



uniting central alabama to end homelessness

Coordinated Entry Policies and Procedures

Revised **October 2023**

Table of Contents

Table of Contents	2
Coordinated Entry Version Breakdown	4
Overview of Coordinated Entry	5
Benefits of a Coordinated Entry System.....	5
Guiding Principles of Coordinated Entry.....	5
How One Roof's Coordinated Entry Works	6
Action Steps for Agencies Participating in the CE Process	7
Nondiscrimination Statement for Participating Agencies	7
Fair Housing Implementation	9
Education Availability Notice Policy	9
Coordinated Entry Process	9
Coordinated Entry Prioritization	10
Coordinated Entry Assessment Tool.....	10
Coordinated Entry Priority Ranking	10
Prioritizing Persons Experiencing Chronic Homelessness	11
Priority Subdivisions for Chronically Homeless, Veterans, Families and Youth	11
Coordinated Entry Centralized Housing Referral List	12
Provision of Care through CoC Funded Projects	12
Permanent Supportive Housing / Permanent Housing	12
Joint Transitional Housing – Rapid ReHousing	13
Rapid ReHousing.....	13
Provision of Care for ESG Funded Projects	13
ESG Homeless Prevention	13
ESG Rapid ReHousing	14
Minimum / Maximum Standards for ESG Assistance	14
Access Points	14
Assessor Training	15
Marketing.....	16
Special Populations Outreach	16
Overviewing Coordinated Entry Outreach.....	17
Outreach Duties Prioritized	17
Outreach Caseload	18
Outreach Responsibilities	19
Outreach Collaboration and Referrals	19
Overviewing Housing Placement Specialist	20
Housing Placement Specialist Responsibilities	20
Referral Process.....	20
Receiving Referrals.....	21
Accepting Referrals.....	22
Referral Rejection Policy.....	22

Case Conferencing	23
Re-assessments	23
Program Transfer Requests	23
Protocols for Domestic Violence Victims	24
Referrals for Domestic Violence Services	24
Safety Planning Protocols	24
Confidentiality Protocols	25
Emergency Transfer Plan	25
Eligibility for Emergency Transfer Plans	25
Program Transfer Requests Emergency Transfer Request Documentation	26
Confidentiality	26
Program Transfer Requests Emergency Transfer Timing and Availability	26
Grievance Policy	27
Privacy Protections	27
Incorporating Mainstream Services	28
ADA Compliance	28
Coordinated Entry Evaluation	28
APPENDIX A	30
APPENDIX B	31
APPENDIX C	32
APPENDIX D	35
APPENDIX E	36
APPENDIX F	39
APPENDIX G	41

It is important to note that this Policy and Procedure manual is ever-changing as we encounter new client challenges, new agency challenges, and new HUD-related challenges.

Coordinated Entry Version Breakdown

Version	Date Released	Key Changes
1.0	February 1, 2018	N/A
2.0	October 4, 2018	<ul style="list-style-type: none"> - Updated Coordinated Entry Priority Ranking - Voted to place higher priority on households with children vs households without children - Voted to place higher priority on individuals that possess documentation of chronic status vs individuals with no documentation of chronic status
3.0	February 6, 2020	<ul style="list-style-type: none"> - Updated Coordinated Entry Priority Ranking - Voted to make chronic disability documentation a requirement before an individual is referred to PSH program - Voted to require child custody documentation - Voted to no longer conduct coordinated assessments for individuals currently residing in a 90-day program
4.0	May 7, 2020	<ul style="list-style-type: none"> - Updated Minimum/Maximum Standards for ESG Assistance - Voted to extend the minimum and maximum financial assistance standard for ESG HP/RRH
5.0	December 3, 2020	<ul style="list-style-type: none"> - Added ESG-CV HP & RRH Assistance - Updated Coordinated Assessment to Coordinated Entry
6.0	November 4, 2021	<ul style="list-style-type: none"> - Updated Nondiscrimination Statement
7.0	April 26, 2022	<ul style="list-style-type: none"> - Added Overseeing Housing Placement Specialist - Updated Third Party Verification Form and Instruction Sheet
8.0	October 5, 2023	<ul style="list-style-type: none"> - Added Fair Housing Implementation - Removed ESG-CV HP & RRH Assistance - Added Program Transfer Requests - Update Protocols for Domestic Violence Victims with Safety Planning and Confidentiality Protocols - Updated Emergency Transfer Plan - Updated Grievance Policy - Added Coordinated Entry Participating Housing Projects Chart

Overview of Coordinated Entry

Coordinated Entry (CE) refers to the practice of conducting in-depth assessments of needs and barriers of people experiencing homelessness and people at imminent risk of homelessness at the earliest point possible. The goals are to:

- (1) divert people from homelessness whenever possible;
- (2) provide prevention services when indicated;
- (3) objectively match people with the type, level, and duration of services that best meet their needs and;
- (4) to house the most vulnerable populations - including those experiencing chronic homelessness, Veterans, families, and youth.

The AL-500 Continuum of Care (CoC) Board of Directors designated One Roof with the authority to manage and oversee the Coordinated Entry process. The AL-500 CoC geographic service area includes Jefferson, Shelby, and Saint Clair Counties.

Benefits of a Coordinated Entry System

- Coordinated Entry creates easier access to services, improves and streamlines referrals, and prioritizes and targets more effectively.
- Coordinated Entry helps move people through the system, reduces duplication of efforts, serves clients effectively, assists with ending chronic homelessness, better matches services to client's needs, and reduces returns to homelessness.
- Through Coordinated Entry, a housing and prioritization assessment is administered that determines appropriate interventions and priority placement for households. Those with more urgent and immediate needs will be prioritized for placement over households that have less intensive needs.

Guiding Principles of Coordinated Entry

- The Coordinated Entry procedures incorporate mechanisms for determining whether potential clients meet specific requirements of the projects for which they are prioritized and to which they are referred.
- Coordinated Entry coordinates client intake, assessment, and referrals.
- Coordinated Entry's process and operating hours do not delay access to emergency services such as emergency shelter, domestic violence services, or street outreach services. Outside of Coordinated Entry's operating hours, clients can access emergency services by directly calling or presenting at agencies who provide those services. After emergency services are provided, those agencies then connect clients to Coordinated Entry.
- All Coordinated Entry trained staff use the same assessment approach and referrals using uniform decision-making processes.
- To access Coordinated Entry services, a client can contact One Roof via phone or in person at our office which is centrally located in Birmingham, Alabama (and right next to the bus line).
- Clients may also access our programming through our street outreach staff members who meet clients where they are and through shelter outreach efforts with our partner agencies.
- All people in AL-500 CoC's geographic area, including people experiencing chronic homelessness, Veterans, families, youth, and survivors of domestic violence, have fair and equal access to the Coordinated Entry process, regardless of where or how they present for services. The AL-500 CoC geographic service area includes Jefferson, Shelby, and Saint Clair Counties.
- Coordinated Entry Street Outreach is available to go to more remote locations throughout the geographic service area to provide access to all experiencing homelessness. This service can be

requested via phone or email by a person experiencing homelessness, a community member, or a partner agency.

- Information gathered through Coordinated Entry is used to guide homeless assistance planning and system change efforts in the community.
- Coordinated Entry follows the Housing First model to eliminate screening out people due to perceived barriers to housing services, including but not limited to, too little or no income, active or a history of substance use, domestic violence history, resistance to receiving services, the type or extent of a disability-related services or supports that are needed, history of evictions or poor credit, lease violations or a history of not being a leaseholder, or criminal record.

How One Roof's Coordinated Entry Works

Coordinated Entry (CE) provides streamlined access to the homeless services system thereby allowing households facing housing loss to quickly access the services they need and for which they are eligible without having to call multiple social service programs.

- One Roof uses a Single Point of Access of the Coordinated Entry Access Model.
- Client may access Coordinated Entry via phone or in person at the One Roof office which is centrally located in Birmingham, Alabama. Clients may also access Coordinated Entry through street outreach and shelter outreach efforts.

One Roof	205-254-8833 (main office)
1515 6th Ave South	205-920-1895 (Outreach team)
Birmingham, AL 35233	www.oneroofonline.org

5th Floor at Cooper Green

- The CE team will complete prescreening questions about a client's homeless status and if the client is fleeing a domestic violence situation.
- Using a client's answers, a CE team member can complete the appropriate assessment.
 - If the client is in need of homeless prevention services, the CE Homeless Prevention Prescreening will be completed to determine if the client is eligible for homeless prevention services. The client will be provided with referrals to organizations in the community who provide assistance relating to the particular situation the client presents.
 - If the client is in need of housing or emergency services, the CE Diversion Triage will be completed. Clients will be immediately referred to an appropriate emergency shelter or street outreach resources.
 - If the client falls within a prioritized population of chronically homeless, Veteran, families, or youth, a full coordinated assessment and vulnerability index will be completed. The client will then be placed on the centralized referral list.
 - If the client is not a prioritized population, a diversion entry will be created in PromisSE (the local Homeless Management Information System, HMIS), and the client will be provided with referrals to resources in the community that provide assistance relating to the particular situation the client presents.
 - If the client is staying in a place not meant for habitation, the client will be connected with the CE Outreach Team to verify the client's homeless status. The Outreach Team will also complete diversion triage to evaluate the most appropriate assessment and resources for the client.
- Prior to completing the CE Homeless Prevention Prescreening, CE Diversion Triage, or a full coordinated assessment, a CE team member will fully explain about the referral process to One Roof's partner agencies. All clients will be provided information and referrals to resources in the community for immediate emergency services as well as other housing resources outside of the Continuum of Care.

- Clients who complete a coordinated assessment will be provided with a 'What's Next Guide' which explains the referral process, that a housing referral is not a guarantee, and that clients are also encouraged to continue seeking other resources to resolve their homelessness.
- After the assessment is complete, the Director of Coordinated Entry will place the client on the referral list based on the client's vulnerability score, set by the VI-SPDAT 2.0, and the priority ranking, based on the HUD Notice CPD-16-11. (see Coordinated Entry Priority Ranking section below)
- All Coordinated Entry partner agencies must notify Coordinated Entry through the CE Referral Request google form when they are requesting referrals for their program.
- When there is a program availability, the Director of Coordinated Entry will check the referral list and make an appropriate referral for the next eligible client at the top of the referral list. This referral is made electronically through PromisSE (HMIS).
- Upon receipt, the Coordinated Entry partner agency will follow up with the client. The agency will accept, cancel, or decline the referral after meeting with the client to discuss the program.
- Using the notes section or case plan in PromisSE, the agency will notify Coordinated Entry about the meeting and the status of the housing process.
- If the client and agency accept the referral, then the client will work directly with the agency towards the housing service and the client's coordinated assessment entry will be closed.
- If the client and/or agency declines or cancels the referral, the agency will notify Coordinated Entry with an explanation, and the client will maintain their place on the referral list until the next housing placement is available. A client's refusal of housing or service options does not limit them from accessing other forms of assistance or future Coordinated Entry housing and service referrals.

