



Eastern Pennsylvania Continuum of Care Coordinated Entry System Policies and Procedures Manual

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Connect to Home Coordinated Entry System Policies and Procedures

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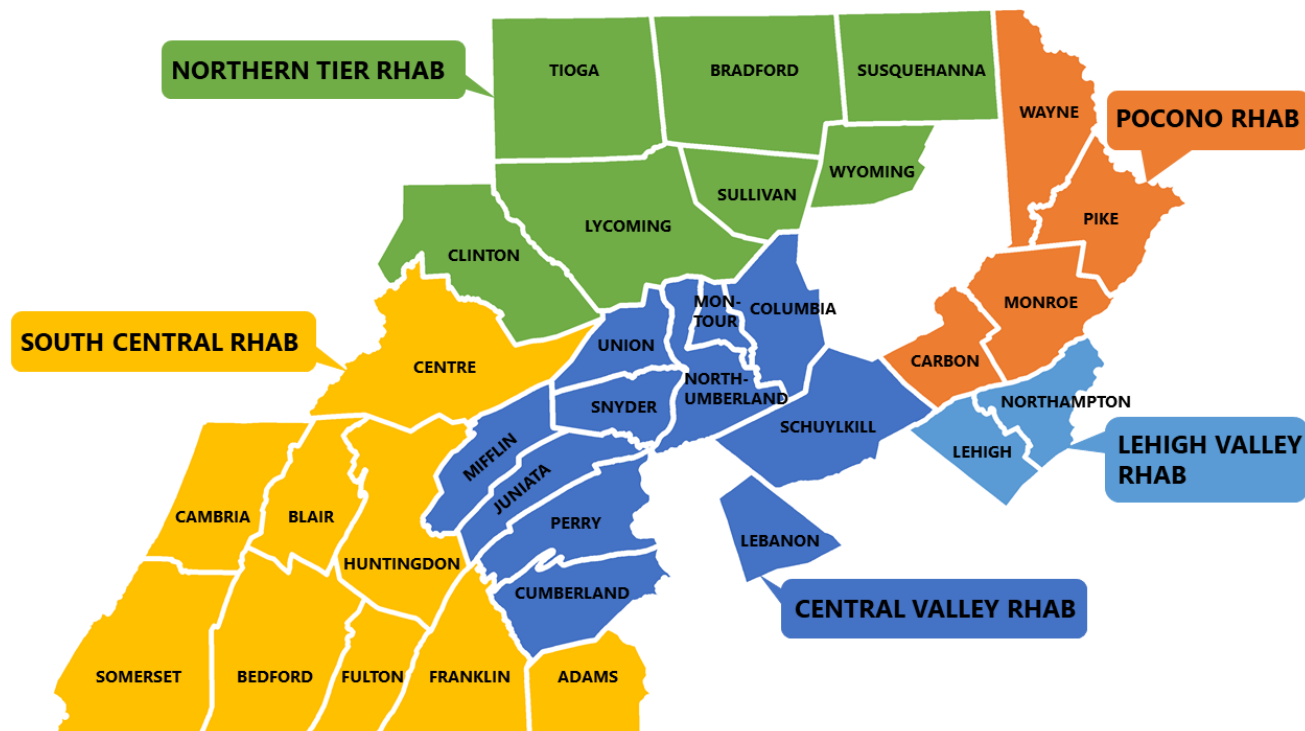
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Connect to Home Coordinated Entry System Overview

The Eastern Pennsylvania Continuum of Care

The mission of the Eastern PA Continuum of Care (CoC) is to end homelessness throughout its geographic region, which encompasses thirty-three (33) counties in the eastern part of Pennsylvania. The CoC is subdivided into five geographic regions overseen by Regional Homeless Advisory Boards (RHABs) that are responsible for locally identifying needs and operationalizing CoC goals, projects, and policies.



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Connect to Home: Coordinated Entry System of Eastern PA

The Connect To Home: Coordinated Entry System of Eastern PA (CES) coordinates and manages access, assessment, prioritization and referral to housing and services for any person(s) experiencing or at imminent risk of homelessness in the following counties: Adams, Bedford, Blair, Bradford, Cambria, Carbon, Centre, Clinton, Columbia, Cumberland, Franklin, Fulton, Huntingdon, Juniata, Lebanon, Lehigh, Lycoming, Mifflin, Monroe, Montour, Northampton, Northumberland, Perry, Pike, Schuylkill, Somerset, Snyder, Sullivan, Susquehanna, Tioga, Union, Wayne and Wyoming.

Participation in CES is required for all projects funded by HUD Continuum of Care or Emergency Solutions Grants (including those administered by the Commonwealth of Pennsylvania) and strongly encouraged for all other housing and service providers to ensure equitable and coordinated access for all.

The following organizations provide leadership and management of the Coordinated Entry System:

Governance: Eastern Pennsylvania Continuum of Care (CoC) Governing Board

Oversight: Eastern Pennsylvania CoC Coordinated Entry Committee

HMIS Administration: Pennsylvania Department of Community & Economic Development

Technical Assistance Provider: Capacity for Change, LLC

HUD CoC Project Grant Recipient: United Way of Pennsylvania

Call Center Operator: PA 211

CES Regional Managers (Counties):

- Erica Matko, Center for Community Action: Adams, Bedford, Blair, Cambria, Centre, Franklin, Fulton, Huntingdon, Somerset
- Francisco Figueroa, Lehigh Conference of Churches: Lehigh, Northampton
- Jackie Condor, Clinton County Housing Coalition: Bradford, Clinton, Lycoming, Sullivan, Susquehanna, Tioga, Wyoming
- Liana Riutort, Pocono Mountains United Way: Carbon, Monroe, Pike, Wayne
- Chris Kapp, Cumberland County Housing and Redevelopment Authority: Columbia, Cumberland, Juniata, Lebanon, Mifflin, Montour, Northumberland, Perry, Schuylkill, Snyder, Union

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Connect to Home Coordinated Entry Services

Coordinated Entry is the process by which anyone who is unhoused and experiencing literal homelessness (or is at imminent risk of becoming homeless) can access all the services and housing available offered by the Eastern Pennsylvania CoC network of service providers.

In the Eastern Pennsylvania CoC region, Coordinated Entry may be accessed in any of the following ways:

- Calling or texting 211 toll-free from anywhere within the CoC region.
- Scheduling an appointment with one of over thirty Coordinated Entry Access Sites located in communities throughout the CoC region (some allow walk-ins).
- Access points at participating Domestic Violence service providers partnering with the CoC.

The Coordinated Entry intake, assessment, referral, and Housing By Name List (BNL) placement is identical regardless of whether a person calls 211 or visits an Access Site.

Households must be enrolled in Coordinated Entry to access any HUD-funded services and housing in the Eastern PA CoC service region, including:

- Street Outreach (if the household was living unsheltered or in a place not meant for human habitation the previous evening and not already engaged with Street Outreach).
- Emergency Shelter (if the household was living unsheltered or in a place not meant for human habitation the previous evening).
- Rapid Re-Housing (if the household meets the HUD Category 1 or 4 definitions of homelessness).
- Permanent Supportive Housing (if the household meets the HUD Category 1 or 4 definitions of homelessness).
- Homelessness Prevention (if the household meets the HUD Category 2 definition of imminent risk of homelessness).

Coordinated Entry can also make referrals to other community-based services and housing programs that choose to partner with the CoC, including non-HUD funded shelters, code blue shelters, veterans' services, domestic violence and human trafficking services, and eviction prevention services, among others.

Coordinated Entry does not and cannot guarantee access to any housing or crisis services.

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Guiding Principles

Connect To Home: Coordinated Entry System of Eastern PA is guided by the following principles:

- Every person experiencing homelessness should be treated with dignity, respect, and kindness and have their rights to privacy, confidentiality, and safety honored.
- By coordinating entry to housing and services for people experiencing homelessness, more families and individuals can exit from homelessness to permanent housing with stability as quickly, efficiently, and effectively as possible.
- Coordinated entry is inclusive of all populations experiencing homelessness, including families, youth, veterans, survivors of domestic violence, people with disabilities, people with mental illness, recent immigrants, and people identifying as LGBTQIA+.
- Coordinated entry protects the safety and confidentiality of people fleeing/attempting to flee and survivors of domestic violence while simultaneously providing them with access to housing and services.
- Coordinated entry embraces a Housing First approach to ending homelessness in which people are housed as quickly as possible without preconditions or service participation requirements.
- People experiencing homelessness are prioritized for appropriate housing and services based on their vulnerability and severity of need using an evidence-based assessment tool rather than on a “first come, first served” basis.
- People experiencing homelessness are not denied access to coordinated entry assessment and referral based on perceived barriers to housing and services such as sobriety, income level, mental health status, or other factors.
- Coordinated entry should be aligned with affordable housing, veteran affairs, child welfare, health, mental health, education, legal, judicial, and other public systems to the greatest extent possible allowed by law and policy.
- Coordinated entry is a continually evolving system that requires a commitment to ongoing learning, evaluation, and quality improvement.
- Ongoing coordinated entry planning efforts strive to incorporate diverse stakeholder voices and needs, including those of people with the lived experience of homelessness.
- The long-term financial sustainability of coordinated entry requires the commitment and alignment of federal, state, local, and private funding sources.

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The Benefits of Coordinated Entry

Uncoordinated Entry Systems	Coordinated Entry Systems
For People Experiencing a Housing Crisis or Homelessness	
<ul style="list-style-type: none"> • Geography, transportation, language and/or culture are barriers to access • Navigating the system is difficult • Housing and services are often available on a “first come, first serve” basis • Referrals are often inappropriate • People in crisis often make/complete multiple calls, agency visits and assessments to obtain help • Assessment and referrals are project-centric, designed to meet program requirements 	<ul style="list-style-type: none"> • Promotes easier, fairer, and more equitable access • Streamlines system navigation • Prioritizes housing and services based on vulnerability and severity of need • Increases number of appropriate referrals • Reduces the number of times people must tell their story • Assessment and referrals are person-centric, considering consumer agency and goals, while also being uniformly guided by written CoC standards
For Service Providers	
<ul style="list-style-type: none"> • Significant amount of time spent on intake and referral (often unfunded) • Unreliable or missing client information • Inconsistent information on availability of housing and services • Lack of a common language and assessment tools among service providers • Inability to demonstrate need for additional investments in housing and services to meet community needs • Out of compliance with federal and state policy and funding requirements 	<ul style="list-style-type: none"> • More time to focus on their mission of ending or preventing homelessness • Better access to client information and history • More complete knowledge of all available housing and services • Common language and assessment score to guide case management and communicate with other service providers • Systemic data to advocate for funding and programs to meet community needs • Alignment with federal and state policy and funding requirements
For Public and Private Funders	

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| <ul style="list-style-type: none">• Hard to know if investments are making a difference• Lack of data to make informed planning, policy, and budget decisions• Funding in silos | <ul style="list-style-type: none">• Ability to assess community/collective impact of investments• Data-driven planning, policy, and budget decisions• Funding aligned across sectors and sources |
|---|--|

HUD Coordinated Entry Requirements

The 2009 Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act consolidated several of HUD's separate homeless assistance programs into a single grant program, the Continuum of Care Program (CoC Program). The CoC Program interim rule requires that CoCs establish and operate a "centralized or coordinated assessment system" and defines coordinated entry as a centralized or coordinated process designed to coordinate program participant intake assessment and provision of referrals (24 CFR part 578.3).

