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1. About this Coordinated Entry (CE) Policy and Procedure Manual

This Manual governs the policies, procedures, implementation, roles and responsibilities of Coordinated Entry (CE) in the NY-501 Continuum of Care (CoC).

All homeless housing programs receiving HUD or Emergency Solutions Grant (ESG) funding including the Solutions to End Homelessness Program (STEHP) are required to adhere to the CE policies and procedures in this Manual. All Empire State Supported Housing Initiative (ESSHI) projects and Violence Against Women Act (VAWA) funded agencies are strongly encouraged to do the same.

Failure to comply with the Manual will result in a review and action by the CoC Board of Directors.

Required Agreements

Each participating HUD/ESG/STEHP or other participating homeless housing program agency must have their CE coordinator and an authorized agency representative sign and return the Agency Agreement located in Section 7 of this Manual. The form should be signed and returned to their CE County Lead on an annual basis.

Changes to this Manual, including the CE Assessment Tool and prioritization criteria, require the approval of the CoC Board of Directors.

CE County Leads:

Allegany County: Patty Graves, ACCORD, pgraves@accordcorp.org

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: Ashley Kerrick, Catholic Charities of Chemung/Schuyler, Ashley.Kerrick@dor.org

Steuben County: Liz Wetherby, Arbor Housing and Development, ewetherby@arbordevelopment.org

Frequently used abbreviations in this Manual

CE: Coordinated Entry

CoC: Continuum of Care

DV: Domestic Violence

ESG: Emergency Solutions Grant (includes Solutions to End Homelessness Program grants)

ESSHI: Empire State Supported Housing Initiative

HHTF: Homeless Housing Task Force

HMIS: Homeless Information Management System

HUD: US Department of Housing and Urban Development

STEHP Solutions to End Homelessness Program

2. Purpose and Goals

CE is a HUD-mandated approach to the coordination and management of a CoC's homeless 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 the length of time people are homeless
- Reduce new entries into homelessness through diversion and prevention efforts
- Improve collaboration among agencies and prevent duplication of services

3. Four Core Components of NY-501 CE Access, Assessment, Prioritization and Referral

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 or refuse to disclose specific information. The CE process must ensure privacy protections are extended to all participants from access through referral. If safety is an issue; a non-identifying placeholder should 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 communicated 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 access to services. The CoC has a “no-wrong door” approach to CE.

CE Access Communication Plan

The CE Committee will maintain an up-to-date NY-501 CE flier identifying all five counties’ Points of Entry with 24/7 addresses, phone numbers and contact information for accessing emergency shelter and services. CE County Leads and county Homeless Housing Task Forces (HHTF) will distribute this flier as appropriate.

Each county HHTF and CE County Lead will implement a CE Access Communication Plan within their county. The Plan should target populations least likely to know how to access needed homeless services 24/7 and clearly identify CE Points of Entry. Each HHTF will review and renew communication efforts at least annually. The-Plan should make fliers/posters available:

- on websites of homeless service providers, behavioral health providers and other relevant organizations
- at DSS, libraries, schools, behavioral health providers, health care facilities, churches, police stations and other public areas. Use of relevant community list serves is encouraged.

Decision Tree/Work Flow

Each County CE Lead and HHTF will annually update a Decision Tree that diagrams the work flow from a client’s first contact through referral to housing. It should include:

- Key referral sources (211, SPOA, DSS, agencies, outreach, walk-ins, etc.)
- Designated Points of Entry for accessing CE and homeless services
- Providers and services for diverting clients who are experiencing DV
(a phone call should be immediately placed to a DV provider for the client)
- Providers and services for diverting clients who are not literally homeless
- Veteran service providers and services
- Homeless housing providers including emergency shelter

Safety Planning/Domestic Violence

People fleeing domestic violence (DV) should immediately access domestic violence services without a CE Assessment. Provider staff should place a call to the DV provider for the client to ensure the connection is made. CE must ensure 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). A person may decide not to access DV

services, to go through the CE process and be entered into the CoC Homeless Information Management System (HMIS) if they chose to do so.

