

Coordinated Entry System: Housing Referral Application

Client Name: _____	Date Submitted to CES: _____
Client Phone: _____	HMIS#: _____
Client Email: _____	# in Household: _____
Program: _____	
Contact Info for Person Submitting Packet: _____	
ADA Accessibility Requirements: _____	
Name: _____	_____
Phone: _____	_____
Email: _____	_____

VI Score (Head of Household):				Subpopulation (Check all that apply):				
VI 2.0	TAY VI	Fam VI	Full SPDAT	DV	Individual	TAY	Family	Veteran

RRH and PSH Referrals

Required Documentation: Please check off when included in packet					
	Chronic Homeless Checklist (P.3)	ROI made out to RICH	Brief Case Summary	For Foster Forward Referrals RI CoC ROI	
					Note 1: At the present time, CES is not requiring any other documentation for CoC and ESG Programs. Note 2: After referral, the following documents may be required: Disability Verification & Income Verification
Household					

HCVP and New Lease Referrals

Required Documentation: Please check off when included in packet							
	Photo ID (Adults Only)	Birth Certificate	S.S. Card	Chronic Homeless Checklist (P.3)	ROI to RICH, New Lease (If applicable)	Brief Case Summary	
Household Member 1							Note 1: After referral, the following documents may be required: Disability Verification, Income Verification, BCI, and DD214. Note 2: Clients referred to New Lease must have a VI 4-7 and be a current client from one of the following agencies: Better Lives RI, Crossroads, House of Hope, Lucy's Hearth, or Sojourner.
Household Member 2							
Household Member 3							

PSH: Candidates qualifying for Permanent Supportive Housing must have a VI between 8-18 and be Chronically Homeless. This means the client must have a disability AND 12 months of homelessness within the most recent 3 years. The 12 months can be the last 12 months of homelessness without interruption or 4 episodes of homelessness within the past 3 years totaling 12 months.

Brief Case Summary: Please include whether the client has physical, behavioral, or learning disability that will be verified by a licensed Healthcare Professional (MD, DO, LMHC, LMFT, LICSW) as being an continuous impairment in ability in the form of a Disability Verification form or an award letter. Please also include barriers to housing such as RSO, evictions, arrears, etc.

*****CES Placement Personnel Only*****

CES Personnel Signature: _____

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The Coordinated Entry Housing portfolio includes an opportunity that is directly connected to the Providence Community Health Center (PCHC). Please confirm you are a current patient of PCHC: Yes No

Would you live in a unit where common areas are shared but you have your own bedroom? Yes No

Would you live in a unit where all areas of the apartment are shared **including** the bedroom? Yes No

Which towns/cities/neighborhoods would you like to live in most? _____

Which towns/cities/neighborhoods would you rather not live in? _____

Is there any other information about your housing preferences that you would like to share?



Rhode Island Coalition
for the Homeless

Homeless: All Clients must be literally homeless or fleeing domestic violence to be added to the CES Housing Waitlist.

HMIS: All clients must be entered into HMIS with the exception of those fleeing Domestic Violence.

CES Entry in HMIS: All clients entered into HMIS must have a CES Entry in order to be added to the CES Housing Waitlist.

Completed Packets: Upload completed application pages 1-3 and all documentation within a single PDF in the File Attachments section within in the Client Profile tab in HMIS. Once the referral application is uploaded in HMIS, email CESHousing@rihomeless.org advising the packet is uploaded. Please include HMIS ID # in the email. CES will audit the packet and follow up with you if any documentation is missing or incomplete. If you do not have access to HMIS, please ask someone at your agency with access to upload it for you. HMIS uploads are the preferred method. If you are a non-HMIS using agency, please attach the pdf to a secure email. If your agency cannot send the PDF securely, please request a secure email be sent to you by emailing CESHousing@rihomeless.org. You can then attach it to the email in your reply. You cannot add other email addresses as they will not be able to open the secure email. When a subsidy is available CES will make the referral and introductions between the Advocate and the Agent from the Housing Provider. At this point the Advocate submitting this application will provide the Agency with the documents in this application and assist the client with filling out additional paperwork when necessary.