On January 23, 2017, HUD published Notice CPD-17-01: Establishing Additional Requirements for a Continuum of Care Centralized or Coordinated Assessment System. The notice established the minimum requirements for Coordinated Entry and required them to be in place in every CoC by January 23, 2018. According to the notice, CoC Coordinated Entry Systems must:

- Cover the entire geographic area claimed by the CoC.
- Be easily accessed by individuals and families seeking housing or services.
- Be well-advertised.
- Include a comprehensive and standardized assessment tool.
- Provide an initial, comprehensive assessment of individuals and families for housing and services; and,
- Include a specific policy to guide the operation of the centralized or coordinated assessment system to address the needs of individuals and families who are fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, or stalking, but who are seeking shelter or services from non-victim specific providers.

The Eastern PA CoC CES is fully compliant with these requirements.

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Coordinated Entry and Housing First

Coordinated Entry supports a “Housing First” approach to ending homelessness. According to the United States Interagency Council on Homelessness:

“Housing First is a proven approach, applicable across all elements of systems for ending homelessness, in which people experiencing homelessness are connected to permanent housing swiftly and with few to no treatment preconditions, behavioral contingencies, or other barriers. It is based on overwhelming evidence that people experiencing homelessness can achieve stability in permanent housing if provided with the appropriate level of services. Study after study has shown that Housing First yields higher housing retention rates, drives significant reductions in the use of costly crisis services and institutions, and helps people achieve better health and social outcomes.”

Coordinated, unified, and streamlined entry into a community’s housing crisis response system is essential to a Housing First approach to ending homelessness. Once a family or individual in crisis is safe and in housing, it is easier for them to concentrate on their stability goals related to education, employment, health, and economic self-sufficiency. Adopting a Housing First approach challenges housing and service providers to lower barriers to program entry and remove conditions attached to securing permanent housing. A Housing First approach ultimately achieves better outcomes at costs equal to or less than traditional approaches to ending homelessness.

According to the National Alliance to End Homelessness:

“A Housing First approach can benefit both homeless families and individuals with any degree of service needs. The flexible and responsive nature of a Housing First approach allows it to be tailored to help anyone. As such, a Housing First approach can be applied to help end homelessness for a household who became homeless due to a temporary personal or financial crisis and has limited-service needs, only needing help accessing and securing permanent housing. At the same time, Housing First has been found to be particularly effective approach to end homelessness for high need populations, such as chronically homeless individuals.”

Connect To Home: Coordinated Entry System of Eastern PA incorporates Housing First into its system design while still providing local communities and organizations with the flexibility to operate a wide variety of housing interventions and homeless services that contribute to the goal of ending and preventing homelessness. Further, the CES is designed to align and connect with other mainstream systems of care, including child welfare, domestic violence, economic self-sufficiency, education, employment and job training, health, legal, mental/behavioral health, and public benefits access, among others. Coordinated Entry is the key to connecting these systems together in a person-centered, trauma-informed way.

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Key Coordinated Entry System Terms and Definitions

Coordinated entry is an approach to coordination and management of a crisis response system's resources that allows users to make consistent decisions from available information to connect people efficiently and effectively to interventions that will rapidly end their homelessness.

Crisis response system denotes all the services and housing available to persons who are at imminent risk of experiencing literal homelessness and those who are homeless, whereas homeless system refers specifically to the services and housing available only to persons who are literally homeless.

Emergency services for a person experiencing homelessness or a housing crisis include, but are not limited to, homelessness prevention, domestic violence and emergency services hotlines, drop-in service programs, domestic violence shelters, emergency shelters, hotel/motel voucher programs, transitional housing and other short-term crisis residential programs.

An **Emergency Shelter** (ES) refers to any facility, the primary purpose of which is to provide a temporary shelter for the homeless in general or for specific populations of the homeless and which does not require occupants to sign leases or occupancy agreements.

Homeless Management Information System (HMIS) is the database used to confidentially aggregate data on homeless populations. The system allows for a record of client-level information about the characteristics and services needs of homeless persons.

The term **household** is intended to cover any configuration of persons in crisis, whatever their age or number (adults, youth, or children; singles or couples, with or without children).

Homeless(ness) Prevention includes financial assistance, rental assistance, and services provided to individuals and families who are at imminent risk, or at risk of homelessness.

Housing interventions are permanent housing programs and subsidies, including, Rapid Re-Housing and Permanent Supportive Housing programs, as well as permanent housing subsidy programs such as Housing Choice Vouchers. People in a housing crisis who are accessing or being assessed by coordinated entry are referred to as **people** or **persons**; once they are referred to and enroll in housing or supportive services, they are **program participants** (or consumers).

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HUD is the United States Department of Housing and Community Development whose mission is to create strong, sustainable, inclusive communities and quality affordable homes for all. HUD oversees the Continuum of Care (CoC) and Emergency Solutions Grant (ESG) programs that fund housing and services for people experiencing homelessness, including coordinated entry.

People who are literally homeless (HUD Category 1 Homeless Definition) include any individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:

- (i) An individual or family with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground;
- (ii) An individual or family living in a supervised publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state, or local government programs for low income individuals); or
- (iii) An individual who is exiting an institution where he or she resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution (24 CFR 578.3).

People imminently at risk of homelessness (HUD Category 2 Homeless Definition) include any individual or family who will imminently lose their primary nighttime residence, provided that:

- (i) The primary nighttime residence will be lost within 14 days of the date of application for homeless assistance;
- (ii) No subsequent residence has been identified; and
- (iii) The individual or family lacks the resources or support networks, e.g., family, friends, faith-based or other social networks needed to obtain other permanent housing (24 CFR 578.3).

People who are homeless under other Federal statutes (HUD Category 3 Homeless Definition) include unaccompanied youth under 25 years of age, or families with children and youth, who do not otherwise qualify as homeless under this definition, but who:

- (i) Are defined as homeless under the other listed federal statutes;
- (ii) Have not had a lease, ownership interest, or occupancy agreement in permanent housing during the 60 days prior to the homeless assistance application;
- (iii) Have experienced persistent instability as measured by two moves or more during in the preceding 60 days; and
- (iv) Can be expected to continue in such status for an extended period of time due to special needs or barriers.

People fleeing domestic abuse or violence (HUD Category 4 Homeless Definition) include any individual or family who:

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- (i) Is experiencing trauma or a lack of safety related to, or fleeing or attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous, traumatic, or life-threatening conditions related to the violence against the individual or a family member in the individual's or family's current housing situation, including where the health and safety of children are jeopardized;
- (ii) Has no other residence; and
- (iii) Lacks the resources or support networks, e.g., family, friends, faith-based or other social networks, to obtain other permanent housing (24 CFR 578.3).

People fleeing **human trafficking** also meet the HUD Category 4 Homeless Definition and include any individual or family who:

Is fleeing or attempting to flee human trafficking. HUD considers human trafficking, including sex trafficking, to be “other dangerous or life-threatening conditions that relate to violence against the individual or family member” under paragraph (4) of the definition of homeless at 24 CFR 578.3 and “other dangerous, traumatic, or life-threatening conditions related to the violence against the individual or a family member in the individual's or family's current housing situation” under section 103(b) of the McKinney-Vento Homeless Assistance Act.

A person who is **chronically homeless** is an individual who:

- (i) Is homeless and lives in a place not meant for human habitation, a safe haven, or in an emergency shelter; and
- (ii) Has been homeless and living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter continuously for at least one year or on at least four separate occasions totaling 12 months or more in the last 3 years; and
- (iii) Can be diagnosed with one or more of the following conditions: substance use disorder, serious mental illness, developmental disability (as defined in section 102 of the Developmental Disabilities Assistance Bill of Rights Act of 2000 (42 U.S.C. 15002)), post-traumatic stress disorder, cognitive impairments resulting from brain injury, or chronic physical illness or disability; An individual who has been residing in an institutional care facility, including a jail, substance abuse or mental health treatment facility, hospital, or other similar facility, for fewer than 90 days and met all of the criteria in paragraph (1) of this definition [as described in Section I.D.2.(a) of this Notice], before entering that facility; A family with an adult head of household (or if there is no adult in the family, a minor head of household) who meets all of the criteria in paragraph (1) of this definition [as described in Section I.D.2(a) of this Notice, including a family whose composition has fluctuated while the head of household has been homeless. (24 CFR 578.3).

Permanent Supportive Housing (PSH) is a model that combines low-barrier affordable housing, health care, and supportive services to help individuals and families lead more stable lives. PSH typically targets people who are homeless or otherwise

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unstably housed, experience multiple barriers to housing, and are unable to maintain housing stability without supportive services. This model has been shown to not only impact housing status, but also result in cost savings to various public service systems, including health care.

Rapid Re-Housing (RRH) provides short-term rental assistance and services. The goals are to help people obtain housing quickly, increase self-sufficiency, and stay housed. It is offered without preconditions (such as employment, income, absence of criminal record, or sobriety) and the resources and services provided are typically tailored to the needs of the person. The core components of Rapid Re-Housing are housing identification, rent and move-in assistance, and rapid re-housing case management and services.

Transitional Housing (TH) has as its purpose facilitating the movement of homeless individuals and families to permanent housing within a reasonable amount of time (usually 24 months). Transitional housing includes housing primarily designed to serve deinstitutionalized homeless individuals and other homeless individuals with mental or physical disabilities and homeless families with children.

Veteran means a person who served in the active military, naval, or air service.

Integration of Veterans Service Organizations into CES

In addition to Veterans Affairs Medical Center (VAMC) integration into CoC initiatives, Supportive Services for Veteran Families (SSVF) program guidance expects grantees to be fully engaged with their local CoC possible. Grantees must work in close partnership with their local CoC to establish a community-wide plan to prevent and end homelessness among Veterans. SSVF grantees are expected to engage as active members in each CoC where they are approved to provide assistance. SSVF grantees are expected to formally participate in the planning of local coordinated intake and assessment processes (i.e., "coordinated entry"), which each CoC establishes for itself. This system creates a centralized or coordinated means for all households experiencing homelessness to access homeless assistance services and matches them with the best fit shelter, housing, and relevant services. SSVF grantees are responsible for ensuring that SSVF is formally integrated into this local CoC process and, where necessary, for taking a lead role in developing and implementing such processes for Veterans. This includes situations where a grantee's service area is covered by multiple CoCs, SSVF where providers are responsible for participating in each CoC's coordinated entry system and planning.

On October 17, 2017, the U.S. Department of Veterans Affairs (VA) Deputy Under Secretary for Health for Operations and Management released a memo to the VA Network Directors, VA Network Homeless Coordinators, and VA Medical Center (VAMC) staff which issued guidance regarding the roles and responsibilities of the VA medical center homeless programs in each of the local Continuum of Care (CoC) and the CoC's Coordinated Entry Systems (CES). This guidance from the VA to the

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VA medical centers is meant to support community planning and CES efforts within CoCs by clearly outlining the expectations of VA medical center involvement. In many ways, this guidance codifies what has already been occurring in local communities. Where new partnerships are needed, it provides the opportunity for engagement. Within the guidance, VA recognizes that coordinated entry systems are a critical element in our collective and continued efforts to end Veteran homelessness and homelessness for all populations. Coordinated Entry ensures coordination of community-wide services for Veterans experiencing homelessness, system-wide awareness of the availability of housing and services, and easy access to and appropriate prioritization for these resources by Veterans who are in critical need.

Eastern PA CoC Coordinated Entry Committee

The Eastern PA CoC Coordinated Entry Committee, a standing committee of the CoC, is responsible for CES planning, budgeting, policies and procedures, selection of operational partners, training, evaluation and oversight. The Committee solicits input from service providers, funders, community partners and consumers to ensure its recommendations and decisions are inclusive of diverse voices. The CoC Governing Board, which is elected by the CoC membership, has final approval of all CES policies.