3b Standardized CE Assessment

Please see the NY-501 CE Assessment in the Appendices. All HUD/ESG/STEHP funded homeless housing providers must follow the policies and procedures in this Manual including the use of the approved NYS-501 CE Assessment in HMIS to collect client data for homeless clients who are potentially eligible for homeless housing. ESSHI and other homeless housing providers are strongly encouraged to follow suit. HUD encourages, but does not require, CoCs to complete CE Assessments for homeless clients who are not eligible for supported homeless housing.

If an individual/family is receiving DV housing services, the DV provider will maintain a parallel CE, confidential list of people needing homeless housing assistance. See section 3c.

The CE Assessment is developed/revised by the CE Committee and must be approved by the CoC Board of Directors. The Assessment includes data required by HUD, housing and service needs, program eligibility elements and criteria to determine a client's priority score (see 3c).

All clients must sign a consent form allowing their information to be entered into the HMIS system. If a printed consent is not possible, a verbal consent may be given to housing staff and documented. The verbal consent must be followed up with a live signature at a later date.

Each CE County Lead must identify who will administer the CE Assessment. All CE Assessments should be entered directly into the HMIS system. Training for CE assessment entry into HMIS will be provided by the CoC's HMIS Lead.

Paper copies of the Assessment are strongly discouraged and to be used only if direct entry into HMIS is not possible. Paper assessments must be entered in HMIS within 2 business days.

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.

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 without first receiving a CE assessment. CE screening and assessment will be completed on all applicable emergency shelter participants within three days after entry to emergency shelter.

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.

3c Standardized Prioritization

NY-501 follows the guidelines set forth in HUD's CPD-16-11. The CE Committee determines (and the Board approves) a scoring system for prioritizing those with the greatest need and who are most difficult to serve. The scoring is part of the CE Assessment. Individuals and families with the highest priority score are housed first. If two or more clients in the same county are identically prioritized for referral to the same available unit, the client that presented first will be served first. The Priority List is maintained only in the HMIS system. Copies of the list are only for information purposes, and such copies may be out of date. Housing providers must have access to the HMIS system in order to view the Priority List and accept the highest scoring eligible client.

Priority List

Every individual/family receiving a CE Assessment is placed on a county's Priority List by the County CE Lead. The list is ranked by each household's priority score. Those with the highest score are given priority for any eligible housing vacancies. All HUD/ ESG/STEHP homeless housing vacancies must be filled from the CE Priority List. Others are strongly encouraged to follow suit.

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.

DV Parallel CE System

DV providers will maintain a parallel CE, confidential list of people needing homeless housing assistance. Providers will prioritize their clients based on the CE scoring tool, assign clients an alphanumeric code (no initials) to protect their identity, and will give the CE County Lead relevant information regarding eligibility and housing needs in order to be entered on the Priority List.

3d Referral to Housing and Services

Homeless housing providers must fill all vacancies through referrals from the CE Priority list. 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. 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, particularly for those with high, complex or urgent needs. Agencies who administer the CE Assessment will be the primary contact for clients who require assistance until another provider assumes that role.

Case Conferences

Each CE County Lead will facilitate county case conference meetings with homeless housing providers at least monthly. Homeless housing providers will identify clients who are eligible for their programs from the Priority List; eligible clients with the highest priority score must be served first. Those participating in case conference meetings must sign and return the Case Conferencing Agreement in Section 7 to protect client confidentiality.

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 accommodations that are appropriate and responsive to the individual's needs.

Housing 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 NY-501 criteria for housing program denials include:

- History of violence against staff or residents
- Does not meet program eligibility criteria
- Needs a higher level of support.

Please use the Housing Referral Denial Form in the Appendices.

4. Roles and Responsibilities**4a. CoC Board of Directors**

The CoC Board is the designated entity for the annual CoC CE evaluation. Responsibilities include

- Planning the annual CE evaluation
- Collecting data

- Evaluating the CE implementation process for effectiveness and efficiency
- Identifying policy and process improvements

CoC Board of Directors members are responsible for assuring their county follows the policies and procedures in this Manual, that they have a designated CE County Lead and that they have a functional HHTF. The Board will review quarterly Priority List Housing Outcome reports from the CE County Leads. The Board is responsible for reviewing and approving revisions to this Manual.

