_\_\_

**Agency or staff person** involved in complaint:

**Explain what happened** (*use back of form, if you need more space*):

**What do you want done to resolve the problem?**

**Your Signature:**

**Date:**

Send-this Grievance Form to your CE County Lead:

Chemung County - Ellen Topping - Catholic Charities of Chemung/Schuyler  
Ellen.Topping@dor.org

Livingston County - Andrew Timm - Livingston County DSS  
atimm@co.livingston.ny.us

Schuyler County - Debra MacDonald - Catholic Charities of Chemung/Schuyler  
Debra.MacDonald@dor.org

Steuben County - Heather Hargraves - Arbor Housing and Development  
hhargraves@arbordevelopment.org

Allegany County - Patty Graves - ACCORD  
pgraves@accordcorp.org

## **Part II: To be completed by the CE County Lead**

**CE County Lead Name:**

**Date Grievance Received:**

<b>Recommended Grievance Solution:</b>	
<b>CE Lead Signature:</b>	<b>Date:</b>
<b>Part III: : To be completed by client</b>	
_____ I am satisfied with the recommended grievance solution.	
_____ I am not satisfied with the recommended grievance solution.	
<b>Signature of Client:</b>	<b>Date:</b>
<b>Part IV: To be completed by the CE Committee</b>	
<b>CE Committee Representative Name:</b>	
<b>Date Grievance Received:</b>	
<b>Date of Committee Review:</b>	
<b>Final Grievance Solution:</b>	
<b>Date Discussed with Client:</b>	
<b>CE Committee Representative Signature:</b>	<b>Date:</b>
<b>Part V: To be completed by client</b>	
_____ I am satisfied with the recommended grievance solution.	
_____ I am not satisfied with the recommended grievance solution.	
<b>Signature of Client:</b>	<b>Date:</b>
<b>If client is not satisfied with the grievance solutions; this form should be sent to the NY-501 CoC Board of Directors.</b>	

## 7. NY-501 CoC Agency Agreement

I have received the NY-501 Policy and Procedures Manual and understand that it is my responsibility to read and comply with the policies contained in this Manual and any revisions made to it.

Name of Participating Agency: \_\_\_\_\_

Designated Agency Representative authorized to sign:

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

Title: \_\_\_\_\_

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

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

Please return this page to your CE County Lead