Coordinated Entry Regional Managers

Coordinated Entry System Regional Managers are dedicated staff members employed and supervised by a public or nonprofit organization operating within the five regions comprising the Eastern PA CoC. The responsibilities of CES Regional Managers include to:

- Manage the By Name List (BNL) prioritization list for housing
- Interpret and enforce Coordinated Entry policies and procedures
- Facilitate By Name List meetings
- Provide ongoing feedback to the CoC Governing Board and CES Committee
- Conduct community outreach and education

Coordinated Entry Specialists

Coordinated Entry Specialists are trained staff members employed by CES partner organizations to deliver uniform coordinated entry intake, assessment, and referrals to people experiencing or at imminent risk of homelessness. The major steps in coordinated entry include:

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- Triage, Safety Planning and Diversion: Asking basic questions to determine whether the person is fleeing/attempting to flee and survivors of domestic violence, is literally homeless or at imminent risk of homelessness, and, if homeless, whether they could be diverted from entering shelter.
- HMIS Client Record Search/Creation: Creating or updating the person's data and information in the Pennsylvania Homeless Management Information System (PA HMIS).
- Pre-Screen Interview: Obtaining client data sharing consent and asking questions about the person's current housing situation and veteran status.
- VI-SPDAT Assessment: Determining a literally homeless household's vulnerability and prioritization for appropriate housing interventions.
- Referral: Making direct referrals to homeless prevention and emergency services (including Homeless Prevention, Street Outreach, Emergency Shelter and Transitional Housing) and placement on the By Name List in PA HMIS for Rapid Re-Housing and Permanent Supportive Housing interventions.

Coordinated Entry Referral Partners

Coordinated Entry Referral Partners accept appropriate program referrals from the Coordinated Entry System. Coordinated Entry Specialists make direct referrals to homeless prevention and emergency services, including Emergency Shelter and Transitional Housing (both latter through HMIS). Rapid Re-Housing and Permanent Supportive Housing providers obtain their referrals from the By Name List in HMIS. The By Name List has special protocols for veterans, people fleeing/attempting to flee and survivors of domestic violence, and people who do not consent to share their information in HMIS to ensure they are connected to appropriate housing and services.

Coordinated Entry Consultant

The Coordinated Entry Consultant reports to the CoC Governing Board and is responsible for Coordinated Entry System policy, procedure, and PA HMIS workflow design, planning, updates, training, reporting, partner recruitment, marketing, communications, and support for the CE Committee, CE Regional Managers, and CE Specialists.

Responsibilities of all Coordinated Entry System Partner Organizations

Connect To Home: Coordinated Entry System of Eastern PA partner organizations share the following responsibilities as agreed to upon signing the Connect to Home CES Partnership Agreement (see Appendix A):

- Comply with all CES processes, policies and procedures detailed in the Eastern PA CoC Coordinated Entry System Policies and Procedures, including policies related to referral, grievance, prioritization, data sharing, and client confidentiality, among others.

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- Comply with all PA HMIS privacy, security and data sharing processes, policies, and procedures.
- Ensure that people experiencing or at imminent risk for homelessness understand how the CES system works.
- Make appropriate staff available for regular CES trainings and meetings.
- Distribute CES marketing and outreach materials.
- Maintain accurate and up-to-date agency and program information, including program eligibility requirements, in PA HMIS and the PA 211 database. (This information should be provided to the CES Call Center Manager and/or the appropriate CES Regional Manager).
- Comply with a non-discrimination policy, which states that no discrimination of any person or group of persons on account of race, ethnicity, national origin, disability status, religion, marital status, sex, sexual orientation, actual or perceived gender identity, or age.

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Coordinated Entry Written Standards (excerpted from the Eastern CoC Written Standards)

Coordinated Entry (CE) is a consistent, streamlined process for accessing the resources available from the Eastern PA Continuum of Care to ensure that the highest need, most vulnerable households in the community are prioritized for services and that the housing and supportive services in the system are used as efficiently and effectively as possible.

Eligible Costs and Activities for Coordinated Entry

The Eastern PA Continuum of Care receives HUD CoC Program Supportive Services for Coordinated Entry (SSO-CE) grants to operate one Coordinated Entry System for its entire geographic service area.

Eligible costs and activities include:

- Supportive Services
- Project Administration

ESG, ESG-CV, HOME-ARP, and CoC program grant recipients must comply with all HUD-issued guidelines and waivers applicable to the grant's fiscal year.

Household Eligibility for Coordinated Entry by Category of Homelessness

Any household experiencing or at risk of homelessness in the thirty-three counties of the Eastern PA Continuum of Care service area **as defined by HUD Category 1, 2, 4, and at-risk definitions of homelessness** are eligible for Coordinated Entry services, including:

- Families. As defined by HUD, family includes, but is not limited to, regardless of marital status, actual or perceived sexual orientation, or gender identity, any group of persons presenting for assistance together with or without children and irrespective of age, relationship, or whether a member of the household has a disability. A child who is temporarily away from the home because of placement in foster care is considered a member of the family.
- Single adults.
- Emancipated and unaccompanied (runaway) youth under 18 years of age.
- Literally homeless households currently living unsheltered, in an emergency shelter, or living in a hotel/motel paid for by a charitable or government organization in communities outside of the thirty-three counties of the Eastern PA Continuum of Care service area (as defined by the HUD Category 1 or 4 definitions of homelessness) who are currently residents, or wish to become residents, of one of these thirty-three counties.

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PA HMIS, participating Eastern PA Continuum of Care service providers, may not enroll a household into any HUD ESG or CoC-funded project unless/until the household has received an appropriate Coordinated Entry intake from an official Eastern PA Continuum of Care Call Center or Access Site CE Specialist. In addition, Home ARP will use Coordinated Entry to accept referrals in accordance with the services they are delivering unless PA DCED has approved an exception.

The only exception to this rule is that unsheltered households may be enrolled in an Emergency Shelter for up to 2 business days before receiving a Coordinated Entry intake to focus on crisis stabilization and/or if Coordinated Entry services are not available at the time of enrollment (i.e., on an evening, weekend, or federal holiday).

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Coordinated Entry Policies

By Name List Eligibility Policy

Any household experiencing homelessness within the Eastern Pennsylvania CoC's geographic region is eligible for HUD-funded Rapid Re-Housing (RRH) and Permanent Supportive Housing (PSH) programs.

Experiencing homelessness means that a household's current living situation (on the night before contacting Coordinated Entry) is one of the following:

- Living and sleeping outside or in places not meant for human habitation
- Fleeing or attempting to flee domestic violence or human trafficking
- Staying in an emergency shelter
- Staying in a hotel or motel paid for by a charitable organization or government program or,
- Exiting an institution (ex. jail, prison, a psychiatric hospital, medical hospital, or drug/alcohol treatment program) after staying there for no more than 90 days and having been homeless before entering that institution

Households can only access the CoC's RRH and PSH programs by contacting the Coordinated Entry Call Center (211) or visiting a regional Coordinated Entry Access Site for intake, assessment, and placement on the By Name List in PA HMIS. Coordinated Entry does not provide direct services like housing, financial assistance, or case management. Further, By Name List placement does not guarantee housing or services because the need for these programs far outweighs the current resources available to CoC housing providers.

Transitional Housing participants are not eligible for By Name List placement. Transitional housing facilitates the movement of homeless individuals and families to permanent housing within 24 months of entering the program (see 24 CFR 578.37(a)(2)). For a program to be considered transitional housing, the participant must have a lease or occupancy agreement for a term of at least one month that ends in 24 months and cannot be extended (unless approved by HUD). Therefore, households enrolled in Transitional Housing programs do not meet the criteria for experiencing homelessness.

Although the HUD Category 1 definition of homelessness include "transitional housing" as an example of lacking "a fixed, regular, and adequate nighttime residence," this phrase is referencing more broadly any temporary housing project whose primary intent of the program is to serve homeless persons and whose actual program clients are predominantly homeless.

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However, many programs operating within the CoC's geographic region are called transitional housing but do not meet the 24 CFR 578.37(a)(2) or the Category 1 definition. The CoC is not required to place households on the By Name List who are enrolled in programs called transitional housing that act like emergency shelters but are not registered and identified on its official Housing Inventory Count as Emergency Shelter.

Consumer Grievance Policy

A consumer with a grievance about their experience with a Coordinated Entry Specialist may present their grievance in writing to the appropriate CES Regional Manager (or the CES Committee Chair in a region that does not have a staffed CES Regional Manager). The person has the right to be assisted by an advocate of his/her choice (e.g., agency staff person, co-worker, friend, family member, etc.) at each step of the grievance process. The person has the right to withdraw his/her grievance at any time. Any grievance paperwork filed by a participant should note his/her name and contact information so the CES Regional Manager (or CES Committee Chair) can contact him/her to discuss the issues.

A consumer with a grievance about their experience with a Coordinated Entry System Referral Partner organization or representative of that organization should follow that organization's grievance procedure. Neither the CoC nor CES have the authority or responsibility to address client grievances with any housing or emergency service program(s) they are enrolled in as a participant.

Definition of Family Policy

The Eastern PA CoC Coordinated Entry System complies with the HUD's Equal Access Rule as applied to CoC and ESG-funded programs. Under this definition, family includes, but is not limited to, regardless of marital status, actual or perceived sexual orientation, or gender identity, any group of persons presenting for assistance together with or without children and irrespective of age, relationship, or whether a member of the household has a disability. A child temporarily away from the home because of placement in foster care is considered a family member.

According to HUD: "What this means is that any group of people that present together for assistance and identify themselves as a family, regardless of age or relationship or other factors, are considered to be a family and must be served together as such. Further, a recipient or subrecipient receiving funds under the ESG or CoC Programs cannot discriminate against a group of people presenting as a family based on the composition of the family (e.g., adults and children or just adults), the age of any member's family, the disability status of any members of the family, marital status, actual or perceived sexual orientation, or gender identity."

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Denial of Service Policy

If a housing or emergency service provider wishes to deny a household enrollment into their program (either from a direct referral or from the By Name List), the rationale for denial must include at least one of the following criteria:

- The household does not meet the program's eligibility criteria.
- The household cannot be reached after three attempts over the course of five days.
- The household is not following through with the referral process after the initial contact.
- The referral partner does not have the capacity or expertise to meet the Household's disability needs, and a service partnership is not currently available.
- A conflict of interest between the household and the Referral Partner.

If the Referral Partner denies the referral, the household will receive a new emergency services referral or remain on the By Name List (since they are not removed until after enrollment in a Rapid Re-Housing or Permanent Supportive Housing program).

Emergency Shelter Eligibility Policy

Any household experiencing literal homelessness within the Eastern Pennsylvania CoC's geographic region is eligible for a referral from Coordinated Entry to one or more Emergency Shelters for which they meet the eligibility criteria.

Experiencing homelessness means that a household's current living situation (on the night before contacting Coordinated Entry) is one of the following:

- Living and sleeping outside or in places not meant for human habitation
- Fleeing or attempting to flee domestic violence or human trafficking
- Exiting an institution (ex. jail, prison, a psychiatric hospital, medical hospital, or drug/alcohol treatment program) after staying there for no more than 90 days and having been homeless before entering that institution

The Eastern PA CoC region does not have enough Emergency Shelter beds, case managers, or programs to refer people who are at risk of becoming homeless.