4b HMIS System Administrator

The HMIS Administrator is a member of and a resource to the CE Committee. The Administrator provides orientation and training to the CE County Leads and individuals who enter data into HMIS.

4c. CE Committee

All CE County Leads must actively participate on the CE Committee and their HHTF. 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 designated by the CoC Board of Director to function as the

- 1) CE Policy Oversight Entity with the following responsibilities
 - Establish participation expectations
 - Determine local data collection and data quality expectations
 - Define data sharing protocols
- 2) CE Management Entity with the following responsibilities
 - Establish day-to-day management structures through the County CE Leads
 - Establish a clear, accessible communication plan
 - Promote standardized screening and assessment processes
 - Ensure CE training exists through the County CE Leads
 - Conduct monitoring

The CE Committee is also responsible for

- Annually reviewing and recommending CE Policy and Procedure Manual revisions to the CoC Board
- Annually reviewing county Decision Trees and CE Access Communication Plans
- Annually reviewing the CE Committee's meeting participation, strengths/weaknesses and strategies for improvement
- Facilitating the CE grievance and appeal process

4d. 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
- Will communicate regularly with all homeless housing providers to get updates on vacancies and referrals; county case conference meetings will be held at least monthly;
- Will orient new participating organizations/contacts
- Will identify and train those who administer the CE Assessment in their county
- Will assure individuals with disabilities, physical and communication accessibility barriers are provided with appropriate accommodations
- Will enter all homeless clients receiving a CE Assessment on the Priority List to track and document client activity until they are permanently housed

- 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 inform, lead and assist the HHTF in meeting their CE responsibilities

4e. 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, Departments of Social Services, domestic violence housing/service providers, veteran service providers, and representatives from schools, healthcare facilities, behavioral health providers, legal services, law enforcement, an individual who is or was formerly homeless, 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:

- Be familiar with this Manual
- Review and/or update their county Decision Tree annually
- Review and implement a CE Access Communication Plan in their county on an annual basis
- Assist their CE County Lead in running an effective and efficient CE process

4f. DV Housing Providers

Those fleeing DV will not receive a CE Assessment and will be referred directly to a DV Safe House. A call should be placed for the client to make sure an immediate connection is made.

The DV provider must maintain its own parallel, confidential list of those needing homeless housing services, including a Priority Score based on CoC ranking criteria. Within five to ten days of a client entering shelter, the DV provider should contact the CE County Lead and create a placeholder for the client on the Priority List without any personal identifying information (no initials) that indicates client's eligibility criteria and number of bedrooms needed. The DV provider and CE County Lead will communicate regarding potential vacancies and opportunities.

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. 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 homeless housing providers will provide proactive/prevention services that facilitate the client applying for assistance or accessing services from other providers to best meet their needs. Homeless prevention service information is available through the CE County Leads.

5c. Emergency Services Access

Emergency Shelter providers should actively participate in CoC CE Committee meetings. County Departments of Social Services (DSSs) place families and singles at emergency shelters and hotel/motels throughout the CoC NY-501. The CE process will not delay access to emergency services such as shelter.

5d. Grievance/Appeal Process

The NY-501 CoC provides fair, equal and low barrier access to homeless housing. 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 through the CE County Lead. See the CE Grievance Policy and Form in the Appendices.

5e. Evaluation

The NY-501 Board of Directors is the designated entity for annually evaluating CE with the cooperation on the CE Committee, CE County Leads and HHTFs. CE Evaluation includes collecting data, evaluating the CE implementation process for effectiveness and efficiency and identifying policy and process improvements.

5f. Transfers from Permanent Supported Housing

If a client currently housed in CoC permanent housing would be better served by another program in the CoC, the NY501 Transfer Policy in the Appendices should be followed. Transfers should be avoided unless necessary to serve the client better and should not be initiated by the agency.