Chronic Homelessness Documentation Checklist

	Month # 1	Month # 2	Month # 3	Month # 4	Month # 5	Month # 6	Month # 7	Month # 8	Month # 9	Month # 10	Month # 11	Month # 12	
Mo./Yr.	(Current Month)												
Location <i>Check all that Apply</i>	<input type="checkbox"/> Streets <input type="checkbox"/> Shelter <input type="checkbox"/> Safe Haven <input type="checkbox"/> Inst. (<90 days)	<input type="checkbox"/> Streets <input type="checkbox"/> Shelter <input type="checkbox"/> Safe Haven <input type="checkbox"/> Inst. (<90 days)	<input type="checkbox"/> Streets <input type="checkbox"/> Shelter <input type="checkbox"/> Safe Haven <input type="checkbox"/> Inst. (<90 days)	<input type="checkbox"/> Streets <input type="checkbox"/> Shelter <input type="checkbox"/> Safe Haven <input type="checkbox"/> Inst. (<90 days)	<input type="checkbox"/> Streets <input type="checkbox"/> Shelter <input type="checkbox"/> Safe Haven <input type="checkbox"/> Inst. (<90 days)	<input type="checkbox"/> Streets <input type="checkbox"/> Shelter <input type="checkbox"/> Safe Haven <input type="checkbox"/> Inst. (<90 days)	<input type="checkbox"/> Streets <input type="checkbox"/> Shelter <input type="checkbox"/> Safe Haven <input type="checkbox"/> Inst. (<90 days)	<input type="checkbox"/> Streets <input type="checkbox"/> Shelter <input type="checkbox"/> Safe Haven <input type="checkbox"/> Inst. (<90 days)	<input type="checkbox"/> Streets <input type="checkbox"/> Shelter <input type="checkbox"/> Safe Haven <input type="checkbox"/> Inst. (<90 days)	<input type="checkbox"/> Streets <input type="checkbox"/> Shelter <input type="checkbox"/> Safe Haven <input type="checkbox"/> Inst. (<90 days)	<input type="checkbox"/> Streets <input type="checkbox"/> Shelter <input type="checkbox"/> Safe Haven <input type="checkbox"/> Inst. (<90 days)	<input type="checkbox"/> Streets <input type="checkbox"/> Shelter <input type="checkbox"/> Safe Haven <input type="checkbox"/> Inst. (<90 days)	<input type="checkbox"/> Streets <input type="checkbox"/> Shelter <input type="checkbox"/> Safe Haven <input type="checkbox"/> Inst. (<90 days)
Doc. Type <i>Check One INCLUDE ATT. VERIFICATION</i> <i>(Except Self-Cert. select both)</i>	<input type="checkbox"/> HMIS <input type="checkbox"/> Obsv. By Outreach <input type="checkbox"/> Comp. Database <input type="checkbox"/> Discharge Paperwork <input type="checkbox"/> Referral <input type="checkbox"/> Self-Cert. <input type="checkbox"/> Staff Doc. of Situation <input type="checkbox"/> Doc. of steps to obtain evidence	<input type="checkbox"/> HMIS <input type="checkbox"/> Obsv. By Outreach <input type="checkbox"/> Comp. Database <input type="checkbox"/> Discharge Paperwork <input type="checkbox"/> Referral <input type="checkbox"/> Self-Cert. <input type="checkbox"/> Staff Doc. of Situation <input type="checkbox"/> Doc. of steps to obtain evidence	<input type="checkbox"/> HMIS <input type="checkbox"/> Obsv. By Outreach <input type="checkbox"/> Comp. Database <input type="checkbox"/> Discharge Paperwork <input type="checkbox"/> Referral <input type="checkbox"/> Self-Cert. <input type="checkbox"/> Staff Doc. of Situation <input type="checkbox"/> Doc. of steps to obtain evidence	<input type="checkbox"/> HMIS <input type="checkbox"/> Obsv. By Outreach <input type="checkbox"/> Comp. Database <input type="checkbox"/> Discharge Paperwork <input type="checkbox"/> Referral <input type="checkbox"/> Self-Cert. <input type="checkbox"/> Staff Doc. of Situation <input type="checkbox"/> Doc. of steps to obtain evidence	<input type="checkbox"/> HMIS <input type="checkbox"/> Obsv. By Outreach <input type="checkbox"/> Comp. Database <input type="checkbox"/> Discharge Paperwork <input type="checkbox"/> Referral <input type="checkbox"/> Self-Cert. <input type="checkbox"/> Staff Doc. of Situation <input type="checkbox"/> Doc. of steps to obtain evidence	<input type="checkbox"/> HMIS <input type="checkbox"/> Obsv. By Outreach <input type="checkbox"/> Comp. Database <input type="checkbox"/> Discharge Paperwork <input type="checkbox"/> Referral <input type="checkbox"/> Self-Cert. <input type="checkbox"/> Staff Doc. of Situation <input type="checkbox"/> Doc. of steps to obtain evidence	<input type="checkbox"/> HMIS <input type="checkbox"/> Obsv. By Outreach <input type="checkbox"/> Comp. Database <input type="checkbox"/> Discharge