Action Steps for Agencies Participating in the CE Process

1. Become a full pledge One Roof member of the Continuum of Care.
2. Compose program eligibility for assistance and submit to Coordinated Entry.
3. Establish an Agency point of contact for Coordinated Entry to directly refer clients as appropriate.
4. Provide clear communication about resources available to the community.

Nondiscrimination Statement for Participating Agencies

The One Roof and all CoC and ESG Funded Programs will comply with all HUD (as specified in HUD CPD-17-01 Section 1(d)) nondiscrimination requirements, including, but not limited to:

- The Fair Housing Act prohibits discriminatory housing practices based on race, color, religion, sex, national origin, disability, or familial status;
- Section 504 of the Rehabilitation Act prohibits discrimination on the basis of disability under any program or activity receiving Federal financial assistance;
- Title II of the Americans with Disabilities Act prohibits public entities, which includes State and local governments, and special purpose districts, from discriminating against individuals with disabilities in all their services, programs, and activities, which include housing, and housing-related services such as housing search and referral assistance;
- Title VI of the Civil Rights Act prohibits discrimination on the basis of race, color, or national origin under any program or activity receiving Federal financial assistance;
- Title III of the Americans with Disabilities Act prohibits private entities that own, lease, and operate places of public accommodation, which include shelters, social service establishments, and other public accommodations providing housing, from discriminating based on disability;
- And, HUD's Equal Access Final Rule (24 CFR 5.105(a)(2)) prohibits discriminatory eligibility determinations in HUD-assisted or HUD-insured housing programs based on actual or perceived

sexual orientation, gender identity, or marital status, including any projects funded by the CoC Program, ESG Program, and HOPWA Program.

Equal access requires all CoC funded programs plus the owners, operators, managers, staff and volunteers of any shelters, programs or services funded by any CPD program, to grant equal access to such facilities and services in accordance with an individual's gender identity, and in a manner that affords equal access to the individual's family as well. Equal access will be provided using person-centered practices such as Trauma Informed Care, one that is promoted throughout all CoC funded programs with all subpopulations of people at-risk of and experiencing homelessness.

One Roof is an Equal Opportunity Employer. One Roof supports and is committed to the principle of non-discrimination. It is our policy to hire, promote, train and to carry out all employment and service decisions without regard to race, color, religion, age, gender, perceived sexual orientation, national origin or ancestry, political affiliation or belief, Veteran's status, geographic location, marital status, or status as a qualified individual with a disability, and in accordance with applicable state and federal statutes, executive orders and regulations. The Coordinated Entry referral process is informed by Federal, State, and local Fair Housing laws and regulations and ensures clients are not "steered" toward any particular housing facility or neighborhood because of race, color, national origin, religion, sex, disability, or the presence of children.

CoC- and ESG-funded providers shall not discriminate on the basis of any protected characteristic, including race, ethnicity, color, national origin, language, ancestry, religion, sex, familial status, age, gender identity, LGBTQ+ (lesbian, gay, bisexual, transgender, queer/questioning, etc) status, marital status, domestic or sexual violence victim status, or sensory, mental, or physical disability.

This means that One Roof CoC and participating agencies and their staffs, volunteers, and contractors will not:

- Deny any person facilities, services, financial aid, or other benefits.
- Provide services that are different, or are provided in a different form, from that provided to others under the program or activity.
- Subject any person to segregated or separate treatment in any facility or in any matter or process related to receipt of any service or benefit under the program or activity.
- Restrict in any way access to, or the enjoyment of any advantage or privilege enjoyed by others in connection with, facilities, services, financial aid, or other benefits under the program or activity.
- Treat any person differently from others in determining whether the person satisfies any admission, enrollment, eligibility, membership, or other requirement or condition, which individuals must meet to be provided shelter, services, or other benefits provided under the program or activity.
- Deny meaningful access to persons with limited English proficiency, to include translated documents, notice of client's rights, grievance forms, and other materials vital for program access or fail to work with language services or an interpreter to assist persons who speak an alternate primary language other than the staff persons and need assistance communicating.

One Roof CoC and ESG participating agencies shall make housing available to all otherwise eligible individuals regardless of actual or perceived sexual orientation, gender identity, or marital status. Agencies will ensure equal access to programs for all individuals and their families; provide housing, services, and/or accommodations in accordance with a clients' gender identity; and determine eligibility without regard to actual or perceived sexual orientation, gender identity, or marital status.

Fair Housing Implementation

The Fair Housing Act applies to all programs operating within the Central Alabama CoC. Providers shall not discriminate because of race, color, national origin, religion, sex (including gender identity and sexual orientation), familial status, or disability. To affirmatively further fair housing, programs must:

- Market their housing and supportive services to eligible persons regardless of race, color, national origin, religion, sex, age, familial status, or disability who are least likely to apply in the absence of special outreach;
- Where a provider encounters a condition or action that impedes fair housing choice for current or prospective participants, provide such information to the jurisdiction that provided the certification of consistency with the Consolidated Plan; and to the Continuum of Care
- Provide program participants with information on rights and remedies available under applicable federal, state, and local fair housing and civil rights laws.

Education Availability Notice Policy

In compliance with HUD McKinney-Vento requirements, the One Roof Board of Directors developed an Education Availability Notice Policy. Compliance with these guidelines is mandatory for each Continuum funded agency serving families or individuals with school-aged children and is strongly suggested for non-CoC funded agencies as well. Funded agencies are required to have the policy posted prominently in their facility.

The policy allows the family and staff to get settled the first day of entry into shelter or program but on day two of program/ shelter stay, designated staff engage the family to enroll/ re-enroll the children in school, and must inform the families or individuals that they are eligible for various educational services and benefits, including the option for the child to remain in the school where they became homeless.

The agency will collaborate with the appropriate McKinney school liaison to make certain there are no barriers to the child's education. The procedure is that each agency must designate a single person/ position responsible for making certain this policy is carried out. In most agencies, this responsibility falls on either the Director of Social Work or the Program Director.

- One Roof displays this policy along with a list of McKinney school liaisons for each school district in the One Roof Continuum, is posted in prominent places in the One Roof offices so that it is readily available to anyone who visits these offices. We also offered these resources to service providers, libraries, hospitals and multiple other locations homeless families and individuals may frequent.
- Any youth or person with school-aged children contacting Coordinated Entry, whether they complete a full Assessment or receive only Diversion Assistance, is informed of their eligibility for education services.

Coordinated Entry Process

The Coordinated Entry process incorporates a person-centered approach, including the following:

- Physical assessment areas are made safe and confidential to allow for individuals to identify sensitive information or safety issues in a private and secure setting.
- Assessments are based in part on clients' strengths, goals, risks and protective factors.
- Tools and assessment processes are easily understood by clients.
- Assessments are sensitive to clients' lived experience.

- Clients are offered choice in decisions about location and type of housing.
- Clients are able to easily understand to which program they are being referred, what the program expects of them, and what they can expect of the program.

Coordinated Entry Prioritization

Coordinated Entry prioritizes persons with the highest needs and vulnerabilities, and appropriately refers individuals and families to service provider agencies within the community. Four populations prioritized for CoC/ESG funded housing (voted and approved by CoC members) include literally homeless youth (18-24), family households, chronically homeless, and Veterans.

Coordinated Entry Assessment Tool

One Roof Coordinated Entry (CE) utilizes the Vulnerability Index – Service Prioritization Decision Assistance Tool (VI-SPDAT) Version 2 as the standardized assessment tool to measure homeless individuals’ and homeless families’ vulnerability to housing instability. The VI-SPDAT is a nationally recognized, evidence-based, best practice tool for measuring vulnerabilities and prioritizing services for individuals experiencing homelessness or at-risk of experiencing homelessness. For youth ages 18-24 experiencing homelessness, One Roof utilizes the Transition Age Youth – Vulnerability Index – Service Prioritization Decision Assistance Tool (TAY-VI-SPDAT). For family households experiencing homelessness, One Roof utilizes the Vulnerability Index – Family Service Prioritization Decision Assistance Tool (VI-FSPDAT). For ESG Homeless Prevention programs, the Continuum of Care has created its own CE Homeless Prevention Prescreening tool to help prioritize assistance for at-risk individuals and families eligible for these projects. This was developed in coordination with ESG recipients and subrecipients to allow for coordinated screening, assessment, and referrals for ESG projects consistent with the written standards for administering ESG assistance. Coordinated Entry prioritizes persons with the highest needs and vulnerabilities, and appropriately refers individuals and families to service provider agencies within the community. Four populations prioritized for CoC/ESG funded housing (voted and approved by CoC members) include literally homeless youth (18-24), family households, chronically homeless, and Veterans.

In accordance to HUD CPD-17-01, individuals may choose what information to disclose in the assessment. Refusal to answer questions will not limit their access to other forms of assistance. The assessment cannot require disclosure of specific disabilities or diagnosis. Specific diagnosis or disability information may only be obtained for purposes of determining program eligibility to make appropriate referrals.

Recommendations for housing programs are based on the results of the assessment:

<i>Score:</i>	<i>Recommendation:</i>
0-3:	no housing intervention
4-7:	an assessment for Rapid Re-Housing
8+:	an assessment for Permanent Supportive Housing/Housing First

Per the 2015 NOFA application, all CoC funded programs agreed to prioritize chronically homeless individuals and families for permanent housing. Therefore, if there is not a PSH bed available for a chronically homeless individual, Coordinated Entry will still refer the individual/household to an appropriate RRH program.