Appendix A: Homeless Definitions

HUD Criteria For Defining Homeless

Category 1: Literally Homeless

Individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning: (i) Has a primary nighttime residence that is a public or private place not meant for human habitation; (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); or (iii) Is exiting an institution where (s)he 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: (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

Category 3: Homeless under other Federal statutes

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: (i) Are defined as homeless under the other listed federal statutes; (ii) Have not had a lease, ownership interest, or occupancy agreement in permanent housing during the 60 days prior to the homeless assistance application ;(iii) Have experienced persistent instability as measured by two moves or more during in the preceding 60 days; and (iv) Can be expected to continue in such status for an extended

Category 4: Fleeing/ Attempting to Flee DV

Any individual or family who: (i) Is fleeing, or is attempting to flee, domestic violence; (ii) Has no other residence; and (iii) Lacks the resources or support networks to obtain other permanent housing

HUD 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

ESSHI Criteria For Defining Homeless

To be considered homeless an individual must meet one of the following criteria:

- (1) be an un-domiciled person (whether alone or as a member of a family) who is unable to secure permanent and stable housing without special assistance. This includes those who are inappropriately housed in an institutional facility and can safely live in the community and those young adults, survivors of domestic violence, and individuals with I/DD who are at risk of homelessness;
- (2) be a youth or young adult who left foster care within the prior five years and who was in foster care at or over age 16, and who is without permanent and stable housing;
- (3) be an adult or young adult reentering the community from incarceration or juvenile justice placement, who was released or discharged, and who is without permanent and stable housing; or
- (4) be a young adult between the ages of 18 and 25 years of age without a permanent residence, including those aging out of a residential school for individuals with an intellectual or developmental disability.

Appendix B: NY 501 CoC
Paper Version of Coordinated Entry Assessment Tool
ONLY use if direct entry in HMIS is not possible!

Are you seeking housing services? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you previously completed an application for assistance through Coordinated Entry? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Date of interview:			
Staff member completing assessment		Agency name	
Staff email	Phone #	Fax #	
Were you referred? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, by whom:			
How did you find out about where to access homeless services?			
HEAD of HOUSEHOLD PRESCREENING INFORMATION			
Are you currently homeless? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you at risk of becoming homeless? <input type="checkbox"/> Yes <input type="checkbox"/> 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 <input type="checkbox"/> current or <input type="checkbox"/> previous or <input type="checkbox"/> no address		City	State Zip
Mailing address: If same as above check box <input type="checkbox"/> or <input type="checkbox"/> 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 <input type="checkbox"/> Non-Hispanic/Non-Latino <input type="checkbox"/> Hispanic/Latino			
6. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Trans Female (MTF or Male to Female) <input type="checkbox"/> Trans Male (FTM or Female to Male) <input type="checkbox"/> Gender Non-Conforming (not exclusively male or female)			
7. Race <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asia <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White			
8. Can person easily provide the following? Social Security card <input type="checkbox"/> Yes <input type="checkbox"/> No Birth certificate <input type="checkbox"/> Yes <input type="checkbox"/> No Driver's license <input type="checkbox"/> Yes <input type="checkbox"/> No Picture or non-driver ID <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Have you ever received assistance from a local agency or been a past resident? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which agency:			
10. Do any of the following apply to you? <input type="checkbox"/> Currently a victim of domestic violence <input type="checkbox"/> Previous victim of domestic violence			
11. Do you need a confidential location to stay? <input type="checkbox"/> Yes <input type="checkbox"/> No			

DOMESTIC VIOLENCE INSTRUCTIONS—STOP!

If client is a current or previous victim of domestic violence 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 hospital	<input type="checkbox"/> Asked to leave shared residence
<input type="checkbox"/> Job income loss/reduction	<input type="checkbox"/> Released from Psych Facility	<input type="checkbox"/> Drug/alcohol abuse
<input type="checkbox"/> Eviction	<input type="checkbox"/> Illness	<input type="checkbox"/> Sex industry work
<input type="checkbox"/> Relocation	<input type="checkbox"/> Injury	<input type="checkbox"/> Trafficking
<input type="checkbox"/> Released from prison/jail	<input type="checkbox"/> Domestic violence	<input type="checkbox"/> Other: _____

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 alcohol abuse drug 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: Are there members within the household that have been diagnosed with a disabling condition (physical or developmental disability, chronic health condition, HIV/AIDS, mental health problem or substance use)?
 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 offence

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. Yes, on someone else.

