

## Coordinated Entry System: Housing Referral Application

Client Name: _____	Date Submitted to CES: _____
Client Phone: _____	HMIS#: _____
Client Email: _____	# in Household: _____
Client's Current Program: _____	
Date of Program Entry: _____	Contact Info for Support Staff Submitting Packet:
Client Gender Identity: _____	
Client DOB: _____	
	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.4)	ROI made out to RICH	Case Summary	Foster Forward Only RI CoC ROI	Notes
Household					<p><b>Note 1:</b> At the present time, CES is not requiring any other documentation for CoC Programs.</p> <p><b>Note 2:</b> After referral, the following documents may be required: Disability Verification &amp; Income Verification</p>

**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.

### HCVP and New Lease Referrals

**Required Documentation:** Please check off when included in packet

	Photo ID (Adults Only)	Birth Certificate	S.S. Card	ROI made out to RICH	Case Summary	Not in Use	Notes
Household Member 1							<p><b>Note 1:</b> After referral, the following documents may be required: Disability Verification, Income Verification, BCI, and DD214. Please work toward obtaining.</p> <p><b>Note 2:</b> Clients referred to New Lease must have a VI 4-7 and be a current client from one of the following agencies: BLRI, CCA, Crossroads, House of Hope, Lucy's Hearth, or Sojourner.</p>
Household Member 2							
Household Member 3							

\*\*\*\*\*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? \_\_\_\_\_

ADA Requirements: \_\_\_\_\_

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

**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 an open CES Entry to remain on the CES Housing List.

**Completed Packets for Agencies with HMIS Users:** Please ask the HMIS User for your agency (if not yourself) to upload the completed application pages 1-4 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.

**Completed Packets for Agencies without HMIS Users:** Please attach the PDF of all documents to a secure email. All documents should be in a single PDF in a single email. If your agency cannot send the PDF securely, please request a secure email be sent to you by emailing CESHousing@rihomeless.org. Once received, 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.

**Referral Expectations:** When a subsidy is available CES will make the referral and introductions between the Support Staff and the Housing Provider. At this point the Support Staff submitting this application will provide the Agency with the documents in this application and assist the client with filling out additional paperwork when necessary.

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### Case Summary

Case Summary: 1. Please provide a brief bulleted biography. 2. There is a section for Disabilities to include whether the client has physical, behavioral, or learning disability that **WILL** be verified by a licensed Healthcare Professional (MD, DO, LMHC, LMFT, LICSW). The disability should be considered a continuous impairment in ability verified on either a HUD Disability Verification form or by the Social Security Administration in the form of an award letter. Obtaining such documentation should be done as soon as possible. 3. Provide High Risk Factors to COVID-19 (To Review High Risk Factors please access URL: <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-at-increased-risk.html>) 4. Please also include barriers to housing such as RSO, evictions, arrears, etc.

Bulleted Biography:

Disabilities:

High Risk Factors to COVID-19:

Barriers to Housing:

# 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	<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</i> <b>INCLUDE ATT. VERIFICATION</b>  (Except Self-Cert. select both)	<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 <b>attach evidence</b> .												
Notes													
Self-Cert. Check	Does the documentation include more than 3 Months of Self-Certifications? * <input type="checkbox"/> Yes <input type="checkbox"/> No <b>* 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.</b>												
Key	Mo. = Month, Yr. = Year, Inst. = Institution, Doc. = Documentation, Obsv. = Observation, Comp. = Comparable, Cert. = Certification, Descr. = Description												

# ACRONYM LIST

<b>ADA</b>	Americans with Disabilities Act (ADA) ensures access to the built environment for people with disabilities.
<b>BCI</b>	Bureau of Criminal Investigation (BCI) background check
<b>CES</b>	Coordinated Entry System
<b>CoC</b>	Continuum of Care
<b>DV</b>	Domestic Violence (DV) Survivors
<b>ESG</b>	Emergency Solutions Grants (ESG) Program
<b>HCVP</b>	Housing Choice Voucher Program
<b>HMIS</b>	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.
<b>PCHC</b>	Providence Community Health Center
<b>PSH</b>	Permanent Supportive Housing (PSH) is only accessible to those who meet HUD's chronically homeless definition.
<b>RICH</b>	Rhode Island Coalition for the Homeless
<b>ROI</b>	Release of Information
<b>RRH</b>	Rapid ReHousing (RRH)
<b>RSO</b>	Registered Sex Offender
<b>TAY</b>	Transitional Age Youth (TAY) refers to youth aged 18-24. Individuals within this category should be administered a TAY-SPDAT.
<b>VI-SPDAT</b>	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.