Paperwork <input type="checkbox"/> Referral <input type="checkbox"/> Self-Cert. <input type="checkbox"/> Staff Doc. of Situation <input type="checkbox"/> Doc. of steps to obtain evidence	<input type="checkbox"/> HMIS <input type="checkbox"/> Obsv. By Outreach <input type="checkbox"/> Comp. Database <input type="checkbox"/> Discharge Paperwork <input type="checkbox"/> Referral <input type="checkbox"/> Self-Cert. <input type="checkbox"/> Staff Doc. of Situation <input type="checkbox"/> Doc. of steps to obtain evidence	<input type="checkbox"/> HMIS <input type="checkbox"/> Obsv. By Outreach <input type="checkbox"/> Comp. Database <input type="checkbox"/> Discharge Paperwork <input type="checkbox"/> Referral <input type="checkbox"/> Self-Cert. <input type="checkbox"/> Staff Doc. of Situation <input type="checkbox"/> Doc. of steps to obtain evidence	<input type="checkbox"/> HMIS <input type="checkbox"/> Obsv. By Outreach <input type="checkbox"/> Comp. Database <input type="checkbox"/> Discharge Paperwork <input type="checkbox"/> Referral <input type="checkbox"/> Self-Cert. <input type="checkbox"/> Staff Doc. of Situation <input type="checkbox"/> Doc. of steps to obtain evidence	<input type="checkbox"/> HMIS <input type="checkbox"/> Obsv. By Outreach <input type="checkbox"/> Comp. Database <input type="checkbox"/> Discharge Paperwork <input type="checkbox"/> Referral <input type="checkbox"/> Self-Cert. <input type="checkbox"/> Staff Doc. of Situation <input type="checkbox"/> Doc. of steps to obtain evidence	<input type="checkbox"/> HMIS <input type="checkbox"/> Obsv. By Outreach <input type="checkbox"/> Comp. Database <input type="checkbox"/> Discharge Paperwork <input type="checkbox"/> Referral <input type="checkbox"/> Self-Cert. <input type="checkbox"/> Staff Doc. of Situation <input type="checkbox"/> Doc. of steps to obtain evidence	<input type="checkbox"/> HMIS <input type="checkbox"/> Obsv. By Outreach <input type="checkbox"/> Comp. Database <input type="checkbox"/> Discharge Paperwork <input type="checkbox"/> Referral <input type="checkbox"/> Self-Cert. <input type="checkbox"/> Staff Doc. of Situation <input type="checkbox"/> Doc. of steps to obtain evidence
If in HMIS, What Bin #? (MUST ATTACH)													
Doc. Att.?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Break Mo./Yr. & Description or N/A	Break 1: Break 2: Break 3: If there are additional breaks please detail and attach evidence .												
Notes													
Self-Cert. Check	Does the documentation include more than 3 Months of Self-Certifications? * <input type="checkbox"/> Yes <input type="checkbox"/> No * Please be advised that if you answered YES, that for at least 75% of the households assisted by a recipient in a project during an operating year, no more than 3 months can be self-certified. Please check with you project administrator to ensure your project has not exceeded its self-certification cap.												
Key	Mo. = Month, Yr. = Year, Inst. = Institution, Doc. = Documentation, Obsv. = Observation, Comp. = Comparable, Cert. = Certification, Descr. = Description												

ACRONYM LIST

ADA	Americans with Disabilities Act (ADA) ensures access to the built environment for people with disabilities.
BCI	Bureau of Criminal Investigation (BCI) background check
CES	Coordinated Entry System
CoC	Continuum of Care
DV	Domestic Violence (DV) Survivors
ESG	Emergency Solutions Grants (ESG) Program
HCVP	Housing Choice Voucher Program
HMIS	Homeless Management Information System (HMIS) is a local information technology system that is used to collect client-level data and data on the provision of housing and services to homeless individuals, families and persons at risk of homelessness.
PCHC	Providence Community Health Center
PSH	Permanent Supportive Housing (PSH) is only accessible to those who meet HUD's chronically homeless definition.
RICH	Rhode Island Coalition for the Homeless
ROI	Release of Information
RRH	Rapid ReHousing (RRH)
RSO	Registered Sex Offender
TAY	Transitional Age Youth (TAY) refers to youth aged 18-24. Individuals within this category should be administered a TAY-SPDAT.
VI-SPDAT	The Vulnerability Index Service Prioritization Decision Assistance Tool (VI-SPDAT) is a survey utilized to determine the risk and prioritization when providing to individuals who identify as homeless, or at-risk of homelessness.