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)

<input type="checkbox"/> Medicaid ID# _____	<input type="checkbox"/> Medicare ID# _____
<input type="checkbox"/> State Children’s Health Insurance Program	<input type="checkbox"/> Veteran’s Administration (VA) Medical Services
<input type="checkbox"/> Employer – Provided Health Insurance	<input type="checkbox"/> Health Insurance obtained through COBRA
<input type="checkbox"/> Private Pay Health Insurance	<input type="checkbox"/> State Health Insurance for adults (or use local name)
<input type="checkbox"/> Indian Health Services Program	<input type="checkbox"/> Other (please specify):
	<input type="checkbox"/> CDPHP <input type="checkbox"/> Fidelis <input type="checkbox"/> Empire
	<input type="checkbox"/> MVP <input type="checkbox"/> Other:

32a Do you have a Health Home Medicaid care manager? Yes No
 If yes, specify agency and contact information for care manager _____

If no, would you like a Medicaid care manager? Yes No

33. Special conditions I have no special conditions <input type="checkbox"/>	
Mobility impairment <input type="checkbox"/> Yes <input type="checkbox"/> No	Specify
Medication assistance needed <input type="checkbox"/> Yes <input type="checkbox"/> No	Specify
Wheelchair accessibility needed <input type="checkbox"/> Yes <input type="checkbox"/> No	Specify
Direct supervision needed <input type="checkbox"/> Yes <input type="checkbox"/> No	Specify
Other:	Specify

HEAD of HOUSEHOLD INCOME & EMPLOYMENT	
34. Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, where are you currently employed? Hours per week?	
35. Sources of income for head of household:	\$ _____ Private disability insurance
\$ _____ Earned income (i.e. employment)	\$ _____ TANF
\$ _____ SSI	\$ _____ Retirement income from SSA
\$ _____ Veteran's disability payment	\$ _____ Pension from a former job
\$ _____ SSDI	\$ _____ Alimony or other spousal support
\$ _____ Public assistance	\$ _____ VA service connected disability compensation
\$ _____ Veteran's pension	\$ _____ VA non-service-connected disability pension
\$ _____ Child support	\$ _____ Worker's compensation
\$ _____ Unemployment benefits	\$ _____ 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.	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
SS#			
7.	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
SS#			
8.	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
SS#			
9.	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
SS#			
10.	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
SS#			
11.	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
SS#			
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			

Appendix C PRIORITY RATING TOOL		SCORING	
Those with the highest scores will be housed first.			
	Designate points if individual/head of household....	Score	Points given
A	is chronically homeless and has been homeless for 24 months or longer in total over the last three years.	15	
B	is chronically homeless and has been homeless for 18-23 months in total over the last three years.	12	
C	is chronically homeless and has been homeless for 12-17 months in total over the last three years.	10	
D	has been homeless for 12 months or longer in total over the last three years.	3	
E	is living in a place not meant for habitation, such as an abandoned building or anywhere outside.	3	
F	Is actively fleeing domestic violence	4	
G	is currently living in an emergency shelter, DSS-funded motel, or institutional placement	2	
H	has a family size greater than 4.	2	
I	has limitations on where they can live due to sex offender status, probation/parole, or handicap disability.	2	
J	is currently living in a transitional housing or rapid re-housing project.	1	
K	is under 24 years old.	1	
L	has served at least one day of active military service.	1	
M	has currently or previously have been diagnosed, or an individual living with head of household has been diagnosed, with one or more disabling conditions.	1	
N	is currently pregnant.	1	
O	is living at or below 30% AMI: Score 2 points <u>OR</u> is living at or below 50% AMI: Score 1 points	1 or 2	
P	has a history of being trafficked or a history of work in the sex industry.	1	
TOTAL NUMBER OF POINTS			
AND PLEASE ANSWER			
This client is eligible for ESG-COVID or CDBG-COVID housing assistance and, due to homelessness and disabilities, is at high risk for contracting the virus. Answer Yes or NO			

Appendix D
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.

Client Name _____ Date _____

Agency Name _____ Staff Name _____

Email _____ Telephone _____

Location _____

Telephone _____

Reason client is not eligible (please explain)

For County CE Lead

Date received _____

Case Conference meeting? Yes or No

Updated team _____

Outcome:

Appendix E

NY-501 Coordinated Entry Grievance Policy and Form

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

See Grievance Form on next page.

