



# **OPERATIONAL STANDARDS**

## **Coordinated Entry System**

*Revised May 2018*



## OPERATIONAL STANDARDS for THE CALL

### 1.0 OVERVIEW.

The CALL (Coordinated Assessment to Local Links) is a coordinated entry process serving the three Continuums of Care (CoC) within Bristol County: New Bedford's CoC (Homeless Service Providers Network—HSPN), Fall River's CoC (Homeless Service Providers Coalition), and the Greater Bristol County/Attleboro/Taunton/ Coalition to End Homelessness' CoC (GBCATCH). The CALL is established such that the entire geographic area claimed by each of the respective CoCs is covered by the Coordinated Entry System (CES). The CALL is operated by Catholic Social Services (CSS) under contract with each of the respective CoCs so noted.

The participating programs within each of these CoCs will work cooperatively to provide a single point of intake and initial assessment. This will assist residents in the continuums by meeting their housing needs with more efficiency. The CALL complies with the goals and regulations of the Emergency Solutions Grant (ESG) and the HEARTH (Homeless Emergency Assistance and Rapid Transition to Housing) Act and, through these operational standards, complies with the HUD Coordinated Entry Notice of the CoC Program interim rule: 24 CFR 578.7(a)8.

Referrals to housing, services and providers will be completed through a single source coordinated throughout each CoC. CSS is responsible for the operations of The CALL which will be the initial source for intake and initial assessment. All agencies receiving CoC or Emergency Solutions Grant (ESG) funding will be required to participate. Other programs within the CoCs are encouraged to participate. Oversight of the program process will be provided by an advisory committee comprised of representatives of the three Continuums of Care. Each Continuum may conduct its own monitoring of the program.

### 2.0 NONDISCRIMINATION POLICY.

The CALL operates a coordinated entry system that complies with applicable civil rights and fair housing laws and requirements. The process ensures the Fair Housing Act is followed which does not allow discriminatory practices based on race, color, religion, sex, national origin, disability, or familial status. The programs follow Section 504 of the Rehabilitation Act which prohibits discrimination on the basis of disability under any program or activity receiving Federal financial assistance. Households are prioritized based in the VI-SPDAT and type if disability does not factor into the decision for placement. Also, as households are accepted into programs solely based on their VI-SPDAT score and prioritized by chronic Homeless status Title VI of the Civil Rights Act is followed which prohibits

discrimination on the basis of race, color, or national origin under any program receiving Federal financial assistance. Title II and III of the American Disabilities Act are also followed as no public or private entity discriminates on the basis of disability. Compliance with the Equal Access in Accordance with an Individual's Gender Identity rule will ensure no individual or family shall be discriminated against because of sexual orientation, gender identity or perceived gender identity.

In operating The CALL, Catholic Social Services (CSS) shall provide equal access to services regardless of disability or difficulty with communication. Consumers have the right to request a reasonable accommodation as an exception to a policy or practice. A reasonable accommodation is a change, exception or adjustment to a rule, policy, practice or service. Such accommodation is not perceived as special treatment, but rather, providing equal opportunity in the use and enjoyment of the CALL that would otherwise not be possible without said accommodation. CSS can provide documents and interaction in multiple languages for those who have limited English proficiency to ensure they have access to emergency services and housing through the participating CoC programs.

The Coordinated Entry System is informed by Federal, State and local Fair Housing laws and regulations and ensures that participants are not "steered" toward any particular housing facility or neighborhood because of race, color, national origin, religion, sex, disability or the presence of children.

All participants in the coordinated entry system shall be informed of the ability to file a nondiscrimination complaint in accordance with the HUD Coordinated Entry Notice Section II.B.12.g.

### 3.0 PROCESS.

THE CALL process consists of several distinct components:

- **Marketing** of the CALL shall be an ongoing and robust undertaking to ensure maximum connection and exposure within the community.
- **Training** of the CALL staff shall be undertaken periodically and no less than annually; training of community partners shall be offered on an ongoing basis to ensure maximum connectivity and clarity.
- **Access** into the local homeless system.
- **Completion of a comprehensive and standardized assessment tool**, that being a vulnerability index, in order to assess each client based on HUD preferences further identified in these operational standards.
- **Strategic placement** based on client's completed assessment and existing resources.
- **Monitoring and evaluation** to ensure efficacy of the process

#### 3.1 MARKETING

The CALL will widely advertise services throughout the three CoC's to ensure mainstream resources and consumers, alike, are made aware of the Coordinated Entry System and how one may enter the system for services. All marketing and advertising shall be done in a manner that ensures all people have fair and equal access to the Coordinated Entry System. Such strategic measures shall include, at a minimum:

- 3.11 The CALL and respective CoCs will affirmatively market 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.