However, any household at imminent risk of becoming homeless may be referred to one or more Homelessness Prevention programs for which they meet the eligibility criteria.

Being at imminent risk for homelessness means that a household's residence will be lost within 14 days of the date of application for homeless assistance, the household has not identified another residence, and the household lacks the resources or support

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networks needed to obtain other permanent housing. In addition, veterans may be referred to Supportive Services for Veterans Families (SSVF) if their residence will be lost within 30 days.

Emergency Transfer Plan for Victims of Domestic Violence, Dating Violence, Sexual Assault, Stalking, and/or Human Trafficking

The Eastern PA CoC has developed this Emergency Transfer Plan so that participants in homeless assistance projects who are victims of domestic violence, dating violence, sexual assault, stalking, and/or human trafficking can be safe and have stable housing.

In accordance with the Violence Against Women Act (VAWA),¹ Eastern PA CoC homeless assistance programs providing housing or rental assistance must allow participants who are victims of domestic violence, dating violence, sexual assault, stalking, and/or human trafficking to request an emergency transfer from the participant's current unit to another unit. This requirement applies to programs receiving Continuum of Care (CoC) funding, as well as DCED Emergency Solutions Grant (ESG) funding, in accordance with DCED policies and requirements.

The ability to request a transfer is available regardless of sex, gender identity, or sexual orientation.² Homeless assistance providers will work with **Connect to Home**, the Eastern PA CoC's Coordinated Entry System to enact an emergency transfer through resources beyond those available within the providers own organization.

This plan identifies participants who are eligible for an emergency transfer, the documentation needed to request an emergency transfer, confidentiality protections, how an emergency transfer may occur, and guidance to participants on safety and security. This plan is based on a model emergency transfer plan published by HUD, which is the Federal agency that oversees VAWA compliance of CoC/ESG-funded programs.

The current version of the complete Emergency Transfer Plan Policy is available online here:

<https://pennsylvaniacoc.org/eastern-pa-coc-policies-and-procedures>.

Housing First Policy

Like all CoC Program-funded projects, Connect to Home operational partner organizations are required to operate projects using a housing first approach.

The current version of the complete Housing First Policy is available online here: <https://pennsylvaniacoc.org/eastern-pa-coc-policies-and-procedures>.

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Inclusion and Nondiscrimination Policy

The Eastern PA CoC's Inclusion and Nondiscrimination Policy promotes programming that provide the highest quality of services, without bias, and are delivered in an equitable, trauma-informed manner.

NON-DISCRIMINATION: Each provider must have a zero-tolerance policy prohibiting *intentional* discrimination regarding staff, clients, and the public based on actual or perceived race, ethnicity, color, sex, sexual orientation, gender identity and expression, religion, national origin, ancestry, disability, marital status, age, source of income, familial status, or domestic or sexual violence victim status, ensuring that all participants are afforded equal opportunities. In instances where the discrimination was an *unintentional* first offense, the CoC supports using the isolated instance as a teachable moment, both for personal and organizational growth.

INCLUSION: Providers must not only have a policy against discrimination, they must also take positive, concrete steps toward inclusion. To this end, providers must have inclusionary policies related to general programming, housing and facilities (as applicable), and language (paperwork, names, and pronouns). The CoC recognizes that individuals have the right to be called by their chosen name and referred to by the gender pronoun that they designate and that matches their gender identity as they know themselves to be.

EQUAL ACCESS: Programs must affirmatively provide equal access to their housing and supportive services in a nondiscriminatory manner that ensures that all persons are afforded equal opportunities. The CoC acknowledges that additional services/support may be needed in order to provide equal access to housing opportunities. For example, some populations may need additional assistance locating housing and executing a lease.

The current version of the complete Inclusion and Nondiscrimination Policy is available online here:

<https://pennsylvaniacoc.org/eastern-pa-coc-policies-and-procedures>.

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Coordinated Entry Procedures

Coordinated Entry Managers, Specialists, and Referral Partners should use the following procedures for Coordinated Entry Intake, Assessment, Prioritization, and Referral. In addition, the Eastern PA CoC Coordinated Entry Consultant hosts virtual trainings and office hours monthly. To receive up-to-date information, subscribe to the email list, and/or request CE data reports on Connect to Home, please email the Coordinated Entry Consultant at jason@capacityforchange.com.

New Coordinated Entry Specialist Activation and Training Process

The following procedures must be used to add a staff member or volunteer as a Coordinated Entry Specialist.

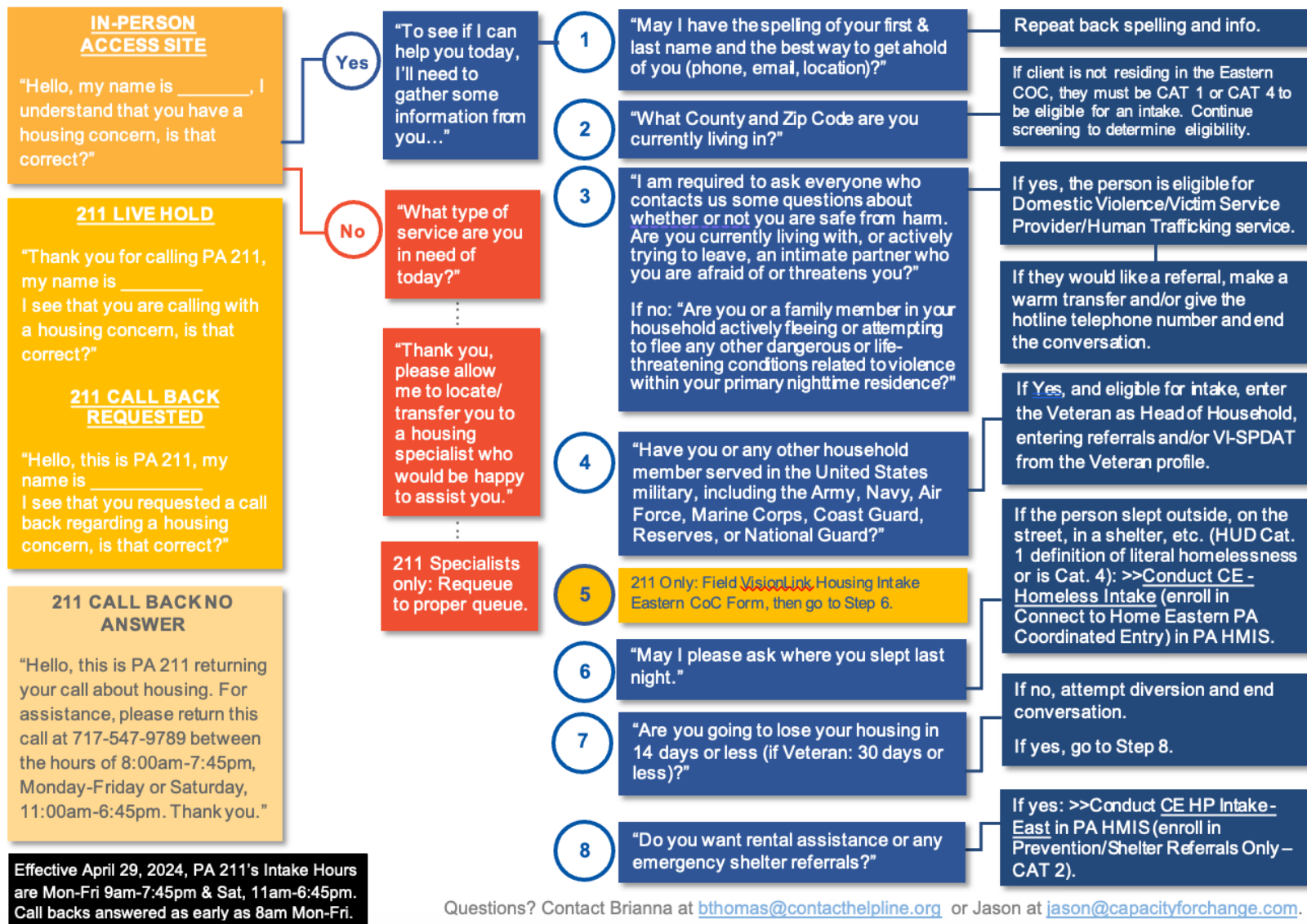
1. If the staff member or volunteer is not yet a trained and licensed PA HMIS User:
 - A. Have the staff member read the attached HMIS Policies & Procedures and watch the HMIS Introductory video trainings series [here](#).
 - B. Return the attached system user agreement to Tony Diaz at antidiaz@pa.gov. The agreement must be filled out on both sides to include the staff member or volunteer's signature and the signature of their agency manager or director.
2. Once the staff member or volunteer is a trained and licensed PA HMIS User (or already was one):
 - A. Complete and submit a new CE Specialist application form [here](#).
 - B. Have the staff member or volunteer watch the Eastern PA CoC Coordinated Entry Specialist video training series [here](#).
 - C. Upon completion of the video training series, the staff member or volunteer must complete this [form](#).
 - D. When these procedures are completed, your Coordinated Entry Regional Manager will contact the new CE Specialist to ensure they are prepared to conduct Coordinated Entry.
 - E. Upon the CE Regional Manager's approval, the staff member or volunteer will be added to Connect to Home in PA HMIS and our email distribution list.

Fundamentals of Coordinated Entry Training Materials for All Coordinated Entry Specialists

Please use this link to access the Coordinated Entry training series fundamentals required for all Coordinated Entry Specialists: <https://pennsylvaniacoc.org/connect-home-coordinated-entry-specialist-training-materials>. These trainings are updated and expanded at least quarterly every year.

Connect to Home Coordinated Entry System Policies and Procedures

Coordinated Entry Specialist Opening Conversation



Connect to Home Coordinated Entry System Policies and Procedures

Providing Equitable and Trauma-Informed Access to Coordinated Entry Services

Call Center and Access Site Coordinated Entry Specialists (CE Specialists) must strive to provide equal, respectful, trauma-informed, and culturally sensitive services to any eligible household in need of Coordinated Entry services, including:

- Accommodating the language barriers of people who speak English as a Second Language (or do not speak English at all), as well as people who are deaf or hard of hearing, by connecting them to language line services or translators as best as possible.
- Focusing on the safety needs and trauma experienced by people actively fleeing domestic violence, sexual assault, or human trafficking by offering a transfer (preferably warm) to an appropriate hotline, offering them the opportunity to enter their personal information in PA HMIS anonymously, and avoiding unnecessary questions about the details of their self-reported experience of fleeing.
- Allowing a case manager or family member to participate in the intake process (but not answer questions directly), for people experiencing a mental health crisis, in early stages of substance use recovery, have intellectual/developmental disabilities, and/or are fleeing domestic violence, sexual assault, or human trafficking.
- Permitting the partner or spouse of a veteran Head of Household to complete the Coordinated Entry intake on their behalf if they are actively deployed and/or otherwise unable to participate.
- Being mindful of implicit or unconscious bias when working with people from racial, ethnic, gender, religious, or other cultural identities different from one's own.
- Using client-centered, strengths-based approaches to helping each participant resolve their immediate housing crisis.

The Eastern PA Continuum of Care offers regular training in these and other topics. If a Coordinated Entry Specialist does not feel qualified, trained, or comfortable with these or other trauma-informed or culturally sensitive practices, they must inform a supervisor and/or a CE Regional Manager of their request for more training and information.

Obtaining Verbal Consent to Enter Data in PA HMIS

CE Specialists must obtain a client's verbal consent to add their personal data and information into PA HMIS by asking, "Do I have your permission to enter your information in our secured data system and share it with other homeless and/or homeless prevention service providers?"

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Participant Right of Refusal to Answer Intake, Enrollment, and Needs Assessment Questions

CE Specialists cannot deny participants the right to a) choose not to answer questions or b) request an anonymous Client ID record in PA HMIS (meaning a record containing no Personally Identifiable Information). Participants have the right to choose not to answer any question(s) asked during the Coordinated Entry intake process.

Determining HUD Category of Homelessness

CE Specialists must determine whether a household meets the HUD Category 1, 2, 3, or 4 definitions of homelessness based on the head of household's self-disclosed current living situation. CE Specialists do not need to ask for proof of eligibility but must remind participants that the programs they are going to be connected with do have recordkeeping requirements. Click [here](#) to read the full HUD homelessness definitions, criteria, and recordkeeping requirements.

CE Specialists must use the following definitions and guidelines to help determine whether a household meets the HUD definition of Category 1, 2, 3, and/or 4. Note that **a household's current living situation refers to the place where the household lived or slept (their nighttime residence) the evening prior** to speaking with a CE Specialist, not where the head of household believes they might/will sleep the night they are speaking with a CE Specialist (i.e., "tonight").

HUD Category and Definition	HUD Guidelines
<p>Category 1: Literally Homeless</p> <p>Individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:</p> <ol style="list-style-type: none"> 1. Has a primary nighttime residence that is a public or private place not meant for human habitation; or 2. Is living in a publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state, and local government programs); or 3. Is exiting an institution where (s)he has resided for 90 days or less and who resided in an emergency shelter or 	<ul style="list-style-type: none"> → An individual or family only needs to meet one of the three subcategories to qualify as Homeless Category 1: Literally Homeless. → Jails, correctional facilities, hospitals, and inpatient treatment centers are examples of institutions. A person can be considered homeless if the stay is 90 days or less and they met the definition of homelessness prior to entering the institution. → Individuals and families residing in hotels and motels may be eligible under either Homeless Category 1 or 2 depending upon how the costs of the hotel or motel are being paid. If less than 51% of the costs are paid for by a charitable organization or federal, state, or local government program for low-income individuals, the household may be eligible under Category 2 if they lack

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HUD Category and Definition	HUD Guidelines
<p>place not meant for human habitation immediately before entering that institution.</p>	<p>the resources and support networks to continue residing in the hotel or motel.</p>
<p>Category 2: Imminent Risk of Homelessness</p> <p>An individual or family who will imminently lose their primary nighttime residence, provided that:</p> <ol style="list-style-type: none"> 1. Residence will be lost within 14 days of the date of application for homeless assistance; 2. No subsequent residence has been identified; and 3. The individual or family lacks the resources or support networks needed to obtain other permanent housing. 	<ul style="list-style-type: none"> → Includes individuals and families who are within 14 days of losing their housing, including housing they own, rent, are sharing with others, or are living in without paying rent. → Individuals and families residing in hotels and motels may be eligible under either Homeless Category 1 or 2 depending upon how the costs of the hotel or motel are being paid. If less than 51% of the costs are paid for by a charitable organization or federal, state, or local government program for low-income individuals, the household may be eligible under Category 2 if they lack the resources and support networks to continue residing in the hotel or motel.
<p>Category 3: Homeless Under Other Federal Statutes</p> <p>Unaccompanied youth under 25 years of age, or families with Category 3 children and youth, who do not otherwise qualify as homeless under this definition, but who:</p> <ol style="list-style-type: none"> 1. Are defined as homeless under the other listed federal statutes; 2. Have not had a lease, ownership interest in permanent housing during the 60 days prior to the homeless assistance application; 3. Have experienced persistent instability as measured by two moves or more during in the preceding 60 days; and 4. Can be expected to continue in such status for an extended period of time due to special needs or barriers. 	<ul style="list-style-type: none"> → Individuals and families that qualify as homeless under Category 3 may be served by the ESG grant program if they meet required eligibility criteria for certain ESG components. → CoC grant funded projects are not eligible to serve Category 3 without special authorization from HUD.

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HUD Category and Definition	HUD Guidelines
<p>Category 4: Fleeing/Attempting to Flee Domestic Violence</p> <p>Any individual or family who:</p> <ol style="list-style-type: none"> 1. Is fleeing, or is attempting to flee, domestic violence; 2. Has no other residence; and 3. Lacks the resources or support networks to obtain other permanent housing. 	<p>→ “Domestic Violence” includes dating violence, sexual assault, stalking, and other dangerous or life-threatening conditions that relate to violence against the individual or family member that either takes place in, or him or her afraid to return to, their primary nighttime residence (including human trafficking).</p>

CE Specialists must use the following definitions to determine whether a household meets the HUD definition of **at risk of homelessness** for the purpose of determining whether to conduct a CE intake and referral to appropriate homelessness prevention projects serving at risk populations. The status “at risk” of homelessness applies to ESG grant recipients carrying out homeless prevention activities. An individual or family who:

1. Has an annual income below 30 percent of Median Family Income (MFI) for the area, as determined by HUD; and,
2. Does not have sufficient resources or support networks, (e.g., family, friends, faith-based or other social networks), immediately available to prevent them from moving to an emergency shelter or another place described in paragraph (1) of the “homeless” definition in this section¹; and,
3. Meets one of the following conditions:
 - A. Has moved because of economic reasons two or more times during the 60 days immediately preceding the application for homelessness prevention assistance;
 - B. Is living in the home of another because of economic hardship;

¹ A child or youth who does not qualify as “homeless” under this section, but qualifies as “homeless” under Section 387(3) of the Runaway and Homeless Youth Act (42 U.S.C. 5732a(3)), Section 637(11) of the Head Start Act (42 U.S.C. 9832(11)), Section 41403(6) of the Violence Against Women Act of 1994 (42 U.S.C. 14043e– 2(6)), Section 330(h)(5)(A) of the Public Health Service Act (42 U.S.C. 254b(h)(5)(A)), Section 3(m) of the Food and Nutrition Act of 2008 (7 U.S.C. 2012(m)), or Section 17(b)(15) of the Child Nutrition Act of 1966 (42 U.S.C. 1786(b)(15)). A child or youth who does not qualify as “homeless” under this section, but qualifies as “homeless” under Section 725(2) of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11434a(2)), and the parent(s) or guardian(s) of that child or youth if living with her or him.

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- C. Has been notified in writing that their right to occupy their current housing or living situation will be terminated within 21 days after the date of application for assistance;
- D. Lives in a hotel or motel and the cost of the hotel or motel stay is not paid by charitable organizations or by Federal, State, or local government programs for low-income individuals;
- E. Lives in a single-room occupancy or efficiency apartment unit in which there reside more than two persons or lives in a larger housing unit in which there reside more than 1.5 persons reside per room, as defined by the U.S. Census Bureau;
- F. Is exiting a publicly funded institution, or system of care (such as a health-care facility, a mental health facility, foster care or other youth facility, or correction program or institution); or
- G. Otherwise lives in housing that has characteristics associated with instability and an increased risk of homelessness, as identified in the recipient's approved consolidated plan.

Determining the Head of Household

The Head of Household is one member of a household to whom all other household members can be associated in the Coordinated Entry project enrollment in PA HMIS. A household is a single individual or a group of persons who apply together to a continuum project for assistance and who live together in one dwelling unit or, for persons who are not housed, who would live together in one dwelling unit if they were housed.

One Head of Household must be pr for each enrollment, and there cannot be more than one Head of Household for any given enrollment.

- In a household of a single individual, that person must be identified as the head of the household.
- In multi-person households, the term "Head of Household" is not intended to mean the "leader" of the house. When a group of persons present together as a household or family unit, no matter the configuration or whether a minor is among the members, one of those persons must be designated as the Head of Household, and the rest must have their relationship to the Head of Household recorded. When there are multiple adults in the presenting family or multiple minors in a family with no adult, HUD does not specify which adult or minor must be the head of household and relies upon the family to self-determine which adult is the head of household.
- If the group of people is composed of adults and children, an adult must be indicated as the Head of Household.
- Where two or more people under the age of 18 present at a project together and one of the people presenting is not the child of the other (e.g., brother and sister), each person should be entered as their own record in their own household. It is important to create separate records for people under 18 who present together to better understand homelessness among youth. Entering them separately is not permitted to be a barrier to or impact the receipt of future interventions.

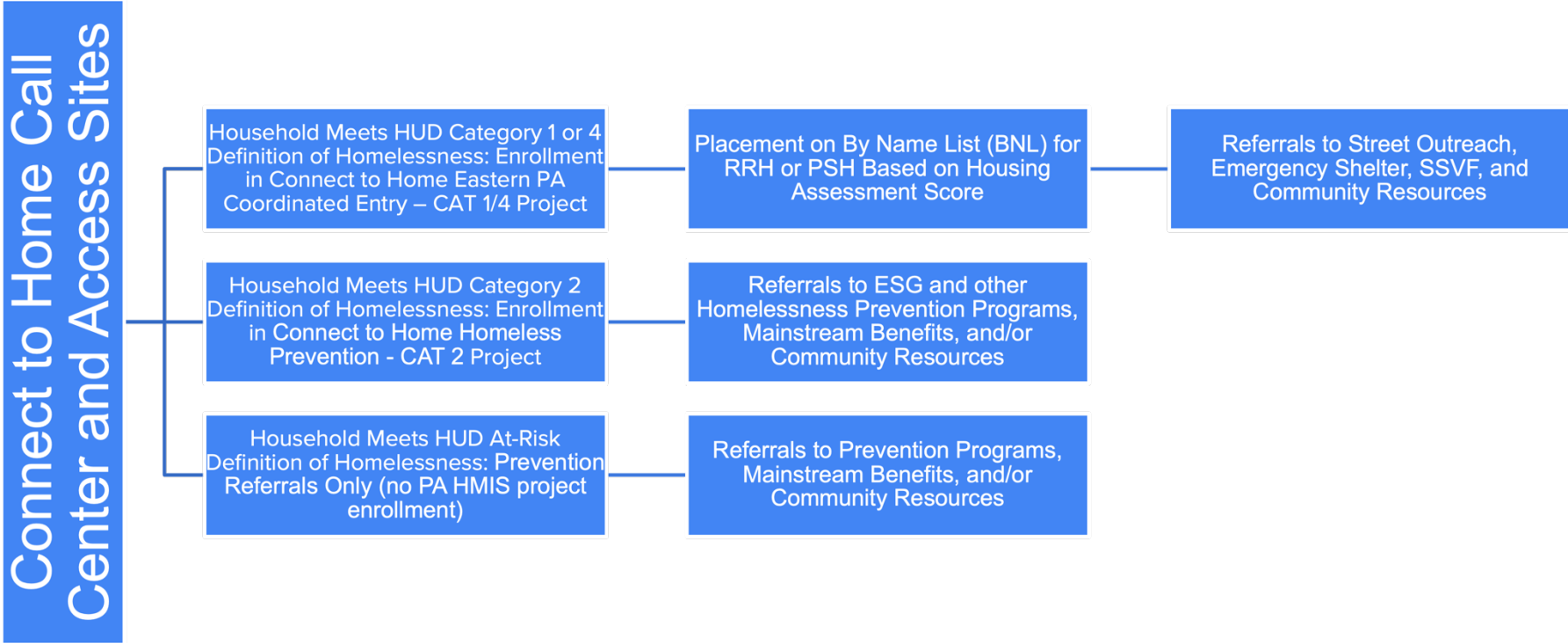
Connect to Home Coordinated Entry System Policies and Procedures

- If two minors present together with a child, the two minors should be recorded in separate households. The child should be added to the household of the parent that the child would live with should the parents be separated for any reason.
- Emancipated and unaccompanied (runaway) youth under 18 years of age are eligible for Coordinated Entry project enrollment in PA HMIS as the head of household. When a CE Specialist enrolls a head of household that fits either criteria, it should be noted in a CE Intake Note.

Field Name	Response/Data Type	Description
Relationship to Head of Household	Self (Head of Household)	Head of household may be alternatively thought of as the “primary client”, the “eligible individual” etc., rather than as a fixed designation.
	Head of Household's child	Children, including step-, adopted, and foster children of the Head of Household, regardless of their age.
	Head of Household's spouse or partner	Significant other of the Head of Household, whether in a marital or de facto relationship.
	Head of Household's other relation member (other relation to Head of Household)	Grandchildren, nieces, nephews, cousins, or other relatives, regardless of their age.
	Other: non-relation member	Groups of people may self-define their households or families, which may include other non-relations. However, if the group of persons are all children and youth (where none of the youth presenting are the child of another youth being served by a project), each youth should be entered as their own record in their own household.

Connect to Home Coordinated Entry System Policies and Procedures

Connect to Home Eastern PA Coordinated Entry Eligibility and CE Specialist Workflows 2024



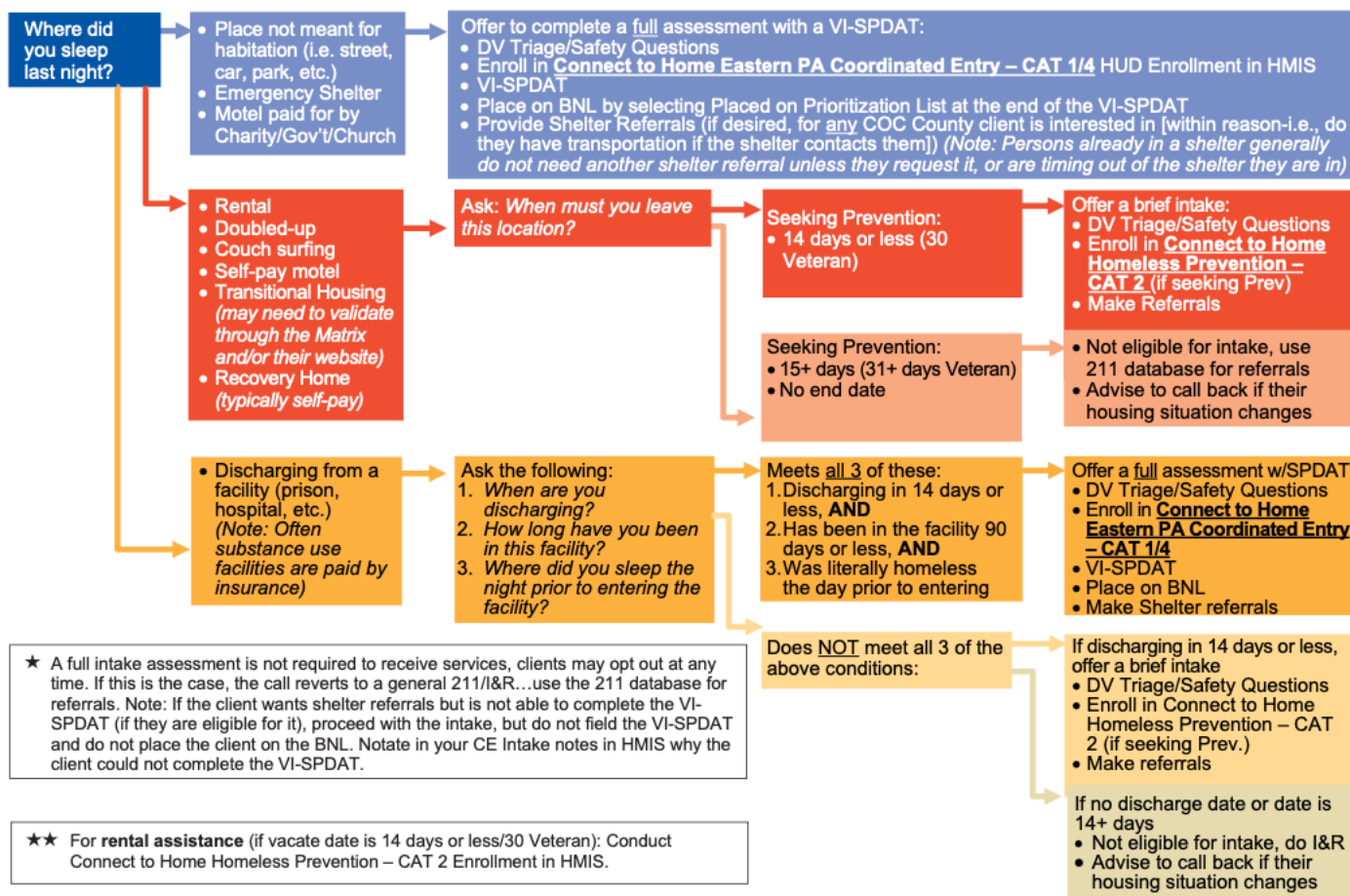
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Eastern PA CoC Coordinated Entry Intake Flowchart Categories 1 and 2

EASTERN PA CoC COORDINATED ENTRY INTAKE – FLOW CHART

LITERALLY HOMELESS (CATEGORY 1) • AT-RISK OF HOMELESSNESS (CATEGORY 2) – Updated 06.28.24

This flow chart is only relevant to households who have **NOT** indicated that they are a survivor of Domestic Violence or are fleeing violence in their primary nighttime residence.



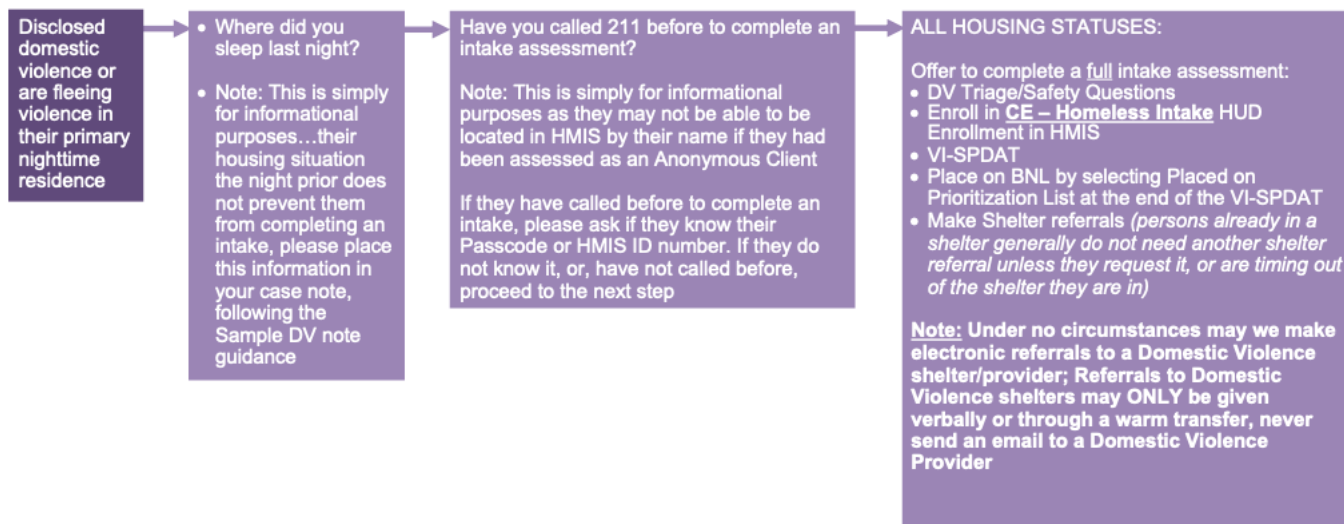
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Eastern PA CoC Coordinated Entry Intake Flowchart Category 4

EASTERN PA CoC COORDINATED ENTRY INTAKE – FLOW CHART

DOMESTIC VIOLENCE SURVIVORS AND OTHERS FLEEING VIOLENCE IN THEIR NIGHTTIME RESIDENCE – Updated 06.28.24

This flow chart is only relevant to households who **HAVE** indicated that they are a survivor of Domestic Violence or are fleeing violence in their primary nighttime residence.



★ To receive services, a complete intake assessment is not required. The client may opt out of our intake at any time. If this is the case, the call reverts to a general 211/Information and Referral call...simply use the 211 database for referrals. Please keep in mind that if the client wants shelter referrals but does not want to complete the VI-SPDAT (if they are eligible for it—sometimes they may not have the time to complete it), proceed with the intake through HMIS but do not field the VI-SPDAT and do not place the client on the BNL.

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Changing the Head of Household after Program Enrollment

If the Head of Household leaves the project while other household members remain, another member currently participating in the project must be designated as the Head of Household (retroactively to the beginning of the household's enrollment). The other members' relationship to the Head of Household should be edited to reflect each individual's relationship to the newly designated Head of Household (including the individual exiting the program) in the event that it differs from the relationship to whoever was previously identified as the Head of Household. Records of such changes are not necessary to retain in HMIS over the course of a project stay; the Head of Household is swapped out, backdating to the start of the household's enrollment.

Asking the Disabling Condition Question During Program Enrollment

During CE program enrollment, a Coordinated Entry Specialist must ask the Head of Household if any household members have a disabling condition. This data element is used with other information to identify whether a client meets the criteria for experiencing chronic homelessness. For any given enrollment, there should be one and only one 'Disabling Condition' response to choose from for reporting purposes and the answer should always be reflective of the most current disabling condition available (even if the disabling condition onset was after the 'Project Start Date' for the enrollment). If the status changes over the course of the project enrollment, or the information was recorded incorrectly at the time of the project start, correct the record. The value should always reflect the current known status of a client's disabling condition.

A disabling condition may include one or more 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 that:
 - Is expected to be long-continuing or of indefinite duration;
 - Substantially impedes the individual's ability to live independently; and
 - Could be improved by the provision of more suitable housing conditions.
- A developmental disability, as defined in section 102 of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (42 U.S.C. 15002).
- The disease of acquired immunodeficiency syndrome (AIDS) or any condition arising from the etiologic agency for acquired immunodeficiency syndrome (HIV).
- A veteran who is disabled by an injury or illness that was incurred or aggravated during active military service and whose disability meets the disability definition defined in Section 223 of the Social Security Act.

A child with a disability can qualify a household as chronically homeless if there is no adult present in the household, and they meet all other criteria (e.g., length-of-time homeless).

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Attempting Housing Problem-Solving (Diversion) During Program Enrollment

CE Specialists must attempt to engage participants experiencing or at imminent risk of homelessness and seeking Emergency Shelter in a *housing problem-solving* conversation (sometimes called Diversion) during the Coordinated Entry Intake process. This is a brief conversation between a CE Specialist and a person seeking crisis services about whether they have any options - usually staying with friends or family or resolving a conflict with a landlord - before entering a shelter. Until the Eastern PA Continuum of Care implements its Housing-Problem Solving Strategic Plan (forthcoming), CE Specialists must strive to be attentive listeners and solution-oriented thinkers who ask open-ended questions to help people identify housing options they hadn't considered or resolve housing problems that previously seemed intractable.

Enrolling a Previously Exited Household into the Connect to Home Eastern PA Coordinated Entry - CAT 1/4 Project

The proper procedures for CE Specialists to follow when a previously exited household needs to be enrolled into the Connect to Home Eastern PA Coordinated Entry - CAT 1/4 Project again are as follows:

1. The CE Specialist creates a new Connect to Home Eastern PA Coordinated Entry - CAT 1/4 Project enrollment up to and including fielding the VI-SPDAT Housing Needs Assessment and placing the household on the By Name List by selecting "Place on Prioritization List" at the end of the VI-SPDAT.
2. The only exception to this procedure is if a household was accidentally exited from their current Connect to Home Eastern PA Coordinated Entry - CAT 1/4 Project enrollment in the last 24 hours.

Updating an Active Connect to Home Eastern PA Coordinated Entry - CAT 1/4 Project Enrollment

The proper procedures for CE Specialists to follow when a Head of Household is already currently enrolled in Connect to Home Eastern PA Coordinated Entry - CAT 1/4 contacts Coordinated Entry again for a status update or to share changes to their contact information, family composition, current living situation, etc. are as follows:

1. The CE Specialist reviews the active CE client intake workflow with the Head of Household to ensure basic client information, current family members, and triage assessment answers are accurate. The CE Specialist should update and save any changes. Do not update the Prior or Current Living Situation in the CE client intake workflow.
2. The CE Specialist manually adds a new Current Living Situation from the Coordinated Entry submenu.
3. The CE Specialist adds a CE Intake Note Subject: CE Client Check-In. If the household's new Current Living Situation might make them ineligible to remain enrolled in the project, for example if they are housed temporarily with friends/family or have moved into their own unit, include this information in the note.

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Partial CE Project Enrollments in PA HMIS

If a Coordinated Entry Specialist cannot complete a Connect to Home Eastern PA Coordinated Entry - CAT 1/4 project enrollment in PA HMIS, then the partial enrollment should be saved, and a CE Intake Note explaining why should be added. This situation is likely to occur if the Head of Household is unable to complete the intake process (i.e., call dropped, ran out of time, etc.).

If the partial enrollment is not completed within ten (10) days of the intake start date, then the appropriate Coordinated Entry Regional Manager or Coordinated Entry Consultant will delete it. If the Head of Household contacts Coordinated Entry again after the deletion, a new Connect to Home Eastern PA Coordinated Entry - CAT 1/4 project enrollment must be created from scratch.

Coordinated Entry Intake Note Creation

If, during a CE intake or follow-up with a client enrolled in a CE project take any of the following actions, the CE Specialist must document the action(s) in separate CE client notes in the Client's record in PA HMIS. However, the note must not include any details the Client may have disclosed about the situation that triggered the CE Specialist to take this action.

1. The CE Specialist successfully diverts the participant from an emergency shelter referral as the result of an assisted rapid resolution conversation.
2. The CE Specialist files a mandated report of suspected or disclosed child or elder abuse to the appropriate state or local authority because of information discovered during the course of a CE intake or follow-up event.
3. The CE Specialist transfers/hands off the client to 911 or a domestic violence, sexual assault, or human trafficking hotline or victims service provider.

Participant's Right to Coordinated Entry Enrollment Status Updates

Heads of households already enrolled in CE projects have the right to contact CE Specialists to request information about the current status of an emergency service referral or their BNL status. CE Specialists must first ask the participant if their current living situation has changed (and, if yes, update their CE project enrollment and CE client notes as appropriate). CE Specialists must then briefly inform the participant that their referral is still pending without disclosing any details about their actual place on the BNL. Under no circumstances must a CE Specialist disclose the actual VI-SPDAT assessment score to a participant, nor anyone else, including their family members or their human service case manager(s).

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Use of the VI-SPDAT Assessment Tool in Coordinated Entry

The Eastern PA Continuum of Care fields the VI-SPDAT assessment tool during Coordinated Entry intake for households experiencing literal homelessness (HUD Category 1 and 4 definitions).

The purpose of the VI-SPDAT is to:

- Identify underlying causes of homelessness to inform decisions about connections and referrals to appropriate emergency services and housing programs.
- Help Rapid Re-Housing and Permanent Supportive Housing providers enroll households into their programs based on need and vulnerability since the demand for these programs far outweighs the supply of beds, subsidies, case management services, and affordable housing units in most communities throughout the Eastern PA Continuum of Care.

A household's VI-SPDAT score is not intended to:

- Be the only or even most important piece of information used by RRH and PSH project service providers to decide which households to enroll from the BNL. Instead, program eligibility criteria, Eastern PA Continuum of Care prioritization standards (see Written Standards for RRH and PSH later in this document), and the unique needs of each household must be used to determine enrollment.
- Ever be used by emergency service providers (like homelessness prevention or emergency shelter projects) to prioritize households for enrollment.
- Ever be disclosed or told directly to the participant.

The Eastern PA Continuum of Care uses the following versions of the VI-SPDAT:

1. **VI-SPDAT for Single Adults.** CE Specialists field this version with adults age 25 or older with no children in the household, regardless of whether they are presenting as a single-person household or as the head of a household with one or more family members (e.g., spouses, partners, and/or adult children);
2. **VI-SPDAT for Families.** CE Specialists field this version with households with at least one child under the age of 18, even if the Head of Household is aged 18 – 24; or,
3. **TAY-VI-SPDAT.** CE Specialists field this version with transition-age youth (age 18 – 24) and unaccompanied minors, regardless of whether they are presenting as a single-person household or as the head of a household with one or more family members (e.g., spouses or partners) unless the youth Head of Household also has a child age 0 – 18 (in which case, use the VI-SPDAT for Families).

As part of the Coordinated Entry project intake workflow for literally homeless households, CE Specialists conduct the appropriate version of the VI-SPDAT and ask additional Eastern PA Continuum of Care-approved screening questions related to

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a mental health diagnosis, chronic illness, and Chronic Homeless status in PA HMIS only on the Head of Household (the person who is presenting to Coordinated Entry as Category 1 or 4 and who would sign the lease if enrolled in an RRH or PSH housing program).

PA HMIS also has a customized anonymous VI-SPDAT workflow option for all three versions. This option is used whenever a participant requests that their Personally Identifiable Information (PII) remain confidential and anonymous, which is especially important for participants actively fleeing domestic violence.

Household Enrolled in Connect to Home Eastern PA Coordinated Entry No Longer Eligible Under the HUD Category 1 Definition of Homelessness

HUD requires Coordinated Entry Specialists to document every contact with a Head of Household currently enrolled in a Coordinated Entry project in PA HMIS. The appropriate way for CE Specialists to document this contact is to add a new Current Living Situation connected to the active CE project enrollment.

If the Head of Household's Current Living Situation (primary nighttime residence) has changed since project enrollment and is no longer one of the following, please add a CE Intake Note and send an email notification whose subject line includes the Head of Household's PA HMIS Client ID to the appropriate Coordinated Entry Regional Manager (see below). The body of the email should contain the content of the CE Intake Note.

Eligible living situations that meet the HUD Category 1 definition of literal homelessness include:

- Living and sleeping outside or in places not meant for human habitation.
- Fleeing or attempting to flee domestic violence or human trafficking.
- Staying in an emergency shelter.
- Staying in a hotel or motel paid for by a charitable organization or government program.
- Exiting an institution (ex. jail, prison, a psychiatric hospital, medical hospital, or drug/alcohol treatment program) after staying there for no more than 90 days and having been homeless before entering that institution.
- Fleeing or attempting to flee domestic violence, dating violence, sexual assault, stalking, or human trafficking.

CE Specialists should use their best judgment about what constitutes the household's primary nighttime residence. If the Head of the Household states that they stayed with a friend or family member or self-paid for a hotel/motel room for the past few nights but do not believe they can continue to stay there, then this situation is temporary and not a change in primary nighttime residence. However, if the Head of Household indicates that they are staying with a friend or family member or in a self-paid

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hotel/motel room indefinitely or is now in a permanent living situation (ex., moved into their own apartment), then their primary nighttime residence is no longer a Category 1 living situation. When in doubt, add a CE Intake Note and email the appropriate Coordinated Entry Regional Manager to let them decide.

Referral to Housing and Homeless Services

CE Specialists must use the current version of the CE Referral Partner Matrix to identify and make referrals to emergency services (through direct referral in PA HMIS to HMIS participating projects) or by providing provider contact information to participants to non-HMIS participating projects. The Matrix is updated at least monthly to reflect changes in emergency service project availability, eligibility criteria, and contact information. The current version of the Matrix is available for download [here](#) or can be provided upon request from a CE Regional Manager or the Eastern PA Continuum of Care CE Consultant.

Making Coordinated Entry Category 2 Project Enrollment and Referrals to Homelessness Prevention

To be eligible for the Connect to Home Homeless Prevention - CAT 2 project in PA HMIS and referrals to homelessness prevention programs in PA HMIS, households must meet the Category 2 HUD definition of imminent risk of homelessness, which is defined as an individual or family who will imminently lose their primary nighttime residence, provided that:

1. Residence will be lost within 14 days of the date of application for homeless assistance;
 2. No subsequent residence has been identified; and
 3. The individual or family lacks the resources or support networks needed to obtain other permanent housing.
- CE Specialists should enroll only households in the Connect to Home Homeless Prevention—CAT 2 project in PA HMIS that meet the Category 2 definition stated above.
 - CE Specialists should only refer households to homelessness prevention programs in PA HMIS that are enrolled in the Connect to Home Homeless Prevention—CAT 2 project.
 - CE Specialists enrolling a household into the Connect to Home Eastern PA Coordinated Entry - CAT 1/4 project because they are literally homeless (as per the Category 1 definition) and/or are actively fleeing domestic or other forms of violence (as defined in the Category 4 definition) should not make any referrals for the household to homelessness prevention programs in PA HMIS.
 - CE Specialists should apply the Category 2 definition of imminent risk of homelessness eligibility criteria to all homelessness prevention programs in PA HMIS (listed on tab one of the CE Referral Partner Matrix), regardless of whether specific non-HUD-funded homelessness prevention projects have less strict eligibility criteria than HUD-funded Emergency Solution Grants (ESG) Homeless Prevention projects.

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The Category 2 eligibility criteria required by ESG-funded Homeless Prevention projects are the threshold for all enrollments and referrals to homelessness prevention in the Eastern PA CoC Coordinated Entry System. The CE Referral Partner Matrix has been updated to reflect these procedures.

Eligibility For ESG-Funded Homeless Prevention Program Referrals For Households That Meet the HUD Category 2 Definition of Homelessness

The priority for Emergency Solutions Grants Homeless Prevention (ESG HP) programs is to help households that meet the HUD Category 2 definition of imminent risk of homelessness to stay in their current rental unit or relocate within their current county of residence. However, ESG HP programs do not have county residency requirements.

Therefore, CE Specialists can refer eligible households to ESG HP programs in other counties within the Eastern PA CoC but should only do so if there are no HP programs in the household's current county of residence that are open and accepting referrals. In addition, households must be willing to relocate to the county where the ESG HP program operates. As always, program enrollment is not guaranteed.

Making Referrals to the Pennsylvania Homeless Assistance Program

The Commonwealth of Pennsylvania's Homeless Assistance Program (HAP) is a flexible funding program administered at the county level to help end and prevent homelessness. Coordinated Entry Specialists may refer households to HAP that meet the Category 1, 2, or 4 HUD definitions of homelessness as part of Coordinated Entry enrollment.

Eastern PA CoC Coordinated Entry Specialists may refer a household to HAP in their current county of residence as part of Connect to Home Eastern PA Coordinated Entry - CAT 1/4 project enrollment if the household is seeking temporary housing or shelter. Households referred should still be placed on the By Name List in PA HMIS and given referrals to other appropriate temporary housing or shelter programs. Pending any given county having current HAP funds available, they may be used for the following purposes (copied from the HAP website for reference):

Emergency Shelter: If you are currently homeless and have no permanent residence or are a victim of domestic violence, the Emergency Shelter component provides you with shelter, for a short period of time. During that time, you will be provided with case management services to assist you with securing more permanent housing.

Bridge Housing: This is "The Bridge" that will move you from being homeless into permanent housing. This is usually the next step up from an emergency shelter. This service will allow you to stay in a shared facility or apartment for up to 18 months for a small co-pay depending on your income and you will continue to receive case management services to assist you with your goal in living in your own home or apartment.

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Eastern PA CoC Coordinated Entry Specialists may refer a household to HAP in their current county of residence as part of Connect to Home Homeless Prevention - CAT 2 project enrollment if the household is seeking homelessness prevention services. Households referred must still meet the Category 2 HUD definition of homelessness eligibility criteria. Pending any given county having current HAP funds available, they may be used for the following purpose (copied from the HAP website for reference):

Rental Assistance: If you are in danger of being evicted from your apartment or home, your county may be able to assist you with payments for rent, mortgage, security deposits and utilities. Your county HAP provider will work hard with your landlord to maximize your chances for staying in your apartment or home, or work with you to find a more affordable apartment. HAP can also be used to move you out of shelter into an affordable apartment.

CE Specialists should apply the Category 2 definition of imminent risk of homelessness eligibility criteria to all homelessness prevention programs in PA HMIS (listed on tab one of the CE Referral Partner Matrix), regardless of whether specific non-HUD-funded homelessness prevention projects (like HAP) have less strict eligibility criteria than HUD-funded Emergency Solution Grants (ESG) Homeless Prevention projects. The Category 2 eligibility criteria required by ESG-funded Homeless Prevention projects are the threshold for all enrollments and referrals to homelessness prevention in the Eastern PA CoC Coordinated Entry System.

Use the links below to learn more about HAP.

HAP Program Overview: <https://www.dhs.pa.gov/Services/Other-Services/Pages/Homeless-Assistance.aspx>

HAP County Referral Contact

List: <http://services.dpw.state.pa.us/oimpolicymanuals/cash/index.htm#t=138-Allowances-and-Benefits/138-Appendix-E.htm&rhsearch=hap&rhhlterm=hap&rhsyns=%20>

Referral to Mainstream Benefits and Community-Based Services

CE Specialists must make every attempt to connect or refer participants to mainstream benefits and community-based services as needed (e.g., food, clothing, SNAP benefits, warming/cooling stations, etc.). These connections and referrals do not need to be recorded in the participant's client record in PA HMIS.

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Client Grievances

Client grievances must be handled by CE Specialists as follows:

- If the grievance is either with the CE Specialist or another staff member employed by their agency, the CE Specialist must follow their own organization's grievance policy and procedures.
- If the grievance concerns a CE Specialist or CE Regional Manager employed by another Connect To Home Coordinated Entry, Eastern PA Continuum of Care emergency service, or Eastern PA Continuum of Care housing provider, the client must be informed that they can submit a written grievance to the current Chair of the Eastern PA Continuum of Care Coordinated Entry Committee, whose name and email address can be found [here](#).

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Appendix A: Connect to Home Coordinated Entry System of Eastern PA Partnership Agreement

The Eastern Pennsylvania Continuum of Care (CoC) Coordinated Entry System (CES) coordinates and manages access, assessment, prioritization and referral to housing and services for any person(s) experiencing or at imminent risk of homelessness in the following counties: Adams, Bedford, Blair, Bradford, Cambria, Carbon, Centre, Clinton, Columbia, Cumberland, Franklin, Fulton, Huntingdon, Juniata, Lebanon, Lehigh, Lycoming, Mifflin, Monroe, Montour, Northampton, Northumberland, Perry, Pike, Schuylkill, Somerset, Snyder, Sullivan, Susquehanna, Tioga, Union, Wayne and Wyoming.

Participation in CES is required for all projects funded by HUD Continuum of Care or Emergency Solutions Grants (including those administered by the Commonwealth of Pennsylvania) and is strongly encouraged for all other housing and service providers in order to ensure equitable and coordinated access for all. By signing this agreement, CES partners agree to work with other CES funders, service providers and referral partners throughout the thirty-three county CoC region under a shared set of guiding principles, roles, and responsibilities as follows.

I. Guiding Principles

The Eastern Pennsylvania Continuum of Care (CoC) Coordinated Entry System (CES) is guided by the following principles:

- Every person experiencing homelessness should be treated with dignity, respect and kindness, and have their rights to privacy, confidentiality and safety honored.
- By coordinating entry to housing and services for people experiencing homelessness, more families and individuals can exit from homelessness to permanent housing with stability as quickly, efficiently and effectively as possible.
- Coordinated entry is inclusive of all populations experiencing homelessness, including families, youth, veterans, survivors of domestic violence, people with disabilities, people with mental illness, recent immigrants and people identifying as LGBTQIA.
- Coordinated entry protects the safety and confidentiality of people fleeing/attempting to flee and survivors of domestic violence while simultaneously providing them with access to housing and services.
- Coordinated entry embraces a housing first approach to ending homelessness in which people are housed as quickly as possible without preconditions or service participation requirements.
- People experiencing homelessness are prioritized for appropriate housing and services based on their vulnerability and severity of need using an evidence-based assessment tool rather than on a “first come, first served” basis.
- People experiencing homelessness are not denied access to coordinated entry assessment and referral because of perceived barriers to housing and services such as sobriety, income level, mental health status or other factors.
- Coordinated entry should be aligned with affordable housing, veteran affairs, child welfare, health, mental health, education, legal, judicial, and other public systems to the greatest extent allowed by law and policy.
- Coordinated entry is a continually evolving system that requires a commitment to ongoing learning, evaluation, and quality improvement.
- Ongoing coordinated entry planning efforts strive to incorporate diverse stakeholder voices and needs, including those of people with the lived experience of homelessness.
- The long-term financial sustainability of coordinated entry requires the commitment and alignment of federal, state, local and private funding sources.

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II. Roles

Each Eastern Pennsylvania Continuum of Care (CoC) Coordinated Entry System (CES) partner organization has one or more of the roles set forth in the Coordinated Entry Policies and Procedures. All Operations Partner roles (Call Center, Access Sites and Regional Managers) have been assigned through competitive RFP processes, approved by the CoC's elected Governing Board, and implemented to the greatest extent that funding resources and/or partner organization in-kind contributions allow.

III. Responsibilities

Eastern Pennsylvania Continuum of Care (CoC) Coordinated Entry System (CES) partner organizations share the following responsibilities:

- Compliance with all CES processes, policies and procedures detailed in the **Eastern PA CoC Coordinated Entry System Policies and Procedures Manual**, including policies related to referral, grievance, prioritization, data sharing, and client confidentiality, among others.
- Compliance with all PA HMIS processes, policies, and procedures.
- Ensure that people experiencing or at imminent risk for homelessness understand how the CES system works.
- Make appropriate staff available for regular CES trainings and meetings.
- Distribute CES marketing and outreach materials.
- Compliance with all applicable civil rights and fair housing laws and requirements. Recipients and subrecipients of CoC Program and ESG Program-funded projects must comply with the nondiscrimination and equal opportunity provisions of Federal civil rights laws as specified at 24 C.F.R. 5.105(a), including, but not limited to the following:
 - 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 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; and
 - 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 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 on the basis of disability.

In addition, HUD's Equal Access Rule at 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. The CoC Program interim rule also contains a fair housing provision at 24 CFR 578.93. For ESG, see 24 CFR 576.407(a) and (b), and for HOPWA, see 24 CFR 574.603.

IV. Termination of Agreement

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Any party may terminate their participation in this agreement with written notification to the appropriate CES Regional Manager and the Eastern PA CoC Coordinated Entry Committee Chairperson. Referral partners must give at least 30 days notice of termination. Access Sites must give at least 60 days notice before ceasing operations. Organizations employing Regional Managers must give at least 90 days notice in order for the CoC to identify and select a new organization to employ a Regional Manager. Participation in the Eastern PA CoC Coordinated Entry System is a requirement of certain funders, including HUD's CoC and ESG programs. Termination of this agreement may negatively impact the Partner's ability to obtain and/or retain funding.

V. Expenses

Unless the CoC has provided grant funding to a CES Operations Partner organization through separate contract, all expenses incurred by the participants of the Eastern PA Coordinated Entry System are the responsibility of the Partner.

VI. Agreement

The signature of the Executive Director/Chief Executive Officer or designee of the Partner Organization indicates agreement with the terms set forth in this Partnership Agreement.

By signing this Agreement, I understand and agree to the terms within on behalf of my organization.

Name of Organization: _____

Name and Title of Signer:

Signature Date

Agreed to and accepted on behalf of the Eastern Pennsylvania Continuum of Care:

Chair, Eastern Pennsylvania Continuum of Care Coordinated Entry Committee Date

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Appendix B: Connect to Home CES of Eastern PA Notice and Consent for Non-HMIS Participants

I, _____ [print first and last name], understand that the Eastern PA Coordinated Entry System (CES) is a partnership of agencies sharing information to provide a more coordinated homeless response system. I authorize that my information can be shared by CES partners to improve services for me. I also authorize that my information can be viewed by the CES Regional Managers for the purpose of system evaluation, which will help improve services offered to me and others in the CES region.

By initialing “yes” below and affixing my signature, or, when meeting via phone and permitting a CES Partner Agency staff to sign on my behalf, I agree that my information may be shared with other CES partners and System Administrators. I understand that agencies participating in CES may change from time to time and that a copy of the current list of agencies is available upon request.

Yes:___ (please initial)

Participant Signature: _____ Date: _____

OR Verbal Consent obtained by phone

CES Agency Staff Signature: _____ Date: _____

Description Of Information That Can Be Shared

This form authorizes identifying assessment information, including but not limited to the items listed below, to be routinely shared in the CES to better help me and/or my family.

- Family/Household Information (Names, Date of Birth, Race, Gender)
- Income and Benefits Information
- Education and Employment History
- Housing History and Barriers
- Homeless Status and History
- Veteran Status
- Program and Service Involvement and Contacts
- Health Information, including Physical Health and Behavioral Health (but not Case Records)
- Photo

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Information From CES Screening and Assessment May Be Shared With:

- Social Service Agencies
- Housing Providers
- Veterans Services
- Shelter Programs
- Housing and Redevelopment Authorities
- Victim Services (including Domestic Violence) Agencies

Purpose Of Sharing

- Information from the CES screening and assessments will be shared for the purpose of:
- Assessing my program eligibility
- Prioritizing my need for services
- Linking me to the most appropriate services
- Evaluating CES services and system performance
- Evaluating service gaps, needs and duplication in CES

This authorization is voluntary and strictly for sharing information needed for entering and moving through the Coordinated Entry System and may NOT be used for any other purpose. The information collected, maintained, and stored by Eastern PA Continuum of Care, and shared with service providers, may include records relating to your behavioral and/or mental health, alcohol and drug abuse treatment, HIV/AIDS, and genetics.

This information is necessary for determining your eligibility for housing and services.

You will not be denied help if you do not want to sign this form or if you do not want to allow CES to share your personal information. You have the right to revoke this authorization at any time by giving verbal or written notice of revocation to the CES. Revoking this authorization will not affect any action taken or information shared prior to notice of revocation. You may have a copy of this authorization.