Coordinated Entry Priority Ranking

For all CoC and ESG assistance, the One Roof Continuum of Care has prioritized the following populations: chronically homeless, Veterans, families, and youth age 18 – 24. The CoC has also prioritized chronically

homeless individuals and families for permanent housing. Once a client completes a full coordinated assessment, they are prioritized based on the criteria set forth by HUD Notice CPD-16-011 (outlined below) and their VI-SPDAT score. If one or more individuals/families fall into the same prioritized group and have the same VI-SPDAT score and rank, the CE team will utilize the CoC's sub-priority groups (outlined below) to determine which individual/family will receive the next available and appropriate referral to housing.

Prioritizing Persons Experiencing Chronic Homelessness

Originally approved by One Roof CoC June 10, 2015, and updated based on the HUD Notice CPD-16-011

- 5 - Chronic person + Disability + 12 months or more of homelessness (continuously or on at least four occasions in the last three years where those occasions cumulatively total at least 12 months)
- 4- Literal Homeless + Disability + 12 months or more of homelessness but fewer than 4 episodes
- 3 - Literal Homeless + Disability + less than 12 months of homelessness
- 2 - Literal Homeless without Disability + Any length of homelessness
- 1 - HUD Transitional Housing + Literal Homeless prior to entry into TH OR TH+ DV Victim (not literal homeless prior)
- 0 – Category 2 Homeless

The categories of prioritized homelessness (as listed above) provide a numerical ranking system for individuals/families that complete a coordinated assessment – known as a referral ranking.

Priority Subdivisions for Chronically Homeless, Veterans, Families and Youth

Voted and Approved by One Roof Continuum of Care on October 4, 2018

Coordinated Entry Priority Criteria Table

Priority Population	Priority Subdivisions	Priority Ranking
Chronically Homeless	<ol style="list-style-type: none"> 1. Chronic disability documentation* 2. Exposure to elements (sleeping outside) 3. Chronically Homeless families with children 	<ol style="list-style-type: none"> 1. Referral Ranking (5 - chronic status, as defined above) 2. VI-SPDAT Score (highest to lowest) 3. Date of assessment (first to most recent)
Veterans	<ol style="list-style-type: none"> 1. Veteran Families with children 2. Exposure to elements (sleeping outside) 	<ol style="list-style-type: none"> 1. Referral Ranking (highest to lowest) 2. VI-SPDAT Score (highest to lowest) 3. Date of assessment (first to most recent)
Families	<ol style="list-style-type: none"> 1. Exposure to elements (sleeping outside) 2. Pregnancy and/or minor children 3. Age of family (parent(s) under 24 or over 55) 	<ol style="list-style-type: none"> 1. Referral Ranking (highest to lowest) 2. VI-SPDAT for families with children (highest to lowest) 3. Date of assessment (first to most recent)
Youth	<ol style="list-style-type: none"> 1. Exposure to elements (sleeping outside) 2. Youngest youth 3. Youngest youth pregnant and/or with minor children 	<ol style="list-style-type: none"> 1. Referral Ranking (highest to lowest) 2. TAY-VI-SPDAT Score (highest to lowest) 3. Date of assessment (first to most recent)

In accordance to HUD Notice CPD-17-01, data from the assessment may not be used to prioritize households for housing and services on a protected basis, such as based on a diagnosis or disability. If two or more homeless households within the same geographic area are identically prioritized for referral to the next available unit (same SPDAT Score and Referral Ranking), Coordinated Entry will refer the household that first presented for assistance to the next available unit.

The priority subdivisions are used as a tiebreaker in the case of two individuals or households, within the same geographic area, which are identically prioritized and presented for assistance on the same date. The last available unit, in the case of multiple unit availability, will be filled based on the priority subdivisions paired to each prioritized population.

Priority ranking is based on the answers the client provides during the assessment. The Housing Provider will verify eligibility and documentation. Both Partner Agencies and Coordinated Entry should follow the order of priority above while also considering the goals and any identified target populations served by the project for the client referral.

*See Appendix A: Disability Documentation Request for more details.

Coordinated Entry Centralized Housing Referral List

One Roof maintains a single prioritized list for referrals into CoC funded programs, which is created through the Coordinated Entry process and CoC Priority Ranking. This list is updated frequently to reflect most up-to-date data and is informed by the CoC's street outreach initiatives. Data collected for clients on the centralized referral list is self-reported information from the client and information gathered through PromisSE and street outreach. It is the responsibility of the Housing Provider to gather and confirm documentation related to homeless and/or disability status upon a client's intake and entry into their program.

Coordinated Entry will conduct 90 day follow ups for clients remaining on the referral list. Clients who are unable to be contacted and/or deemed inactive will be exited from the referral list and their coordinated assessment entry will be closed. Clients are inactive if there are no service entries in PromisSE within the last 90 days. Clients who self-resolve their homeless situation will be exited from the referral list and their coordinated assessment entry will be closed. A client's coordinated assessment entry will also be closed if there is a case note, from a partner agency, indicating that a client is currently housed.

Provision of Care through CoC Funded Projects

All individuals and families entering a HUD CoC-funded unit or bed must first go through Coordinated Entry and receive a housing referral for that project. See Appendix B for the Coordinated Entry Participating Housing Projects Chart.

Permanent Supportive Housing / Permanent Housing

All permanent housing projects will be prioritized for individuals and families experiencing chronic homelessness. To receive Permanent Supportive Housing an individual or family must meet the HUD definition for chronic homelessness.

Joint Transitional Housing – Rapid ReHousing

A Joint TH and RRH Component project is a project type that includes two existing program components—TH and RRH—in a single project to serve individuals and families experiencing homelessness. Eligible costs include:

1. leasing of a structure or units, and operating costs to provide transitional housing;
2. short- or medium-term tenant-based rental assistance on behalf of program participants in the rapid rehousing portion of the project;
3. supportive services for the entire project.

Rapid ReHousing

To ensure that CoC Rapid ReHousing funding is utilized in the most effective way to appropriately assist clients and support the community's need, the CoC established standards for the length of assistance.

Minimum length of assistance: 6 months

Maximum length of assistance: 18 months

We are required to have written standards to provide guidance for determining what percentage or amount of rent each program client must pay while receiving Rapid ReHousing assistance. We have included an example below from the CoC partner, Housing Assistance Fund, of their 2018 Rapid ReHousing assistance breakdown for guidance.

The goal of all CoC Rapid ReHousing Programs is housing stability. Each Rapid ReHousing client will work towards assuming 100% of both their monthly rent and utilities. With this goal in mind each client will need to assume portions of the rent throughout their time on the program. The following is an example of a step-down process though all clients may not require the same length of services. At minimum, each portion adjustment is to occur at the time the client's 90-day re-assessment is conducted.

Timeframe	Percentage of Total Rent
0-3 months/1 st 90 days	0%
3 to 6 months/ 2 nd 90 days	10% to 25%
6 to 9 months/ 3 rd 90 days	30% to 50%
9 to 12 months/ 4 th 90 days	50% to 75%
12 to 15 months/ 5 th 90 days	80% to 100%

Provision of Care for ESG Funded Projects

All individuals and families receiving Rapid Re-housing or Homeless Prevention assistance through an ESG-funded project must go through Coordinated Entry (CE) and receive a service referral for that project. There is no Permanent Supportive Housing or Transitional Housing assistance under any ESG funding. See Appendix B for the Coordinated Entry Participating Housing Projects Chart.

ESG Homeless Prevention

Using the CE Homeless Prescreening Tool, CE team members will assess a client's vulnerability to losing their current housing and determine whether a client is prioritized for ESG homeless prevention assistance.

Priority Criteria for ESG Homeless Prevention Assistance:

1.) The household has experienced homelessness in the last 36 months (3 years)

OR

2.) The household meets at least **two** of the following local criteria:

- Veteran in household (Veteran cannot be eligible for other Veteran specific assistance)
- Household consists of all Unaccompanied Youth (18-24) or is headed by an Unaccompanied Youth
- Household is a Family and/or is pregnant
- Household has experienced an economic hardship in last 90 days (e.g., loss or reduction of income, medical emergency, etc.)
 - There must be a documentable reduction of 40% of household income in the past 90 days.
 - There has been a fire or natural disaster in the past 90 days resulting in loss of housing for a client currently in CoC or ESG funded housing AND no other supports are available.

If there is a 5-day period during which no callers meet either Priority 1 or Priority 2, then callers who fall into at least one (1) of the listed Priorities will be screened and referred to ESG Homeless Prevention programs.

Partner agencies who receive ESG Homeless Prevention funding for the sole purpose of supporting the tenancy of clients who are also enrolled in a CoC-funded Rapid ReHousing project may provide that assistance without requiring said client to go through Coordinated Entry again.

ESG Rapid ReHousing

Referrals to ESG Rapid Re-Housing projects will originate from the CoC's Centralized Referral List. Sub-recipients and sub-sub-recipients cannot serve or provide assistance to households who were not referred by Coordinated Entry.

Minimum / Maximum Standards for ESG Assistance

To ensure that ESG funding is utilized in the most effective way to appropriately assist clients and support the community's need, the CoC established standards for the length of assistance and amount of ESG assistance that can be provided to each client.

Minimum length of assistance: 2 months

Minimum amount per client: \$1,000

Maximum length of assistance: 18 months

Maximum amount per client: \$6,000

Access Points

One Roof will serve as the centralized access point for Coordinated Entry (CE). One Roof uses a Single Point of Access of the Coordinated Entry Access Point which is the highest level of control over implementation and compliance for the CoC; also known as "centralized" intake or assessment. Individuals and families can access Coordinated Entry via phone, in-person, or through street outreach efforts. If a client is unwilling or unable to call and/or is unwilling or unable to come to the One Roof office, an Outreach Specialist will meet a client at a neutral, safe location.

For people experiencing a housing crisis or at risk of homelessness and in need of homeless prevention services, they can contact One Roof via phone, email or in-person. Additionally, they can complete the Homeless Prevention intake screening form, when available, on the One Roof website to expand access to the Coordinated Entry System after business hours. Community members may also use the One Roof website to contact via email which will be answered during regular business hours.

Shelby County Emergency Services will serve as remote access points for ESG projects located in Shelby County. Access points will utilize the same Coordinated Entry Policies and Procedures outlined in this document.

All access points will provide connections to mainstream and community-based emergency assistance services such as food assistance programs and income assistance.

Marketing materials will be distributed to referral agencies such as United Way 211, Crisis Center, Jefferson County Family Resource Center, etc. and procedures on referral process will be agreed upon by outside agencies.

