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STEPS FORWARD

Ending Homelessness. Starting Fresh.

Sacramento Continuum of Care

Coordinated Entry System

Policies & Procedures Manual

Version 2.0

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Purpose & Background

The Sacramento Continuum of Care (CoC) has established a Coordinated Entry System (CES) as required by the US Department of Housing and Urban Development (HUD), in compliance with requirements set forth in the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act (see linked Appendix A) and HUD Notice CPD-17-01 (see linked Appendix B). The Sacramento CoC Advisory Board, established according to HEARTH Act requirements, oversees the implementation of the CES. The Sacramento CoC Lead Agency, Sacramento Steps Forward (SSF), operates the CES.

The Sacramento CES aims to reduce homelessness by improving the efficiency of the Housing Crisis Resolution System. Goals of the CES include:

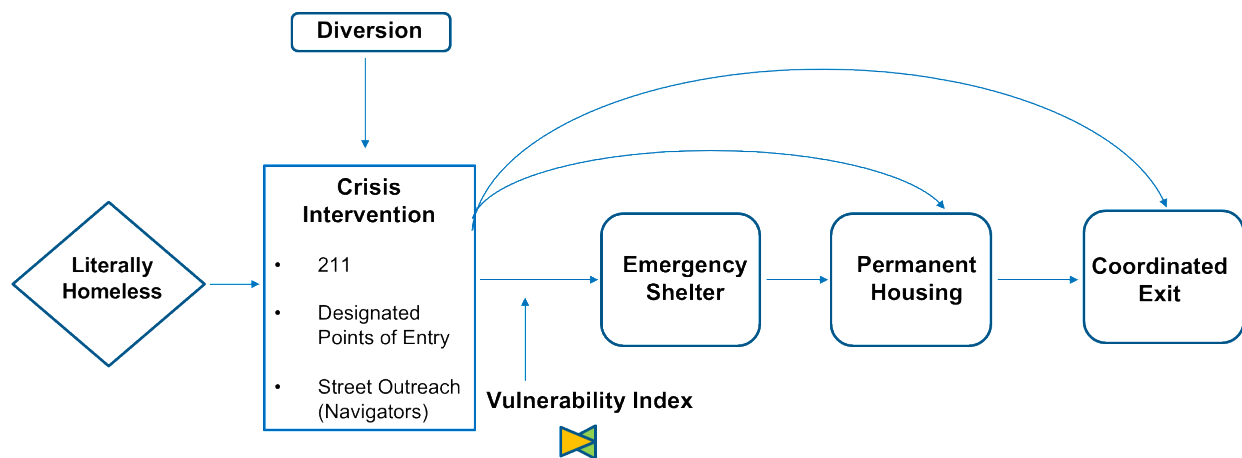
- Reducing the burden on households experiencing a housing crisis by streamlining access to assistance and simplifying processes and requirements for receiving services;
- Identifying the most appropriate housing resource to facilitate a rapid and permanent exit from homelessness;
- Prioritizing the most vulnerable literally homeless households for subsidized housing resources; and,
- Collecting system-wide data to identify gaps, inform necessary shifts in resources, and enable data-driven decision-making at project, agency, and CoC levels.

This manual is organized by the core elements of CES: Access, Assessment, Prioritization, and Referral. This manual also includes a System Evaluation policy.

System Overview

Projects currently participating in the Coordinated Entry System are listed in Appendix C and projects joining in 2018 are listed in Appendix D.

The Housing Crisis Resolution System



The components of the Housing Crisis Resolution System are explained in more detail in the following sections.

The Housing Crisis Resolution System starts with individuals and families who are literally homeless and ends with a plan for coordinated exit. Homeless outreach providers use a phased engagement strategy when working with placements in both subsidized housing and non-subsidized housing options. While working on housing solutions, homeless outreach providers directly support engagement and referrals with a plethora of service providers who help address non-housing related issues that may prevent someone from becoming housed. This may include health, behavioral health, workforce development, social services, documentation acquisition, and more.

Meeting a client where they are means just that – where they are. Homeless outreach providers have successfully conducted assertive outreach in the urban corps, suburban neighborhoods, parks, freeway underpasses, hospitals, clinics, public transit, and in the deepest recesses of the American and Sacramento River parkways.

To improve access to services for clients who may not be as vulnerable and/or ambulatory, Sacramento Steps Forward has developed a series of fixed location Housing Resource Access Points (HRAPs) that allow clients to visit an office for a scheduled appointment where they can discuss non-subsidized housing pathways, resource referrals, and be assessed for standardized housing.

Sacramento Steps Forward believes that Housing Resource Access Points are an important resource for individuals and families who are new to homelessness, at-risk of homelessness, or are formerly homeless, and therefore may not congregate or reside in locations frequented by people who are chronically homeless or frequent users of public systems.

For those who are homeless, finding the right housing solution that meets that person's unique needs can be difficult. To overcome this challenge, Sacramento Steps Forward has worked with community partners to develop processes and strategies that streamline access to each program and ensure proper placement of clients based on their individual need and available programs.

For subsidized housing programs funded by the U.S. Department of Housing and Urban Development, the Continuum of Care Advisory Board worked to create the Housing Crisis Resolution System, the Community Queue (CQ), and the Coordinated Entry System. A common assessment tool, the VI-SPDAT, was also selected, and national best practices that prioritize low barrier-housing first strategies for people experiencing homelessness were embraced.

Referrals to subsidized housing programs and shelters that operate outside the parameters of the Continuum of Care are handled on a case-by-case basis by homeless outreach providers, who are trained on these programs and are adept at understanding the nuanced pathways into each program to ensure that clients do not miss a housing opportunity. Where feasible and appropriate, system level relationships with partnering organizations are built to streamline processes for maximum client benefit.

For non-subsidized housing placements, a strategy of Assisted Resolution in the early stages of Phased Engagement has been formulated; many homeless outreach providers have been trained on this strategy. At its core, Assisted Resolution is a strategy by which a homeless outreach provider systematically works with a client to help them problem solve their way out of homelessness. This is the same model used for Diversion.

Access

Access Introduction

As of the first quarter of 2018, the Sacramento CoC is in the midst of standing up Access Points for people experiencing homelessness. The following procedures state what is currently in place, as well as items that are in the final stages of development and implementation.

Housing Resource Access Points (HRAPs), the primary entry points for the Sacramento Coordinated Entry System (CES), have been designated throughout the community with the feedback from the Coordinated Entry Committee and the Coordinated Entry Working Group, along with many other community members. These Access Points are being implemented using the feedback to ensure fair and equal access to individuals and families experiencing homelessness, regardless of where or how they are entering the Sacramento Continuum of Care Homeless System. Individuals and families experiencing homelessness may call 2-1-1 Sacramento to schedule an appointment at

an HRAP to receive assistance finding housing and other resources, as well as to receive a CoC standardized assessment.

HUD CE Notice CPD-17-01 requires each CoC to operate with as few barriers to entry as possible. The following populations and subpopulations have fair and equal access to the Sacramento CoC and Emergency Solutions Grant (ESG) Program:

- People experiencing chronic homelessness;
- Veterans;
- Families with children;
- Transitional age youth; and,
- Survivors of domestic violence or a fleeing situation.

The entire population of Sacramento County and the seven cities within (listed below) can access resources and the CoC System regardless of location or method (ex: physical location, 2-1-1 Sacramento, outreach engagement):

- Sacramento
- Citrus Heights
- Elk Grove
- Rancho Cordova
- Folsom
- Isleton
- Galt

HRAPs have specific responsibilities, which include the following: provision of the advertised times during which the agency is open and the CoC standardized assessment can be provided; maintain accessibility for people with disabilities; align with CES policies and procedures; and, offer same-day site-based assessment opportunities whenever possible within advertised times, or to facilitate a warm hand-off with other resources.

“Access” refers to how people experiencing a housing crisis learn that coordinated entry exists and how to access crisis response services. HUD requires each CoC to update its coordinated entry process in accordance with the requirements of 24 CFR 578.7(a)(8), and to work with each ESG program recipient to ensure the CES process allows for coordinated screening, assessment and referrals to CoC and ESG funded programs[1] that cover the entire geographic area. The CES system must be easily accessed by individuals and families seeking housing or services from across the CoC’s geographic area of Sacramento County; and, it must be well-advertised. This section of the manual describes the structure of the Access system and the HUD regulations in place to ensure the CES process has fair and equal access and is available to all eligible Sacramento County residents.

[1] 24 Code of Federal Regulations 576.400(e)

Housing Resource Access Points (HRAPs) Model

Housing Resource Access Points (HRAPs) are physical locations where an individual or family experiencing homelessness and in need of assistance may access the Coordinated Entry System.[2] All HRAPs are usable by all people who may be experiencing homelessness. The CoC affirmatively markets housing and supportive services to eligible persons regardless of the following and ensures each partnering agency does not discriminate.

- Race,
- Color,
- National origin,
- Religion,
- Sex,
- Age,
- Familial status,
- Handicap

Additionally, HRAPs are available to those who are least likely to apply in the absence of special outreach and does not screen for any of these factors when delivering services that provide access to CES. A requirement to becoming an HRAP is that each co-location must be handicap accessible. The Sacramento CoC complies with following gender identification and has instituted three different assessments (Singles, Families, Transitional Age Youth) to ensure each group is served properly.

HRAPs also play a critical role in engaging people to address their most immediate needs through referrals to emergency services and/or providers serving individuals and families who have experienced domestic violence. Each staff assigned to work within an HRAP is trained by a Sacramento Steps Forward staff to ensure each person who is experiencing homelessness has immediate access to Emergency Services or who are seeking shelter or services from non-victim service providers.[3] All HRAPs offer the same CoC standardized assessment approach[4] and training takes place to address safety issues when serving the needs of individuals and families in the following situations:

- Fleeing;
- Attempting to flee;
- Domestic violence;
- Dating violence;
- Sexual assault; and,
- Stalking.

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[2] HUD CE Notice: Section I.C.3
[3] HUD CE Notice: Section II.B.7
[4] HUD CE Notice: Section II.B.2.a

2-1-1 Sacramento is a free confidential information and referral service that screens and connects callers to appropriate homeless housing and service providers as a primary point of entry to receive information about Sacramento CoC resources. Through a partnership between Sacramento Steps Forward and 2-1-1 Sacramento, each caller who is experiencing homelessness is not only able to be informed of a wide variety of resources, but also has the ability to be scheduled by 2-1-1 Sacramento staff for an appointment at an HRAP to receive housing resources and a CoC standardized assessment. This CoC standardized assessment tool, approved through the Sacramento Continuum of Care Advisory Board, determines which intervention might be most appropriate to connect the individual or family experiencing homelessness to the best suited housing opportunity.

All assessors of the CoC standardized assessment, whether it be staff located at an HRAP, Outreach Field Staff or other points of entry, are required to provide the same initial, CoC standardized assessment approach to determine eligibility for HUD-funded housing and service programs. The assessment process is standardized so that a homeless family or individual can present at any Housing Resource Access Point in the geographic area and is assessed using the same tool and methodology to ensure that referrals are performed consistently across the CoC.

Further, HUD requires each CoC to use a Person-Centered approach throughout the coordinated entry process and recommends that the assessment component be implemented in phases in order to capture information on an as-needed basis as participants navigate the process. Following HUD recommendation, the CoC's standardized assessment is structured to be administered in phases.

The Sacramento CoC's staff at each HRAP will inform participants during the CoC standardized assessment process that each person has the ability to file a nondiscrimination complaint and has the ability to protect their privacy within HMIS.

Establishing Access Points

To become an HRAP, a provider must receive approval from the Coordinated Entry Department at Sacramento Steps Forward and sign a Memorandum of Understanding (MOU) agreeing to both the co-location model as well as to the HUD required operational guidelines of the coordinated assessment process. Additionally, each HRAP will ensure designated assessment staff are fully trained by Sacramento Steps Forward trainers on their role as a primary contact for the client and on the CoC standardized assessment process.

Physical site-based HRAPs are to be located near public transportation and in proximity to known homeless populations. They can vary in size and configuration and can be co-located with other service programs. All physical sites must be handicap accessible.

HUD allows additional designated points of entry to meet the specific needs of one of the five subpopulations:

- Chronic homelessness;
- Veteran;

- Families with children;
- Transitional age youth; and,
- Survivors of domestic violence.[5]

Since all Sacramento HRAPs are available to all people experiencing homelessness, the Sacramento CoC is also partnering with subpopulation-specific designated points of entry at multiple locations to provide housing resources, case management and the CoC standardized assessment process screening. These subpopulation designated points of entry function independently of the Housing Resource Access Point System, are available during their normal hours of business and are not being scheduled by either 2-1-1 Sacramento staff or HRAP staff.

A current list of the locations for existing HRAPs and subpopulation designated points of entry are included in Appendices E and F, respectively.

Accessibility

2-1-1 Sacramento provides access across the Sacramento CoC's entire geographic area of Sacramento County and the seven cities within (Sacramento, Citrus Heights, Elk Grove, Rancho Cordova, Folsom, Isleton, Galt). Every Housing Resource Access Point can serve all people experiencing homelessness, including households who are included in more than one of the populations for which an access point is dedicated. All HRAP locations are staffed by a Sacramento Steps Forward trained staff, ensuring that each HRAP offers the same standardized services, including the standardized Client Centered Care Plan (see Appendix G) and the CoC standardized assessment.

All HRAPs are accessible to people who are fleeing or attempting to flee domestic violence, dating violence, sexual assault or stalking, and who are seeking services from non-victim service providers. All HRAP staff are trained to ensure that no participant is denied access to the coordinated entry process because they have experienced domestic violence, dating violence, sexual assault or stalking.

2-1-1 Sacramento services are available by telephone and online 24/7 to provide access to all residents in Sacramento County and the seven cities therein. However, due to demand, it is possible that not all households seeking a same-day site-based evaluation will be able to be accommodated at the time of the walk-up. Sacramento Steps Forward will ensure that 2-1-1 Sacramento is provided the most up-to-date information about the Coordinated Entry System and the Housing Resource Access Points. To pre-schedule an appointment for a CoC standardized assessment, anyone can call 2-1-1 Sacramento.

Emergency Services

All Housing Resource Access Points are accessible to people who are fleeing or attempting to flee domestic violence, dating violence, sexual assault or stalking, and who are seeking services from non-victim service providers. Anyone who is experiencing effects from these situations, and who contacts 2-1-1 Sacramento or has

[5] HUD CE Notice: Section II.B.2.a

contact with any other point of entry into the Coordinated Entry System, will be able to access emergency services independent of the operating hours of the systems intake and assessment process. Upon being informed of any situation that falls into the above categories, trained staff will provide immediate access to emergency services including domestic violence hotlines and shelters.

Prevention Services

HUD requires each CoC to include written Coordinated Entry System policies and procedures that document a process for persons seeking access to homelessness prevention services funded with ESG program funds through the CE process. HUD also requires that CoCs with separate access points for homelessness prevention services have written policies and procedures to describe the process by which persons are prioritized for referrals to homelessness prevention services.[6]

Currently, the Sacramento CoC does not have any ESG funded prevention service programs, and consequently does not have separate access points nor procedures developed for that program type. This manual will be updated in the event that the CoC provides this program type in the future.

Full Coverage

The Sacramento CoC has partnered with 2-1-1 Sacramento to ensure Housing Resource Access Points are accessible throughout the entirety of the geographic area, including coverage of Sacramento County and the seven cities within the County, including Sacramento, Citrus Heights, Elk Grove, Rancho Cordova, Folsom, Isleton, and Galt. 2-1-1 Sacramento is able to provide comprehensive and up-to-date resources, as well as access to schedule an appointment with an SSF designated staff who can provide in-person resource management and a CoC standardized assessment to anyone with access to a telephone.

2-1-1 Sacramento provides the primary entry point into the Sacramento Continuum of Care Coordinated Entry System, but it is not the sole entry point. Throughout Sacramento, a variety of organizations (shelters, subpopulation points of entry, street outreach) also provide access to CES and administer the CoC standardized assessment, which is the initial step for an individual or family to enter in to CES.

Marketing

Intentional and targeted marketing strategies are critical to ensuring the Sacramento CoC Coordinated Entry process is available to all eligible persons on a fair and equal basis. The Sacramento Steps Forward website (www.SacramentoStepsForward.org) displays how HRAPs can be accessed, and 2-1-1 staff have been trained on the locations and times each HRAP is available for providing resourcing appointments and assessments. Sacramento Steps Forward maintains updated information regarding HRAPs, and sends information and updates via email to our partners at 2-1-1 for immediate updating of the 2-1-1 resources.

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[6] HUD CE Notice: Section II.B.8

In order to receive approval to become an HRAP from the Coordinated Entry Department at Sacramento Steps Forward, Sacramento Steps Forward verifies that each physical location is accessible to individuals with disabilities, including those with wheelchairs, as well as people in the CoC who are least likely to access homeless assistance. More detail on this is listed below under Street Outreach.

In order to ensure effective communication of current services offered,[7] Sacramento Steps Forward will continually update 2-1-1 Sacramento with any changes to the Coordinated Entry System and the Housing Resource Access Points. Sacramento Steps Forward will work with 2-1-1 Sacramento to ensure the following items are accessible via 2-1-1 Sacramento Resources and/or via Sacramento Steps Forward's website:

- Materials that can be viewed in large print for sight impaired persons;
- An email address and TTY services number for accessibility by hearing impaired persons;
- Materials that can be viewed on-line or downloaded in several languages for people with Limited-English-Proficiency (LEP); and,
- LEP and sign language interpreters available upon request.

Safety Planning

All Housing Resource Access Points are accessible to people who are fleeing or attempting to flee domestic violence, dating violence, sexual assault or stalking, and who are seeking services from non-victim service providers. Any organization providing co-locating services with the Housing Resource Access Points, will not deny access to CES on the basis that the participant is or has been a victim of domestic violence, dating violence, sexual assault or stalking.[8]

Anyone who is experiencing effects from these situations, and who contacts 2-1-1 or has contact with any other point of entry into the Coordinated Entry System, will be able to access emergency services independent of the operating hours of the system's intake and assessment process. Upon being informed of any situation that falls into the above categories, trained staff will provide immediate access to emergency services including domestic violence hotlines and shelters. The Sacramento CoC Coordinated Entry System incorporates the ESG and CoC program rules that provide several safeguards and exceptions to using coordinated entry for victims.

In addressing the needs of individuals and families who are fleeing or attempting to flee any of these situations or conditions, HRAP staff will, in addition to the privacy protections required for all participants, follow proper protocols to avoid jeopardizing the safety of the individual or family seeking assistance, and ensure they have safe and confidential access to the coordinated entry process and victim services.

[7] HUD CE Notice: Section II.B.5 for the access system marketing requirements
[8] HUD Coordinated Entry Notice: Section II.B.12.e

Street Outreach

Street Outreach Staff extend the reach of Housing Resource Access Points by providing outreach to persons unlikely to seek out 2-1-1 Sacramento or a physical site HRAP on their own. Persons encountered by Street Outreach staff are offered the same standardized assessment process as persons who access coordinated entry through site-based HRAPs. Street Outreach Staff also follow the same non-discriminatory practices, data security protection measures, crisis response procedures and safety planning protocols as assessors staffed at HRAP fixed locations. Outreach Staff, similar to other staff who are trained, enter client information in the Homeless Management Information System (HMIS) in order for eligible clients to be referred to the community queue.

The Outreach team is not defined as an "access point," but instead augments efforts of the HRAPs to provide HUD-required affirmative marketing to persons "who are least likely to apply in the absence of special outreach."[9]

Assessment

Phased Approach

The CES uses a phased assessment approach that seeks to identify the minimal intervention necessary to assist a household in ending its homelessness.

The first criteria on which a household is assessed is homeless status. The Sacramento CoC limits its services to literally homeless households and households fleeing or attempting to flee domestic violence, "Category 1" and "Category 4," respectively, of the HUD Homeless Definition (HEARTH Homeless Definition Final Rule, Linked Appendix H). When CES encounters households that are unstably housed and/or at risk of homelessness, referral to mainstream resources may be offered.

Households that are homeless according to the above definition encounter the CES through multiple access points, including street outreach, 211 and referral to a Housing Resource Access Point or subpopulation site, or emergency shelter. Regardless of how a household accesses the system, initial assessment is focused on identifying strengths and options available to quickly return to a housed situation. The intent of this approach is to assist in the resolution of homelessness through reconnecting with personal support networks, rather than through entry into the homeless system or through continued participation in the homeless system. The Sacramento CES refers to this initial phase of engagement as "diversion," although it should be noted that diversion activities can and should occur continuously, until a household's episode of homelessness is ended. When diversion activities result in a household's return to a housed situation, the result is referred to as "assisted resolution."

[9] 24 CFR 578.93(c)(1)

The duration of the diversion phase depends upon a household's particular needs. A first-time homeless household engaged with SSF street outreach that has never entered an emergency shelter is usually assigned to "diversion" for a period of 30 days. However, households in crisis and in need of emergency shelter can access shelter at any time. The duration of diversion activities through other entry points is of no fixed amount of time and is instead based upon the particular needs and circumstances of each household.

VI-SPDAT

After exhausting consideration of all diversion opportunities, a household will be formally assessed for vulnerability and severity of service need using the CoC's standard assessment. The Sacramento CoC uses the Vulnerability Index- Service Prioritization Decision Assistance Tool (VI-SPDAT) (see Linked Appendix I). Three VI-SPDATs are utilized, depending on the household type: Individuals/Households without Children, Families/Households with Children, and Transition Age Youth Individuals/Transition Age Youth Households without Children. The VI-SPDAT consists of a variety of questions that assess a household's health and well-being, and assigns a numerical value by which the household is ranked alongside other assessed households.

The VI-SPDAT rankings assign households to recommended intervention types, specifically "mainstream resources/referral only" for the least severe service needs; "rapid rehousing" for moderate service needs; and, "permanent supportive housing" for severe service needs. In alignment with the principles of referring households to the most immediately available resource regardless of assessment score, as well as participant choice, the Sacramento CoC is shifting to the severity of service need definition of VI-SPDAT scores, as stated below:

Assessment Type	Least severe service need	Moderate service need	Severe service need
Individuals	0-4	5-9	10-20
Families	0-5	6-11	12-20
TAY (Individuals)	0-4	5-9	10-20

Assessed households are placed on the Community Queue (CQ) for their assessment type (Individuals, Families, TAY). Referral to housing options occurs via the CQ and is discussed in greater detail in the Prioritization and Referral sections of this manual.

Reassessment

As long as individuals/families remain homeless, they should complete the VI-SPDAT annually to capture changes in their circumstances. In addition, individuals/families may complete an update whenever they experience a significant change in their

circumstances. Examples of significant change include the birth of a child or a new physical or mental health diagnosis. This is not an exhaustive list of circumstances; rather, staff working directly with the household can exercise their own judgment about when a change of circumstance requires reassessment.

Homeless Management Information System (HMIS)

The VI-SPDAT and Community Queue are housed within the Sacramento CoC's HMIS. All assessors must participate in HMIS and VI-SPDAT training. An HMIS profile is created for every household that is assessed.

Every household entered into the HMIS is asked to consent to entry into the system and to data sharing with other agencies, primarily for the purpose of securing permanent housing, by signing the HMIS and VI-SPDAT consent forms (see Linked Appendices J and K, respectively). Households unwilling to have their data entered into the HMIS are tracked anonymously and households that do not consent to data sharing are blocked from sharing in the system. The CoC HMIS Privacy & Security Plan governs these activities (see Linked Appendix L).

Prioritization

Data collected during the CES Assessment is used to prioritize referrals to all HUD CoC Program projects. Prioritization differs for PSH, RRH, and the Mather Community Campus Transitional Housing Program (THP).

Permanent Supportive Housing (PSH)

The Sacramento CoC adopted the PSH prioritization criteria established in HUD Notice CPD-14-012: Prioritizing Chronic Homelessness and Other Vulnerable Populations in PSH (see Linked Appendix M) in May 2016. All PSH in the Sacramento CoC is prioritized for the chronically homeless with the longest time homeless and most severe service need:

- Longest time homeless is defined by the length of a household's current episode of homelessness; and,
- Most severe service need is defined by VI-SPDAT score (14 or higher for Individuals, Families, and TAY).

All households prioritized for PSH are chronically homeless and score in the highest VI-SPDAT range. Within this cohort, households are prioritized based on the duration of current homeless episode, with longer episodes up for referral before shorter episodes. This prioritized list is used to respond to provider Referral Requests, discussed in the Referral section of this manual.

Rapid Rehousing (RRH)

Households are prioritized for RRH based on VI-SPDAT scores in the moderate service need range. Households that score above or below this range may also be referred to RRH based on other factors, discussed in the Referral section of this manual.

The CoC is revisiting its RRH prioritization policy now. Based on SSF's reading of HUD's guidance on this issue, reinforced by our CES Technical Assistance (TA) provider, the Sacramento CoC needs a plan to move toward prioritizing at least a portion of our RRH for households with severe service needs. This discussion will take place in the coming months, with the goal of finalizing a plan for phasing in prioritization of needier households by mid-2018. See the CES RRH Prioritization Plan Memo (see Appendix N).

Transitional Housing (TH)

There is only one TH program participating in the CES, which is the Mather Community Campus (MCC). Households are prioritized for the program based on VI-SPDAT scores in the moderate service need range coupled with a willingness to participate in the MCC Employment Program.

Upcoming Prioritization Plans

In addition to revisiting the RRH prioritization policy mentioned in the Rapid Rehousing section above, the CES is also working on two new components of prioritization: housing conferencing and transitioning to a priority queue.

Housing Conferencing

The CoC intends to implement Housing Conferencing to the greatest extent possible. The expertise of case workers and others working with homeless households provides valuable additional information to supplement assessment results for improved matching of participants to available placements. Regular convening of crisis response and housing program staff to review a priority queue of households will also ensure greater success in locating and staying connected to households where housing referral is forthcoming.

In 2018, the CoC will begin by piloting Housing Conferencing with the TAY and Veteran provider communities. Both groups are already working collaboratively to house participants and have agreed to coordinate with the CES as well. The goal is to take lessons learned with these subpopulations to design a Housing Conferencing model that works for the rest of the homeless population.

Priority Queue

In addition to using a Priority Queue for Housing Conferencing, SSF is considering transitioning to a Priority Queue for PSH, where the highest ranked households are identified, supported in becoming document ready for referral, and kept track of *prior to* the availability of a particular housing placement. The CES and its outreach and emergency shelter partners would focus on preparing households on the Priority Queue for housing, in order to avoid situations where a prioritized household cannot be located or for whom eligibility cannot be documented at the time of housing placement availability. While current outreach and emergency shelter practices already focus on these activities, a formal focus on a Priority Queue that lists households by name is expected to improve prioritization of the households with the most severe service needs beyond what is already occurring.

Referral

Referral Process

Referral Stage	Description	Outcomes
Referral Request	Provider has a vacancy and submits a Referral Request form to the CES.	Referral Request forms submitted by Monday are responded to within the same week. Referral Requests submitted later in the week may be responded to within the same week or in the following week.
Participant Match	The CES response to a Referral Request consists of identification of an eligible household, based on CES prioritization criteria and program eligibility requirements to fill the vacancy. Households referred are "document ready" for the purpose of confirming program eligibility, specifically chronic homeless status for PSH, and literal homeless status for RRH and TH.	The CES Referral Specialist advises the program of the household being referred, by phone or email and within the referral system in HMIS, and advises the household being referred or the household's outreach worker or case manager about the particular program and the next step in the process (group orientation or individual intake appointment).
Weekly Hotsheet for Referral Location Assistance	The CES Referral Specialist distributes a weekly hotsheet of households scheduled for an orientation or intake appointment. The hotsheet is sent to every outreach, shelter, day center, and other front line staff to assist in the location of households being referred.	Front line staff review the hotsheet and advise clients of scheduled appointments and the CES Referral Specialist that a connection has been made.

Referral Acceptance	The household confirms interest in the program being offered, prior to the group orientation or individual intake appointment. The household can also refuse the referral at or after the orientation or appointment.	The referral appointment is confirmed.
Orientation or Appointment	The provider conducts its orientation or intake appointment and advises the CES and the household of the outcome.	Provider advises CES and the referred household of the referral status: outcome pending, enrollment, provider denial, household refusal.
Rescheduling	A referred household sometimes cannot keep an orientation or appointment and advises the CES Referral Specialist, outreach worker or case manager, and/or the housing provider to reschedule.	The CES Referral Specialist receives notice from the household or another party and reschedules the orientation or appointment in consultation with the housing provider.
No Shows	A referred household sometimes misses its orientation or appointment without providing notice. When this occurs, the CES Referral Specialist, outreach worker or case manager, and/or the housing provider attempt to reconnect.	Households that reconnect are re-referred to orientation or appointment. If reconnection is timely, the household is referred to the original vacancy. If the reconnection is not timely and the vacancy is no longer available, the household is referred to the next available vacancy. The CES does not have a limit on the number of No Shows permitted.
Pending Status	A referral outcome may occur immediately or may remain pending for a period of time while additional activities, such	Provider advises CES and the referred household of the final determination on the pending referral:

	as background checks, occur. The provider communicates regularly with the CES and the household while a referral is in pending status.	enrollment, provider denial, household refusal.
Enrollment	The household referred is enrolled in the program.	The provider advises the CES Referral Specialist by phone or email and enters the referral outcome in the Community Queue.
Denial	The household referred is denied enrollment in the program.	When a pending referral becomes a denial, the provider advises the CES Referral Specialist and enters the outcome in the Community Queue. The provider also advises the household of the denial and of the right to appeal. The CES requires providers to make every effort to avoid denials, including working with more than one landlord to account for specific landlord denials. No limit currently exists on the number of denials permitted; however, frequent denials are investigated by the CES Department and presented to the CES Committee for problem-solving.
Refusal	When a pending referral becomes a refusal, the provider or the household advises the CES Referral Specialist (in the case of	If the provider knows the household is refusing, the provider advises the CES Referral Specialist who

	refusals, the household may inform the CES Referral Specialist or his/her outreach or case worker, rather than the housing provider).	enters the referral outcome in the Community Queue. If the CES Referral Specialist knows the household is refusing, the CES Referral Specialist advises the provider and enters the referral outcome in the Community Queue. The CES does not have a limit on the number of Refusals permitted.

Document Ready

The CES will send referrals that are document ready in terms of program eligibility requirements. Households referred are "document ready" for the purpose of confirming program eligibility, specifically chronic homeless status for PSH, literal homeless status for RRH and TH. CES will provide any of the following forms necessary to confirm eligibility: Homelessness Certification; Homelessness History Mapping Tool; Third Party Homelessness History Verification; Self-Certification of Homelessness; Disability Certification; and, Chronic Homelessness Certification (see Appendices O-T).

Additional program document requirements, such as photo identification or income verification, are the program's responsibility to secure as part of the intake and enrollment process. The absence of any documents other than those necessary to confirm program eligibility cannot be grounds for denial of a referral.

The Hotsheet

Purpose:

The purpose of the hotsheet is to communicate with all partners the housing intervention for which the client is being scheduled. The hotsheet is to initiate help from all providers to ensure the following:

- The client is able to be contacted for services;
- the client is informed of their upcoming appointment;
- incomplete documentation is gathered and uploaded into HMIS;
- the client confirms receipt of appointment and confirms or declines appointment; and,

- the client is informed about the housing program type (i.e. Rapid Rehousing, Permanent Supportive Housing, and Transitional Housing) to which they are being referred.

Creation:

The hotsheet is created using Microsoft Office Suites; Excel.

After careful assessment of a client's eligibility for housing program type, the client is entered on the log so as to alert the partners of what housing program type for which they are being referred (i.e. Rapid Rehousing, Permanent Supportive Housing, and Transitional Housing). The fields include the following:

a. Client name (first and last);
b. Client date of birth (DOB);
c. Client contact info;
d. Last known location;
e. Navigator or Shelter of who is recommending client for housing intervention;
f. Program being referred to (RRH, TH, or PSH);
g. Date the recommendation came in to CES (date of referral);
h. Referral response deadline;
i. The appointment date and time;
j. Confirmation of appointment within 3 days of receiving hotsheet;
k. Date of disposition of the referral within 14 days after the client appointment; and,
l. Referral outcome (include either approved, denied or refused for the referral outcome within 14 days).

Distribution:

The CES Referrals hotsheet will be sent out weekly so that providers are aware of the client's upcoming appointment. SSF is asking that you provide a response within 3 days of receiving the hotsheet if you were able to locate any client that you may have contact with and respond back confirming if the client can be reached. In addition, when a client is confirmed, SSF is further asking that providers upload any missing documentation (listed on the hotsheet by document type). This greatly aids in the client's experience when appearing for their housing appointment.

HMIS Hard Referral

Process:

Referral is made by the Community Queue.

Referral is sent and a note is typed to include the following:

a. Appointment date and time;
b. Client information;
c. Client's name appears as pending in HMIS;
d. Client's information must be changed from "pending" to "pending in process";
e. Provider must enroll or deny client. If denial is made, reason must be provided; and,
f. Client is sent back to the Community Queue for re-referral.

Household Refusals

When a household refuses a referral, it returns to the Community Queue and is eligible for another referral in the future. The CoC may set a cap in the future on the number of refusals a household can make and still be returned to a priority position on the CQ.

Provider Denials

Occasionally, a CES referral will be denied. This can occur for a few reasons, including egregious prior behavior in the program and denial by landlord. Except for built projects, which by definition have only one site, programs must make every effort to find the referred household a rental unit. Programs or providers continually denied projects due to landlord denials must diversify the pool of landlords with which they work; SSF can assist with this effort upon request.

Every denial must be accompanied by the opportunity to appeal.

Community Queue Monthly Updates/Maintenance

The Sacramento CES Community Queues reflect the universe of active homeless households eligible for referral to a subsidized housing opportunity. The outcomes of referrals through the CES are reflected in the active CQ on a rolling basis. Additionally, the SSF CES Data Quality Specialist also completes CQ updates/maintenance on a monthly basis. The Data Quality Specialist uses all HMIS data to make the following adjustments to the active CQs:

- Removal of households after more than 90 days of no contact anywhere in the system; the Data Quality Specialist checks throughout the HMIS for evidence of any contact before a household is removed;
- Removal of households with permanent housing exit destinations from emergency shelters and transitional housing (households in transitional housing remain on the CQ until they graduate from transitional to permanent housing);

- Removal of households enrolled into a PSH project; and,
- Removal of households enrolled in RRH once they move in to an apartment.

The Data Quality Specialist is also engaged in an ongoing review of CQ data quality, monitoring errors at the assessment and assessor levels and designing trainings to address issues.

System Evaluation

The CoC Advisory Board will oversee the evaluation of the CES operated by SSF. The following Evaluation Policy was approved by the Board for implementation in 2018.

- The CoC will engage in ongoing data collection on the performance of the CES. Data collected will be formally reviewed quarterly and formal policy and procedure updates based on the evaluation will occur no less than annually.
- Data collected will include the elements currently included in the monthly CES Report, as well as (a) referral timelines for each step in the process; (b) additional metrics to be developed to ensure comprehensive evaluation of the system, including returns to homelessness; (c) participant satisfaction surveys; and, (d) quarterly stakeholder meetings to collect input from all participating agencies.
- Written CES Evaluation policies and procedures will be developed to specify how project participants will be selected to provide feedback.
- Participant data collected in HMIS is protected by the CoC's Privacy & Security Plan protocols and will only be reported in aggregate. Data collected outside of HMIS, such as through participant surveys, will be collected anonymously/no identifying information will be requested on survey instrument(s).
- The mechanism for quarterly review of the data shall be a CES Evaluation Committee convened by the Advisory Board.
- The CES Evaluation Committee will report to the Advisory Board at least semi-annually.
- Reports and other materials prepared for the CES Evaluation Committee will be posted on the SSF website.

Next Steps

- The CES Evaluation Committee will be a subset of CES Committee participants. Membership will be formalized, an odd number of participants will be designated, and a balance of providers and other CES system stakeholders will be seated. A proposal articulating these parameters will be presented to the Advisory Board for approval by early 2018.

- The CES Evaluation Committee will likely need to meet monthly to establish processes and complete its first formal evaluation in 2018, with the goal of transitioning to quarterly meetings in 2019.
- The first quarter of CES Evaluation Committee meetings will focus on ensuring all members understand the current CES Report, reviewing draft reports on referral timelines to select ongoing measures, and will also focus on development of a participant survey and plan for distribution. The CES Evaluation Committee will update the Advisory Board by July 2018.

Appendices

Appendix A: HEARTH Act Interim Rule

Appendix B: HUD Notice CPD-17-01

Appendix C: Projects Currently Participating in CES

The following projects are currently participating in CES:

- Friendship Housing (PSH)
- Quinn Cottages (PSH)
- Mutual Housing at the Highlands (PSH)
- PACT PHP Expansion (PSH)
- Saybrook Permanent Supportive Housing Project (PSH)
- Achieving Change Together (ACT) (PSH)
- Casas De Esperanza (PSH)
- Friendship Housing Expansion (PSH)
- Friendship Housing Expansion 2 (PSH)
- Home At Last (PSH)
- PACT Permanent Housing Program (PPHP) (PSH)
- Shelter Plus Care TRA (PSH)
- Step Up Sacramento (PSH)
- Shasta Hotel (RRH)
- Building Bridges Program (PSH)
- Omega Permanent Supportive Housing Project (PSH)
- Building Community (PSH)
- The Doorway (RRH)
- Mather Veterans Village (PSH)
- New Community (PSH)
- New Direction Permanent Housing Program (PSH)
- Rapid Rehousing for Youth (RRH)
- Rapid Rehousing for Youth 2 (RRH)
- ReSTART Permanent Supportive Housing (PSH)
- Boulevard Court (Budget Inn) (PSH)

Appendix D: New Projects as of 2018

- Sacramento Housing and Redevelopment Agency (SHRA) – Shelter Plus Care System; Saybrook
- Sacramento Veterans Resource Center (SSVF & GPD) & Roads Home (SSVF)
- TLCS/Sacramento County Behavioral Health PSH: New Direction

Appendix E: Current Homeless Resource Access Points

HRAP Name	**Location**
Wellness & Recovery South	7171 Bowling Drive, Sacramento, 95823
Wellness & Recovery North	3637 Mission Avenue, Carmichael, 95608
Francis House Center	1422 C Street, Sacramento 95814

Appendix F: Subpopulation Designated Points of Entry

Subpopulation	**Location**
Veterans	7270 E. Southgate Drive, Sacramento
Transition Aged Youth (TAY)	3671 5th Avenue, Sacramento
Family	Online via reservation

Appendix G: Client-Centered Care Plan

NAME: DATE:

DOCUMENTS			
Item	**Y/N**	**Location/Phone Number**	**Follow Up/Notes/Appointment**
Homeless Cert			Filled out by Staff
ID:			
SSC:			
B.C.			
3rd Party			
Disability Cert			
Animal Certs			

EMPLOYMENT			
Item	**Y/N**	**Location/Phone Number**	**Follow Up/Notes/Appointment**
Resume			
H.S. Diploma		Highland Charter School (916) 844-2283	
Job Center			
SSI		SMART Program, 600 Bercut Drive	

SUBPOPULATION ELIGIBLE			
Subpopulation	**Y/N**	**Location/Phone Number**	**Follow Up/Notes/Appointment**
Vet			
TAY		Wind Youth Services/(916) 561-4900	Drop In Center, 3671 5th Ave.

HEALTH RELATED SERVICES			
Item	**Y/N**	**Location/Phone Number**	**Follow Up/Notes/Appointment**
Health Care		Sac Covered 1-866-850-4321 (appt.)	
Primary Care			
M.H. Services		Guest House, 600 Bercut Drive	Walk in Tues + Wed 8:30am, Thu 1pm
M.H. Respite		Crisis Respite Center	916-737-7483 (916 RESPITE)
M.H. Urgent Care		2130 Stockton Blvd, Bldg. 300	Walk in M-F 10am-10pm/ Sat, Sun 10am-6pm

SHELTER			
Item	**Y/N**	**Location/Phone Number**	**Follow Up/Notes/Appointment**
VOA Men's		1400 N A Street	First Come First Serve, Waitlist
Salvation Army		1200 N B St, Sacramento	First Come First Serve, Waitlist
Winter Sanctuary		1400 N A Street	First Come First Serve, Waitlist
Family Shelter		https://dhaservices.saccounty.net/efs	Online reservation

(Y= Needs, N= Does Not Need, or Not Eligible)
* Emergency Services will be connected to immediately, if possible. Information will be provided in a more confidential format for follow up, or if an immediate connection is unable to be made.

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Appendix H: HEARTH Final Rule

Appendix I: VI-SPDAT

Appendix J: HMIS Consent Form

Appendix K: VI-SPDAT Consent Form

Appendix L: HMIS Privacy & Security Plan

Appendix M: HUD Notice CPD-14-012

Appendix N: CES RRH Prioritization Plan Memo

TO: CoC Advisory Board Coordinated Entry System (CES) Committee

FROM: Sacramento Steps Forward (SSF) CES Department

DATE: October 20, 2017

SUBJECT: Sacramento CoC Plan for Rapid Rehousing Prioritization Policy Decisions

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In recent meetings, as part of the HUD CES Compliance Self-Assessment Checklist's Prioritization section, potential changes to how the CES prioritizes households for referral to Rapid Rehousing (RRH) have been discussed. Specifically, CES staff have led a discussion of HUD's guidance to prioritize all HUD-funded resources to serve households with the most severe service needs, including RRH, and what impact this prioritization would have locally. While the original intent of staff was to guide the committee and other stakeholders through the adoption of a new RRH prioritization policy that targets households with the most severe service needs and/or people who are chronically homeless, after listening to community input and consulting with our HUD-funded CES implementation Technical Assistance (TA) provider, we are now recommending disconnecting the prioritization policy-setting from the January 2018 CES compliance deadline and launching a more in-depth approach to making this decision that includes a longer planning timeline.

Current Prioritization & CES Compliance

Prioritization for RRH (and Transitional Housing) currently follow the RRH housing type recommendation embedded within the VI-SPDAT, specifically referral of households in the mid-range of need to RRH (and TH), with any deviation from referral of households in this range accompanied by input on unique participant strengths or needs provided by service partners familiar with the people being referred. For the January 23, 2018 compliance deadline, the current RRH (and TH) prioritization will be presented along with the CoC's plans for further review and potential action.

Continuing the Prioritization Discussion

Based on SSF's reading of HUD's guidance on this issue, reinforced by our CES TA provider, the Sacramento CoC still needs a plan to move toward prioritizing at least a portion of our RRH for households with severe service needs. This discussion will take place in the coming months, with the goal of finalizing a plan for phasing in prioritization of needier households by mid-2018.

The intent of this process is to develop a RRH prioritization policy that balances local needs and resources with HUD's expectations. Planning inputs and priorities will include a clear understanding of HUD's policy direction, national and local best practices, what local data tells us, and a commitment to ensuring responsiveness to client and program needs. To ensure the policy developed reflects the realities of how our RRH projects operate and what their needs are, CES staff will consult the Rapid Rehousing Collaborative of all RRH providers in the Sacramento CoC on an ongoing basis. The RRH Collaborative will continue to play a role during the implementation phase, serving as a "learning community" as we monitor impacts and make adjustments along the way. CES staff will serve as the formal link between the Collaborative and the CES Committee and will be responsible for ensuring both groups receive the information they need to make recommendations and decisions (HUD guidance, local data, research, etc.).

Appendix O: Homelessness Certification

HOMELESSNESS CERTIFICATION

The Homelessness Certification is used by agencies* to affirm an individual or family is experiencing homelessness at the time the certification is completed.

Client Name: ________________________________ HMIS UID (or DOB): ______________________

Number of Dependents for Head of Household (families): _________________

Please read each option. Check the box of the person's living situation **and** the type of verification attached:

☐ Currently living in a place not meant for human habitation** or in an emergency shelter. (Please select one of the 4 boxes below.)
- ☐ First-hand observation by outreach worker (Please check the box that best describes your observation of the individual's or family's current living situation);
  - ☐ Car, van, camper, or other vehicle not hooked up to facilities
  - ☐ Street / outdoor encampment
  - ☐ Other, please describe:____
- ☐ HMIS Program History printout indicating individual is currently homeless;
- ☐ Homelessness History Verification;
- ☐ Written referral from another agency;

☐ Exiting an institution, where they resided less than 90 days and lived in an emergency shelter or place not meant for human habitation immediately before entering the institution.
- ☐ One of the forms of evidence listed above for "living in a place not meant for human habitation"; **AND**
- ☐ Discharge paperwork from the institution (or written referral from the institution or written record of intake worker's due diligence to obtain above evidence and certification by individual that they exited institution)

☐ Currently residing in an approved Transitional Housing program, where they lived in an emergency shelter or place not meant for human habitation immediately before entering the program.
- ☐ Written referral letter from the transitional housing program; OR
- ☐ HMIS Program History printout indicating stay in Transitional Housing and where person resided prior to entry

☐ Individual is fleeing or is attempting to flee domestic violence, where they have no other residence and lack the resources or support networks to obtain other permanent housing. The following verification is attached:
- ☐ Self-certification or intake worker certification stating individual is: (i) fleeing; (ii) has no subsequent residence; and (iii) lacks resources; for non-victim service providers, please refer to 24 CFR 578.103

I affirm that I am a representative of one of the referenced agencies and that the above named person is experiencing homelessness. I have enclosed the proper documentation as required under the U.S. Department of Housing and Urban Development HEARTH Act and understand that the information is subject to verification.

Signature: ________________________________ Date: ______________________

Printed Name: ________________________________

Agency Name: ________________________________ Job Title: ______________________

*Agencies: Any non-profit agency with services designed to serve individuals experiencing homelessness, law enforcement, health care workers, street outreach workers, emergency shelters, soup kitchens, food banks, and governmental organizations

**Sleeping on a friend or family member's couch/floor/bed does not qualify as a place not meant for human habitation.

Updated 7/10/17

Appendix P: Homelessness History Mapping Tool

HOMELESSNESS HISTORY MAPPING TOOL

Client Name: ____ HMIS UID (or DOB): ______________________

Homelessness History Timeline																							
Year:												Year:											
JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC

Year:												Year:											
JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC

Homelessness History Specifics				
Start Date (Month & Year)	End Date Month & Year)	Living Situation	Who Could Verify	Verifier's Contact Info (Phone, Email, Address)
		☐Living on the Streets ☐Living in a Car ☐Living in a Shelter ☐Jail ☐Hospital / Treatment Center ☐Other:________________ ☐Staying w/ Family/Friends ☐Housed		
		☐Living on the Streets ☐Living in a Car ☐Living in a Shelter ☐Jail ☐Hospital / Treatment Center ☐Other:________________ ☐Staying w/ Family/Friends ☐Housed		
		☐Living on the Streets ☐Living in a Car ☐Living in a Shelter ☐Jail ☐Hospital / Treatment Center ☐Other:________________ ☐Staying w/ Family/Friends ☐Housed		
		☐Living on the Streets ☐Living in a Car ☐Living in a Shelter ☐Jail ☐Hospital / Treatment Center ☐Other:________________ ☐Staying w/ Family/Friends ☐Housed		

Updated 6/28/17

HOMELESSNESS HISTORY MAPPING TOOL

Attempts to Obtain a Third Party Verification				
Date	**Verifier Name**	**Verifier's Contact Info (Phone, Email, Address)**	**Type of Attempt**	**Outcome of Attempt**
			☐In Person ☐Phone ☐Mail ☐Email	☐Contact Information is No Longer Valid ☐Unable to Make Contact with Person ☐Person Refused ☐Other: ___________
			☐In Person ☐Phone ☐Mail ☐Email	☐Contact Information is No Longer Valid ☐Unable to Make Contact with Person ☐Person Refused ☐Other: ___________
			☐In Person ☐Phone ☐Mail ☐Email	☐Contact Information is No Longer Valid ☐Unable to Make Contact with Person ☐Person Refused ☐Other: ___________
			☐In Person ☐Phone ☐Mail ☐Email	☐Contact Information is No Longer Valid ☐Unable to Make Contact with Person ☐Person Refused ☐Other: ___________
			☐In Person ☐Phone ☐Mail ☐Email	☐Contact Information is No Longer Valid ☐Unable to Make Contact with Person ☐Person Refused ☐Other: ___________

Additional Barriers to Obtaining a Third Party Verification			
Start Date (Month & Year)	**End Date Month & Year)**	**Barrier**	**Additional Information regarding the Barrier**
		☐Out of County ☐Out of State ☐Truck Driver, Living in Cab ☐Transient Life-Style (moved frequently)	
		☐Out of County ☐Out of State ☐Truck Driver, Living in Cab ☐Transient Life-Style (moved frequently)	

Signature: ____________________ Date: ____________________

Printed Name: ____________________

Agency Name: ____________________ Job Title: ____________________

Updated 6/28/17

Appendix Q: Third Party Homelessness History Verification

THIRD PARTY HOMELESSNESS HISTORY VERIFICATION

The Homelessness History Verification is completed by a third party to verify an individual's homeless history.

Client Name	HMIS UID	Agency Requesting Third Party Verification

I authorize the above named agency to share minimal identifying information about me and request information from the Third Party Verifier listed below for the purpose of verifying my homelessness history.

Client Signature	Date

THIRD PARTY VERIFIER	
Name and Title	Business / Agency / Organization Name
Address	Contact Number

Completed by Third Party Verifier: Specifics of Observations

*Observations can include descriptions of encounters, person's living space, belongings, frequency of stay in an area, etc. An individual simply stating they are homeless does **NOT** qualify as an observation. (Please see back for additional instructions.)

	Start Date	End Date	Location	Evidence used to support the assertion of homelessness (check all that apply):
1st Instance				☐ Client received our services. Indicate type of evidence of homelessness: ☐ Accessing services from a homeless provider ☐ Staying in our shelter/crisis center ☐ Witnessed episode of homelessness first-hand: ☐Carrying large quantities of belongings or bedding items ☐**Other Observation*:**
2nd Instance				☐ Client received our services. Indicate type of evidence of homelessness: ☐ Accessing services from a homeless provider ☐ Staying in our shelter/crisis center ☐ Witnessed episode of homelessness first-hand: ☐Carrying large quantities of belongings or bedding items ☐**Other Observation*:**
3rd Instance				☐ Client received our services. Indicate type of evidence of homelessness: ☐ Accessing services from a homeless provider ☐ Staying in our shelter/crisis center ☐ Witnessed episode of homelessness first-hand: ☐Carrying large quantities of belongings or bedding items ☐**Other Observation*:**
4th Instance				☐ Client received our services. Indicate type of evidence of homelessness: ☐ Accessing services from a homeless provider ☐ Staying in our shelter/crisis center ☐ Witnessed episode of homelessness first-hand: ☐Carrying large quantities of belongings or bedding items ☐**Other Observation*:**
Signature of Third Party Verifier				Date

Signature of Requestor	Printed Name of Requestor	Date

Updated 7/10/17

THIRD PARTY HOMELESSNESS HISTORY VERIFICATION

The Homelessness History Verification is completed by a third party to verify an individual's homeless history.

Instructions:

- List the date and location that you witnessed or provided services to the named person (use additional forms if necessary)
- If you have had multiple instances in a month, include the first and last time you encountered the person as the Start and End Date. If the encounters are separated by more than a month, list each as a separate instance

Examples:
1) A one-time service on 8/1/2016 with a Start and End Date of 8/1/2016;
2) A two-week stay in an emergency shelter with a Start Date of the day they entered on 8/1/2016 and an End Date of the day they exited on 8/14/2016, or if the person is still currently residing there, the End Date would be the current date;
3) Monthly use of services accessed on 6/1/2016, 7/1/2016, and 8/1/2016 with a Start Date of 6/1/2016 and End Date of 8/1/2016

- Observations can include descriptions of encounters, person's living space, belongings, frequency of stay in an area, etc.
- An individual simply stating they are homeless does **not** qualify as an observation.

Updated 7/10/17

Appendix R: Self-Certification of Homelessness

SELF-CERTIFICATION OF HOMELESSNESS

The Self-Certification of Homelessness form is used to document homeless history and breaks in homelessness.

If the individual or family self-certifies for more than 3 months; a completed **Homelessness History Mapping Tool** must be attached documenting due diligence in attempting to obtain third party verification.

CLIENT NAME:			**HMIS UID (or DOB):**
Start Date	**End Date** (current date if residing in same location)	**Location of Stay**	**Location Type** (Check one only for each instance)
			☐ Car, van or camper not hooked up to facilities ☐ Streets/outdoor encampment ☐ Other location not meant for humans to live (e.g. storage shed) ☐ Hotel/motel paid for by non-profit/county funding ☐ Homeless or crisis shelter. Specify name(s): ☐ Institution (e.g. hospital, jail) ☐ Not Homeless/Break (e.g., stayed with friends, stayed in self-paid motel)
			☐ Car, van or camper not hooked up to facilities ☐ Streets/outdoor encampment ☐ Other location not meant for humans to live (e.g. storage shed) ☐ Hotel/motel paid for by non-profit/county funding ☐ Homeless or crisis shelter. Specify name(s): ☐ Institution (e.g. hospital, jail) ☐ Not Homeless/Break (e.g., stayed with friends, stayed in self-paid motel)
			☐ Car, van or camper not hooked up to facilities ☐ Streets/outdoor encampment ☐ Other location not meant for humans to live (e.g. storage shed) ☐ Hotel/motel paid for by non-profit/county funding ☐ Homeless or crisis shelter. Specify name(s): ☐ Institution (e.g. hospital, jail) ☐ Not Homeless/Break (e.g., stayed with friends, stayed in self-paid motel)
			☐ Car, van or camper not hooked up to facilities ☐ Streets/outdoor encampment ☐ Other location not meant for humans to live (e.g. storage shed) ☐ Hotel/motel paid for by non-profit/county funding ☐ Homeless or crisis shelter. Specify name(s): ☐ Institution (e.g. hospital, jail) ☐ Not Homeless/Break (e.g., stayed with friends, stayed in self-paid motel)
Client signature below certifies that the above information is correct			
Client Signature:			Date:

Staff Signature: ______________________ Date: ______________

Printed Name: ______________________

Agency Name: ______________________ Job Title: ______________

Updated 7/10/17

Appendix S: Disability Certification

DISABILITY CERTIFICATION

The Disability Certification is used to affirm that an individual is disabled and is used only for the purpose of qualifying for housing assistance under a program of the U.S. Department of Housing and Urban Development (HUD).

Client Name: ________________________ **HMIS UID** (or DOB): ________________

Please complete either Section 1 or 2.

Section 1. Completed by HOMELESS SERVICE PROVIDERS, HOUSING PROVIDERS, or HEALTH CARE WORKERS only

Required: *Attach proof of disability by written verification from the Social Security Administration (i.e. SSI, SSDI) or receipt of a disability check (e.g. Veteran Disability Compensation).*

☐ Individual has a disability that has been verified by the Social Security Administration or by receipt of a disability check.

I certify that the above information is true and accurate. I have enclosed acceptable evidence as required under 24 CFR 578.103. I understand that knowingly or willingly making false or fraudulent statements are subject to punishment.

Signature: ________________________ Date: ________________

Printed Name: ________________________

Agency Name: ________________________ Job Title: ________________

Section 2. Completed by the following Licensed Professional by the State of California ONLY:
MD or DO, PsyD or PhD, LMFT, LCSW, LPCC, NP or FNP, PA*
*For Physician Assistants, please include name and license number of your supervising physician.

Required: *ONLY a professional licensed by the State of California to diagnose and treat the qualifying disability can verify the disability (24 CFR 578.103).*

☐ Individual has a disability, as defined in the HEARTH Act of 2009, which means:
i) A condition that is expected to be long-continuing or of indefinite duration; ii) substantially impedes the individual's ability to live independently; iii) could be improved by the provision of more suitable housing conditions; AND is one of the following:
- a physical, mental or emotional impairment, including an impairment caused by alcohol or drug abuse, post-traumatic stress disorder, or brain injury
- a developmental disability as defined in Section 102 of the Developmental Disabilities Assistance Bill of Rights Act of 2000 (42 U.S.C. 15002)
- the disease of AIDS or any conditions arising from the etiologic agent for AIDS, including HIV

I certify that the above information is true and accurate. I have enclosed acceptable evidence as required under 24 CFR 578.103. I understand that knowingly or willingly making false or fraudulent statements are subject to punishment.

Signature: ________________________ Date: ________________

Printed Name: ________________________ **License #:** ________________

Agency Name: ________________________ Job Title: ________________

(PA's only) Supervising Physician Name: ________________________ **(PA's only)** Supervising Physician License #: ________________

Updated 7/10/17

Appendix T: Chronic Homelessness Certification

CHRONIC HOMELESSNESS CERTIFICATION

The Chronic Homelessness Certification is used to certify an individual or family as chronically homeless as defined by the U.S Department of Housing and Urban Development (HUD) in 24 CFR 578.3

Client Name: ___________________________________ HMIS UID (or DOB): __________________

Number of Dependents for Head of Household (families): __________________

Applicant must meet both requirements. Please mark that the following documents are attached for:

Disabling Condition

☐ Disability Certification Form

Select one:

☐ Written verification from the Social Security Administration or receipt of a disability check is attached

☐ Form is signed by a professional licensed by the State of CA

Chronic Homelessness History (check all that apply):

☐ HMIS printout of client's program history
☐ Homelessness History Verification
☐ A letter from a homeless service provider indicating date and location of encounter
☐ Self-Certification of Homelessness

I have checked that the **Chronic Homeless History** documents indicate the person/family was homeless for at least the last 12 consecutive months or 4 instances* within the last 3 years ___________
Initials

*The 4 instances must total at least 12 months. Each instance of homelessness must be separated by a break of least 7 days.

I certify, to the extent of my knowledge, that the above named individual or family is experiencing chronic homelessness. I have enclosed verification documents as required under the U.S Department of Housing and Urban Development HEARTH Act and understand that the information is subject to verification.

Signature: ___________________________________ Date: ________________________

Printed Name: ___________________________________

Agency Name: ___________________________________ Job Title: ________________________

Updated 7/10/17