

MA-506 Worcester City and County CoC

Coordinated Entry System Policy and Procedures

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A. Purpose and Policy

This document and appendices define the MA-506 Worcester City and County Continuum of Care's Coordinated Entry System and detail the system's operating policies and procedures.

As the CoC strives to prevent and end homelessness, it acknowledges that does not mean no one will ever experience a housing crisis, either the possibility or actuality, of homelessness again. The Coordinated Entry System was designed and implemented to provide a systematic response to ensure homelessness is prevented whenever possible or is otherwise a rare, brief and non-recurring experience.

The Coordinated Entry system is a client-centered process of standardized access and assessment and uniform referral priorities for coordinated referral and housing placement to ensure that people experiencing homelessness or at imminent risk of homelessness receive appropriate assistance with both immediate and long-term housing and service needs.

(The U.S. Department of Housing & Urban Development (HUD) Coordinated Entry requirements can be viewed at <https://www.hudexchange.info/resource/5340/coordinated-entry-core-elements/>)

B. Geographic Area

The Worcester City and County Continuum of Care encompasses all of Worcester County in central Massachusetts. Worcester CoC and Emergency Solutions Grant recipients, working together with any agency providing services and/or housing resources, provides easily accessible information and assistance to individuals and families at risk of or currently experiencing homelessness and ensures a coordinated process for access, assessment, prioritization and referrals.

C. Communication

The Worcester City and County Continuum of Care Coordinated Entry system process requires that all CoC and ESG projects exercise due diligence to identify and engage all persons experiencing homelessness within the CoC's geographic area. Policies and procedures dictate that effective communication with individuals with disabilities is provided and that appropriate auxiliary aids and services are in place such as braille, audio, large type, assistive listening devices, sign language interpreters, wheelchair accessibility and Limited English Proficiency (LEP) assistance.

The Worcester City and County requires CoC and ESG recipients and sub-recipients to comply with the HUD Coordinated Entry Notice: Sections II.B.5 c and d. The following list provides examples of the current resources provided to participant agencies:

Language Interpretation			
	Ascentria Language Bank	844-579-0610	www.thelanguagebank.org
	Language Line Solutions	800-752-6096	www.language.com
	Google Translate		https://translate.google.com/
	TransPerfect	617-523-6936	www.transperfect.com/services/translation.html
Limited English Proficiency (LEP)			
	Google Translate		https://translate.google.com/
	TransPerfect	617-523-6936	www.transperfect.com/services/translation.html
Hearing Impairment			
	MA Health and Human Services/Commission for the Deaf and Hard of Hearing	508-755-4084	http://www.mass.gov/eohhs/gov/departments/mcdhh/request-an-interpreter.html
Visual Impairment			
	Braille Translator		http://www.brailletranslator.org/

D. Planning

1. Deadline:

As required by HUD, this Coordinated System Policy and Procedures has been updated prior to January 23, 2018.

2. Core Requirements:

- a. The Coordinated Entry System meets the following requirements:
 - i. Covers the entire geographic area of the CoC: Worcester County (MA) (see page 2/B. Geographic Area).
 - ii. Is easily accessible by households with children and households without children.
 - iii. Is well marketed. In addition to bi-weekly announcements of the Coordinated Entry Working Group meetings, a description of the Coordinated Entry System and how households and service agencies can access housing and appropriate support resources will be distributed to municipal governments, including town/city managers/administrators, police chiefs, Public Housing Authorities, Senior Centers and to a wide network of those who intersect with the homeless and at risk population such as: school departments, medical providers, faith congregations and employers.
 - iv. Includes a locally-developed comprehensive and standardized assessment tool.
 - v. Provides an initial, comprehensive assessment of households with children and households without children for housing and support services to better ensure successful placements with appropriate services and supports in place.
 - vi. Includes a specific policy to guide the operation of the Coordinated Entry System to address the needs of households with children and households without children who are fleeing, or are attempting to flee, domestic violence, dating violence, sexual assault, or stalking, but who are seeking shelter or services from non-victim specific providers. The policy is grounded in a highly collaborative network within agencies in the County Continuum that supports dynamic referral and interaction processes to meet the needs of households which reduces duplication of services.
 - vii. Has established, in partnership with recipients of Emergency Solutions Grants program funds, written standards for providing Continuum of Care assistance for the Coordinated Entry System, including:
 1. Guidance for evaluating households with children and households without children eligibility for assistance under 24 CFR Part 578
 2. Guidance for determining and prioritizing which eligible households with children and households without children will receive Transitional Housing assistance
 3. Guidance for determining and prioritizing which eligible households with children and households without children will receive Rapid Rehousing assistance
 4. Guidance for determining what percentage or amount of rent each program participant must pay while receiving Rapid Rehousing assistance
 5. Guidance for determining and prioritizing which eligible households with children and households without children will receive Permanent Supportive Housing assistance

- viii. Allows for coordinated screening, assessment and referrals for ESG projects
- ix. Affirmative marketing of housing and supportive services to eligible persons regardless of race, color, national origin, religion, sex, age, familial status, disability, actual or perceived sexual orientation, gender identity, marital status or who are least likely to apply in the absence of special outreach
- x. Ensures the Coordinated Entry System is available to all eligible persons regardless of race, color, national origin, religion, sex, age, familial status, disability, actual or perceived sexual orientation, gender identity, marital status or who are least likely to apply in the absence of special outreach
- xi. Ensures all people in different populations and subpopulations in Worcester County, including people experiencing chronic homelessness, veterans, households with children, youth and survivors of domestic violence have fair and equal access to the Coordinated Entry System
- xii. Requires recipients of Federal and State funds comply with 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, including 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.
 - 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.

E. Access

This policy ensures the quality of the CoC's homeless housing and service system and outcomes for individuals and families in the CoC who are at risk or are experiencing homelessness throughout Worcester County by providing a wide range of intervention services including: Prevention and diversion assistance, emergency shelters, non-residential community-based and court-based services, and a housing stabilization program. Housing services include: Cash assistance to prevent homelessness due to a short term disruption in household income, One-time subsidies to support diversion and or prevention such as rental arrearage assistance, move in monies to secure an affordable and safe unit.

All family shelter providers participate as members of the Family Homelessness Prevention team working to house families from shelter but also working as step one to prioritize the prevention of homelessness in the first place. The goal is early intervention in coordination with a wide-range of service agencies who see at-risk families presenting for mainstream services such as utility or food assistance and/or community health services. A coordinated network has formed allowing for an "early warning system" through which service providers, schools, faith congregations and employers know to refer families who are experiencing an income or housing problem to seek assistance before it becomes an emergency that leads to homelessness and all of the disruption and trauma of that experience.

The family homelessness prevention system maintains a no wrong front door model. Families may present at a multitude of service agencies across the CoC for prevention assistance to keep them housed in their current unit in order to avoid needing to enter shelter or move into overcrowded or unsafe housing situations.

While families may make an application at a multitude of sites across the Continuum geography; all applications are approved centrally by the Central Massachusetts Housing Alliance in order to ensure that all applications are reviewed in a standardized method to ensure that the use of valuable prevention resources will likely lead to long-term stability and to ensure the non-duplication of these scant resources.

Annually, through assessment and careful review an average of \$500,000 in Prevention Dollars assist 299 households within the CoC to remain stably housed and this is a key component in the Worcester CoC family coordinated model with support from the faith community, private sector and local foundations.

Diversion and prevention services also support households in need to access transitional housing if appropriate and Permanent Supportive Housing or private market housing through a rapid rehousing model. This model includes a variety of housing options to meet the needs of different households such as CoC Permanent Supportive Housing, CoC and ESG Rapid Rehousing, partnerships with local landlords, community housing development agencies, local PHA's and privately owned/publically subsidized Housing. The housing placements are enhanced through coordination to mainstream community support resources within the community to assist

households in achieving long term housing stability.

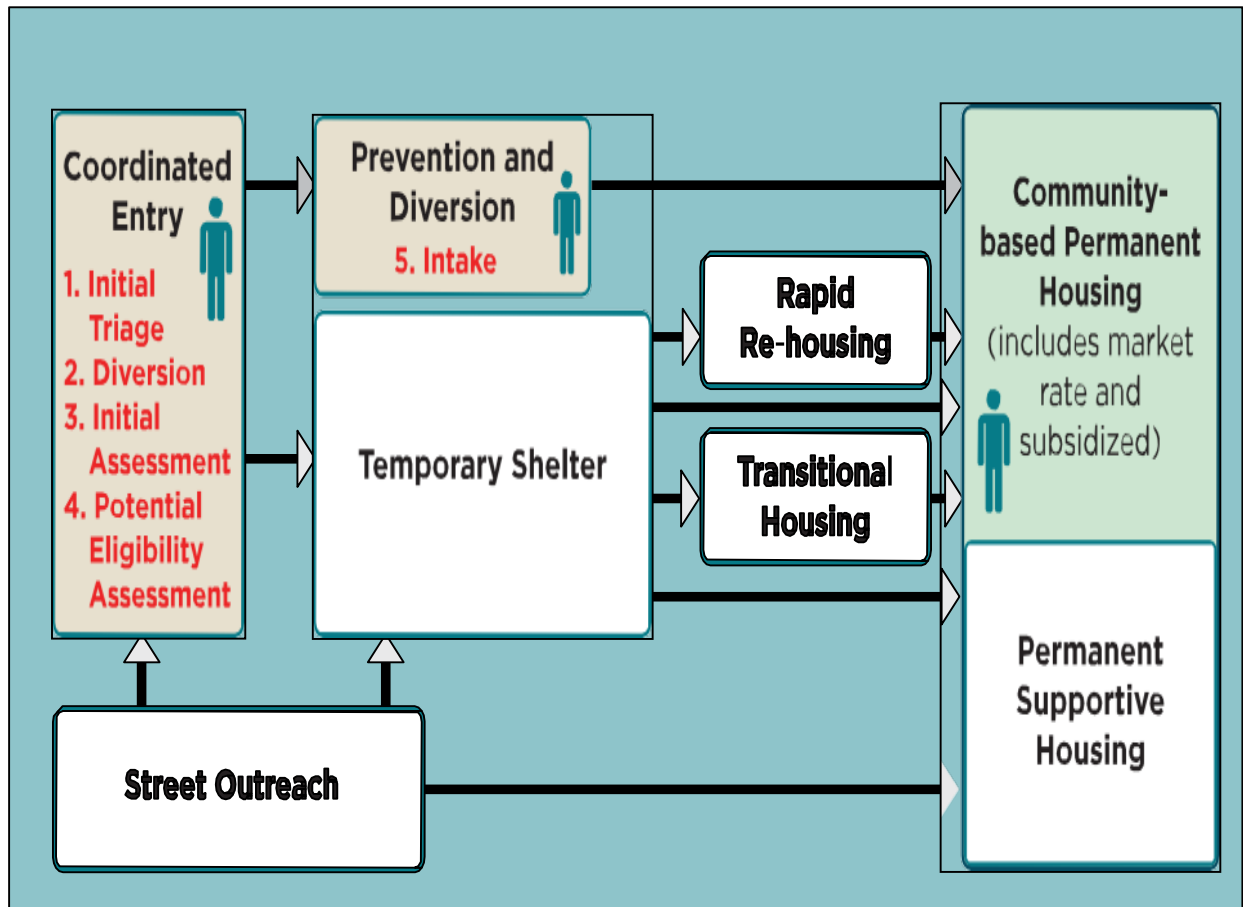
The Worcester City and County CoC uses a “No Wrong Door” model for access to CoC housing and services. Homeless individuals and families can present at any homeless housing and service provider in the CoC’s geography using a standardized process from initial engagement to successful housing placement. Households can access the Coordinated Entry System at more than 40 organizations. Central Massachusetts Housing Alliance (CMHA), the Coordinated Entry Lead Agency outreaches to the 40-plus agencies throughout Worcester County who currently, or may at some future time, interact with homeless or at-risk of homelessness households before each bi-monthly Coordinated Entry Working Group meeting and all are encouraged to participate and represent individuals or families who have presented at their agency.

In addition to the physical locations of participating agencies, street outreach teams identify and interact with unsheltered households and include Eliot Community Human Services, South Middlesex Opportunity Council, Veterans Inc., Our Father’s House, and the City of Worcester Crisis Intervention and Quality of Life Teams.

Each participating agency will serve as the primary point of contact to assist the households presenting at their organization with the Coordinated Entry System. Staff at each agency, typically case managers, will work with outreach teams if needed to locate the household and help collect any documentation needed. Prior to and throughout the housing prioritization and referral process, the case manager or other staff may also conduct regular outreach to an individual or family in an effort to build rapport with him or her. The housing program will determine final household eligibility and preference for the housing opening.

The many access points through the No Wrong Door access model helps ensure access to the Coordinated Entry System and improves the quality of information gathered for the following subpopulations (**See Attachment 1: Coordinated Entry System Communication Distribution List**):

- Adults without children;
- Adults accompanied by children;
- Unaccompanied youth;
- Veterans;
- Young Adults, including Parenting Young Adults;
- Households fleeing or attempting to flee domestic violence/sexual assault/human trafficking; or
- Persons at risk of homelessness.



Within the geography of the MA-506 Continuum of Care, access to resources available through HUD CoC and ESG include all projects funded through the annual Collaborative Funding Application as well as those projects funded through the MA-516 Balance of State Continuum of Care that are located within Worcester County.

Street outreach efforts funded under ESG or the CoC program are linked to the coordinated entry process to ensure that persons encountered by street outreach workers are offered the same standardized process as persons who access coordinated entry through site-based access points. Street Outreach staff are the first point of contact with the unsheltered household and will facilitate access to the Coordinated Entry System.

The Worcester CoC's Coordinated Entry process allows emergency services, including all domestic violence and emergency services hotlines, drop-in service programs, and emergency shelters, including domestic violence shelters and other short-term crisis residential programs, to operate with as few barriers to entry as possible; e.g., the South Middlesex Opportunity Council's wet shelter at the Triage Center. People are able to access emergency services, such as emergency shelter, independent of the operating hours of the system's intake and assessment processes. Individuals access shelters on a walk-in basis, through referrals or through Emergency or Public responders, e.g., the City of Worcester Police

Department's Crisis Intervention Team of Quality of Life Team.

As agency staff interact with households to determine their needs (emergency shelter, prevention, etc.) if diversion or prevention options are not feasible a Housing Plan is developed and, where appropriate, the household is assessed utilizing the Assessment Tool and the household is presented to the Coordinated Entry Working Group for prioritization and placement on the Priority List.

Access points provide connections to mainstream and community-based emergency assistance services such as supplemental food assistance programs and applications for income assistance.

The coordinated entry system at the front door for families in Massachusetts and thus in the Worcester County CoC varies from the policies and practices for single adults or couples without children due to State regulations beyond the control of the CoC. Massachusetts is a "Right to Shelter" State and thus all families with children who meet income and asset standards have the right to be sheltered if they are homeless. The funding to shelter these families is provided through the State of Massachusetts Emergency Assistance Budget and thus all families presenting for shelter must be approved by the Department of Housing and Community Development Staff at a local Department of Transitional Housing Office in order to be approved for shelter. Therefore, the local CoC, does not have the same ability at the front door entry to assess and direct placements prior to their being approved and placed within our family sheltering programs. Due to the right to shelter mandate, families may be placed initially out of their home communities based upon the availability of units available at that given time.

The Worcester CoC works in coordination with our partner agencies serving homeless families to ensure that once in shelter; our housing workers prioritize opportunities for families who have experienced Chronic Homelessness and Disabilities are prioritized for housing units through CoC Permanent Supportive and or Transitional Housing Units with appropriate Support Services. The process of housing families, connecting families to mainstream resources is facilitated through bi-weekly meetings of case managers, housing specialists and employment specialists to coordinate a plan to rapidly rehouse families with the greatest chance of success for long term stability.

All case managed assisting in the housing of families from shelter are made aware of all vacancies for family units within the CoC portfolio as well as vacancies within a broad range of private landlords who have a history of working with CMHA as well as opportunities in Public Housing and/or Privately-owned publically subsidized affordable housing developments.

In placing families from shelter, our priorities are:

- 1) Family Households who are chronically homeless for placement into CoC supportive housing units
- 2) Family Households with longest length of stay in shelter for placement in CoC supportive housing units or in other housing placements (private or public) as appropriate
- 3) Rapid Re-Housing of families with low-barriers for placement into private units with funds provided by ESG or the Commonwealth of Massachusetts

NOTE: This system acknowledges that the needs of a household fleeing or attempting to flee, domestic violence, dating violence, sexual assault or stalking, may be different than the needs of non-victims. Case managers and other staff members completing intakes and assessing households for Coordinated Entry are trained on sensitivity in regards to victim's assistance and referrals will be made to domestic violence providers. In addition, the HMIS data of victims will continue to be treated with the highest level of confidentiality and victims' data will not be shared with other Providers (except those designated as Domestic Violence Providers). Any household fleeing or attempting to flee, domestic violence, dating violence, sexual assault or stalking is able to access resources available through non-DV resources through the Coordinated Entry System. As with all households in the Coordinated Entry System, a Unique Identifier is used in lieu of name(s). Once a housing option referral has been made, and the household agrees to accept entry into that program, a Release of Information is prepared by the referring agency to the receiving agency. To review the Worcester CoC Violence Against Women Act (VAWA) Policy, see **Attachment 3: Worcester City and County CoC Violence Against Women Act (VAWA) Policy.**

F. Confidentiality and Release of Information and Participant Autonomy

Any individual or family who agrees to participate in the coordinated entry process described will be asked to sign the Homeless Management Information System (HMIS) Release of Information (ROI).

Participants will not be denied services and access to the Coordinated Entry System if the participant refuses to allow their data to be shared unless Federal statute requires the collection, use, storage, and reporting of a participant's personally identifiable information (PII) as a condition of specific program participation.

All service providers offer households the HMIS ROI. The provider must have a signed ROI before entering any information into HMIS.

Participants may not be screened out of receiving or accessing services due to income, active or a history of substance abuse, domestic violence history, resistance to receiving services, the type or extent of a disability-related services or supports that are needed, history of evictions or poor credit, lease violations or history of not being a leaseholder, or criminal record.

During Coordinated Entry Working Group meetings a Unique Identifier is assigned to each household as they are presented for referral to one or more housing options based on case conferencing. Once a referral has been made, the household will be asked to sign a Release of Information with the referring agency and the receiving agency.

Participants freely decide what information they provide during the assessment process and may choose to refuse to answer assessment questions and to refuse housing and service options without retribution or limiting their access to other forms of assistance.

G. Assessment and Referral

Assessment Process Overview

Homeless service providers throughout Worcester County utilize the locally developed Assessment Tool as the standardized tool that is used across all access points in the No Wrong Door model. Providers use the Assessment Tool (**See Attachment 2: Assessment Tool**) to assess any individual or family household experiencing homelessness. Individuals or families not identifying themselves as homeless do not receive an assessment but would receive assistance with Diversion or Prevention resources, or connection to mainstream resources as warranted. The assessment takes approximately 10 minutes to administer, and is conducted by any provider who has been trained to use the tool by the Coordinated Entry Team.

While the Assessment Tool should primarily only be completed for individuals and families who are currently homeless, there may be some exceptions in which an Assessment Tool

can be completed for an individual or family who is imminently at risk for homelessness (fleeing domestic violence, human trafficking, etc.)

This system is focused on providing a continuum of care including prevention, diversion and rapid re-housing approaches. Case managers and other staff members who conduct assessments are required to assess a household's need and eligibility for diversion and/or prevention services. Prevention services target people at imminent risk of homelessness, while diversion services target people as they are looking for entry into shelter, and rapid re-housing services target people who are already homeless. If the household is chronically homeless the referral will be made to a permanent supportive housing program or permanent housing program when an opening is available and the household indicates a preference for the program.

The Worcester CoC employs a phased approach to assessment which segments the collection of participant information into the following stages:

- Initial Triage -resolving the immediate housing crisis.
 - Crisis Services Intake -information necessary to enroll the participant in a crisis response project such as emergency shelter or other homeless assistance project.
 - Initial Assessment -information to identify a participant's housing and service needs with the intent to resolve participant's immediate housing crisis.
 - Diversion and/or Prevention Screening – examination of existing CoC and participant resources and options that could be used to avoid entering the homeless system of care. When a household presents, and immediate sheltering needs are met, intake workers, case managers, or other staff discuss any resources that may be available to the household as alternative to emergency shelter services: friends or family, either local or regional, if transportation to those network resources would enable the household to avoid emergency shelter, referral to a recovery program, etc.

The Worcester CoC, with CMHA as the lead agency providing Prevention resources, believes that when appropriate prevention is the best practice model, least disruptive and most cost-effective way to help households facing a housing crisis. Households are preserved as well as neighborhoods and communities. If a household is able to preserve their current home; they are able to continue to work in their local community, they maintain local support systems and children in households maintain the stability of continuing in their current school which is key in their growth.

Prevention resources are provided by the CMHA Housing Counseling program which assists households in the community every week of the year. Housing Counseling hours are scheduled 4 days per week, and a telephone counseling hotline is available for emergencies, tenants and landlords. I think we should also mention the TPP Program and

broaden the ways in which the HC program assists.

The Worcester CoC employs a Housing First oriented assessment process which is focused on rapidly housing participants without preconditions.

- Comprehensive Assessment information necessary to refine, clarify, and verify a participant's housing and homeless history, barriers, goals, and preferences. Assessment information supports the evaluation of participant's vulnerability and prioritization for assistance.
- Next Step/Move On Assessment -information revealed or known after an Initial Assessment is conducted when that new information may suggest a revised referral strategy. Or, re-evaluating participants who have been stably housed for some time and who may be ready for less intensive housing and service strategies.

The Worcester CoC's Assessment Tool is the assessment tool utilized for this system:

- The Assessment Tool will utilize 10 domains in addition to housing history to determine an acuity score that will help inform Coordinated Entry about the following:
 - People who will benefit most from Permanent Supportive Housing
 - People who will benefit most from Rapid Re-Housing
 - Which areas of the person's life that can be the initial focus of attention in the case management relationship to improve housing stability.
 - How individuals and families are changing over time as result of case management process.

The Lead Agency will ensure that the Assessment Tool is not used to:

- Provide a diagnosis
- Screen households out based on perceived barriers or risks

The Worcester CoC will continue to evaluate the integration of the Assessment Tool into the HMIS System.

The Lead Agency will provide a system of care that allows households to give feedback on suggestions and improvements of the Intake and Assessment Process.

Prioritization

The CoC's Coordinated Entry System implements processes that prioritize individuals and families with the greatest needs for housing and service assistance available throughout the CoC's geography, and attempts to minimize barriers to entry because of lack of employment or income, drug or alcohol use, or having a criminal record. The CoC encourages a Housing First orientation, but recognizes that some housing and services are required by funding agencies or providers to give preference to certain groups, including population sub-groups determined by age, disability, gender, or community priority.

The CoC has established the orders of priority identified by HUD Notice CPD-16-11, as follows:

I. Prioritizing Chronically Homeless Persons in CoC Program-funded Permanent Supportive Housing Beds Dedicated or Prioritized for Occupancy by Persons Experiencing Chronic Homelessness

- a) First Priority—Chronically Homeless Individuals and Families experiencing Chronic Homelessness that is based on the length of time in which an individual or family has resided in a place not meant for human habitation, a safe haven, or an emergency shelter AND the severity of the individual's or family's service needs.
- b) Second Priority—Where there are no Chronically Homeless individuals and families within the CoC's geographic area, follow the order of priority in II., as described below.
- c) Third Priority—Follow the order of priority in I.a) and I.b) as described above while considering the goals and any identified target populations served by the project.
- d) Fourth Priority—Through due diligence, ensure Chronically Homeless individuals and families are prioritized for assistance based on their total length of time homeless and/or the severity of their needs. Recognizing that some persons might require significant engagement of contacts prior to entering housing, CoC Program-funded Permanent Supportive Housing projects are not required to allow units to remain vacant indefinitely while waiting for an identified Chronically Homeless individual or family to accept an offer of housing.

II. Prioritizing Chronically Homeless Persons in CoC Program-funded Permanent Supportive Housing Beds Not Dedicated or Prioritized for Occupancy by Persons Experiencing Chronic Homelessness

- a) First Priority—Homeless Individuals and Families with a Disability with Long Periods of Episodic Homelessness and Severe Service Needs.
- b) Second Priority—Homeless Individuals and Families with a Disability with

Severe Service Needs.

- c) Third Priority–Homeless Individuals and Families with a Disability Coming from Places Not Meant for Human Habitation, Safe Haven, or Emergency Shelter without Severe Service needs.
- d) Fourth Priority–Homeless Individuals and Families with a Disability Coming from Transitional Housing.

Referral Policy

Referrals are made from Coordinated Entry to transitional, RRH and Permanent Supportive Housing projects through Case Conferencing at the Working Group(s) meetings. A case manager or other staff from the receiving agency engages with the household to determine eligibility and household's desire to participate in the project. The case manager or other staff from the referring agency will continue to play a supportive role until the household is housed.

Housing referrals must be updated on a bi-weekly basis while household is being located and/or housed. During this time, the household will not be referred to other housing. If the household cannot be located in ten (10) business days, or is incarcerated or hospitalized, the household will be returned to the Priority List with no change to the assessment score and another household can be referred to the housing project.

If there are no Permanent Supportive Housing vacancies available to a household who is determined eligible, other options are explored, e.g., Rapid Rehousing as a bridge option.

Referral rejection should be rare and infrequent and the COC follows the HUD required protocol (See CPD-17-01) that participating programs must follow to reject a referral, as well as the protocol the coordinated entry process must follow to connect the rejected household with a new program.

Households are informed of their ability to file a nondiscrimination complaint.

Provider Denials

Providers (receiving agencies) shall accept all referrals of eligible households. Providers (receiving agencies) are responsible for ensuring that referred households meet eligibility requirements and for gathering eligibility documentation. Referred households may be returned to the Coordinated Entry Working Group only in the following circumstances:

1. If the household does not meet the project's eligibility requirements, as established by the funder; or,
2. After considering the unique housing barriers and attributes of a particular referral, the project receiving the referral might decide the project does not have sufficient programmatic capacity or expertise to provide the housing and services necessary to resolve the person's housing crisis; or
3. If the household fails to complete an intake appointment and provide eligibility verification after a total of four (4) contact attempts over the course of ten (10) business days; or,
4. If the household declines to accept a housing option after three (3) physical addresses are offered to and visited by the household. See Participant Right of Refusal or Failure to Engage.

Regardless of the specific circumstances of the project's rejection, in all situations the project should communicate the decision clearly and quickly to the entity making the referral and to the Coordinated Entry Lead Agency for review; The Coordinated Entry Lead Agency may follow-up with the receiving agency and/or case manager or other staff to understand the circumstances if a referral is denied and returned to Coordinated Entry. This communication should include the reason for the rejection, any factors or a change in circumstances that could allow the project to reconsider and actually accept the referral, and other pertinent information that came to light during the referral review that might affect the potential participant's referral standing at other CoC housing and services projects.

Participant Right of Refusal or Failure to Engage

The Worcester CoC Coordinated Entry System is person-centered and based on household choice. Whenever possible, more than one housing option will be provided to the household. Individuals and families have the right to refuse any housing resource that is offered to them; if the household declines the first receiving agency, the second receiving agency will be offered. The household can refuse a physical address for the housing option; however, to ensure available resources are best used to assist those households most in need, a household that declines to accept three (3) physical addresses that were identified as meeting the needs and preferences of the household, the household will be returned to the Priority List with no change to the assessment score and another household can be referred to the housing project. Refusing a resource does not impact eligibility for future referrals; however, case managers or other staff must ensure that participants understand that the Coordinated Entry process does not operate as a point in time waitlist and that referrals are made to programs based

on a household's eligibility and prioritization relative to other homeless households who need housing assistance. Households should not assume that they will be prioritized for future openings and plan accordingly.

While providers are expected to make every effort to engage chronically homeless individuals and families, with the assistance of the household's assigned case manager or other staff (and outreach case manager, if necessary) housing units must not stay vacant longer than needed. For this reason, housing programs may discontinue working with a referred household and ask for an additional referral if the household fails to complete an intake appointment and provide eligibility verification after a total of four (4) contact attempts over the course of ten (10) business days have passed since the initial attempt. If this occurs, providers must notify the Coordinated Entry Lead Agency and assigned case manager or other staff. The assigned case manager or other staff is responsible for notifying the household that the opening/housing is no longer available to them.

Working Group(s)

The Working Group(s) include case management and supervisory staff from agencies that provide housing and supportive services to homeless families and individuals from throughout the CoC. Based on the score as determined using the Assessment Tool, case conferencing by consensus, based upon vulnerability and the perceived best interests of those seeking assistance, and consistent with available resources, provides at least one housing option for the household. The Working Group(s) meet weekly or bi-weekly as needed to promote rapid assistance and re-housing to those seeking assistance. A targeted sub-Working Group meets prior to the broader Working Group to prioritize, case conference and offer housing options for individuals and families with a record of military service. Veteran households who are not eligible for, or not interested in, Veteran-specific housing resources are presented for housing resources at the main Working Group meeting.

Households

Each household is assessed in a variety of areas, including rental history, criminal history, domestic violence, mental health challenges, disabling conditions, language barriers, educational attainment, employment status, and length of homelessness.

Services are then assigned based on the household level determination.

The Assessment Tool provides a procedure for determining which households are eligible and appropriate for the variety of housing and support services available in the community. For example, households for permanent supportive housing must have a disabling condition and

lack the resources to obtain housing.

Providers

Each household who is referred for housing or services will be evaluated by the Provider (receiving agency) for program eligibility and to identify household-specific needs and preferences, including an assessment of their current barriers to obtaining and successfully maintain permanent housing.

The Assessment Tool will be used as a guide, with the understanding that each applicant has a unique set of circumstances. Generally speaking, the assessment tool ensures that protocols are applied consistently throughout the CoC's geography, and that each Provider (receiving agency) is engaging in responsible assessments protocol.

The CoC provides training opportunities at least once annually to organizations and or staff persons at organizations that serve as access points or administer assessments. The CoC updates and distributes training protocols at least annually. The purpose of the training is to provide all staff administering assessments with access to materials that clearly describe the methods by which assessments are to be conducted with fidelity to the CoC's coordinated entry written policies and procedures.

CoC's coordinated entry process training curricula includes the following topics for staff conducting assessments:

- Review of CoC's written CE policies and procedures, including any adopted variations for specific subpopulations;
- Requirements for use of assessment information to determine prioritization; and
- Criteria for uniform decision-making and referrals.

Procedures for the Coordinated Entry Working Group(s) on Individual and Family Homelessness

Notice of Coordinated Entry Working Group(s) Meetings

Notices of the time and place of the bi-weekly Coordinated Entry Working Group meetings are widely disseminated via the Lead Agency's distribution list (See Attachment 1: Coordinated Entry System .

Document Review

Prior to the Coordinated Entry Working Group meeting, case managers meet with staff of Coordinated Entry to review client documentation to verify homelessness, chronic homelessness and disability (see attached forms). When CoC threshold eligibility is

determined, the case manager will present the client to the Coordinated Entry Working Group for a housing referral based on Prioritization Score as determined through the Assessment Tool.

Resource Update

Updates to reflect changes in available housing and service resources are reviewed as the first agenda item at each meeting.

Vacancy Report

Housing slot vacancies for all CoC-funded housing programs and availability of ESG funds are updated at least bi-weekly. The report consists of a database listing each housing project, number of slots, slots for CH homeless exclusively, slots for CH priority, and unrestricted slots are listed, along with vacancies in each. Results and trends are discussed, and housing and service gaps are reported and documented.

Balance of State CoC programs operating within the geography of the Worcester CoC are also included, as are non-CoC, non-ESG housing and service providers.

Household Status Update

Household status is updated at least bi-weekly. The goal of each meeting is to update the housing status of households who are currently referred for permanent housing through the Coordinated Entry System in our geographic area. These meetings will provide agencies that need assistance with extra resources for successfully housing people experiencing homelessness in our community.

The report consists of all households presented to the Working Group and is divided by category: Active CH (CH clients referred to a housing option but not yet housed); Active non-CH (non-CH clients referred to a housing option but not yet housed); awaiting Referral/CH and non-CH (clients prioritized for a housing option when a program vacancy occurs); Document Review (client lacks documentation verifying homelessness, chronic homelessness and/or disability); Inactive (at the request of the household or case manager if the household is no longer interested, is hospitalized, incarcerated, etc.; no further action to identify a housing option is active but can be re-activated upon request by the client or case manager); Following (a client who has had limited contact with case manager after initial interaction).

Case Presentations

Initial presentation of cases is accomplished without using confidential information to protect the privacy of households; a Unique Identifier is assigned to each household. The

case manager or other staff working with the household in need of services and/or housing options succinctly present cases, using a standard format that includes:

- Basic demographic and history information
- Findings of standardized assessment
- Vulnerability Index Score
- Priority Tier
- Status of basic homelessness/chronic/disability Eligibility Documentation
- Discussion of household needs/case conferencing and optimal match to housing and service resources is moderated by the Lead Agency's CoC Team. Input from case management staff present is welcomed and decisions are made by consensus.

Case Conferencing is a bi-weekly meeting of all homeless service providers to review the status of each individual and/or family experiencing homelessness or at risk of homelessness on the Coordinated Entry's Priority List. This is to ensure that our community follows through with the 'nobody left behind' philosophy developed by our community.

Case Conferencing Process:

A de-identified list with unique identifiers is sent by e-mail to providers one week prior to the Working Group meeting. Each provider reviews the list and brings any relevant information to the meeting. The meeting facilitator ensures each person on the Priority List is reviewed. Individuals and families referred and engaged with a housing provider will remain on the list until housed.

Projects to which individuals and families are referred are expected to admit those referred with some exceptions:

- Information provided was missing or incorrect
- Household rejects the referral option
- The project does not have the expertise or type of housing to provide the housing or services needed
- Contact has been lost and not re-established for at least 4 weeks
- The household does not meet the project's eligibility requirements, as established by the funder;
- The household fails to complete an intake appointment and provide eligibility verification after a total of four (4) contact attempts over the course of ten (10) business days.
- The household declines to accept a housing option after three (3) physical addresses are offered to and visited by the household. (See Participant Right of Refusal or Failure to Engage.)

Projects with beds designated exclusively for or prioritized for the chronically homeless are

expected to accept referrals unless there are no chronically homeless individuals or families in the CoC service area.

Housing Placements

Pending and final housing placements are documented by CMHA staff that provide support for the Coordinated Entry process. Confidential information can then be shared, with client consent, between housing and service providers to implement the match recommendation. Follow-up is provided at the subsequent Working Group meeting.

While each household presentation and referral is unique and different, and every effort is made to finalize housing referrals, it is also important to make effective use of limited resources. If after 4 weeks a client referred to a housing option has not maintained contact with the case manager or other and completed the housing placement process, the next-highest priority client will be referred.

Problem Resolution

The final agenda item for each meeting includes discussion of problems that have occurred that have affected the work of the group, including obstacles to placement, failed placements, gaps in services and housing search, and any other problems that may need to be referred to other constituencies within the CoC.

H. Roles and Expectations

Households

- Households who are in need of homeless prevention or housing services can access information and eligibility criteria through one of the Access Points. Households seeking assistance will be assessed at one of the Access Points or by a Street Outreach Worker prior to being referred to an agency for assistance. Households not eligible for CoC or ESG services will be referred to other appropriate community resources.
- Eligibility. Individuals and families that are “Literally Homeless” (meeting HUD’s Category 1 definition of homelessness) or at “Imminent Risk of Homelessness”. For purposes of eligibility for coordinated intake and assessment, “imminent risk of homelessness” means individuals and families that are able to document that they must leave their current nighttime residence within 72 hours, and include household that;
 - Have received a court notice of eviction or foreclosure.
 - Are staying with family or friends AND can document that they must leave within 72 hours. Documentation must include a third party verification of violation. (For example, a lease that states that anyone

- other than occupants in the lease constitutes a lease violation.)
 - Other, as determined by a service provider
- Participation Requirement. All households (with the exception of households in domestic violence situations) must be assessed prior to program entry; or , in the case of households in emergency shelters that admit same day, the assessment must occur as soon as possible after entry, and before being referred to another program
- Households can expect:
 - To be treated with respect and dignity
 - Their initial phone call for assistance to be answered live or returned within two business days
 - To be scheduled for an in-person, intake and assessment within two to five business days
 - To be matched to an appropriate program based upon their unique needs, and referred based on their priority status to an opening in a program
 - To wait until the system has the capacity to assist them, and to get help from through diversion or other resource available to them.
 - To have a Unique Identifier used in place of name
 - That Household Preference for service provider and housing option will be respected
- Responsibilities. Household must:
 - Answer all questions truthfully and to the best of their ability
 - Bring all required documentation
 - Keep their contact information current in order to be notified of available opening, and referred in a timely manner.

Providers

- Participation Requirement.
 - All providers receiving funding through HEARTH or a HUD funded program are required to participate in the coordinated entry and assessment process.
 - Providers must provide reason why a household was denied entry into a program; rejections should be rare.
 - When there is a rejection the CoC Team will case conference to try to resolve the rejection and, if the rejection stands, assist the household in identifying another housing option.

Lead Agency

- It is the lead agency responsibilities to:
 - Update and maintain information on program vacancies/opening. This must be done on a bi-weekly basis regardless of whether there are new openings to report.
 - Regularly update and make current all programs eligibility guidelines and program contact information so that case managers can make the best referrals possible.
 - Ensure that when a referral is made, the case manager from the receiving agency confirms within two business days whether the referral is accepted, declined by provider, declined by the household, or pending, or the provider is unable to contact the household.
 - Bring problems and suggestions to the bi-weekly Coordinated Entry Working Group meeting.
 - Ensure that all points of entry will use the same screening and assessment tool, data collection forms, policies on eligibility verification and referral/information-sharing systems.
 - Ensure that the following topics, minimally, will be included in an annual training session for case managers and other staff conducting household assessments:
 - Review of the CoC's Coordinated Entry System policies and procedures
 - Determining household prioritization using the assessment tool
 - Determining appropriate housing program referral(s) based on prioritization and household assessment.

I. Data Management

Any individual or family who agrees to participate in the Coordinated Entry Process described must be asked to sign the Homeless Management Information System (HMIS) Release of Information (ROI).

These Coordinated Entry policies and procedures prohibit denying services to participants if the participant refuses to allow their data to be shared unless Federal statute requires collection, use, storage, and reporting of a participant's personally identifiable information (PII) as a condition of program participation.

All service providers offer clients the HMIS ROI. The provider must have a signed ROI before entering any information into HMIS.

The Worcester CoC Coordinated Entry System prohibits the screening out of people due to income, active or a history of substance abuse, domestic violence history, resistance to receiving services, the type or extent of a disability-related services or supports that are needed, history of evictions or poor credit, lease violations or history of not being a leaseholder, or criminal record.

Participants freely decide what information they provide during the assessment process, to refuse to answer assessment questions and to refuse housing and service options without retribution or limiting their access to other forms of assistance.

J. Evaluation

The Worcester CoC will solicit feedback from participating agencies, including but not limited to CoC- and ESG-funded agencies, non-CoC- and non-ESG-funded agencies, and households who participated in the Coordinated Entry System during the period of time being evaluated. Information will be gathered through surveys and/or individual interviews at least annually. The information received through this process will be anonymous.

Specific information to be gathered from stakeholders may vary from year to year, but at a minimum will include information about the quality and effectiveness of the Coordinated Entry experience.

All Coordinated Entry System participating agencies will be asked to provide feedback. A sample of staff of participating agencies and persons who participated in Coordinated Entry will be selected to provide feedback. The sample size will be determined based on the number of persons utilizing the Coordinated Entry System.

Attachment 1: Coordinated Entry System Communication Distribution List	
Organization Name	
Abby's House	AIDS Project Worcester
Alternatives Unlimited	Ascentria
Athol Area YMCA	Catholic Charities
Central Massachusetts Housing Alliance	City of Worcester/Dept. of Health and Human Services
City of Worcester/Dept. of Housing	City of Worcester/Dept. of Inspectional Services
Community Healthlink, Inc.	Community Legal Aid/Worcester
Eliot Community Human Services	Friendly House Inc.
Genesis Club	Jeremiah's Inn
LUK Inc.	MA Dept. of Housing And Community Development
MA Dept. of Mental Health	Montachusett Interfaith Hospitality Network
Montachusett Opportunity Council	Montachusett Veterans Outreach Center
NewView Community Development Corporation	Our Father's House
RCAP Solutions Inc.	Saint Francis and Therese
South Middlesex Opportunity Council	St. Luke's Guesthouse
St Vincent de Paul Society	Tasks for Transit
The Bridge of Central Massachusetts	Tri-county Medical Associates
Tri-Valley Elder Services	Veteran Homestead
Veterans Administration	Veterans Inc.
Worcester Housing Authority	Worcester Interfaith Hospitality Network
Worcester Police Dept.	YOU Inc.
YMCA of Central Massachusetts	YWCA Central Massachusetts, Inc.

Attachment 2: Household Assessment Tool

Attachment 2: Assessment Tool

MA-506 Worcester City and County Continuum of Care
Coordinated Entry Client Assessment

Date: _____

Client Code: _____

Organization: _____

Case Manager Name: _____

Section A Score	_____
Section B Score	_____
TOTAL PRIORITY SCORE	_____

Section A: Housing History

- 1. Number of full months homeless during last 3 years _____
- 2. Does client meet 12 consecutive months or episodic threshold?
(If Yes, add 6 Points) _____

Total Section A _____

Section B: Client Standardized Assessment (Vulnerability)

Select one in each of the ten domains:

1. Tenancy and Housing History

- Vulnerable** (Currently in housing search; Newly housed within last 60 days; At risk of eviction; Homeless)
- Stable** (In housing more than 60 days, less than 12 months, responsible for lease but with some difficulty)
- Thriving** (In housing and some history of successful tenancy; Retained housing for 1+ year)
- Self-Sufficient** (Retained housing for 1+ year and is able to live independently without stabilization services)

2. Substance Abuse/Risk Reduction

- Vulnerable** (Negative consequences due to behaviors associated with substance use. Frequent relapses)
- Stable** (Ability to identify risks and access tools/support systems to decrease harm. Sporadic relapses)
- Thriving** (Regular use of supports. Positive results due to increased safety. Abstinent < 12 months, without relapse)
- Self-Sufficient** (No history of substance abuse/use. Abstinent 12+ months, without relapse)

3. Mental Health

- Vulnerable** (Danger to self or others. History of no prolonged treatment. No demonstrated ability to utilize support)
- Stable** (Some ability to identify and access support services. Recurrent MH symptoms, but not a danger to self/others)
- Thriving** (Mild/minimal symptoms are transient and only slight impairment in functioning. Ongoing use of supports)
- Self-Sufficient** (No history of mental illness. Symptoms are absent or rare)

4. Legal Issues

- Vulnerable** (Open cases, warrants)
- Stable** (No recent criminal activity. Probation/parole compliant. No open cases, warrants)
- Thriving** (No recent criminal activity. No probation/parole)
- Self-Sufficient** (No criminal history. No criminal activity in 5+ years)

5. Physical Health

- Vulnerable** (High utilizer of emergency services. Significant medical issues)
- Stable** (Some medical issues. Some ability to manage healthcare)
- Thriving** (Ability to participate in healthcare and manage health issues as they arise)
- Self-Sufficient** (Manages and directs own healthcare network)

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Coordinated Entry Client Assessment

6. Income

- Vulnerable (No income. Inability to access benefits. Inadequate income and/or spontaneous or inappropriate spending)
Stable (Can meet basic needs with subsidy; Has accessed all mainstream benefits/resources and spending is appropriate)
Thriving (Meeting basic needs and managing budget with little or no assistance)
Self-Sufficient (Financially stable, income is well managed and client is saving money)

7. Work

- Vulnerable (Unemployed or underemployed; temporary, seasonal or part-time work; inadequate pay; no benefits)
Stable (Employed full-time; inadequate pay; limited or no benefits)
Thriving (Employed full-time; adequate pay and benefits)
Self-Sufficient (Maintains full-time employment; adequate pay and benefits)

8. Independent Living Skills

- Vulnerable (Unable to meet basic needs such as food, hygiene, housekeeping, etc.)
Stable (Can meet some, but not all daily living needs without assistance)
Thriving (Can meet most, but not all daily living needs without assistance)
Self-Sufficient (Able to meet all basic needs of daily living without assistance)

9. Community Engagement

- Vulnerable (Negative consequences due to lack of social supports, isolating or anti-social behavior)
Stable (Ability to identify and utilize support systems. Becoming familiar with resources. "Good neighbor" behavior)
Thriving (Regular use of support systems. Some participation in recreation; work; education; vocation programs)
Self-Sufficient (Fully participating and engaged in community activities)

10. Survival Skills

- Vulnerable (Susceptible to exploitation; experiences regular victimization; opts for streets; not able to determine risk of dangerous behavior)
Stable (Frequently in dangerous situations; co-dependent detrimental social networks; communicates some social fears)
Thriving (Has some survival skills; occasionally exploited; may need help recognizing unsafe or risky behaviors)
Self-Sufficient (Capable of self-advocacy; avoids detrimental social networks; Fully participating and engaged in community activities)

Total of the ten domains (Section B)

Empty box for total score

For each domain:

Vulnerable = 3

Stable = 2

Thriving = 1

Self-Sufficient = 0

Section C: Populations and Service Opportunities:

Select Yes or No from Drop Down

- Has client served in the military/armed forces?
Is the client aged 25 years less one day or more?
Is the client aged 60 years plus one day or more?
Is the client fleeing domestic violence?
Does the client identify as LGBTQ?
Is the client part of a multi-person Household without children?

Vertical stack of five empty boxes for dropdown selection

Empty box for dropdown selection

- Does client have a geographic preference?
Greater Worcester
South County
North County

Vertical stack of three empty boxes for dropdown selection

Section D: Barriers to Placement:

Select Yes or No from Drop Down

- CORI
Personal Finance Management
Non-Service Pets
Credit History

Vertical stack of four empty boxes for dropdown selection

- Required to Register as Sex Offender
Substance Abuse
Significant Mental Health Issues
Prior Evictions/Poor Rent History

Vertical stack of four empty boxes for dropdown selection

Other:

Wide empty box for other barriers

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Coordinated Entry Client Assessment

Section E: Documentation:

Select Yes or No from Drop Down

Does the Case Manager have on file:

Proof of Homelessness	<input type="text"/>
Proof of Disability	<input type="text"/>
Proof of Income	<input type="text"/>
Proof of CH	<input type="text"/>
Release of Information	<input type="text"/>

Section F: Additional Information

Select Yes or No from Drop Down

Health Insurance

Does Client have Health Insurance	<input type="text"/>
If yes, what type	<input type="text"/>
Is there documentation of Health Insurance?	<input type="text"/>

Other:

Section G: Staff Summary

Overall impression of the level of services needed to secure and maintain stable housing

No Services Needed Intensive Services Needed

Yes
No

MA-506 Worcester City and County Continuum of Care Violence Against Women Act (VAWA) Policies and Procedures

Overview

Under the HUD Final Rule Implementing VAWA Reauthorization Act of 2013, the Worcester City and County Continuum of Care has adopted policies to include provisions for protection of victims of domestic violence, dating violence, sexual assault, sexual battery or stalking, regardless of sex, gender identity, gender expression or actual or perceived sexual orientation.

These policies and procedures apply to CoC-funded Rapid Re-Housing (RRH) and Permanent Supportive Housing (PSH) programs. ESG-funded programs are subject to VAWA policies issued by the administrator of ESG funds.

Emergency Transfer Planning for Victims of Domestic Violence

The Worcester City and County Continuum of Care is concerned about the safety of the tenants in all of our family emergency shelter units and CoC-funded housing and such concern extends to tenants who are victims of domestic violence, dating violence, sexual assault, or stalking. In accordance with the [Violence Against Women Act \(VAWA\)](#), CoC-funded programs providing permanent housing or transitional housing, except safe havens, must allow tenants who are victims of domestic violence, dating violence, sexual assault, or stalking to request an emergency transfer from the tenant's current unit to another unit. The ability of a housing program to honor such a request for tenants currently receiving rental assistance, however, may depend upon a preliminary determination that the tenant is or has been a victim of domestic violence, dating violence, sexual assault, or stalking, and on whether the housing provider has another dwelling unit that is available and is safe to offer the tenant for temporary or more permanent occupancy.

This plan identifies tenants who are eligible for an emergency transfer; the documentation needed to request an emergency transfer; confidentiality protections; and how an emergency transfer may occur. In addition, it provides guidance for tenants on safety and security. The plan is based on a model emergency transfer plan published by the U.S. Department of Housing and Urban Development (HUD), the federal agency which ensures that HCCSC and the CoC-funded providers within its geographic area in compliance with VAWA.

Eligibility for Emergency Transfers

A tenant who is a victim of domestic violence, dating violence, sexual assault, or stalking, as provided in HUD's regulations at 24 CFR part 5, subpart L (a copy of which is attached), is eligible for an emergency transfer, if:

- The tenant reasonably believes that there is a threat of imminent harm from further violence if the tenant remains within the same unit; or
- The tenant is a victim of a sexual assault, and the sexual assault occurred on the premises within the 90-day period preceding a request for an emergency transfer.

A tenant requesting an emergency transfer must expressly request the transfer in accordance with the procedures described in this plan.

Emergency Transfer Request Documentation

To request an emergency transfer, a tenant must notify the housing program's administrator or manager and submit a written request for a transfer to that individual. The tenant's written request for an emergency transfer should include either:

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

The housing program may request additional documentation from a tenant in accordance with the documentation policies of HUD's regulations at 24 CFR part 5, subpart L.

Confidentiality

The housing program will keep confidential any information that the tenant submits in requesting an emergency transfer, unless the tenant gives the housing program written permission to release the information or disclosure of the information is required by law or in the course of an eviction or termination proceeding. This includes keeping confidential the new location of the dwelling unit of the tenant, if one is provided, from the person or persons that committed the act or acts of domestic violence, dating violence, sexual assault, or stalking against the tenant.

Emergency Transfer Timing and Availability

The housing program cannot guarantee that a transfer request will be approved or how long it will take to process a transfer request. However, the housing program will act as quickly as possible to move a tenant who is a victim of domestic violence, dating violence, sexual assault, or stalking to another unit, subject to the availability and safety of a unit. If the housing program does not expect to have another unit available within a reasonable period of time, it will notify

the Coordinated Entry System within 1 business day of receipt of a request. The Coordinated Entry system will work with the housing program to identify a new unit within its inventory of programs and units, and will prioritize the requested transfer above all other housing placements. The housing program will also contact other, non-CoC housing programs in the area to determine whether they have an available unit. If a unit is available, the tenant must agree to abide by the terms and conditions that govern occupancy in the unit to which the tenant is being transferred.

Safety and Security of Tenants

Pending processing of the transfer and the actual transfer, if it is approved and occurs, the tenant is urged to take all reasonable precautions to be safe. The tenant is encouraged to contact the YWCA of Central Mass Domestic Violence Hotline at 1-508-755-9030, or access the YWCA's Domestic Violence Live Chat, 24 hours per day, at www.ywcacm.org or the National Domestic Violence Hotline at 1-800-799-7233 for assistance in creating a safety plan. For persons with hearing impairments, that hotline can be accessed by calling 1-800-787-3224 (TTY).

Attachment A: Emergency Transfer Request form.

This form, or comparable documentation must be used by housing providers to initiate an emergency transfer by Coordinated Entry. Housing providers should assure they also have a properly executed release of information to request the transfer from the Coordinated Entry System.

Attachment A: Emergency Transfer Request Form

Purpose of Form: If you are a victim of domestic violence, dating violence, sexual assault, or stalking, and you are seeking an emergency transfer, you may use this form to request an emergency transfer and certify that you meet the requirements of eligibility for an emergency transfer under the Violence Against Women Act (VAWA). Although the statutory name references women, VAWA rights and protections apply to all victims of domestic violence, dating violence, sexual assault or stalking. Using this form does not necessarily mean that you will receive an emergency transfer. See your housing provider's emergency transfer plan for more information about the availability of emergency transfers.

The requirements you must meet are:

(1) You are a victim of domestic violence, dating violence, sexual assault, or stalking. If your housing provider does not already have documentation that you are a victim of domestic violence, dating violence, sexual assault, or stalking, your housing provider may ask you for such documentation. In response, you may submit Form HUD-5382, or any one of the other types of documentation listed on that Form.

(2) You expressly request the emergency transfer. Submission of this form confirms that you have expressly requested a transfer. Your housing provider may choose to require that you submit this form, or may accept another written or oral request. Please see your housing provider's emergency transfer plan for more details.

(3) You reasonably believe you are threatened with imminent harm from further violence if you remain in your current unit. This means you have a reason to fear that if you do not receive a transfer you would suffer violence in the very near future.

OR

You are a victim of sexual assault and the assault occurred on the premises during the 90-calendar-day period before you request a transfer. If you are a victim of sexual assault, then in addition to qualifying for an emergency transfer because you reasonably believe you are threatened with imminent harm from further violence if you remain in your unit, you may qualify for an emergency transfer if the sexual assault occurred on the premises of the property from which you are seeking your transfer, and that assault happened within the 90-calendar-day period before you submit this form or otherwise expressly request the transfer.

Submission of Documentation: If you have third-party documentation that demonstrates why you are eligible for an emergency transfer, you should submit that documentation to your housing provider if it is safe for you to do so. Examples of third party documentation include, but are not limited to: a letter or other documentation from a victim service provider, social worker, legal assistance provider, pastoral counselor, mental health provider, or other professional from whom you have sought assistance; a current restraining order; a recent court

order or other court records; a law enforcement report or records; communication records from the perpetrator of the violence or family members or friends of the perpetrator of the violence, including emails, voicemails, text messages, and social media posts.

Confidentiality: All information provided to your housing provider concerning the incident(s) of domestic violence, dating violence, sexual assault, or stalking, and concerning your request for an emergency transfer shall be kept confidential. Such details shall not be entered into any shared database. Employees of your housing provider are not to have access to these details unless to grant or deny VAWA protections or an emergency transfer to you. Such employees may not disclose this information to any other entity or individual, except to the extent that disclosure is: (i) consented to by you in writing in a time-limited release; (ii) required for use in an eviction proceeding or hearing regarding termination of assistance; or (iii) otherwise required by applicable law.

TO BE COMPLETED BY OR ON BEHALF OF THE PERSON REQUESTING A TRANSFER

1. Name of victim requesting an emergency transfer: _____

2. Your name (if different from victim's) _____

3. Name(s) of other family member(s) listed on the lease: _____

4. Name(s) of other family member(s) who would transfer with the victim: _____

5. Address of location from which the victim seeks to transfer: _____

6. Address or phone number for contacting the victim: _____

7. Name of the accused perpetrator (if known and can be safely disclosed): _____

8. Relationship of the accused perpetrator to the victim: _____

9. Date(s), Time(s) and location(s) of incident(s): _____

10. Is the person requesting the transfer a victim of a sexual assault that occurred in the past 90 days on the premises of the property from which the victim is seeking a transfer? If yes, skip question 11. If no, fill out question 11. _____

11. Describe why the victim believes they are threatened with imminent harm from further violence if they remain in their current unit.

12. If voluntarily provided, list any third-party documentation you are providing along with this notice: _____

This is to certify that the information provided on this form is true and correct to the best of my knowledge, and that the individual named above in Item 1 meets the requirement laid out on this form for an emergency transfer. I acknowledge that submission of false information could jeopardize program eligibility and could be the basis for denial of admission, termination of assistance, or eviction.

Signature _____ Signed on (Date) _____