Assessor Training

One Roof will provide on-going training and support for staff completing coordinated assessments. Mandatory refresher trainings for staff will occur at least annually, and the written materials and protocols will be distributed.

The purpose of this annual training is to provide all staff administering assessments with access to materials that clearly describe the methods by which assessments are to be conducted with fidelity to the Coordinated Entry process, including its policies and procedures, requirements for use of assessment information to determine prioritization, and criteria for uniform decision-making and referrals. It will also include how to conduct a trauma-informed assessment.

All CE staff are trained in 6 Core Competencies:

- 1.) Assertive Engagement – approaches client engagement from the perspective that clients are willing to make changes, and that it is the responsibility of caseworkers and support staff to adapt their engagement to create an environment that is conducive to change.
- 2.) Client-Centered Approach – focuses on the needs and abilities of clients to guide service work practice. Client-Centered Approach ensures that interventions are collaborative and individualized. It seeks to empower the individual to direct the intervention and assess what resources they need.
- 3.) Critical Time Intervention (CTI) – is a time-limited evidence-based practice that mobilizes support for society's most vulnerable individuals during periods of transition. It facilitates community integration and continuity of care by ensuring that a person has enduring ties to their community and support systems during these critical periods.
- 4.) Harm Reduction – refers to policies, programs and practices aimed at reducing the risks and negative effects associated with substance use and addictive behaviors for the individual, the community and society as a whole.
- 5.) Motivational Interviewing – an evidence-based practice in working with clients that has proven to be successful. In this approach, the service provider allows the client to direct the change rather than telling the client what they need to do. This approach is about having a conversation about change.
- 6.) Trauma-Informed Care – is an organizational structure and treatment framework that involves understanding, recognizing, and responding to the effects of all types of trauma. Trauma-Informed Care also emphasizes physical, psychological and emotional safety for both consumers and providers, and helps survivors rebuild a sense of control and empowerment. Trauma Informed Care is an evidence

based practice and is one that is promoted throughout all CoC funded programs with all subpopulations of people at-risk of and experiencing homelessness.

Additional training will be provided to promote cultural and linguistic competent practices, including proper use of pronouns and respect for religious views.

All One Roof staff are required to read the One Roof Safety Manual at the beginning of employment. The Safety Manual goes over agency policies and behavior guidelines to promote a safe space for all those involved in or connected with the One Roof network. Annual training on safety procedures will be provided to all One Roof staff members.

Marketing

The Coordinated Entry (CE) marketing plan is to reach and provide material to all organizations who serve people experiencing homelessness but are not members of the CoC.

This plan is divided into urban areas and rural areas. In the urban areas with populations greater than 20,000 residents (Birmingham, Hoover, Bessemer, Alabaster, Homewood, Pelham, Trussville, Center Point, Hueytown, Leeds, Irondale, Moody, Fairfield, Pleasant Grove), One Roof will use the following marketing tactics:

- Develop info sheets with location of all shelters and distribute via public libraries, shelters, faith communities, and parks to encourage them to call or visit Coordinated Entry.
- As available, individuals living on the street or a place not meant for habitation are distributed backpacks with hygiene supplies and other items needed to survive on the street.
- Develop flyers and business cards for homeless shelters and agencies to direct potential clients on how to complete the Coordinated Entry process.
- Train first responders to direct people they encounter who are experiencing homelessness to a shelter.

In rural areas without shelters or services, One Roof will network with faith communities, first responders, and elected officials to help identify people experiencing homelessness in the area.

Special Populations Outreach

To reach targeted special populations One Roof will distribute materials to organizations/agencies that serve these populations. The frontline staff of these organizations will receive information on the definition of chronically homeless and how to refer the client to Coordinated Entry.

Chronically Homeless

- Firehouse
- First Light
- Salvation Army
- Pathways
- Church of the Reconciler
- Community on the Rise
- Food For Our Journey
- Faith Chapel Care Center

Veterans

- VA Hospital
- The Phoenix Clinic
- SSVF and other Veteran specific service providers
- Veteran Coordination Group

Families

- YWCA Interfaith
- Family Promise
- Jefferson County Family Resource Center
- Faith-Based Partnership to End Homelessness

Youth

- Hope House / Family Connection
- Youth Towers
- Waystation
- Children's Aid Society
- The Magic City Acceptance Center

Victims of Domestic Violence

- YWCA of Central Alabama Domestic Violence Shelter
- Safe House of Shelby County
- One Place Metro Alabama Family Justice Center
- Crime Victim's Assistance Unit with Jefferson County Sheriff's Office

Overviewing Coordinated Entry Outreach

The One Roof Coordinated Entry (CE) Outreach team is a group comprised of three Street Outreach Specialists and one Street Outreach Coordinator. Each CE Outreach Specialist will identify and build rapport with homeless individuals and families living on the streets or in locations not meant for human habitation (e.g. street, car, park, abandoned building, under bridge, bus station, airport, or campground). Outreach performs targeted street outreach to specific populations including youth, families, Veterans, and chronically homeless. The end goal of interacting with people experiencing unsheltered homelessness is to connect them to partner agencies and resources that they would otherwise have a hard time accessing in order to help them transition out of homelessness.

One Roof's CE Outreach Team's mission is to identify, engage, and assist the most vulnerable unsheltered clients in gaining stable, safe, and affordable housing; collaborate with partner agencies to build Continuum of Care capacity; and advocate for just economic, social, and health policies that affect our clients' ability to thrive and live within dignity.

Outreach Duties Prioritized

One Roof CE Outreach Team duties can be categorized into four priority areas:

Primary Duties

1. Providing life sustaining services to street clients
2. Providing case management services to street clients identified as exceptionally vulnerable

Secondary Duties

3. Using unique insights to advocate for our clients within the homeless service system and within broader systems
4. Using first-hand knowledge to assist in One Roof and/or Continuum-wide capacity building projects

Considering Non-Prioritized Projects

- Since One Roof's Outreach Team is considered one of the organization's direct services, Outreach's priorities are to conduct Life Sustaining Services and provide Case Management to eligible street clients.
- Advocacy and Capacity Building are considered secondary duties. There are a few exceptions to this rule, though, pertaining to One Roof hosted projects that require the assistance of all One Roof staff. These exceptions are considered priorities and include, but are not limited to, conducting the Point-In-Time Count, participating in Project Homeless Connect, participating in Cardboard Connect, assisting with Homeless Simulations, and attending Resource Fairs. Another exception is conducting SSI/SSDI Outreach, Access, and Recovery (SOAR) referrals and applications. One Roof Outreach Specialists must discuss the possibility of becoming a SOAR Specialist with One Roof Administration, and if granted the opportunity, are free to take on SOAR clients at the discretion of the Director of Coordinated Entry and SOAR Supervisor.
- Other non-priority projects need to clearly fit into the Advocacy or Capacity Building areas. Outreach Specialists should use their own discretion in committing to non-priority projects, in order to ensure they are spending enough time on providing the core services of case management, crisis intervention, and meeting immediate needs.
- When presented with an opportunity to participate in a non-priority project and before committing to the effort--whether the initiator is a One Roof staff member, a partner agency, or a community member--the Outreach Specialist should first consider whether the project falls under advocacy and/or capacity building and, secondly, whether they can realistically participate without neglecting their core duties.

Outreach Caseload

For all CoC and ESG assistance, the One Roof Continuum of Care has prioritized the following populations: chronically homeless, Veterans, families, and youth age 18 – 24. Unsheltered clients who fall into at least one of the four priority areas (i.e. chronically homeless, Veterans, families, and/or youth) and are determined to be the most vulnerable should be on an Outreach Caseload. Caseload clients are seen regularly by the Outreach team, are continually experiencing unsheltered homelessness and are assigned to Outreach Specialists for continued engagement and services.

Each Outreach Specialists should average around 8-15 of the most vulnerable unsheltered clients on a caseload at a time. Given the high service needs of program clients, maintaining manageable caseloads is an important program feature to provide personalized care. If an Outreach Specialist would like to increase their caseload, they should discuss this with the Director of Coordinated Entry or during the weekly CE team meetings. This will be conferenced on an individualized case-by-case basis. Outreach Specialists will case conference if the client would benefit by being on a caseload based on the client's vulnerability and need for case management. Caseloads are staggered based upon length of time clients are in the program and their progression towards transitioning out of homelessness.

Outreach Specialist and Client Roles

- Outreach Specialist Role: CE Outreach will provide case management services to unsheltered clients who are not able to access services with the goal of obtaining permanent housing. Consistent engagement means Outreach Specialists will provide more substantial and extensive services to caseload clients compared to the diversion services and resources provided to non-caseload clients

(e.g. instead of providing diversion clients with a public housing application, Outreach Specialists will assist caseload clients in filling out an application). Outreach Specialists will take a client-centered approach and allow clients to lead the service-provision process based on their comfort and desire to access specific services. If a client is working with a case manager with another agency, then the client will continue to work with that case manager.

- **Client Role:** The client is responsible for working with their Outreach Specialist and leading the housing case plan. They are responsible to delineate the boundaries of service provision and articulate what services they are ready to access. Clients are to work towards their own housing stability with the assistance of their Outreach Specialist; they are not to solely depend on the work of the Outreach Specialist. To the best of their ability, they are also responsible to attend all agreed upon appointments with their Outreach Specialist or referral services in a timely manner.

Most Vulnerable Outreach (MVO)

Most communities have more people in need of homelessness assistance than they can serve, particularly for persons who need supportive housing placement. Therefore, communities need to make tough decisions regarding how those limited resources are allocated. The One Roof Outreach team completes MVO weekly to search for people experiencing homelessness who are least likely to access services.

- The MVO Calendar will indicate when the teams are out for MVO.
- The Outreach Teams are equipped to go into the field with hygiene kits, water, weather necessary items (gloves, hats, ponchos, sunscreen, etc.), diversion resources, and computers for documentation as necessary.
- Areas may need to be visited twice by the team if there is evidence of clients staying there but the client is not there. Team members usually leave hygiene packs and contact cards.

Outreach Responsibilities

Homeless Verifications

- The 'Third Party Unsheltered Homeless Verification Form' (TPV) is to be used to provide third-party documentation verifying current or prior occasions in which an individual or head of household is or was residing in a place not meant for human habitation. See Appendix C: Third Party Verification Form and Instruction Sheet for more details.
- A TPV is used to verify the Category 1 homelessness required by One Roof's partner housing agencies. This tool helps free up the time of the Outreach team. Instead of the Outreach Specialists verifying a client's homeless status, a TPV can be completed if that client interacts with other agencies or community members/businesses.
- Verification for people residing in accommodations not designed for sleeping can be visually verified during outreach. Case managers must document location, date, and time the individual was seen sleeping in such accommodations.
- Documentation of homelessness is required for every case file. In the case that a client is dubiously homeless, Outreach Specialists must be creative in verifying homelessness.

Outreach Collaboration and Referrals

Outreach Collaboration Meeting

- The Outreach Collaboration Meeting is a monthly meeting with agencies in Jefferson, Shelby, and St. Clair Counties. The goal of the meeting is to form a strong relationship between agencies working towards ending homelessness, share and explain new and existing resources with each other, and case conference clients to better serve them and the community.

SOAR Referrals

- The following SSI/SSDI Outreach, Access, and Recovery (SOAR) documents are to assist Outreach Specialists and partner agencies with referring clients to the SOAR program. They should be used to gain knowledge on who will be an eligible candidate for the SOAR program and to refer to the SOAR Case Managers.
- SOAR Documents should include:
 - SOAR Triage
 - SOAR Referral Application
 - Referral Workflow
 - Waitlist Workflow

For additional information on SOAR Documents, refer to Appendix D and Appendix E.

Overviewing Housing Placement Specialist

One Roof and its partner agencies believe private market landlords are critical partners in the work to help people quickly exit homelessness and maintain permanent housing. To support this partnership between service providers and landlords, One Roof has a dedicated team member to assist in connecting those seeking housing through our partner agencies (prospective residents) to those who are offering housing (property owners and managers).

The Housing Placement Specialist acts as a liaison between One Roof's partner agencies, the individuals/families receiving housing assistance, and landlords who provide qualified housing. In addition to this coordination, One Roof actively engages with prospective property owners and managers who are interested in renting to tenants receiving housing assistance through our partner agencies.

Housing Placement Specialist Responsibilities

- Recruit and maintain excellent working relationships with private landlords and leasing corporations in Jefferson, St. Clair, and Shelby Counties.
- Develop and maintain lists of available housing units.
- Coordinate with Coordinated Entry (CE) staff to connect with client referrals from the CE Prioritization Housing List.
- Assess housing barriers, needs, and preferences of individuals and families experiencing homelessness.
- Develop an action plan for locating housing, including intake interview to determine client's needs, goals, and eligibility for available rental units in the community.
- Conduct outreach to and negotiation with landlords and leasing corporations.
- Provide mediation between landlords and clients.
- Create and maintain consistent communication channels, both verbal and written, between several parties (e.g., tenant, landlord, service provider, collaborating agencies, etc.)
- Serve as an ongoing liaison between property managers, tenants, and service providers.
- Use the local Homeless Management Information System (HMIS) to record all client interactions.
- May assist in transporting clients to housing appointments using agency vehicles.
- Assist with any other duties as requested including participation in all major agency functions.

Referral Process

Once a Housing Provider receives the referral, they will contact the client to set up an intake to verify all eligibility information. Coordinated Entry (CE) is not responsible for collecting documentation that verifies a client's eligibility for programs. The coordinated assessment serves as a prescreening tool to assess vulnerability. Although some documentation might be readily available through HMIS and/or documents collected during the assessment process, the Housing Provider is ultimately responsible for gathering all necessary documentation to determine eligibility.

All Partner Agencies that receive referrals from Coordinated Entry are required to follow the established order of priority for obtaining homeless documentation evidence (ordered by priority below):

1. Third-party documentation (HMIS, TPV, etc,)
2. intake worker observations
3. Certification from the person seeking assistance

However, lack of third-party documentation must not prevent an individual or family from being immediately admitted to emergency shelter, receiving street outreach services, or being immediately admitted to shelter or receiving services provided by a victim service provider. This documentation will establish and verify homeless programs eligibility.

To the best of the availability and capacity, the CoC incorporates a person-centered approach in the referral process. Client choice in decisions such as location and type of housing, level and type of services, and other project characteristics are taken into consideration when referring the next eligible client at the top of the referral list. When a client is referred to a program that is a scattered site, the client helps in the housing search process based on their preference. A client's refusal of housing or service options does not limit them from accessing other forms of assistance or future CE housing and service referrals.

Receiving Referrals

Coordinated Entry sends referrals to the Housing Partner via HMIS. The client information that is included in the referral includes the following:

Type of Referral

Priority Type

Contact Information

Last Known Location

Referral Notes (as needed)

Upon receiving a referral from Coordinated Entry, the Housing Provider will attempt to contact the client within 3 business days to schedule an intake. Providers may schedule client intakes to collect additional data and assess for program fit. Interview must be conducted within 10 days of receiving a referral.

If the client cannot be contacted within 10 business days, the Housing Provider will notify the CE Team and move to the next eligible person on the referral list. This will be noted in HMIS, and the referral will be cancelled instead of declined. The Housing Provider must document in HMIS their attempts to contact a referred client.

If the client misses the appointment, the Housing Provider will schedule a new intake appointment and should hold the vacancy until the intake appointment is concluded. If the client misses a second appointment, the referral can be cancelled and noted in HMIS.

Accepting Referrals

If the client is accepted into a program and accepts the referral, the Housing Provider must document that acceptance in HMIS through the referral system. The referral will then be complete and the client will be removed from the referral list and the coordinated assessment entry will be closed.

If a client is accepted into a program and then either voluntarily leaves or contact with that client is lost, after reaching out to contact, the Housing Provider can exit the client from their program. If/when a client returns or contacts the Housing Provider, the agency should direct them back to Coordinated Entry. The client's entry will be reopened and the client will be placed back on the referral list for another referral.

Referral Rejection Policy

Both CoC providers and program clients may decline or cancel referrals, although service denials should be infrequent and must be documented in HMIS. All participating projects and the client must provide the reason for service denial and may be subject to a limit on number of service denials.

If the Housing Provider declines a referral, it will need to be marked in HMIS as Referral Outcome Declined. If the client chooses to cancel a referral, it will need to be marked in HMIS as Referral Outcome Cancelled. At a minimum, all projects' referral denial/cancellation reasons must include one of the following which will be marked in HMIS through the referral system.

Referral Outcome Declined -

- Program at bed/unit/service capacity at time of referral.
 - Mark in HMIS – *All Services Full*
- Based on the individual program policies and procedures, the Housing Provider has determined that the client/household cannot be safely accommodated or cannot meet tenancy obligations with the supports provided by the program.
 - Mark in HMIS – *Service Not Accessible*

If a Housing Provider wishes to decline a referral, they must first case conference with Director of Coordinated Entry or her/his/their designee. Coordinated Entry will schedule a case conference session during weekly Office Hours with the declining housing agency. Coordinated Entry will pull in any other housing agency that may be able to help house the referred client.

Referral Outcome Canceled –

- Client/household does not meet required criteria for program eligibility
 - Mark in HMIS – *Client Not Eligible*
- Client/household refused further participation or client moved out of CoC area.
 - Mark in HMIS – *Client Refused Services*
- Client/household unresponsive to multiple communication attempts.
 - Mark in HMIS – *Unable to Contact Client*
- Client resolved crisis without assistance.
 - Mark in HMIS – *Inactive*
- Client could not meet landlord requirements (include specific reasons cited by the property management - ex. background check)
 - Mark in HMIS - *Landlord Rejected*
- Client/household missed two intake appointments.
 - Mark in HMIS – *Client Not Compliant*

- Client/household presented with more people than referred by the Director of Coordinated Entry, or her/his/their designee, and the Housing Provider cannot accommodate the increase.
 - Mark in HMIS – *Client Not Compliant*
- Client/household already working with another housing provider
 - Mark in HMIS – *Already Provided By Another Provider*

If the reason for denial/cancellation is not listed above, then the Housing Provider will need to add it in the referral notes of the reason and mark in HMIS – *Unknown*.

Case Conferencing

Coordinated Entry offers both weekly and monthly client case conferencing meetings to discuss client referrals. On a weekly basis, a meeting is held by Coordinated Entry to have a space for Partner Agencies to case conference any outstanding client referrals to their agency. On a monthly basis, a meeting is held by Coordinated Entry to discuss 'hard to house clients' currently on the referral list, as well as clients currently enrolled (not necessarily housed) in a Partner Agency's program facing high barriers to accessing housing.

Re-assessments

If an individual/household is on the referral list and conditions or circumstances change which would alter a client's/household's vulnerability, the individual/household should contact Coordinated Entry to update information contained in their original coordinated assessment to determine if a level of care change should occur. All individuals/households who complete a coordinated assessment are instructed to inform the CE team if their circumstances or situation changes. These changes are also documented during the 90 day follow ups. The Coordinated Entry Specialist reaches out to clients at available contact information, or through Coordinated Entry Outreach, and reviews HMIS activity, etc., every 90 days. A two-week grace period is offered for referrals.

If an individual or household is on the referral list and they report a major life change has occurred or it has been more than 6 months since they were assessed, a re-assessment can be completed by any Coordinated Entry staff. Examples of a major life change include a medical emergency, a major health related diagnosis, increased interactions with law enforcement or institutions, increase in drug/alcohol misuse, etc. Other reassessment requests for clients from Partner Agencies should be submitted to the Director of Coordinated Entry via email at CEinfo@oneroofonline.org. All re-assessment requests must include the client's HMIS number in the 'Subject Line' of the email and reason for re-assessment request (for example, if the client did not disclose a major medical condition). All requests will receive a response within 10 business days. Reassessing the client from their original assessment may change the client's score and prioritization, and in some cases their eligibility for certain types of housing.

If a Housing Provider meets with a client during an intake interview and feels there was pertinent information not shared at the initial coordinated assessment, a re-assessment will be required. The Housing Provider will need to refer the client back to Coordinated Entry. Usually this can take place immediately over the phone, Monday - Friday 9:00 a.m. - 4:00 p.m.

Program Transfer Requests

A transfer describes a process where a client enrolled in one housing program is moved or transferred to another housing program. Transfers take place when there is a presentation of strong evidence indicating that a particular type of housing is unfit based on a client's needs, safety, and overall well-being.

CoC and ESG funded housing providers, including Rapid ReHousing and Permanent Supportive Housing, will need to submit a Coordinated Entry Program Transfer Request (Appendix F) when a provider wishes to facilitate and complete a program to program transfer between CoC and ESG housing programs. All transfer requests must be submitted to the Director of Coordinated Entry via email at CEinfo@oneroofonline.org. The Director of Coordinated Entry will review and respond to each transfer request within five business days to make appropriate and fair transfer determinations for the CoC. Housing providers are recommended to attend the monthly Coordinated Entry Referral Discussion case conferencing meetings to discuss transfer requests.

Protocols for Domestic Violence Victims

Referrals for Domestic Violence Services

The ESG and CoC program rules do not require ESG or CoC-funded victim service providers to use the CoC's Coordinated Entry process, if they use an alternative Coordinated Entry for victim service providers in the area that meets HUD's minimum Coordinated Entry requirements. The process used by the victim service providers in the One Roof Continuum of Care meets these requirements.

One Roof ensures clients may not be denied access to the Coordinated Entry process on the basis that the client is or has been a victim of domestic violence, dating violence, sexual assault or stalking. Trauma Informed Care is an evidence based practice and is one that is promoted throughout all CoC funded programs with all subpopulations of people at-risk of and experiencing homelessness.

If a client is currently in a confidential DV shelter and the individual/household contacts Coordinated Entry for other housing resources in the Continuum, the coordinated assessment is completed on paper. At this point CE would emphasize that the client follow the advice of the confidential shelter for safety planning. The Director of Coordinated Entry will contact the most appropriate agency when the client is next on the referral list for a referral. Privacy is a high priority of the Continuum so the client will not be entered into PromisSE until the client leaves the DV shelter and enters another housing program. Any paper intake forms will be kept in a locked file in the One Roof office.

Safety Planning Protocols

Coordinated Entry (CE) collaborates closely with local Victim Service Providers, such as YWCA, One Place, Wellhouse, and Safe House of Shelby County, to establish protocols that guarantee the safety and well-being of individuals seeking assistance. These protocols specifically address how individuals or households fleeing domestic violence (including dating violence, sexual assault, trafficking, and/or stalking) will have secure, confidential access to the CE process, including safe and discreet referrals to suitable housing and services.

If an individual is identified as attempting to flee a domestic violence (DV) situation (including dating violence, sexual assault, trafficking, and/or stalking), an immediate referral is made to the Alabama Coalition Against Domestic Violence (ACADV). ACADV can provide immediate assistance in developing a safety plan that can assist the individual in making crucial next steps.

When identifying a homeless or at-risk individual or household in need of DV services, immediate referral to the DV crisis line is made. If the DV crisis line determines that the individual or household seeking DV specific services is either ineligible or cannot be accommodated within the DV-specific system, CE can prioritize them for housing resources. If the individual or household chooses not to seek DV-specific services, they can securely access CE.

Trauma Informed Care is an evidence based practice and is one that is promoted throughout all CoC funded programs with all subpopulations of people at-risk of and experiencing homelessness. For instance, assessments are conducted in a designated client room, ensuring privacy away from the sight and hearing of others in the office. CE employs an assessment tool and process that transparently informs households about how their information will be used. Individuals also have the option to decline to answer questions or to withhold personal information

Confidentiality Protocols

- All One Roof team members are trained on confidentiality, not just CE team members. However, CE team members receive ongoing training regarding potential danger/ death to a client with cell phone location, web browser tracking, etc.
- If at all possible, the CE Director will be the team member to handle all information about a DV victim in imminent danger.
- Internal One Roof Safety Policies will be observed at all times for the safety of the DV victim and the One Roof team.
- Confidentiality is of utmost importance within the Continuum, so the client's information will not be entered into HMIS until they leave the DV shelter and enter another housing program. Any paper-based coordinated assessment forms are securely stored in a locked file at the One Roof office.
 - This extends to referrals from the CE referral list to Victim Service Providers that are not directly participating in the Coordinated Entry process. The Director of Coordinated Entry collaborates closely with Victim Service Provider staff to determine the most appropriate procedures to implement.
 - The Director of Coordinated Entry will reach out to the most suitable agency when the client's turn comes up on the referral waiting list. Personal identifying information will only be shared via phone or protonmail (a private email service with zero-access encryption to secure all communications between CE and housing providers).

Emergency Transfer Plan

Eligibility for Emergency Transfer Plans

Pursuant to the HUD Final Rule implementing the Violence Against Women Act (VAWA), the CoC has in place an Emergency Transfer Plan in the event that an internal or external emergency transfer may be necessary for those households that believe there is a threat of imminent harm from further violence if the tenant remains within their current dwelling unit. The Emergency Transfer Plan is posted in the One Roof office. A tenant receiving rental assistance through, or residing in a unit subsidized under, a covered housing program who is a victim of domestic violence, dating violence, sexual assault, or stalking qualifies for an emergency transfer if:

- The tenant expressly requests the transfer; and
- The tenant reasonably believes there is a threat of imminent harm from further violence if the tenant remains within the same dwelling unit that the tenant is currently occupying; or
- In the case of a tenant who is a victim of sexual assault, either the tenant reasonably believes there is a threat of imminent harm from further violence if the tenant remains within the same dwelling unit that the tenant is currently occupying, or the sexual assault occurred on the premises during the 90-calendar-day period preceding the date of the request for transfer.

CoC Program Interim Rule Section 578.51(c) establishes that a consumer may move to a different Continuum of Care geographic area to protect their health and safety and retain their CoC-funded rental assistance if they reasonably believe they are imminently threatened by harm from further domestic violence, dating violence, sexual assault, or stalking. Documentation of reasonable belief of further domestic violence, dating violence, sexual assault, or stalking includes written observation by the housing or service provider; a letter or other written documentation from a victim service provider, social worker, legal assistance provider, pastoral

counselor, mental health provider, or other professional from whom the victim has requested assistance; a current restraining order, recent court order, or other court records; or law enforcement reports or records. The housing or service provider may also consider other documentation such as emails, voicemails, text messages, social media posts, and other communication, including certification from the victim, utilizing optional HUD Form 5382.

Program Transfer Requests Emergency Transfer Request Documentation

To request an emergency transfer, the tenant shall notify their CoC-funded Housing Provider's management office and submit a written request for a transfer. The housing provider will provide reasonable accommodations to this policy for individuals with disabilities. The tenant's written request for an emergency transfer should include either:

- 1.) A statement expressing that the tenant reasonably believes that there is a threat of imminent harm from further violence if the tenant were to remain in the same dwelling unit assisted under the housing provider's program; OR
- 2.) A statement that the tenant was a sexual assault victim and that the sexual assault occurred on the premises during the 90-calendar-day period preceding the tenant's request for an emergency transfer.

Confidentiality

The housing provider will keep confidential any information that the tenant submits in requesting an emergency transfer, and information about the emergency transfer, unless the tenant gives written permission to release the information on a time limited basis, or disclosure of the information is required by law or required for use in an eviction proceeding or hearing regarding termination of assistance from the covered program. This includes keeping confidential the new location of the dwelling unit of the tenant, if one is provided, from the person(s) that committed an act(s) of domestic violence, dating violence, sexual assault, or stalking against the tenant. See the Notice of Occupancy Rights under the Violence Against Women Act, for more information about the housing provider's responsibility to maintain the confidentiality of information related to incidents of domestic violence, dating violence, sexual assault, or stalking.

Program Transfer Requests Emergency Transfer Timing and Availability

The CoC cannot guarantee that a unit will be immediately available at the time of the emergency transfer request or how long it will take to process a transfer request. The housing provider will, however, act as quickly as possible to move a tenant who is a victim of domestic violence, dating violence, sexual assault, or stalking to another unit, subject to availability and safety of a unit. If a tenant reasonably believes a proposed transfer would not be safe, the tenant may request a transfer to a different unit. If a unit is available, the transferred tenant must agree to abide by the terms and conditions that govern occupancy in the unit to which the tenant has been transferred. The housing provider may be unable to transfer a tenant to a particular unit if the tenant has not or cannot establish eligibility for that unit. The housing provider will work in concert with Coordinated Entry (CE) to notify the agency if a transfer occurs between CoC-funded projects. If the housing provider has no safe and available units for which a tenant who needs an emergency is eligible, the housing provider will assist the tenant in identifying other housing providers who may have safe and available units to which the tenant could move. Coordinated Entry will then be notified to determine whether there may be other housing units available for the tenant. At the tenant's request, the housing provider will also assist tenants in contacting the local organizations offering assistance to victims of domestic violence, dating violence, sexual assault, or stalking.

Grievance Policy

Clients who complete the Coordinated Entry process will be informed of the Coordinated Entry Grievance Policy and their ability to file a grievance if they find their experience with Coordinated Entry unsatisfactory, including perceived discrimination. All clients and Partner Agencies seeking to express a grievance regarding the operation of the Coordinated Entry System must complete and submit the Coordinated Entry Program Grievance Appeal form (see Appendix G) to the Director of Coordinated Entry via in-person, mail, or email.

The information on the Grievance Appeal form will be used to address concerns and will be kept confidential. Completing the form will not negatively affect the client's status within the Coordinated Entry System. All client's and Partner Agencies' concerns and grievances will be resolved promptly and fairly, in the most informative and appropriate manner.

Clients can obtain a Grievance Appeal form from the One Roof office and/or it can be emailed directly to the client. Partner Agencies will also inform clients of their individual organization grievance policy for their agency. Any Coordinated Entry related grievances should be directed to:

One Roof
Attn: Director of Coordinated Entry
1515 6th Avenue South
Birmingham, AL 35233
CEinfo@oneroofonline.org

If the client or agency does not feel comfortable submitting such grievance to the Director of Coordinated Entry, or it is about the Director of Coordinated Entry, they may alternatively direct it to the Director of Operations via in-person, mail, or email at info@oneroofonline.org. Coordinated Entry will review and respond to all grievance appeals within five business days. The client/agency will receive a response to the complaint within ten business days.

Clients who require assistance to complete their written grievance may contact the One Roof office for special accommodations.

Privacy Protections

PromisSE is a shared, computerized record keeping system that captures information about people experiencing homelessness or near homelessness, including their service needs. One Roof participates in PromisSE which collects information on clients served by its member agencies and the services they provide.

One Roof collects and stores information in PromisSE for purposes of assessing and referring clients through the Coordinated Entry process. Coordinated Entry Privacy Policy is compliant with all HUD standards for HMIS and is HIPAA compliant by design.

With client permission as indicated by a signed Release of Information (ROI), client information can be shared with other HMIS participating agencies throughout the implementation. The information entered by participating providers and shared with client consent includes: basic identifying demographic data (e.g., name, birthdate, and gender), the nature of the client's situation, and the services and referrals received from the participating agency. The collection and use of all personal information is guided by strict standards of privacy. The CoC prohibits denying services to clients if the client refuses to allow their data to be shared unless Federal statute requires collection, use, storage, and reporting of a client's personally identifiable information (PII) as a condition of program participation

Incorporating Mainstream Services

Coordinated Entry and One Roof actively network with other services that serve the CoC. Coordinated Entry has a collaborative approach with both mainstream housing and service providers to connect those experiencing homelessness or at-risk of homelessness with available resources that can address housing-related needs or concerns.

One Roof maintains a list of mainstream services available in the CoC coverage area. This will include health services, food pantries, income support, clothes closets, etc. Referrals to these services will be made available to clients as needed through meeting with an Outreach Specialist, Client Care Specialist, or any other One Roof staff. One Roof is constantly updating the mainstream resources for the Continuum to utilize. A person can receive a hard copy list of resources or be sent the resources via email. These resources are also available on the One Roof website by clicking the Community Resources tab for all the community and Continuum to utilize.

One Roof employs a SOAR Specialist to assist chronically homeless individuals in their application for social security benefits. This service is available to all individuals who access Coordinated Entry. See Appendix E: SOAR Referral Application for more details.

ADA Compliance

One Roof is committed to complying fully with the Americans with Disabilities Act (ADA) and ensuring equal opportunity for persons with disabilities. All Coordinated Entry processes are conducted on a non-discriminatory basis.

“Disability” includes a physical or mental impairment that substantially limits one or more life activities, a record of such impairment, or being regarded as having such an impairment. “Physical or mental impairment” may include such things as orthopedic visual, speech, and hearing impairments, cerebral palsy, autism, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, Human Immunodeficiency Virus (HIV), developmental disabilities, mental illness, drug addiction, and alcoholism.

One Roof is committed to ensuring non-discrimination in all terms. Reasonable accommodation is available to all clients as needed, as long as the accommodation does not cause undue hardship on One Roof. Access points are accessible to individuals with disabilities, including accessible physical locations for individuals who use wheelchairs, as well as clients who are least likely to access homeless assistance.

Coordinated Entry provides services necessary to ensure effective communication as needed. Coordinated Entry takes reasonable steps to offer materials and client instruction in multiple languages to meet the needs of minority, ethnic, and groups with Limited English Proficiency (LEP). Coordinated Entry contracts with M&N Language Services. M&N Language Services provides interpretation and translation services via phone, computer, or text.

Coordinated Entry Evaluation

Coordinated Entry will solicit feedback at least annually from participating projects and from households that participated in the Coordinated Entry process during that time period. Feedback collected through this solicitation will be used to address the quality and effectiveness of the entire Coordinated Entry process, including its policies and procedures. The CoC incorporates system performance measures or other evaluation criteria into the annual CE evaluation plan.

The CoC ensures adequate privacy protections of all client information collected in the annual Coordinated Entry evaluation. All clients are informed that participation in the evaluation is completely voluntary and will remain anonymous. Clients are informed that any questions that a client is not comfortable with answering they can choose to skip. Clients are informed that the responses will be collected by a third party and presented to the Coordinated Entry Advisory Committee for review to develop a program evaluation and action steps. Clients are informed that any answer they provide will not be associated directly with their identity and will not impact the services they receive from One Roof or partner agencies.

Coordinated Entry will utilize a combination of several methodologies to collect stakeholder feedback, including but not limited to surveys, focus groups, and individual interviews. Feedback collected using these methods will approximate the diversity of the participating providers and households served. Coordinated Entry will solicit feedback from at least one provider within each housing/assistance type, e.g., PSH, TH, RRH, etc. Coordinated Entry will also solicit feedback from a random sampling of households that participated in the Coordinated Entry process and recruit participation from people currently experiencing homelessness. All feedback collected through these means will be presented to the Coordinated Entry Committee for review and evaluation. Based on the collected feedback, this committee will propose any necessary updates to the Coordinated Entry Policies and Procedures. The completed evaluation and action steps will be published and shared on One Roof's website and also presented to the Continuum of Care at a monthly membership meeting.

APPENDIX A

Disability Documentation Request

If you do not receive Social Security Benefits for a disability, you will need to get disability documentation from a doctor. You will need to get the following information:

This client is in need of disability documentation for a HUD-funded Housing Program. This documentation will NOT be used for disability benefits determination.

This client needs a letter from a licensed professional, who can diagnose and treat that specific disabling condition.

- The letter needs to be typed and be on practice/hospital letterhead
- The letter needs to state the following:
 - The disability is expected to be of long duration
 - The disability impedes the person's ability to live independently
- AND**
- The disability is of the nature that could be improved by more suitable housing conditions
- The letter needs to be signed and dated by physician at the bottom

*If you have any questions or concerns, please contact One Roof at 205-254-8833

If you receive Social Security Benefits for a disabling condition

- If you receive SSI or SSDI for a disabling condition, you can go to the Social Security office and request a benefits request form. You must state that the form needs to state that you are receiving the benefits for a disabling condition. This letter will suffice as disability documentation.

Coordinated Entry Participating Permanent Housing Projects Chart

Agency Name	Program Name	Program Type	Funding Source
AIDS Alabama	Le Transclusive	PSH	CoC
Firehouse	Permanent Supportive Housing	PSH	CoC
Firehouse	Safe ARMS	PSH	CoC
First Light	Trio	PSH	CoC
First Light	4 th Floor	PSH	CoC
JBS	Permanent Supportive Housing	PSH	CoC
JBS	UAB REACT	PSH	CoC
Jefferson County Housing Authority	Permanent Supportive Housing	PSH	CoC
AIDS Alabama	Ascension	RRH	CoC
First Light	Rapid ReHousing	RRH	CoC
AIDS Alabama	Waystation	TH-RRH	CoC
Youth Towers	Hybrid	TH-RRH	CoC
YWCA	Rapid ReHousing	RRH	ESG - City
Bridge Ministries	Homelessness Prevention	HP	ESG - City
Bridge Ministries	Homelessness Prevention	HP	ESG - County

Permanent Supportive Housing (PSH)

Permanent Supportive Housing is an intervention that combines affordable housing assistance with voluntary support services to address the needs of chronically homeless people. The services are designed to build independent living and tenancy skills and connect people with community-based health care, treatment and employment services.

Rapid Re-Housing (RRH)

Rapid Re-Housing rapidly connects families and individuals experiencing homelessness to permanent housing through a tailored package of assistance that may include the use of time-limited financial assistance and targeted supportive services. Rapid Re-Housing programs help families and individuals living on the streets or in emergency shelters solve the practical and immediate challenges to obtaining permanent housing while reducing the amount of time they experience homelessness, avoiding a near-term return to homelessness, and linking to community resources that enable them to achieve housing stability in the long-term.

Transitional Housing/Rapid Re-Housing (TH-RRH)

Transitional Housing/Rapid Re-Housing combines the activities of a transitional housing program with those of a Rapid Re-Housing program. These programs provide a safe place for people to stay – transitional housing – with financial assistance and wrap around supportive services determined by program participants to help them move to permanent housing as quickly as possible.

Homelessness Prevention (HP)

Homelessness Prevention is targeted to people at risk of homelessness with no other resources or support networks and has an annual income below 30 percent of family median income for the area. Homelessness Prevention activities are designed to prevent an individual or family from moving into an emergency shelter or living in a public or private place not meant for human habitation.

APPENDIX C



THIRD PARTY UNSHELTERED HOMELESS VERIFICATION FORM

Distributed by: _____ Distributed on: _____

Applicant Name: _____
 Client HMIS #: _____
 Total Number in the Household: _____

Date of Birth: _____
 Date Form Completed: _____
 Number of Minors: _____
 (under age 18)

APPLICANT RELEASE AUTHORIZATION

I, _____, hereby authorize _____
 (Applicant Name) (Name of Third Party Verifier)
 to release information, to One Roof and the partner agencies, regarding my living situation. I understand this information is used for the purpose of determining homeless status.

Signature of Applicant: _____ Date: _____

This form is intended to be used by a third party source who can verify the status of a client as experiencing homelessness. The remaining sections of this form are to be completed by the third party verifier who may provide details of their contact with an individual or head of household in order to document that the individual or household is currently or has previously resided in a place not meant for human habitation (e.g. street, car, park, abandoned building, under bridge, bus station, airport, or campground).

The third party verifier has physically observed where the individual or head of household is or has been residing. Observations can include descriptions of encounters, location, person's living space, belongings, frequency of stay in an area, etc. Please see instruction sheet for further details.

A third party verifier simply stating the person or household is homeless does NOT qualify as an observation.

THIRD PARTY VERIFIER

Name and Title	Business / Agency / Organization Name
Email	Contact Number

OBSERVATION OF CURRENT HOMELESS STATUS WITHIN LAST 7 DAYS

I certify that _____ has been staying at _____
 (Applicant Name) (Location of Current Living Situation)
 _____. This observation occurred on _____
 (Date within the Last 7 Days)

I can confirm this from the direct physical observation of the current living situation described below: _____

I certify that the person(s) named above is/are currently resided in a public or private place not designated for, or ordinarily used as a regular sleeping accommodation for human beings such as on the streets or in a car, park, abandoned building, under bridge, bus station, airport or campground.

Signature: _____ Date: _____

OBSERVATION OF PRIOR OCCASION(S) OF HOMELESS STATUS

Description of prior encounters that have occurred within the last 3 years. For each observation, please provide the date and a description of the location (place not meant for habitation) in which the encounter occurred:

Date(s)	Description

I certify that the person(s) named above has/have previously resided in a public or private place not designated for, or ordinarily used as a regular sleeping accommodation for human beings such as on the streets or in a car, park, abandoned building, under bridge, bus station, airport or campground.

Signature: _____ Date: _____

AGENCY/STAFF CERTIFICATION

I have contacted the third party verifier and can certify that, to the best of my knowledge and belief, all the information presented and attached to this form is true, accurate, and complete.

Staff Name: _____ Date Received: _____

Staff Signature: _____ Date Verified: _____

Additional Notes:

**** This form is to be used to verify homeless status only. Completing this form does not guarantee housing services through One Roof or partner agencies. ****



THIRD PARTY UNSHELTERED HOMELESS VERIFICATION FORM INSTRUCTION SHEET

The 'Third Party Unsheltered Homeless Verification Form' is to be used to provide third-party documentation verifying current or prior occasions in which an individual or head of household is or was residing in a place not meant for human habitation.

- **Applicant Name** – individual or head of household experiencing homelessness
- **Third Party Verifier** – someone in the community who has observed and is willing to verify an individual or head of household's episode(s) of homelessness
- **Place Not Meant for Human Habitation** – sleeping and residing in a place not designed for or ordinarily used as a regular sleeping accommodation (e.g. street, car, park, abandoned building, under bridge, bus station, airport, or campground)
- **Current Homeless Status** – description of the applicant's current living situation that the third party verifier has physically observed within the last 7 days
- **Prior Occasion(s) of Homeless Status** – description of prior encounters that have occurred within the last 3 years where the third party verifier has physically observed the applicant's living situation

Who can provide third party verification?

A third party source can be, but is not limited to, a community member, business/property owner, a neighborhood resident, a shopkeeper, a law enforcement officer, a healthcare professional, and/or a service provider. Any person that has **physically observed/seen** the individual or head of household residing in a place not meant for human habitation may complete this form for documentation of the applicant's current and/or prior occasions of homelessness.

What qualifies as an acceptable observation?

The third party verifier has **physically observed/seen** where the individual or head of household is or has been residing in a place not meant for human habitation. The third party verifier will provide details of their contact with the applicant in order to document that the applicant is currently or has previously resided in a place not meant for human habitation. Detailed observations must include descriptions of encounters, location, person's living space, belongings, frequency of stay in an area, etc., and the date(s) during which that observation occurred.

A third party verifier simply stating the person or household is homeless does NOT qualify as an observation.

The third party verifier can only verify homelessness at the time in which they observed the applicant. For example, you observed the applicant on 1/12/2020. At that time, you observed that they were currently living in an abandoned building and had been since 10/1/2019. You can only verify that they were homeless on 1/12/2020, not the previous months in which you did not personally observe the applicant. The observation may only qualify as third-party documentation for the specific month(s) in which they observed the applicant.

What parts of the form need to be completed?

- The applicant will complete the first section - Applicant Release Authorization - with their signature.
- The rest of the form is completed by the third party verifier
- The form must include a written observation from the third party verifier of the conditions where the applicant is currently or has previously resided.
- The form is due back to One Roof within 10 business days of when the form was completed.
- One Roof will contact the third party verifier to certify that all the information presented on the form is true, accurate, and complete.

**** This form is to be used to verify homeless status only. Completing this form does not guarantee housing services through One Roof or partner agencies. ****

APPENDIX D

SOAR Waitlist Form

Client's Name: _____ Referring Staff/Agency: _____

Reason for Waitlist

NOTE: We will prioritize clients who have applications for the following conditions: Terminal Illness (TERI), Presumptive Disability (PD), Compassionate Allowance (CAL), Quick Disability Determination (QDD) or Wounded Warrior. While we will continue to work with all clients, if a referral for one of the above listed conditions is received, that application will be prioritized over others.

The client you referred to our agency is being placed on the SOAR Waitlist for the below reason:

- _____ Caseload at capacity
- _____ Recent referral prioritized due to dire need
- _____ Insufficient evidence
- _____ Need to establish Primary Care Physician/Psychiatrist

The client has been advised to contact SOAR Case Manager after _____ months of treatment or if there is current evidence of a decline in their health.

_____ Worker will follow up with the client on _____.

_____ Client is advised to follow up with SOAR Case Manager via phone on _____.

SOAR Case Manager

Date

APPENDIX E

SOAR Referral Application

To assess SOAR eligibility, we are looking for basic information on:

- The presence of medical and/or psychiatric conditions or symptoms which would fit an SSA listing
- Current treatment, or a history of treatment for conditions - at least 12 months
- Inability to work and earn SGA (\$1260/month in 2020) due to medical and/or psychiatric conditions (not because they cannot find work or were laid off)
- Impairments in functioning due to medical and/or psychiatric conditions

Please complete in full and fax or scan to soar@oneroofonline.org at 205-502-4600

Client Name/Alias: _____ Date of Referral: _____

Referring Staff/Agency: _____

Staff/Agency Contact Number: _____

Staff/Agency Email: _____

Client Contact Number: _____ - _____

Client Identifying Information:

DOB: _____ Gender: _____ Pronouns: _____ Race: _____
(must be within 30 days of 18 years of age, or within 180 days if exiting foster care)

SSN: _____ Grade Level Completed: _____ Marital Status: _____

Current Living Arrangements (address, shelter, area of town): _____

Employment Status (circle): Full-time/ Part-time

Veteran: _____ Branch of Service: _____ Discharge Status: _____

Emergency Contact Name/Number: _____

Part A: Homelessness/At-Risk Assessment

Where is the candidate currently living? *Check the appropriate selection*

Homeless:

Place Not Meant Habitation Shelter Transitional Housing

At-Risk of Homelessness:

Couch Surfing Received an eviction notice or owes back rent/utilities
 Permanent supportive housing that is grant-funded (Housing First Placement)
 Exiting Foster Care Institution- Hospital, nursing home, etc. Jail/ Prison

If homeless, how long has the client been homeless: _____ Year(s) _____ Month(s)

Is the client in an institution or jail? Y/N

If yes, are they expected to be released within 30 days? Y/N

Were they experiencing homelessness before entering the facility? Y/N

Has the client had difficulty maintaining housing? Y/N

If yes, please described: _____

Part B: Current Application for SSA Benefits or Pending Appeal

Has the client recently applied for Social Security benefits? Y/N

If yes, date of application: _____ Decision on application: Pending/Denied

If denied, did the client appeal? Y/N

If yes, are they waiting on a decision? Y/N

Are they working with a lawyer? Y/N

Part C: Diagnostic Information

Please list all mental and physical health diagnoses: _____

Where has the candidate been treated for these conditions? _____

Date of last doctors visit: _____

Has the client ever received treatment for substance use, past or present? Y/N

If yes, provide the name of the most recent treating source (s)

If so, where: _____

SOAR specialists will contact the client to follow up on the information provided on this form. A full intake assessment may be required to gather additional supporting evidence to determine if we can assist the client with a SOAR application.

APPENDIX F

Coordinated Entry Program Transfer Request



This form is intended to be used when a client is being housed by a housing provider and the housing provider needs to transfer such client. Coordinated Entry will review and respond to all transfer requests within five business days to make appropriate and fair transfer determinations for the CoC. The request form should be submitted to the Director of Coordinated Entry, Jennifer Harrell - jennifer@oneroofonline.org.

Date: _____

Client HMIS ID: _____

(Do not include the client's name on this request form.)

Agency Name: _____

Program Name: _____

Program Case Manager Submitting Request: _____

Case Manager Contact Information: _____

Desired Transfer Program Name (if applicable): _____

Does the client approve of the change/transfer requested? (circle) Yes / No

What circumstances have changed that prompted the transfer request? Why is this client in need of a program transfer?

How is a transfer going to improve the program's / client's situation and/or what types of services/support would be needed from a new program?

Was the client's level of service need accurately captured during the initial housing assessment? If no, what was not captured?

Did a specific incident initiate this request?

What options have the client and provider tried before requesting this transfer?

If you have any additional information or documentation that would help the Coordinated Entry team understand the situation, please feel free to attach them along with your request.

Signature of Case Manager Submitting Request:

Date of Request:

Coordinated Entry Program Transfer Request



To be completed by One Roof:

Most Current VI-SPDAT Score: _____

Priority Ranking: _____

Prioritized Population: _____

Current Program HMIS #: _____

Transferred Program Name: _____

Transferred Program HMIS #: _____

Name / Signature of One Roof Coordinated Entry Staff Approving Request:

Date of Approval:



Coordinated Entry Program Grievance Appeal

This form is intended to be used if there is a problem or concern about the Coordinated Entry System. Coordinated Entry is a system at One Roof that coordinates the intake, assessment, and referrals to partner agencies for housing programs based on eligibility criteria, vulnerability score, and history of homelessness. The information on this form will be used to address your concerns and will be kept confidential. Completing this form will not negatively affect your status within the Coordinated Entry System. As a reminder, completing the coordinated assessment does not guarantee that you will be referred to a housing program as there are very limited housing resources available compared to all the people who need housing assistance.

Coordinated Entry will review and respond to all grievance appeals within five business days. You should receive a response to the complaint within ten business days. The completed form should be submitted to the Director of Coordinated Entry at the One Roof office or at CEinfo@oneroofonline.org. If the grievance is related to the Director of Coordinated Entry, the form should be submitted to the Director of Operations at the office or info@oneroofonline.org.

Date: _____

Name: First _____ Middle _____ Last _____

Nickname: _____

Phone Number: _____

Email: _____

CLIENTS	PROVIDERS
Date of Birth:	Agency Name:
Continuum ID: <i>(if known/available)</i>	Staff Title:

What is this in regard to?

- Access to Coordinated Entry System (i.e. difficulty connecting with Front Desk or Outreach)
- Assessment (i.e. understanding of questions asked)
- Prioritization (i.e. disagreement with prioritization)
- Housing Referral (i.e. referral process to housing provider)
- Other related concerns to Coordinated Entry System (please be specific)

Note: if you have a grievance about an emergency shelter, service or housing provider, please go through their grievance process.

Explain the complaint, grievance or issue, including the names of those involved and dates.

Please be specific as possible. (you may attach additional pages)

Signature:

Date of Request:

Coordinated Entry Program Grievance Appeal



To be completed by One Roof:

One Roof Staff:	Position:
Date Grievance Received:	Date Grievance Resolved:
Has the grievant been notified of the outcome? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
If No or N/A, please explain why:	

Notes from One Roof Staff:

Recommended Solution and/or Timeline:

Name / Signature of One Roof Staff Approving Request:

Date of Approval:
