



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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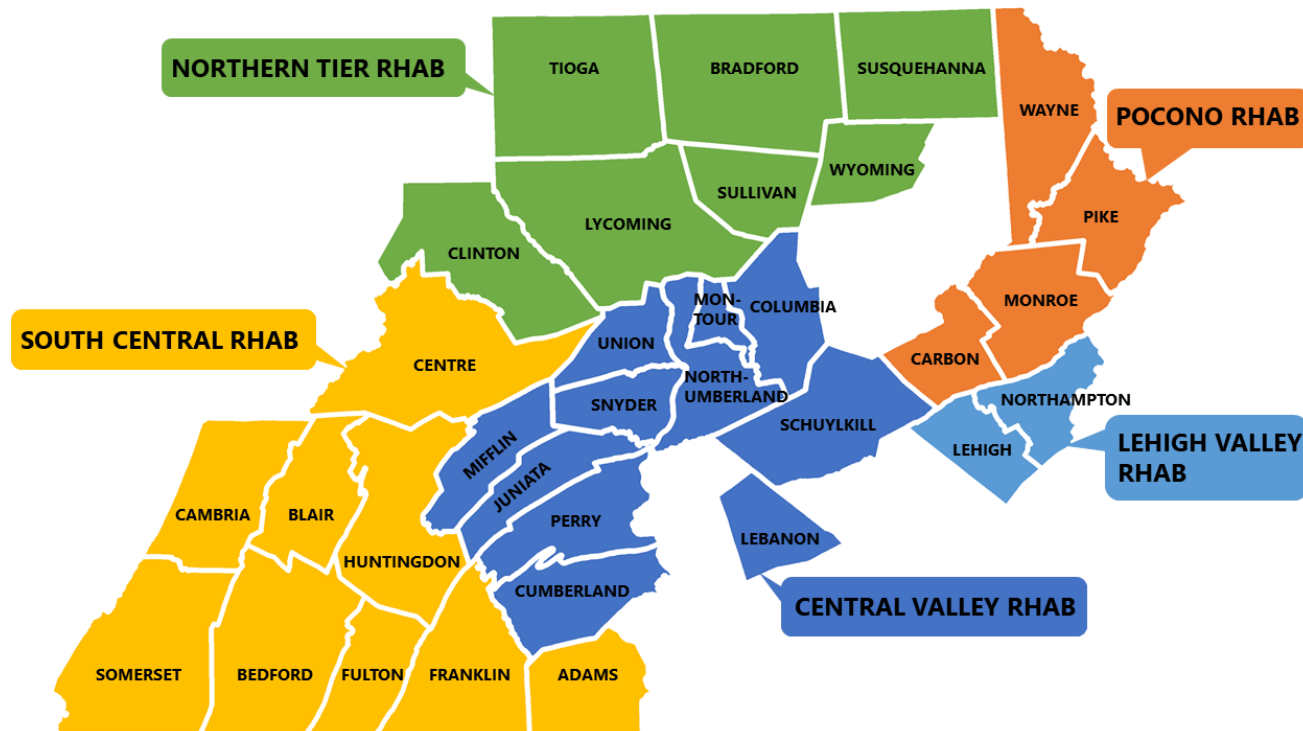
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Connect to Home Coordinated Entry System Overview

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), which are responsible for identifying local 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: PA 211

Coordinated Entry Access Sites: View current list here: <https://pennsylvaniacoc.org/balance-stateeastern-pa-coc/connect-home-coordinated-entry-system-eastern-pa>

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.



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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).

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).

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.

Connect To Home Referral Partners should accept appropriate program referrals from Coordinated Entry Specialists. Coordinated Entry Specialists make direct referrals to crisis services, including Emergency Shelter, Street Outreach, Homelessness Prevention, and Transitional Housing. Rapid Re-Housing and Permanent Supportive Housing providers receive their referrals from the By Name List in PA HMIS. During Coordinated Entry intake, CE Specialists use a Housing Assessment Tool (HAT) designed locally by the CoC to prioritize housing for the most vulnerable individuals. The By Name List has special protocols for both veterans and survivors of domestic violence to ensure they are connected to appropriate housing and services. Coordinated Entry Regional Managers manage the By Name List through Case Conferencing and Push Referrals in their respective geographic regions.

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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 homelessness to permanent housing with stability as quickly, efficiently, and effectively as possible.
- Coordinated entry is inclusive of all populations experiencing homelessness.
- 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, as 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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Uncoordinated Entry Systems	Coordinated Entry Systems
<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 has housing, it becomes easier for them to focus 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 lower than those of 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. Furthermore, 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 services, mental and 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

Chronic Homelessness: Chronically homeless means:

1. A “homeless individual with a disability,” who:
 - i. Lives in a place not meant for human habitation, a safe haven, or in an emergency shelter; and
 - ii. Has been homeless, as described above, continuously for at least 12 months or on at least 4 separate occasions in the last 3 years, as long as the combined occasions equal at least 12 months
 - Occasions must be separated by a break of at least 7 consecutive nights of not living as described above
 - Stays in institutional care facilities for fewer than 90 days will not constitute as a break in homelessness
 - Stays in institutional care facilities, for fewer than 90 days, are included in the 12-month total, as long as the individual was living or residing in a place not meant for human habitation, a safe haven, or an emergency shelter immediately before entering the institutional care facility.
2. 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, before entering that facility.
3. 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 paragraphs (1) or (2) of this definition, including a family whose composition has fluctuated while the head of household has been homeless.

Special Circumstances include:

- Transitional Housing (TH): In general participants in TH do not meet the chronically homeless definition, unless:
 - They were accepted into a PSH program, but a unit was not immediately available; they may be temporarily housed in TH until a PSH unit is identified.
 - The veteran or veteran household qualified as chronically homeless at the time of entry into VA homeless services and were served in a VA-funded TH program such as GPD. They would be eligible for both HUD-VASH and PSH.
- Rapid Re-Housing (RRH): Participants assisted with RRH through such sources as CoC, Emergency Solutions Grant (ESG), Supportive Services for Veteran Families (SSVF), or Veterans Homelessness Prevention Demonstration Program (VHPD) maintain their chronic homeless status and therefore could be enrolled from RRH into PSH.

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- **PSH Transfers:** Once an eligible household is placed in PSH, they do not retain their homeless or chronically homeless status. However, CoC PSH projects may serve individuals and families from other PSH projects as long as the participants originally met the eligibility requirements for PSH. They may transfer from one PSH program to another CoC Program.

Coordinated Entry: An approach to the 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 the homeless system refers specifically to the services and housing available only to persons who are literally homeless.

Disabling Condition: A qualifying disability/disabling condition for CoC Program admission is defined as having one or more of the following:

- Physical, mental, or emotional impairment, which includes impairments caused by alcohol or drug abuse, post-traumatic stress disorder or brain injury that:
 - Is expected to be long-continuing or of indefinite duration; AND
 - Substantially impedes the individual's ability to live independently; AND
 - Could be improved by the provision of more suitable housing conditions.
- Developmental disability, which includes a severe, chronic disability that:
 - Is attributable to a mental or physical impairment or combination of mental and physical impairments;
 - Is manifested before the individual attains age 22;
 - Is likely to continue indefinitely;
 - Results in substantial functional limitations in three or more of the following:
 - Self-care;
 - Receptive and expressive language;
 - Learning;
 - Mobility;
 - Self-direction;
 - Capacity for independent living; or
 - Economic self-sufficiency.

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- Reflects the individual's need for a combination and sequence of special, interdisciplinary, or generic services, individualized supports, or other forms of assistance that are of lifelong or extended duration and are individually planned and coordinated; or
- An individual ages birth to age nine, who has a substantial developmental delay or specific congenital or acquired condition, may be considered to have a developmental disability without meeting three or more of the criteria above if the individual, without services and supports, has a high probability of meeting these criteria later in life.
- HIV/AIDS, a disease of acquired immunodeficiency syndrome (AIDS)
or any condition arising from the etiologic agency for acquired immuno-deficiency syndrome.

Emergency Shelter (ES): 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.

Family: A family includes, but is not limited to, regardless of marital status, actual or perceived sexual orientation, or gender identity, the following:

1. A single person, who may be an elderly person, displaced person, disabled person, near-elderly person, or any other single person;
2. A group of persons residing together, and such group includes, but is not limited to:
 - a) A family with or without children. A child temporarily absent from the home due to placement in foster care must be considered in determining family composition and size. A family that consists of a pregnant woman only, and no other persons, must be treated as a two-person family.
 - b) An elderly family, which is defined as a family whose head, co-head, spouse, or sole member is at least 62 years of age. It may include two or more persons, each of whom are at least 62, living together; or one or more persons who are at least 62 living with one or more live-in aides.
 - c) A near-elderly family, which is defined as a family whose head, co-head, spouse, or sole member is at least 50 years of age but below the age of 62; or two or more persons, each of whom are between the ages of 50 and 62, living together; or one or more persons who are between the ages of 50 and 62 living with one or more live-in aides.
 - d) A disabled family, which means a family whose head, co-head, spouse, or sole member, is a person with disabilities; or two or more persons with disabilities living together; or one or more persons with disabilities living with one or more live-in aides.
 - (i) A person with disabilities means a person who:
 - (1) Has a disability as defined in 42 U.S.C. § 423(d)(1);

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- (2) Has a physical, mental or emotional impairment that is expected to be of long-continued and indefinite duration, substantially impedes his or her ability to live independently, and is of such a nature that ability to live independently could be improved by more suitable housing conditions; or
- (3) Has a developmental disability as defined in 42 U.S.C. § 15002(8) (formerly codified in 42 U.S.C. § 6001).
- (e) A displaced family, which is a family in which each member or the sole member is a person displaced by governmental action, or whose dwelling has been extensively damaged or destroyed as a result of a disaster declared or otherwise formally recognized under Federal disaster relief laws.
- (f) A remaining member of a tenant family, which is a family member of an assisted tenant family who remains in the unit when other members of the family have left the unit.

Domestic Violence (DV): The term ‘domestic violence’ includes felony or misdemeanor crimes committed by a current or former spouse or intimate partner of the victim under the family or domestic violence laws of the jurisdiction receiving grant funding and, in the case of victim services, includes the use or attempted use of physical abuse or sexual abuse, or a pattern of any other coercive behavior committed, enabled, or solicited to gain or maintain power and control over a victim, including verbal, psychological, economic, or technological abuse that may or may not constitute criminal behavior, by a person who—

- (A) is a current or former spouse or intimate partner of the victim, or person similarly situated to a spouse of the victim;
- (B) is cohabitating, or has cohabitated, with the victim as a spouse or intimate partner;
- (C) shares a child in common with the victim; or
- (D) commits acts against a youth or adult victim who is protected from those acts under the family or domestic violence laws of the jurisdiction.

The term ‘economic abuse’, in the context of domestic violence, dating violence, and abuse in later life, means behavior that is coercive, deceptive, or unreasonably controls or restrains a person’s ability to acquire, use, or maintain economic resources to which they are entitled, including using coercion, fraud, or manipulation to—

- (A) restrict a person’s access to money, assets, credit, or financial information;
- (B) unfairly use a person’s personal economic resources, including money, assets, and credit, for one’s own advantage; or
- (C) exert undue influence over a person’s financial and economic behavior or decisions, including forcing default on joint or other financial obligations, exploiting powers of attorney, guardianship, or conservatorship, or failing or neglecting to act in the best interests of a person to whom one has a fiduciary duty.

The term ‘technological abuse’ means an act or pattern of behavior that occurs within domestic violence, sexual assault, dating violence or stalking and is intended to harm, threaten, intimidate, control, stalk, harass, impersonate, exploit, extort, or monitor, except as otherwise permitted by law, another person, that occurs using any form of technology, including but not limited to:

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internet enabled devices, online spaces and platforms, computers, mobile devices, cameras and imaging programs, apps, location tracking devices, or communication technologies, or any other emerging technologies.

Fleeing Domestic Violence: Based on the HUD Category 4 Homeless Definition, this includes any individual or family who:

- (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).

Fleeing Human Trafficking: Any individual who is fleeing or attempting to flee human trafficking meets the HUD Category 4 definition of homelessness. 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.

Head of Household: The Head of Household is one member of a household to whom all other household members can be associated. Under the definition of chronically homeless, the head of household (either an adult or a minor if there is no adult present) must have the qualifying disability and meet all of the other criteria (i.e., length of time homeless) in order for a family to be considered chronically homeless. If the group of people is composed of adults and children, an adult must be indicated as the Head of Household. In a household of a single individual, that person must be identified as the head of the household.

- Where there is no adult member of the family, then a minor can be identified as the head of household and that individual is who must meet the criteria.
- 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.
- 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.

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Homeless Management Information System (HMIS): The information system designated by the Continuum of Care to comply with the HUD's data collection, management, and reporting standards and used to collect client-level data and data on the provision of housing and services to homeless individuals and families and persons at-risk of homelessness.

Homeless Under other Federal Statutes: Based on the HUD Category 3 Homeless Definition, this includes 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.

Household: All the people who occupy a housing unit. 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. A household includes the related family members and all the unrelated people, if any, such as lodgers, foster children, wards, or employees who share the housing unit. A person living alone in a housing unit, or a group of unrelated people sharing a housing unit such as partners or roomers, is also counted as a household.

Homelessness Prevention (HP): Homelessness Prevention is targeted to people at risk of homelessness. Homelessness Prevention activities are designed to prevent an individual or family from moving into an emergency shelter or living in a public or private place not meant for human habitation. Component services and assistance generally consist of short-term and medium-term tenant-based or project-based rental assistance, rental arrears, rental application fees, security deposits, advance payment of last month's rent, utility deposits and payments, moving costs, housing search and placement, housing stability case management, mediation, legal services, and credit repair.

Housing Problem-Solving (HPS): A conversation-based strategy aimed at helping persons experiencing homelessness find safe housing solutions with minimal or no housing crisis response system resources.

HUD: 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

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Solutions Grant (ESG) programs that fund housing and services for people experiencing homelessness, including coordinated entry.

Imminent Risk of Homelessness: Based on the HUD Category 2 Homeless Definition, this includes 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).

Joint Transitional Housing/Rapid Re-Housing (Joint TH-RRH): The Joint TH-RRH component project combines two existing program components – Transitional Housing and Rapid Rehousing – in a single project to serve individuals and families experiencing homelessness. Program participants may only receive up to 24 months of total assistance.

Literal Homelessness: Based on the HUD Category 1 Homeless Definition, this includes 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).

Personal Identifying Information (PII): Information for or about an individual, including information likely to disclose the location of a victim of domestic violence, dating violence, sexual assault, or stalking, including a first and last name; a home or other physical address; contact information; a social security number; and any other information, including date of birth, racial or ethnic background, or religious affiliation, that, in combination with any other non-personally identifying information, would serve to identify any individual. Personally identifying information also may include information that is encoded, encrypted, hashed or otherwise protected. VSPs cannot enter Personal Identifying Information (PII) into HMIS.

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Permanent Housing (PH): Permanent Housing is community-based housing without a designated length of stay. In the case of Sponsor-Based Rental Assistance, the program participant must be the tenant on a lease or sublease that is:

- An initial term of at least one year;
- Automatically renewable for a minimum term of one month; and
- Only terminable for cause.

The CoC Program funds two types of permanent housing:

1. Permanent Supportive Housing (PSH)
2. Rapid Re-Housing (RRH)

Permanent Supportive Housing (PSH): Permanent Supportive Housing provides permanent housing with supportive services. The household must include at least one member (adult or child) with a disability. The housing has no designated length of stay, and continues until the participant chooses to exit or is terminated from the project. Supportive services to meet the participant's needs must be available for the participant's entire duration in PSH. PSH dedicated to serving participants experiencing chronic homelessness must have an adult member with a disability.

Rapid Re-Housing (RRH): Rapid Re-Housing provides Short-term (up to 3 months) and medium-term (4-24 months) tenant-based rental assistance and supportive services for households experiencing homelessness who are placed in permanent housing so they may achieve housing stability as quickly as possible. There is no requirement that any member of the household have a disability. Supportive services may be provided to participants for up to six months after rental assistance ends. Participants may stay in the housing after CoC RRH assistance ends.

Participants must agree to meet with a case manager at least once a month; the CoC rule doesn't specify where or how the services are to be provided (including at the participant's home, at an office or other location, or by phone).

Recipients/subrecipients must re-evaluate participants at least once annually to ensure they need continued RRH assistance (lacking sufficient resources and support networks to maintain housing without it). Recipients/subrecipients must follow the CoC's written policies and procedures, which at a minimum must include standards to prioritize referrals and to determine what percentage or amount of rent each participant will pay while enrolled in RRH.

Street Outreach (SO): Street Outreach activities are designed to meet the immediate needs of people experiencing homelessness in unsheltered locations by connecting them with emergency shelter, housing, or critical services, and providing

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them with urgent, non-facility-based care. Component services generally consist of engagement, case management, emergency health and mental health services, and transportation.

Transitional Housing (TH): Transitional Housing provides temporary housing with supportive services to facilitate a household's successful transition to permanent housing within 24 months. Participants must have a signed lease, sublease, or occupancy agreement:

- Initial term of at least one month;
- Automatically renewable upon expiration, except by prior notice by either party; and
- Maximum term of 24 months.

TH participants may remain in the project past 24 months if appropriate permanent housing has not been identified or if more time is needed for the household to achieve independence. However, HUD may discontinue TH funding if more than half of the households have exceeded 24 months. Recipients/subrecipients must follow the CoC's written policies and procedures, which at a minimum must include standards to prioritize referrals for TH. Joint Transitional Housing and Rapid Re-Housing Component is a new model that may be implemented under the TH component.

Veteran: According to Title 38 of the Code of Federal Regulations, a veteran is defined as anyone who served in the active military, naval, or air service and was discharged or released under conditions other than dishonorable. This broad definition includes service members from all branches of the U.S. armed forces, provided their discharge was not dishonorable.

Victim Service Provider (VSP): A private nonprofit organization whose primary mission is to provide services to victims of domestic violence, dating violence, sexual assault, or stalking. Such term includes rape crisis centers, battered women's shelters, domestic violence transitional housing programs, and other programs. VSPs cannot enter Personal Identifying Information (PII) into HMIS.

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

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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 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

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- 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:

- **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.
- **Housing Problem-Solving:** Engaging in a conversation to help households experiencing homelessness find safe housing solutions with minimal or no reliance on traditional housing crisis response system resources, such as a referral to Homelessness Prevention, Emergency Shelter, or Rapid Re-Housing. Flexible financial assistance may be provided if necessary and available.
- **Triage and Housing 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 referrals for appropriate programs from the Coordinated Entry System. Coordinated Entry Specialists make direct referrals to homeless prevention and emergency services, including Emergency Shelter and Transitional Housing (both 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

Eastern Pennsylvania Continuum of Care (PA-509)

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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.
- Comply with all PA HMIS privacy, security, and data sharing processes, policies, and procedures.
- Ensure that people experiencing or at imminent risk of homelessness understand how the CES system works.
- Ensure that appropriate staff are 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), Permanent Supportive Housing (PSH), and Permanent Housing (PH) 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, such as housing, financial assistance, or case management. Furthermore, placement on the By Name List does not guarantee housing or services, as the need for these programs far exceeds the current resources available to CoC housing providers.

Transitional Housing participants are not eligible for placement on the By Name List. 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 labeled as transitional housing but do not meet the requirements of 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.

If a household enrolled in CE has had no contact with a Coordinated Entry Specialist (as documented in their client record's CE Intake Notes) or contact with another HMIS participating CoC agency (as noted in their Client Record Dashboard or Case Notes) for over ninety (90) days, then the household will be exited from Coordinated Entry and removed from the By Name List.

Households exited from Coordinated Entry may enroll again by completing a new Coordinated Entry intake and assessment. At that point, they will be placed back on the By Name List if they meet the eligibility criteria for HUD Category 1 or 4 definitions of homelessness.

If a Head of Household who meets the Category 1 eligibility criteria enters an institution (e.g., jail, hospital, inpatient treatment center, etc.) after enrollment in Coordinated Entry, they will remain enrolled and on the By Name List until their institutional stay exceeds ninety (90) days. After ninety (90) days, they no longer meet the HUD Category 1 eligibility criteria and will be exited.

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 their choice (e.g., agency staff person, coworker, friend, family member) 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 include their name and contact information, allowing the CES Regional Manager (or CES Committee Chair) to contact them 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 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

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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.”

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

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- 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 networks needed to obtain other permanent housing. Additionally, veterans may be referred to the Supportive Services for Veterans Families (SSVF) program if their residence is expected to 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.

Per 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, following 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.

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

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

Housing Assessment Tool Policy

Effective November 13, 2024, the Eastern PA Continuum of Care replaced the VI-SPDAT Housing Assessment Tools (Family, Single Adult, and Transition Age Youth) in use during Coordinated Entry intake for households experiencing literal homelessness under the HUD Category 1 and 4 definitions. The VI-SPDAT was replaced by a new, unified Housing Assessment Tool (HAT) for all household types, designed by CoC members and people with lived experience. The HAT was authorized for use in all Coordinated Entry projects serving households who meet the HUD Category 1 or 4 definitions of homelessness by a unanimous vote of the CoC Governing Board.

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>.

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, but 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.

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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>.

Push By Name List Policy

Effective September 10, 2024, the Eastern PA CoC Coordinated Entry System shifted from a “Pull BNL” in which Rapid Re-Housing (RRH), Permanent Supportive Housing (PSH), and other Permanent Housing (PH) programs “pull” the next prioritized, eligible household from the By Name List (BNL) in PA HMIS on their own to a new Governing Board approved “Push BNL” in which these housing providers will request and receive referrals from a Coordinated Entry Regional Manager when they have openings in their program(s).

Rapid Re-Housing, Permanent Supportive Housing, and other Permanent Housing providers must request and receive referrals from a Coordinated Entry Regional Manager when they have openings in their program(s). Providers may request one referral per opening in their program(s).

Households are “pushed” from the By Name List (BNL) in PA HMIS from Coordinated Entry Regional Managers to HUD CoC and ESG Grant Program-funded housing providers (and other participating or funder-required housing providers) based on a combination of the following:

- Housing Needs Assessment Score
- Case Conferencing
- Written Standards for Prioritization by Project Type (e.g., RRH, PSH, PH, etc.)

Eastern PA CoC Rapid Re-Housing, Permanent Supportive Housing, and other Permanent Housing providers must record the Result Date and Referral Outcome (and updated as needed) for every Push BNL Referral sent to their Provider Dashboard(s) from Coordinated Entry Regional Managers. An initial Result Date and Referral Outcome must be recorded within two (2) business days of receiving the referral from Coordinated Entry. The Result Date and Referral Outcome should be updated and saved whenever they change afterward.

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Referrals to Emergency Shelter Policy

The Eastern PA CoC requires households to receive a referral from Coordinated Entry, either from our 211 Call Center or a local Access Site, for enrollment into Emergency Shelter or Transitional Housing. The value of all Emergency Shelter participants having a Coordinated Entry enrollment prior to or within 48 hours of entering Emergency Shelter is to ensure they are prioritized for permanent housing solutions and other supportive services as quickly and effectively as possible.

1. Emergency Shelter case managers cannot 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.
2. 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).
3. When informing a household that they need to contact Coordinated Entry for a CE intake, assessment, and referral, Emergency Shelter staff should tell the person that they need to call 211 (or visit an Access Site) for a "screening". Do not use the word "referral". The word "referral" is confusing for both clients and CE Specialists.
4. Emergency Shelters that are not HUD-funded are also encouraged to use this guidance to ensure the CoC has a coordinated approach to serving households in crisis and accurate data on the number of people experiencing unsheltered homelessness in the region.

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Coordinated Entry Procedures

Coordinated Entry Managers, Specialists, and Referral Partners should follow the procedures outlined below for Coordinated Entry Intake, Assessment, Prioritization, and Referral. Additionally, the Eastern PA CoC Coordinated Entry Consultant hosts monthly virtual trainings and office hours. 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.

Annual 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.

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.

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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).

Attempting Housing Problem-Solving (HPS) During Program Enrollment

Coordinated Entry Specialists should record Housing Problem-Solving (HPS) attempts during a Connect to Home Eastern PA Coordinated Entry - CAT 1/4 or a Connect to Home Homeless Prevention - CAT 2 enrollment. This update expands the number of CE Access Sites required to follow this guidance.

Housing Problem Solving (HPS) is a conversation-based strategy designed to help households experiencing homelessness find safe housing solutions with minimal or no reliance on traditional housing crisis response system resources, such as Homelessness Prevention, Emergency Shelter, or Rapid Re-Housing.

Coordinated Entry Specialists should complete the CE project enrollment regardless of the outcome of the HPS attempt. If HPS is *successful* at any point during or after the CE intake and enrollment process, complete the CE enrollment and document the attempt in a CE Intake Note as detailed below, and notify the appropriate CE Regional Manager by submitting a BNL Exit Request Form or email.

- Coordinated Entry Specialists working in the following Access Sites funded by the new Eastern PA CoC Housing Problem-Solving Grant Program are required to record HPS attempts in PA HMIS using the guidance below:
 - Bradford County Human Services
 - Center for Community Action
 - Central Susquehanna Opportunities, Inc.
 - Community CARES (new)
 - Housing Transitions
 - Mifflin Juniata Human Services Department
 - New Bethany (new)
 - Servants to All
 - Tableland Services (new)
 - Third Street Alliance
 - Union-Snyder Community Action
 - Valley Youth House

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- All other Call Center and Access Site Coordinated Entry Specialists are encouraged to record HPS attempts in PA HMIS, using the guidance below, if this practice is established in their organization.

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.

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.

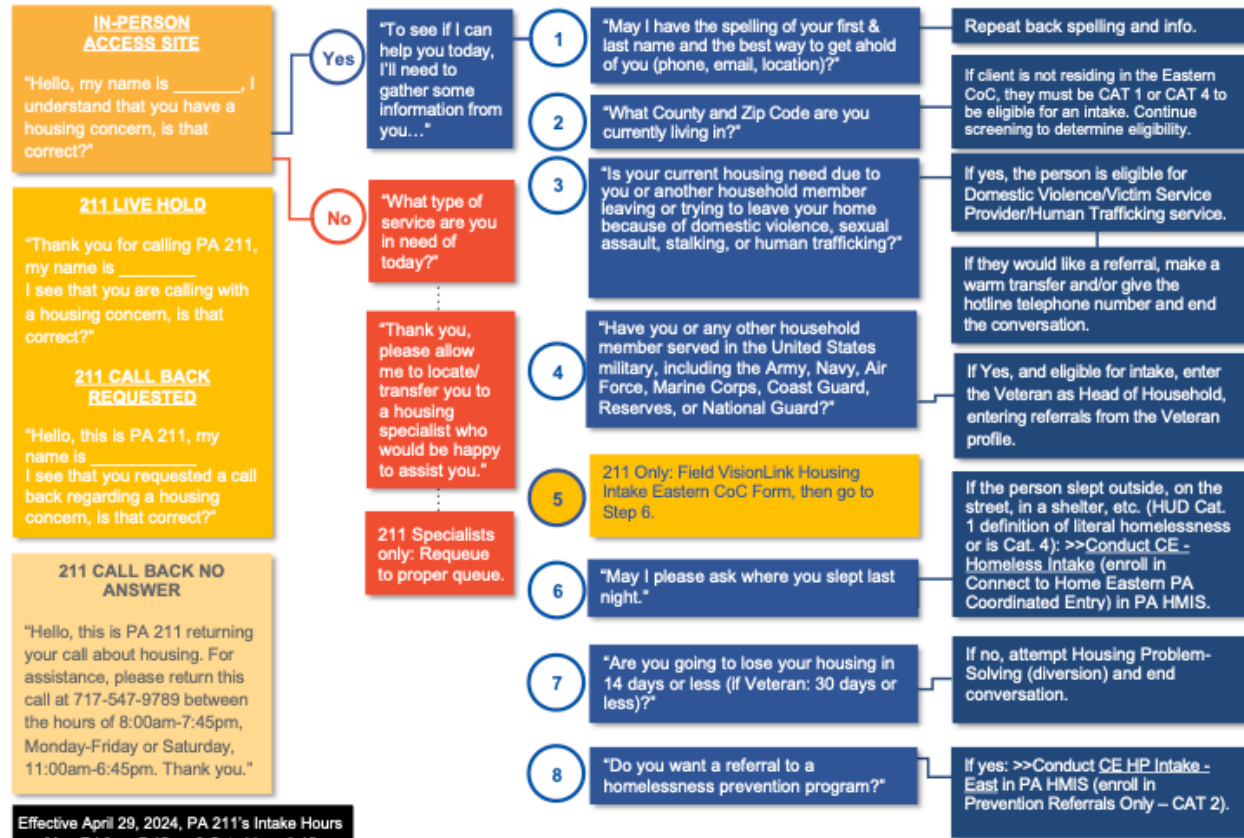
Coordinated Entry Specialist Opening Conversation

All Access Site and 211 Call Center Specialists should use this Opening Conversation to determine whether a Household meets the HUD Category 1, 2, or 4 eligibility criteria. If so, proceed to the appropriate CE Project enrollment workflow in PA HMIS.

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EASTERN PA CoC COORDINATED ENTRY HOUSING SPECIALIST

OPENING CONVERSATION (UPDATED NOVEMBER 13, 2024)



Effective April 29, 2024, PA 211's Intake Hours are Mon-Fri 9am-7:45pm & Sat, 11am-6:45pm. Call backs answered as early as 8am Mon-Fri.

Questions? Contact Brianna Thomas at bthomas@connecttheline.org or Jason Alexander at jason@capacityforchange.com.

Connect to Home Coordinated Entry System Policies and Procedures

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 relationships of the other members to the Head of Household should be edited to reflect everyone's relationship to the newly designated Head of Household (including the individual exiting the program), if 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 throughout a project stay; the Head of Household is swapped out, with the change backdated to the start of the household's enrollment.

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](#).

Coordinated Entry Intake Note Creation

If, during a CE intake or follow-up with a client enrolled in a CE project, the CE Specialist takes 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 makes a Housing Problem-Solving (HPS) attempt.
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 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 a victim service provider.
4. The CE Specialist notes or makes any changes to an existing CE project enrollment.

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

Connect to Home Coordinated Entry System Policies and Procedures

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.
- 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 criterion, it should be noted in a CE Intake Note.

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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.

Determining HUD Category of Homelessness

CE Specialists must determine whether a household meets the HUD Category 1, 2, or 4 definitions of homelessness based on the head of household’s self-disclosed current living situation. CE Specialists do not need to request proof of eligibility but must remind participants that the programs they will be connected with have record-keeping requirements. Click [here](#) to read the complete 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, 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”).

Connect to Home Coordinated Entry System Policies and Procedures

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 place not meant for human habitation immediately before entering that institution. 	<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 the resources and support networks to continue residing in the hotel or motel.
<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.

Connect to Home Coordinated Entry System Policies and Procedures

HUD Category and Definition	HUD Guidelines
<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.
<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. 	<ul style="list-style-type: none"> → “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).

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,

Connect to Home Coordinated Entry System Policies and Procedures

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;
 - 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.

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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Eastern PA CoC Coordinated Entry Intake Workflows



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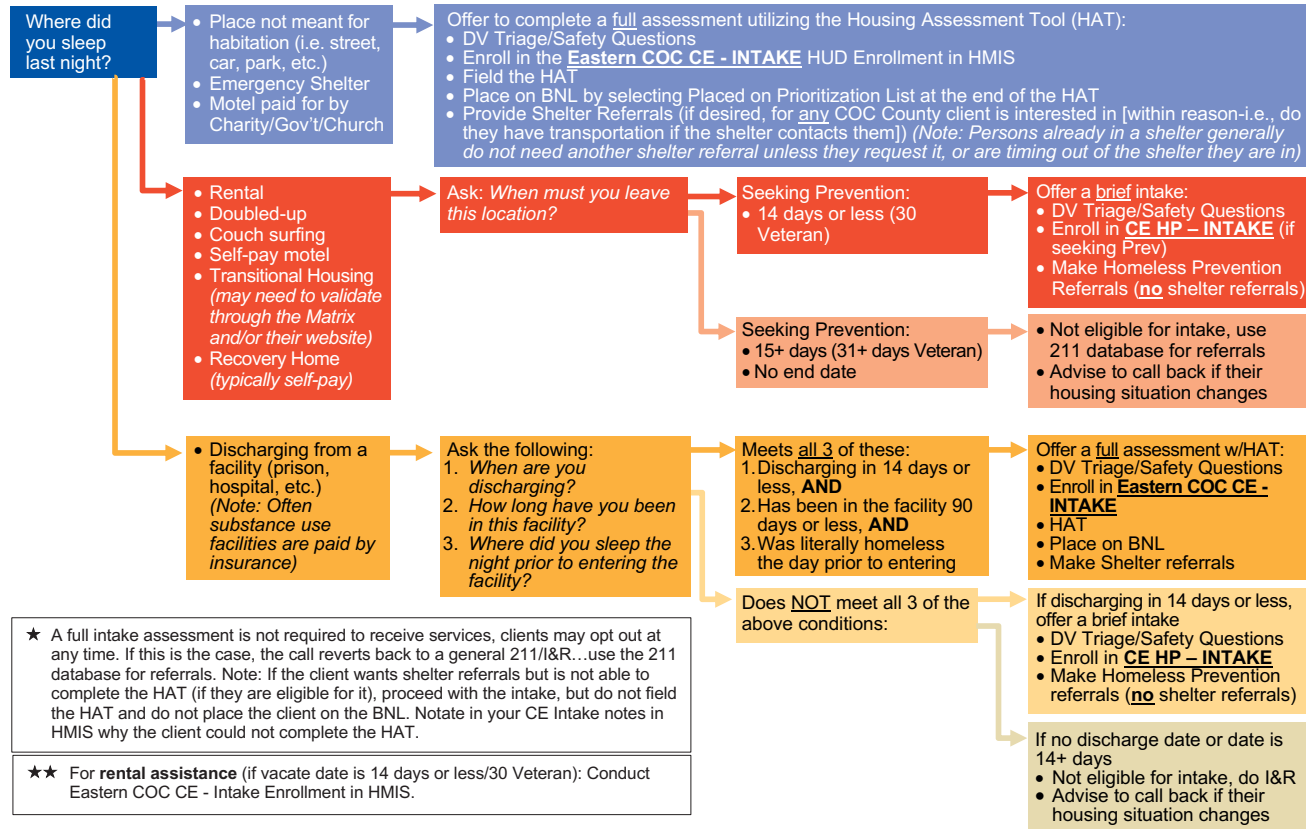
Eastern PA CoC Coordinated Entry Intake Flowchart Categories 1 and 2

EASTERN COC COORDINATED ENTRY FLOW CHART

LITERALLY HOMELESS (CATEGORY 1) • AT-RISK OF HOMELESSNESS (CATEGORY 2) — Updated 01.09.25



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.



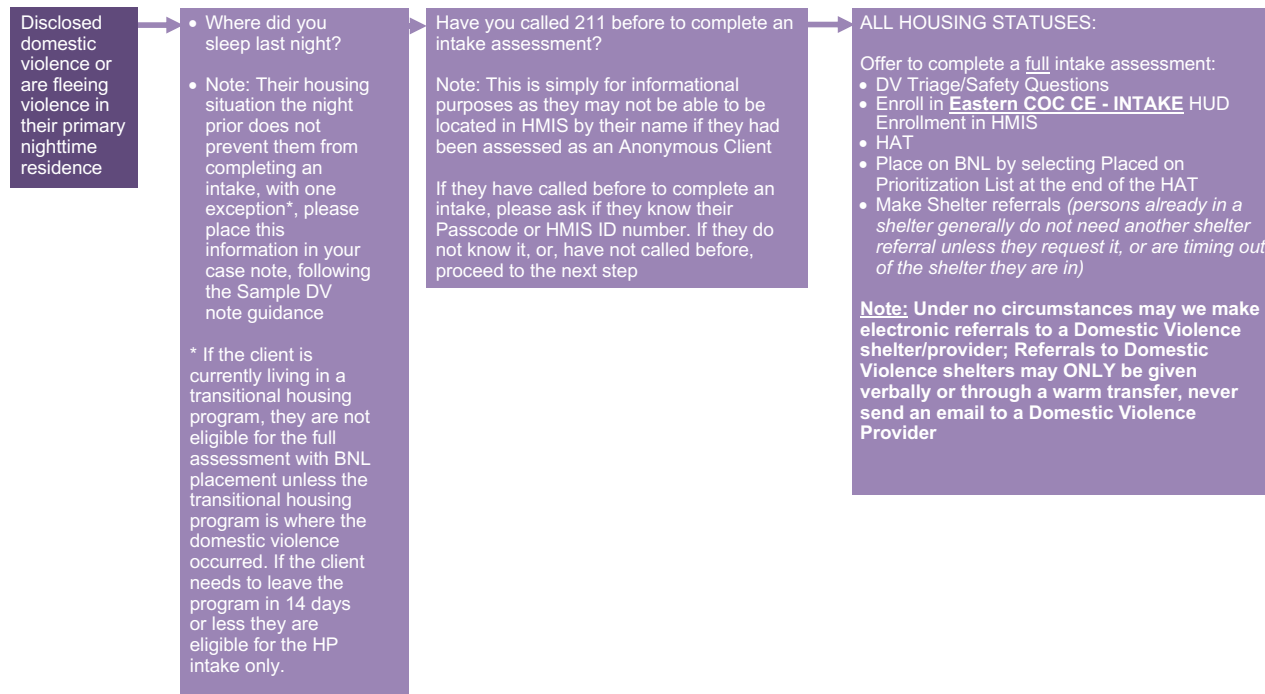
Connect to Home Coordinated Entry System Policies and Procedures

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

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 full intake assessment is not required, client's may opt out of our intake at any time. If this is the case, the call reverts back 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 HAT (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 HAT and do not place the client on the BNL.

Connect to Home Coordinated Entry System Policies and Procedures

Eligibility for Enrollment in the Connect to Home Eastern PA Coordinated Entry - CAT 1/4 Project and By Name List Placement

A household must meet the HUD Category 1 or 4 definitions of homelessness to be enrolled in the Connect to Home Eastern PA Coordinated Entry - CAT 1/4 Project and be placed on the By Name List for housing in PA HMIS.

- Participants enrolled in Transitional Housing are not eligible for Rapid Re-Housing or Permanent Supportive Housing. They cannot be enrolled in this project or placed on the By Name List.
- Households self-paying for hotel and motel stays are not eligible for Rapid Re-Housing or Permanent Supportive Housing unless 51% or more of the stay is paid for by charitable organizations or by federal, state, and local government programs.

Eligibility for Enrollment in the Connect to Home Eastern PA Coordinated Entry Homeless Prevention - CAT 2 Project

A household must meet the HUD Category 2 or at-risk definitions of homelessness to be enrolled in the Connect to Home Eastern PA Coordinated Entry - CAT 2 Project.

- Households enrolled in this project are not eligible for referrals to the Emergency Shelter in PA HMIS. 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.
- HUD Emergency Solutions Grants-funded Homeless Prevention (ESG HP) programs do not have 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 (of any type, regardless of funding source) in the household's current county of residence that are open and accepting referrals. Additionally, households must be willing to relocate to the county where the ESG HP program is located.
- Households that are "doubled up" or temporarily living with friends or family may be considered homeless if they meet all of the other Category 2 definition eligibility criteria.
- If a household meets all of the eligibility criteria defined in the Category 2 HUD definition of homelessness but does not have a court ordered eviction notice, then a Notice to Quit may be used as evidence to help document and verify the Head of Household's oral statement that they must vacate their residence in 14 days or less.

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

Connect to Home Coordinated Entry System Policies and Procedures

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. Additionally, households must be willing to relocate to the county where the ESG HP program is located. As always, program enrollment is not guaranteed.

Housing Assessment Tool Procedures

The Housing Assessment Tool (HAT) is intended as a brief, trauma-informed housing needs assessment based on a Head of Household's self-reported answers to a combination of HUD-required and local CoC-chosen questions. The purpose of the HAT is to prioritize households for scarce supportive housing services and subsidies in a way that is fair, equitable, person-centered, and informed by the root causes of homelessness in the communities that comprise the CoC's geographic area. The HAT score is not intended to be the only piece of information used to refer households from Coordinated Entry to housing programs and services, but it is a valuable guide to inform prioritization and the design of housing stability goal planning.

All Coordinated Entry participating agencies must follow the HAT procedures outlined below.

Fielding the Eastern PA CoC Housing Assessment Tool

1. All Access Site and Call Center Coordinated Entry Specialists are required to field the HAT during CE Intake for households who meet the HUD Category 1 or 4 definitions of homelessness.
2. The HAT is integrated and should be used in both the regular and DV Anonymous Connect to Home Eastern PA Coordinated Entry - CAT 1/4 Project workflows.
3. Participant household members should never be informed of their HAT score since it is not an accurate measure of their prioritization or wait time for CoC housing or services.
4. Participants may refuse to answer any HAT Section II questions, but doing so will reduce their overall prioritization score.

Updating the Eastern PA CoC Housing Assessment Tool

HAT scores may need to be updated due to changes in either the household's family composition or current living situation. In either case, if the household contacts Coordinated Entry after initial CE enrollment and either its family composition and/or living situation has changed, the CE Specialist must update the Connect to Home Eastern PA Coordinated Entry - CAT 1/4 Project workflow, including Universal Data Element, Family Members enrolled in the project, Triage Assessment questions, and HAT questions. This is done by editing the CE project workflow from start to finish.

1. If the Head of Household wishes to change any answers to their HAT score after the HAT is completed in PA HMIS for an active CE enrollment because of one or more changes to their current living situation, Coordinated Entry Specialists should

Connect to Home Coordinated Entry System Policies and Procedures

update the current HAT from within the existing CE workflow. *CE Specialists should never create a new HAT in PA HMIS if a completed HAT is already associated with the Head of Household's current CE intake.*

2. If the Head of Household changes (for example, the current HoH leaves the household but the others remain HUD Category 1 or 4 eligible), the entire household should be exited on that date from the CE project enrollment and a new CE project enrollment should be created on that date with the new Head of Household answering CE intake questions and other household members enrolled if appropriate.
3. If the household splits into two or more households composed of people who remain HUD Category 1 or 4 eligible, and one of these maintains the current HoH, exit everyone leaving this household on that date and create one or more new CE enrollments for the new Head(s) of Household and their family members on that date.

Using the Housing Assessment Tool For Prioritization

Coordinated Entry Regional Managers will utilize the HAT score as one factor in determining prioritization for Push Referrals to Permanent Housing projects. Emergency Shelters should not use the HAT score to prioritize enrollment for open beds.

Households 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.
- 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.

Connect to Home Coordinated Entry System Policies and Procedures

If a household that is already enrolled in the Connect to Home Eastern PA Coordinated Entry project in PA HMIS has resided in one of the eligible living situations listed above for at least one night during the seven (7) nights prior to contact, the household may remain enrolled in Connect to Home Eastern PA Coordinated Entry. If not, then the household should be exited from the Coordinated Entry enrollment. Households exited for this reason may be enrolled into the Connect to Home Homeless Prevention CAT 2 project if they now meet the eligibility criteria for the HUD Category 2 definition of homelessness.

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.

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

- a. 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. Complete and return the PA HMIS User Agreement in the Files section below to Tony Diaz at antidiaz@pa.gov. The agreement must be completed on both sides, including the staff member or volunteer's signature and the signature of their agency manager or director.
- b. Once the staff member or volunteer is a trained and licensed PA HMIS User (or already was one):
- c. Complete and submit a new CE Specialist application form [here](#).
- d. Have the staff member or volunteer watch the Eastern PA CoC Coordinated Entry Specialist video training series [here](#).
- e. Upon completion of the video training series, the staff member or volunteer must complete this [form](#).

When these procedures are completed, the appropriate Coordinated Entry Regional Manager will contact the new CE Specialist to ensure they are prepared to conduct Coordinated Entry. 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.

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?"

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

Connect to Home Coordinated Entry System Policies and Procedures

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.

Participants' 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.

Participants' 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 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 inform the participant briefly 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 HAT score to a participant, or anyone else, including family members or their human service case manager(s).

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.

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- 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.

Push By Name List Procedures

Rapid Re-Housing, Permanent Supportive Housing, and other Permanent Housing providers must request and receive referrals from a Coordinated Entry Regional Manager when they have openings in their program(s). Providers may request one referral per opening in their program(s).

Households are “pushed” from the By Name List (BNL) in PA HMIS from Coordinated Entry Regional Managers to HUD CoC and ESG Grant Program-funded housing providers (and other participating or funder-required housing providers) based on a combination of the following:

- Housing Needs Assessment Score
 - Case Conferencing
 - Written Standards for Prioritization by Project Type (e.g., RRH, PSH, PH, etc.)
1. CoC-participating housing providers are required to inform the appropriate Coordinated Entry Regional Manager (RMs) when they have openings in their Rapid Re-Housing (RRH), Permanent Supportive Housing (PSH), or Permanent Housing (PH) programs, either a) by submitting a Housing Request Form (<https://forms.gle/jNGsRvNuEXeoyMXj9>) or b) during BNL case conferencing meetings.
 2. Within two (2) business days of receiving notification of a program opening, RMs will refer one (1) eligible household per opening to a provider from the BNL through a CE referral in PA HMIS.

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3. Housing providers will have up to five (5) business days to attempt to enroll the household referred (at least three (3) separate attempts to contact the household should be made). The provider must record the referral result in PA HMIS using the organization's Provider Dashboard.
4. Housing providers must notify the RM by email within seven (7) business days after receiving the referral as to whether each referred household is either: a) engaged, b) enrolled, c) not eligible, or d) unable to be contacted. RMs will be responsible for updating the CE Status of households on the BNL based on information provided by the housing provider until a household exits from the Coordinated Entry enrollment. Status refers to the stage of enrollment into the Permanent Housing project that received the Push Rereferral. If the status changes from 'engaged' to 'enrolled' or from 'enrolled' to 'unsuccessful', the provider must send the RM an email informing them of this change within two (2) business days. If the referral is unsuccessful, the email should include a brief explanation of why the household was not enrolled.
5. If the referred household cannot be enrolled in the program, the RM will provide another eligible household, based on prioritization status, for every program opening until a successful enrollment is achieved.
6. If a Head of Household contacts the housing provider after seven (7) business days, the provider can either (a) enroll the household if a new referral has not yet been engaged or enrolled or (b) inform the Head of Household that the opening has been filled but that they are still on the By Name List.
7. If, over time, the housing provider routinely rejects referrals for households who should be eligible, the RM may choose to inform the CoC's Coordinated Entry and/or Funding Committees about this issue.
8. CoC-participating housing providers are expected to have at least one (1) staff member attend By Name List case conferencing meetings within the region they serve.

Referrals 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 for 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.

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 the Coordinated Entry enrollment process.

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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 the 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 provided with referrals to other suitable 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 shelters you 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, with a small co-pay, depending on your income. You will continue to receive case management services to assist you in achieving your goal of living in your own home or apartment.

Eastern PA CoC Coordinated Entry Specialists may refer a household to HAP in their current county of residence as part of the 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 of staying in your apartment or home, or work with you to find a more affordable apartment. HAP can also be used to transition you from shelter to 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.

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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>

Referrals to Mainstream Benefits and Community-Based Services

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

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.

Violence Against Women Act Protections Related to Coordinated Entry

The Violence Against Women Act (VAWA) is a federal law that, in part, provides housing protections for people applying for or living in units subsidized by the federal government and who have experienced domestic violence, dating violence, sexual assault, or stalking, to help keep them safe and reduce their likelihood of experiencing homelessness.

Under VAWA, someone who has experienced domestic violence, dating violence, sexual assault, and/or stalking (VAWA violence/abuse):

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- Cannot be denied admission to or assistance under a HUD-subsidized or assisted unit or program because of the VAWA violence/abuse committed against them.
- Cannot be evicted from a HUD-subsidized unit nor have their assistance terminated because of the VAWA violence/abuse committed against them.
- Can request an emergency transfer from the housing provider for safety reasons related to the VAWA violence/abuse committed against them.
- Has a right to strict confidentiality of information regarding their status as a survivor.
- Has the right to seek law enforcement or emergency assistance for themselves or others without being penalized by local laws or policies for these requests or because they were victims of criminal activity.

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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.

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- The long-term financial sustainability of coordinated entry requires the commitment and alignment of federal, state, local and private funding sources.

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.

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IV. Termination of Agreement

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.