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 – Ashley Kerrick, Catholic Charities of Chemung/Schuyler
 Ashley.Kerrick@dor.org
 Steuben County - Liz Wetherby, Arbor Housing and Development
 ewetherby@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:

Recommended Grievance Solution:

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

Appendix F

Transfer from Permanent Supported Housing Policy and Form

If a client currently housed in CoC permanent supported housing would be better served by another program in the CoC, the following guidelines should be observed. Transfers should be avoided unless necessary to serve the client better and should not be initiated by the agency. Reasons to initiate a transfer include:

- Change in household composition requiring a larger unit
- Change in supportive services needed
- Safety concern
- Other extenuating circumstances

Guidelines

1. The current “home” agency identifies potential housing programs, with assistance from the CE County Lead or CE Committee as needed. All attempts should be made to stay within the same county.
2. The home agency contacts potential agencies to discuss the appropriateness of the referral, program openings, and any documentation required by the receiving agency to process the transfer.
3. The home agency meets with client to share potential housing programs, fill out the Transfer Request (including housing preferences) and verify legitimate reason for request
4. If in-county housing programs are available, the transfer should be discussed at the County case meeting. If there is a waiting list, placement ~~vulnerability~~ on the Priority List should be determined. The home agency will schedule and facilitate transfer with new housing provider.
5. If a cross-county transfer is being sought
 - a) The transfer should go through the new county’s SPOE if appropriate
 - b) The transfer should be discussed and resolved at a meeting of the involved counties’ CE County Leads, current and potential housing program coordinators and CoC DSS representatives
 - c) Attention should be paid to the transfer of residency/temporary assistance from one county to another
6. Documentation and results of all transfers should be maintained by the CE County Leads and shared with the CE Committee

See Transfer from Permanent Supported Housing Request Form on next page.

NY501 Transfer from Permanent Supported Housing Request Form

The agency currently providing permanent supported housing is expected to have contacted potential new housing providers PRIOR to submission of this request. Please submit this form to the current CE County Lead and potential county CE County Leads.

Client Name: _____ Date: _____

Date of initial CE assessment: _____ Date of admission to current program: _____

Reason for transfer:

- Change in household composition (explain needs)

- Change in supportive services needed (explain needs)

- Safety concern (explain needs)

- Other extenuating circumstances (explain needs))

Agencies/programs to receive transfer request by order of preference:

1. _____

2. _____

3. _____

Current Housing Program Staff Signature

Date

Client Certification

I understand that a transfer to a different permanent supportive housing program has been requested on my behalf. I understand that transfer requests can only be granted for good cause and will be reviewed by CoC Coordinated Entry County Leads, housing agencies and county DSSs. I understand that if a transfer is approved, the agency I currently receive housing services from is responsible for my housing until a successful transfer has been made.

Client Signature

Date

7b. CE Case Conference Confidentiality Form
(for all staff involved in case conferencing with CE County Lead)

I, _____, of _____,
(Print Name/Title) (Print Agency Name)

have reviewed the NY-501 Coordinated Entry Policies and Procedures Manual and agree to comply and adhere to the guidelines as defined therein. Once signed, please return this form to your CE County Lead.

(Signature) (Date)

Email address: _____ Phone number: _____

Please list housing programs you represent:

I, _____, of _____,
(Print Name/Title) (Print Agency Name)

have reviewed the NY-501 Coordinated Entry Policies and Procedures Manual and agree to comply and adhere to the guidelines as defined therein. Once signed, please return this form to your CE County Lead.

(Signature) (Date)

Email address: _____ Phone number: _____

Please list housing programs you represent:

I, _____, of _____,
(Print Name/Title) (Print Agency Name)

have reviewed the NY-501 Coordinated Entry Policies and Procedures Manual and agree to comply and adhere to the guidelines as defined therein. Once signed, please return this form to your CE County Lead.

(Signature) (Date)

Email address: _____ Phone number: _____

Please list housing programs you represent:

I, _____, of _____,
(Print Name/Title) (Print Agency Name)

have reviewed the NY-501 Coordinated Entry Policies and Procedures Manual and agree to comply and adhere to the guidelines as defined therein. Once signed, please return this form to your CE County Lead.

(Signature) (Date)

Email address: _____ Phone number: _____

Please list housing programs you represent: