Survivor Coordinated Entry System (CES) Guide

I. Housing Programs: Rapid rehousing and permanent supportive housing programs funded by The Department of Housing and Urban Development (HUD) Continuum of Care (CoC) grant, dedicated to serving survivors.

	Description	Eligibility	Documentation	Providers	# of Households Served
Rapid Rehousing (RRH)	Rental assistance and supportive services provided, client holds lease with property owner, 24-month maximum term, ongoing case management	Meets category 4 homelessness (see HUD definitions)	1.Self-Certification of Homelessness	My Sister's House, Opening Doors, Shelter Inc. and Lao Family Community Development	MSH:10 units OD: 20 units Shelter, Inc.: 11 units, 27 beds LFCD: 15 units, 52 beds
Permanent Supportive Housing (PSH)	Rental assistance and supportive services provided with no maximum term and ongoing case management - tenant-based voucher	Meets category 4 homelessness and chronic homelessness (see HUD definitions)	1. Chronic Homelessness Certification 2. Verification of homeless history 3. Disability Certification *Collected after referral is made to SHRA	WEAVE	9 families

HUD Definitions:

Homelessness (Category 4): An individual or family household fleeing or attempting to flee domestic violence, dating violence, sexual assault, stalking, human trafficking, or other dangerous/life-threatening conditions that relate to violence against the person or a family member that took place within their primary residence or has make them afraid to return. The person has no other place to live and does not have the financial resources and support networks to obtain other permanent housing.

(PSH) Chronic homelessness: An individual or family household who has lived in an emergency shelter, safe haven, on the streets or other place not meant for human habitation for at least the last 12 months or 4 instances within the last 3 years, totaling 12 months, and has a long-term disability.

II.   Steps to place a household onto the housing list (Training presentation 9/20/22):
https://us02web.zoom.us/rec/share/ZACGRf7Z9cDj3VdASnokijemiHSmNnOHi0Zlf6QbNBr8jHsEI_lOjkvS-KJDTYMB.Ad-6QhLBd77PRhuc)

1. Assess for housing need
2. Determine if the household meets eligibility criteria
3. Conduct the VI-SPDAT (family or individual)
4. Answer prioritization, sub-prioritization and housing preference questions
5. Collect client-signed document *Self-Certification of Homelessness Category 4: Fleeing or Attempting to Flee Domestic Violence*
6. **(New)** Submit a housing request here: https://forms.gle/Tj6sH3yJa7eLgeyZ9 (this is the same as information included on the Survivor Coordinated Entry (CE) List which will be utilized for prioritizing households for RRH or PSH.

*Note: all households must come through the Survivor Coordinated Entry System to be enrolled in a HUD-CoC housing program - meaning a client referral was made from the Survivor CES list by Sacramento Steps Forward.
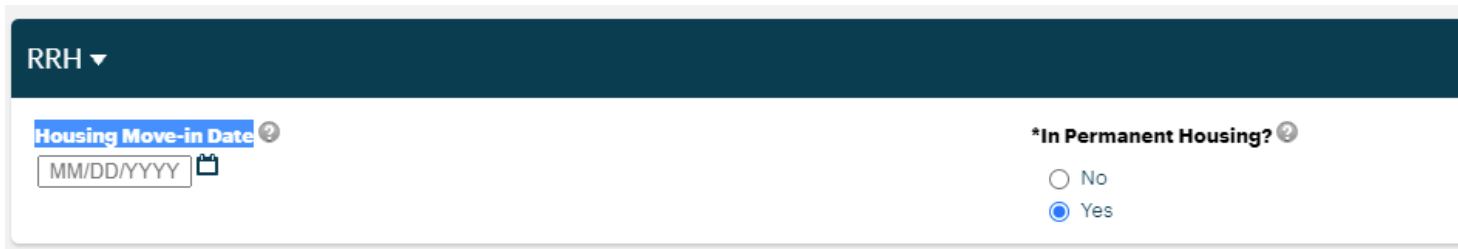
III.   What happens after a household is added to the Survivor CE List:

1. SSF will prioritize clients based on total VI-SPDAT and prioritization scores.
2. SSF may request case conferencing to be used to assess the needs of the client with the program/vacant unit for ensuring an appropriate fit. The provider requesting the housing placement may need to share client information (prioritization information, etc.) with the receiving housing program, with the client's consent.
3. **For case conferencing, please utilize this google sheet to add clients' updates and notes: https://docs.google.com/spreadsheets/d/1n5sInvzBlpewnmQTQgnfm75M_1RX3cSRN-WG8EHfQpI/edit#gid=180135457**
4. SSF will refer the household by sending a confirmation email to the receiving program and program that placed the household on the list. Both agencies will arrange a time to meet with the client and either in-person or virtually to conduct a warm-handoff.
    a. PSH only: SSF will make a referral to SHRA through HMIS, and SSF will send a confirmation email to your agency and SHRA. SHRA will send an application and request for eligibility documents. Your agency will work with the client to gather all documents and information, and send back a completed packet to SHRA. SHRA will either approve or deny. If approved, you will receive the RFTA and next steps on leasing up (i.e. HQS inspections, lease agreement, etc.).

(For Housing Programs only- Apricot Database Processes)

HOUSING A CLIENT AFTER REFERRAL:

1. Conduct an intake interview
2. Once the client agrees to the program, complete a program enrollment in Apricot:
   a. Click the client's profile (or create a profile, if needed)
   b. Select the 'add button' to the right of the Program Enrollment
   c. Complete all of the required fields under sections Enrollment Details (Enter the Service Start Date as today's date, leave Service End Date empty, Program Type: Residential, Project type: PH-Rapid Rehousing, Program: HUD-PH- Rapid Rehousing), HMIS background- entry, HMIS Income - entry
   d. Under HMIS Background- RRH, respond 'yes' to the question In Permanent Housing? Add the move-in date as the service start date.

3. Rental assistance and supportive services can now be provided to the client
4. Conduct a housing search to locate a unit, if needed
   a. Once a unit has been identified and is considered rent reasonable, conduct the Housing Quality Standards (HQS) inspection (include lead-based paint requirements); The handbook with details on what to look for during the inspection is here.To become qualified to conduct a visual lead-based paint inspection, complete a free online training offered by HUD at: www.hud.gov/offices/lead/training/visualassessment/h00101.htm
   b. The lease agreement can be signed only after the unit passes HQS (lease must be dated on or after the HQS was conducted)
5. Upload documents under the Client's Profile > Electronic Documents
   a. Include the ROI, Client Self-certification of Homelessness form, completed HQS, rent reasonableness form and other relevant documents
6. After the client moves into the unit, complete a bed enrollment in Apricot

     a.   Click the client's profile

     b.   Select the 'add button' to the right of Bed Enrollment

7.   Complete a new HMIS Background every year for the client <u>or</u> if any significant changes happen in disability

     a.   Under the client's profile, click Program Enrollment > HMIS Background (click 'new')

8.   Complete a new HMIS Income every 3 months for the client <u>or</u> if any significant changes happen in income

     a.   Under the client's profile, click Program Enrollment > HMIS Income (click 'new')

EXITING A CLIENT AFTER ENROLLMENT:

1.   In the client's profile, click the original Program Enrollment.
2.   Under Enrollment Details, enter a service end date.
3.   Under HMIS Background, click 'new' entry.
4.   Enter the exit date and select 'exit' under status (that will give you the proper drop-down information to fill out).
5.   Under RRH, select 'yes' and enter in the original move-in date.
6.   Under Housing Assessment select the location of where the client is moving (i.e. relocating to another city in own unit, etc.). If they moved to a new housing unit, select if they have an ongoing subsidy.
7.   Save the record
8.   Under Bed Enrollment, click the current entry and add a check-out date.