- 3.12 The CALL will ensure all people in different populations and subpopulations within the respective CoC's geographic area—including people experiencing chronic homelessness, veterans, and families with children, youth and survivors of domestic violence—have fair and equal access to the Coordinated Entry process.
- 3.13 The CoC's will advertise in local publications germane to the CoC (such as StreetSheets in New Bedford's CoC) which provide information on a variety of services for low income households, those struggling with addictions and/or those with mental health issues.
- 3.14 The CALL will produce and distribute business cards throughout the Continuums and other items with the hotline number in order to ensure consumers are aware of the appropriate point of contact for access into the Coordinated Entry System.
- 3.15 The CALL will conduct at least annual informational and/or training sessions in each Coc for those who are new to the homeless provider services as well as those who provide mainstream resources.
- 3.16 The CALL will be available to provide individualized agency training and/or technical assistance on the coordinated entry system upon request from the agency.
- 3.17 The CALL will post multi-language flyers at locations frequently utilized by those needing services including the local health clinics and bus stations.
- 3.18 The CoC shall post information about the existence of, and access to, the CALL on its website.

### **3.2 TRAINING**

Because all CoC and ESG providers funded through McKinney Vento are required to participate in the CoC's Coordinated Entry System, staff from those CoC and ESG providers must attend training session/s for the CALL prior to their authorized use of the system.

- 3.21 Any CoC provider wishing to produce referrals for Permanent Supportive Housing will complete training by the CoC regarding Coordinated Entry and the SPDAT. The training will be conducted by THE CALL at least annually and the individual will receive a certificate of completion certifying proficiency and authorization to use the system as a provider producing referrals for Permanent Supportive Housing. Anyone receiving such a certificate shall be considered a "trained provider" for the purposes of these Operational Standards.
- 3.22 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.
- 3.23 All training for the coordinated entry process shall include, but not be limited to a review of these Operational Standards including any adopted variations for specific subpopulations, requirements for use of assessment information to determine prioritization and criteria for uniform decision-making and referrals.
- 3.24 The CoC will consult with each participating project and a sampling of project participants on an annual basis to evaluate the intake, assessment and referral processes associated with the Coordinated Entry System. The requests for feedback must address the quality

and effectiveness of the entire coordinated entry experience for both participating projects and households. The sampling of project participants shall include, at a minimum, someone who was provided assistance through each of the following interventions: diversion, prevention, rapid rehousing or permanent housing as well as a client who may have identified as having a disability and/or falling into one or more of the noted subpopulations so as to ensure a spectrum of users in differing circumstances. See also Section 3.6 Monitoring & Evaluation.

### **3.3 ACCESS**

The CoC offers the same assessment approach and standardized decision-making further described in Section 3.4 at all access points, all of which are usable by all people who may be experiencing homelessness or at risk of homelessness. The CALL shall be easily accessed by individuals and families seeking housing and/or services either directly at the ADA compliant CALL center located at 238 Bonney Street, New Bedford, within the geographic CoC or by telephone at 1-800-HOMELESS (1-800-466-3537) from a 508 or 774 area code anywhere within the CoC's geographic boundaries. All calls coming into the call center will be handled as follows: a client in need of housing assistance, regardless of whether they've physically arrived at or called an ESG or CoC agency or a mainstream provider, will immediately be referred to the CALL's 1-800-HOMELESS number. If no staff is immediately available, the person will be prompted to leave contact information with the CALL so that CALL staff can return the call. Once the CALL staff is connected with the caller, an initial client assessment shall be conducted and basic information will be recorded and logged. All clients will be served on a case by case basis with the goal being the location of appropriate resources for the client.

The CoC's access points take reasonable steps to offer coordinated entry process materials and participant instruction in multiple languages to meet the needs of minority, ethnic and groups with Limited English Proficiency as well as providing appropriate auxiliary aids and services necessary to ensure effective communication (TTY, large type, etc.)

Regardless of the operational hours of the CALL and the coordinated entry system, individuals are able to access emergency services such as emergency shelter, independent of the operating hours of the system's intake and assessment processes by contacting the emergency shelter, directly. Once someone has entered emergency shelter, shelter staff shall work one-on-one with the individual in ensuring their direct access to the CALL and the coordinated system's intake and assessment processes as soon as it becomes available.

**3.31 Families.** Because Massachusetts is a right-to-shelter state, all families seeking emergency shelter must go through the state's Emergency Assistance (EA) system through the MA Department of Housing & Community Development's (DHCD's) "telephonic intake line" at 1.866.584.0653. Families should always contact the state for assistance through this line *prior to* contacting the CALL. Families contacting the CALL first will be provided with this information. Families contacting the CALL who have already been determined to be ineligible for state shelter will be assisted by CALL staff focusing on diversion and opportunities for rapid rehousing and permanent housing.

**3.32 Victims of Domestic Violence, Stalking, Sexual Assault, Trafficking, Dating Violence.** Domestic violence is a pattern of violence or intimidation in a relationship by one partner/person against another, designed to establish power and control over the victim. It may be physical, sexual and include psychological abuse or assaults. If the client is in imminent danger, fleeing, attempting to flee, under extreme life threatening duress or is involved in a current domestic violence situation, the CALL will immediately provide safety planning and connection with appropriate resources including: police, Safelink, and/or local

domestic violence shelters. No person shall be denied access to the coordinated entry process on the basis of being, or having been, a victim of domestic violence, sexual assault, trafficking, dating violence or stalking.

- 3.33 **Veterans.** If the client is a veteran, the client will be referred to the appropriate veteran’s agencies. The client will also be placed in an emergency shelter if needed and the receiving agency will refer for appropriate veteran services.
- 3.34 **Street Outreach.** Street outreach efforts funded under the ESG or CoC program shall be linked to the coordinated entry process. All street outreach efforts shall ensure that the outreach worker is providing the individual/s with both verbal (when possible) and printed materials regarding the existence of, and access to, the coordinated entry system and shall, to the greatest extent possible, offer an immediate access to the coordinated entry system by providing transportation and/or phone services to ensure direct and immediate ease of access to the CALL system.

All households who are included in more than one of the populations noted (such as a veteran who is a victim of domestic violence) shall be served at all access points for which they qualify.

### 3.4 STANDARDIZED ASSESSMENT TOOL (THE VI-SPDAT)

The CoC consistently applies one standardized assessment tool—the VI-SPDAT (Prioritization Decision Assessment Tool) in the operation of its coordinated entry system in order to ensure consistency throughout the CoC so as to achieve fair, equitable and equal access to services within the community.

- 3.41 A trained provider will complete a VI-SPDAT (Prioritization Decision Assessment Tool) with the client in order to go onto a waiting list for PSH (Permanent Supporting Housing).
- 3.42 A trained provider will give the completed Vulnerability Index as well as proof of homelessness or chronic homelessness and proof of disability to the CALL staff in order to enter the waitlist for Permanent Supportive Housing (PSH).
- 3.43 CALL staff will give the client a score based on the completed Vulnerability Index and will refer the client to an opening in PSH (if available) or , if there are no openings available, will place the client on a PSH wait list with the priority rating as determined by the vulnerability index.
- 3.44 The CALL’s standards, policies and/or procedures cannot be used to screen people out of the coordinated entry process due to perceived barriers to housing services including, but not limited to, too little or no 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.
- 3.45 No part of the assessment process can require the disclosure of specific disabilities or diagnosis; such information can only be obtained for purposes of determining specific program eligibility in order to ensure appropriate referrals.

### 3.5 STRATEGIC PLACEMENT

The CoC uses the coordinated entry process to prioritize persons experiencing homelessness within the CoC's geographic area based on:

- ❑ Specific and definable set of criteria that are documented, made publicly available and applied consistently throughout the CoC for all populations.
- ❑ The CoC's Operational Standards including the factors and assessment information with which prioritization decisions are made.
- ❑ Prioritization policies and procedures within the CoC's written standards (*August 2016*) regarding CoC and ESG under 24 CFR 578(a)(9) and 24 CFR 576.4.

Immediate interventions do not require prioritization based on severity of service need or vulnerability shall be those individuals or families requiring entry into emergency shelter or, in the case of cold weather, the overflow shelter. In such cases the following shall apply:

### 3.51 Shelter Services

- a. Staff will attempt to locate shelter for the individual or family based on availability provided to the CALL each morning
- b. Staff will assist with providing a family information as to how to access DHCD (Department of Housing and Community Development) assistance for EA (Emergency Assistance) shelter services
- c. Staff will contact shelters not utilizing the Coordinated Entry system to attempt to locate an opening for immediate service
- d. If no shelter bed is available individual or family can complete a SPDAT (Service Prioritization Decision Assessment Tool) to determine place on waiting list if bed becomes available after shelter curfew

Those interventions that do require prioritization based on severity of service need or vulnerability shall be those individuals not requiring emergency interventions. The following order, consistent with the CoC's own written standards (*August 2016*) providing guidance for evaluating individuals and families' eligibility for housing and/or services, will be used when assessing each individual client:

### 3.52 Diversion

- a. CALL staff on duty will review potential resources with the client within their own family and resources.
- b. Staff will review resources used in the past and potential resources that a client could use either temporarily while accessing services or could use to prevent the need for ongoing services
- c. If sustaining housing is possible, divert to prevention or rapid re-housing

### 3.53 Prevention

- a. Anyone presenting as a candidate for prevention services/assistance will be notified by CALL staff as to any necessary documentation needed for application. If the client has documentation, an appointment will be scheduled with ESG staff utilizing the centralized CSS Emergency Solutions calendar.
- b. If client does not have documentation then an introductory letter will be mailed to the client identifying all documentation needed in order to apply for Prevention assistance.

### 3.54 Rapid Rehousing

- a. CALL staff will notify a client who may qualify for Rapid Rehousing services indicating what documentation is needed for application. If the client has documentation, an appointment will be scheduled.
  - b. If client does not have documentation then an introductory letter will be mailed to client stating all documentation needed in order to apply for Rapid Rehousing services
  - c. If sustaining housing is possible, divert to prevention or rapid re-housing
- 3.55 Permanent or Transitional Housing
- a. Client will complete Vulnerability Index in order to go onto a waiting list for PSH (Permanent Supporting Housing), or Transitional Housing
  - b. Client will be given a score based on need and will referred to an opening in PSH or Transitional Housing based on priority rating which is determined by the vulnerability index
  - c. If there are no openings available client will enter a waiting list which is based on those with the most need

In addition to these placement standards for clients and eligibility standards in Section 4.0 of these Operational Standards, all other minimum standards presented in the CoC's Written Standards (*dated August 2016*) shall additionally be met or exceeded by the respective programs providing each housing type.

### **3.6 MONITORING & EVALUATION**

- 3.61 The City's Department of Planning, Housing & Community Development is responsible for leading the evaluation process with assistance from the HSPN Coordinated Entry Committee. The purpose of the CALL's evaluation is to identify opportunities to improve the processes and policies.
- 3.62 In addition to individual CoC monitoring, the SouthCoast Regional Network to End Homelessness (SoCo) may review the overall effectiveness of The CALL for the region, following HUD standards for Coordinated Entry Systems.
- 3.63 The CALL may additionally conduct its own stakeholder consultations, surveys or otherwise solicit feedback from providers and households as to the Coordinated Entry System.
- 3.64 The New Bedford CoC will conduct periodic monitoring of the CALL to ensure compliance with these Operational Standards, consistency with its contractual obligations with the City of New Bedford and efficiency and effectiveness in service delivery. In so doing the City of New Bedford will, as with all monitoring, carefully review data and processes in a manner that ensures client confidentiality.

### **4.0 ELIGIBILITY**

Determination of eligibility differs from the process of prioritization. The CoC does not use data collected from the assessment process to discriminate or prioritize households for housing/services on a protected basis (e.g. race, color, religion, national origin, sex, age, familial status, disability, actual or perceived sexual orientation, gender identity or marital status).

- 4.1 Residency. When applying for any Permanent Supportive Housing (PSH) program or Emergency Shelter program (ES), residency is determined. Residency can be determined by current placement (if placed in the Continuum, then they are eligible for Continuum services) or by



showing reasonable ties to the City of New Bedford. Applicants should be able to show that they either became homeless in New Bedford and were forced to leave in order to find temporary housing or shelter, or have services in the community (medical, school, DTA, DCF, etc.) which would indicate that the City of New Bedford is their home of origin. In the case of emergency shelter, there should be a self certification that a person has become homeless in the City of New Bedford; this will suffice as to eliminating any barriers to emergency services. In the rare circumstance that there are NO eligible participants on the waitlist for PSH within the New Bedford Continuum, requesting a referral than the household with the highest SPDAT from the other two CoCs within Bristol County (Fall River and GBCATCH) will be sent as a referral. It is up to the program to determine if it will accept someone from outside the New Bedford CoC.

#### 4.2 Thresholds.

##### 4.21 Emergency Shelter

- ❑ Participants must meet the HUD definition of homelessness
- ❑ Participants can be safely maintained in shelter and behavior is not an obstacle to safety
- ❑ Registered sex offenders are not eligible
- ❑ Families must be referred to the Massachusetts (DHCD) Department of Housing and Community Development before offered other shelter/housing options.
- ❑ Emergency Shelter should be reserved for the most vulnerable, hardest-to-serve clients.

##### 4.22 Transitional Housing

- ❑ Must be screened for diversion first
- ❑ Applicant must be homeless coming from shelter/s and/or streets with income below 30% AMI (Area Median Income).
- ❑ Applicant must be able to be safely maintained in the program
- ❑ Client cannot be slated for PSH AND
- ❑ At least one prior episode of homelessness (except young adults) AND
- ❑ Be classified as one of the following special subpopulations:
  - Young adult 18-24
  - Family with children under age 5
  - Substance use disorder
  - Behavioral health disorder
  - Military veteran
  - Fleeing DV and DV the cause of recent homeless episode

##### 4.23 Rapid Re-Housing

- ❑ An intervention designed to help individuals and families quickly exit homelessness and return to permanent housing.
- ❑ Offered without preconditions (such as employment, income, absence of criminal record or sobriety)
- ❑ Resources and services are tailored to the unique needs of the household

##### 4.24 Permanent Supportive Housing

- ❑ Must meet HUD definition of literally homeless AND
- ❑ Include one family member with a disability
- ❑ For HUD CoC-funded units, the priority for housing is given to those household who are defined as chronic homeless with the most barriers to housing

## **5.0 NOTIFICATION of VACANCIES**

Participating agencies must complete eligibility forms (see addendum) for each participating program. Eligibility forms will be updated annually to reflect the most current bed counts and eligibility criteria. If a new program begins in a participating agency it will be the agency's responsibility to submit the eligibility criteria form to THE CALL a minimum of five (business) days before the program begins.

If a new agency would like to participate with THE CALL they will first need to contact the CoC in their service area and execute an MOU (Memorandum of Understanding) for that Continuum. They will work with that Continuum to ensure they have provided the necessary documentation and information to participate in THE CALL.

Emergency Shelters for individual men and women are required to report vacancies between 8:30am-9:30am every morning [family emergency shelters are exempted from this since referrals come through the state]. On Friday, Saturday, and Sunday the on-call worker will contact each agency that contains emergency shelter beds by 9:30am and determine how many beds are open for the day in order to place individuals in case of an emergency. PSH and TH programs will report as openings occur.

### **5.1 Emergency Shelter**

Providers must hold the vacancy on behalf of the referred client in accordance with the emergency shelter's protocols. If the referred individual or family does not arrive at the shelter to claim a bed by the appointed time the shelter will contact THE CALL and notify that the bed has reopened for the evening.

### **5.2 Transitional Housing**

Staff at the Housing program will determine eligibility and acceptance or rejection into the program within three business days. If the homeless family or individual is accepted, the receiving program must document that acceptance and arrange for move-in within three business days from acceptance. To ensure that vacancies are promptly filled, THE CALL may issue up to three referrals per vacancy.

### **5.3 Rapid Re-Housing**

Once a person is determined initially eligible for rapid rehousing they are referred to a rapid-rehousing program. The CALL staff will discuss the household's current situation and if whether they would likely be able to sustain housing in a unit with temporary rapid rehousing assistance. Should the determination be that sustainability would be possible, the household then schedules to meet with a case manager at the rapid rehousing program to which they are being referred. At their appointment, the client will complete the necessary paperwork proving they are eligible for services and will be instructed as to how to seek an affordable unit.

### **5.4 Permanent Supportive Housing**

After the intake interview, staff will determine eligibility and acceptance or rejection into the program within five business days. If the homeless individual or family is accepted the receiving program must document that acceptance and arrange for move-in as follows:

- ❑ Project-Based PSH Program – dependent upon room readiness
- ❑ Scattered-Site PSH Program –
  - Dependent upon tenant's acceptance of apartment
  - Dependent upon landlord acceptance of tenant
  - Dependent upon inspection of unit, repairs and re-inspection as applicable

To ensure that vacancies are promptly filled, THE CALL may issue up to three referrals per vacancy.

## **6.0 CLIENT/CONSUMER CHOICE – PREFERENCE AND DECLINE POLICY**

In accordance with HUD standards, clients are able to decline a referral and continue to receive services. CoC coordinated entry participants are freely allowed to 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.

When a client refuses or rejects options presented to them, they maintain the right to remain on the placement/waiting list in accordance with their existing vulnerability index score.

Clients who accept a housing/service option at a program requiring certain pieces of information to ensure program eligibility when required (such as evidence of homelessness in order to comply with HUD's definition of homelessness) must produce that evidence in order to maintain their access into that program.

## **7.0 PROVIDER DECLINE POLICY**

### **7.1 Emergency Shelters**

Emergency Shelters may only decline individuals and families found eligible for and referred by THE CALL under limited circumstances including

- ❑ No actual vacancy available
- ❑ The household presents with more people that referred by THE CALL
- ❑ The Emergency Shelter has determined that the individual or family cannot be safely accommodated

The Emergency Shelter must accommodate the client or provide an appropriate referral and must report the reason for any decisions to reject a client to THE CALL. If the rejected client has not otherwise been accommodated for the night and no appropriate referral can be made, the Emergency Shelter must refer the client back to THE CALL.

### **7.2 Transitional Housing, Rapid Re-Housing, and Permanent Supportive Housing**

The above listed housing programs may only decline individuals and families found eligible for and referred by THE CALL under limited circumstances which include the following:

- ❑ No actual vacancy available
- ❑ The Household presents with more people than referred by THE CALL
- ❑ The Household has missed two intake appointments
- ❑ Based on individual program policies and procedures, the Receiving Program has determined that the individual or family cannot be safely accommodated
- ❑ Based on individual program policies and procedures the Receiving Program has determined the individual cannot meet tenancy obligations with the supports provided by the program.
- ❑ The Household has not presented at the Receiving Program within five business days from the intake appointment.

Programs may not decline persons with psychiatric disabilities for refusal to participate in mental health services as long as the client reasonably complies with the tenancy and is of no harm to himself or others.

The Continuums of Care have agreed that Providers must accept at least two of every three referrals received from THE CALL.

If the client, referred by THE CALL, has not presented at the Receiving Program within five business days from the intake appointment, the Receiving Program must notify THE CALL and document the lack of follow through by the client. Should the client present at or contact the Receiving Program after more than five days from the appointment, the Receiving Program must refer the client back to THE CALL to update their information. The client is then placed back on the Centralized Waitlist.

### 7.3 Clients declined by all referrals

The CALL may convene a case conference in the event that a client has been declined by three programs. The purpose of the case conference will be to resolve barriers to the client receiving indicated level of service. The CALL will determine which parties will attend the case conference, including but not limited to the Assessment Entity, the receiving Programs, and other Collateral Contacts as determined necessary. The CALL will then arrange a conference with the client to discuss any alternative options.

## **8.0 RETURNS TO EMERGENCY SHELTER OR THE STREETS**

If a client/household can no longer be served by a housing program and the Receiving Program has exhausted all of its agency resources, the CALL should be notified to determine if another placement could be made to prevent a return to emergency shelter or the streets.

## **9.0 HOLDING BEDS OR UNITS TO LOCATE CLIENTS**

### 9.1 Emergency Shelter

Once a referral is made, the provider is required to hold a bed until a time as set by the Emergency Shelter's protocols, in order for the individual or household to arrive at the Emergency Shelter.

### 9.2 Transitional Housing, Permanent Supportive Housing

Once a referral has been made by the CALL, the Receiving Program is required to hold the unit vacant for three business days in order to locate and inform the individual or household of the availability of housing and arrange the intake.

## **10.0 GRIEVANCE AND APPEALS POLICIES**

Upon completion of an assessment, each client will be provided with a notice that forms are available upon request should they wish to file any type of grievance including a grievance for discrimination, placement decision, eligibility decision or other grievance. All households have the right to appeal eligibility and referrals made by the CALL. All appeals of this nature should be made in writing and submitted within 10 days of client notification to the CALL Evaluation Subcommittee of the SOCO (South Coast Regional Network to End Homelessness). The entity receiving the appeal must ensure that an objective third party reviews and responds in writing to all appeals within 14 days. Responses must be submitted to the CALL, Receiving Program and the client.

Grievances and/or appeals may be handled in one of three ways.

10.1 For those grievances and appeals directed to the program and/or program agency, all such matters will be handled within the agency to which the individual/family has been referred according to their policies and procedures.

10.2 If the client wishes to appeal or grieve an action of the CALL, the client may complete a grievance/appeal form and submit it to Catholic Social Services and the City's Department of Planning, Housing & Community Development.<sup>1</sup>

10.3 Should the client wish to appeal or grieve both the program and the CALL, the client may complete the form identifying the two separate issues and the reason for appeal/grievance of each respective entity and submit it to both the program and CALL.

## 11.0 DOCUMENTS

The CALL will utilize uniform documentation for initial assessment, vulnerability index, and other procedures. The following documentation will be provided to all agencies within the CALL as well as the Continuums of Care utilizing the CALL. The documentation will be part of the written standards and procedures. The documentation is subject to change as necessary in order to most effectively serve the clients.

The following documents will be used and are included within the ADDENDUM to these Operational Standards:

- ❑ THE CALL Initial Assessment
- ❑ SPDAT
- ❑ Flow Chart for Family Seeking Shelter
- ❑ Flow Chart for Individual Seeking Shelter
- ❑ Daily Bed Count for Emergency Shelters
- ❑ Bed Reporting Form for Transitional Housing Programs and Permanent Supportive Housing Programs
- ❑ Proof of Disability Form
- ❑ Proof of Chronic Homelessness Form
- ❑ Proof of Homelessness Form
- ❑ Release and Revocation of Services Form

## 12.0 DATA

The CALL will, on an ongoing basis, utilize and input client level data into the CoC's Homeless Management Information System (HMIS) once the Case Worthy system is operational. The CALL staff shall work to ensure the highest level of data quality at all times.

Should the CoC vote to participate with the Statewide Data Warehouse anticipated to begin during 2018, the CALL will meet or exceed any relevant standards necessitated for its participation in the statewide system.

12.1 Privacy Protections. The CoC, through its HMIS Standards and CoC Standards requires the protection of all data collected through the CE assessment process. Security of this data will be reviewed during the City's monitoring process of the CALL.

---

<sup>1</sup> The City's Department of Planning, Housing & Community Development is the administrative agent for the New Bedford Continuum of Care and the grantee/monitoring agent for funding for the coordinated entry system.

- 12.2 Prior to the recording, logging or input of any data, consent from the client permitting the sharing and storage of their information for the purposes of assessing and referring them through the coordinated entry process and to better understand the efficiencies of the system shall first be obtained by the CALL.
- 12.3 The CoC prohibits denying services to clients in the client refuses to allow their data to be shared *unless Federal Statute requires collection, use, storage and reporting of a client's personally identifiable information as a condition of program participation.*
- 12.2 All information/data within the CALL's Prioritization List shall be maintained according to the same HMIS data privacy and security protections prescribed by HUD for HMIS practices in the HMIS Data and Technical Standards.
- 12.3 In accordance with Section 3.45 of these Operational Standards, the assessment process cannot require disclosure of specific disabilities or diagnosis. Specific diagnosis or disability information may only be obtained for purposes of determining program eligibility to make appropriate referrals.

## ADDENDUM

- Appendix A Definitions
- Appendix B HUD Definitions of Homelessness
- Appendix C Housing Strategies and Components
- Appendix D THE CALL Initial Assessment
- Appendix E Referral Checklist
- Appendix F SPDAT (*Service Prioritization Decision Assessment Tool*)
- Appendix G Flow Chart for Family With Children Seeking Shelter
- Appendix H Flow Chart for Individual Seeking Shelter
- Appendix I Daily Bed Count Form
- Appendix J Bed Reporting Form for Transitional Housing Programs and Permanent Supportive Housing Programs
- Appendix K Verification of Disability Form
- Appendix L Chronically Homelessness Third Party Verification
- Appendix M Proof of Homelessness Form
- Appendix N Authorization of Release of Information Form
- Appendix O Revocation of Authorization Form
- Appendix P Disability Accommodation Form
- Appendix Q CALL Grievance Form

## Appendix A Definitions

### Trained Provider

A “trained provider” is a staff person of either a CoC or ESG funded agency, or a mainstream resource staff person, who has been formally trained by CALL staff in the overall coordinated assessment process as well as the administration of the VI-SPDAT (Service Prioritization Decision Assessment Tool). The trained provider can, at the request of CALL staff, administer the SPDAT and provide the completed tool to the CALL. CALL staff will then, based on the completed tool, arrive at a Vulnerability Index score which will be used to rank users coming in to the system as regards their placement in housing.

### Chronically Homeless (*HUD Definition*)

A “chronically homeless” individual is defined as a homeless individual with a disability who lives either in a place not meant for human habitation, a safe haven, or in an emergency shelter, or in an institutional care facility if the individual has been living in the facility for fewer than 90 days and had been living in a place not meant for human habitation, a safe haven, or in an emergency shelter immediately before entering the institutional care facility.

- ▣ In order to meet the “chronically homeless” definition, the individual also must have been living as described above continuously for at least 12 months, or on at least four separate occasions in the last 3 years, where the combined occasions total a length of time of at least 12 months.
- ▣ Each period separating the occasions must include at least 7 nights of living in a situation other than a place not meant for human habitation, in an emergency shelter, or in a safe haven.
- ▣ Chronically homeless families are families with adult heads of household who meet the definition of a chronically homeless individual. If there is no adult in the family, the family would still be considered chronically homeless if a minor head of household meets all the criteria of a chronically homeless individual. A chronically homeless family includes those whose composition has fluctuated while the head of household has been homeless.

### Disability (*HUD Definition*)

A Physical, Mental or Emotional Impairment, including 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; includes: Developmental Disability Defined in §102 of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (42 USC 15002) – a severe, chronic disability that is attributable to a mental or physical impairment or combination AND is manifested before age 22 AND is likely to continue indefinitely AND reflects 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. An individual may be considered to have a developmental disability without meeting three or more of the criteria listed previously, if individual is 9 years old or younger AND has a substantial developmental delay or specific congenital or acquired condition AND without services and supports, has a high probability of meeting those criteria later in life. HIV/AIDS Criteria Includes the disease of acquired immunodeficiency syndrome (AIDS) or any conditions arising from the etiologic agent for acquired immunodeficiency syndrome, including infection with the human immunodeficiency virus (HIV).

### Literally Homeless (*HUD Homeless Definition Category #1*):

(1) Individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning: (i) Has a primary nighttime residence that is a public or private place not meant for human habitation; (ii) 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 (iii) 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.



**Appendix B**  
**U.S. Department of Housing and Urban Development**  
**(HUD) Definition of Homelessness**

Category 1	Literally Homeless	<b>Individuals who lack a fixed, regular, and adequate night time residence, meaning:</b>
		<ul style="list-style-type: none"> <li>▪ Have a primary residence that is a public or private place not meant for human habitation;</li> <li>▪ Is living in a publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing and hotels/motels paid for by charitable organizations or by federal/state/local government programs); or</li> <li>▪ Is exiting an institution where s/he has resided for 90 days or less <i>and</i> who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution.</li> </ul>
Category 2	Imminent Risk of Homelessness	<b>Individual or family who will imminently lose their primary nighttime residence, provided that:</b>
		<ul style="list-style-type: none"> <li>▪ Residence will be lost within 14 days of the date of application for homeless assistance;</li> <li>▪ No subsequent residence has been identified; <i>and</i></li> <li>▪ The individual or family lacks the resources or support networks needed to obtain other permanent housing.</li> </ul>
Category 3	Modified McKinney-Vento	<b>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:</b>
		<ul style="list-style-type: none"> <li>▪ Are defined as homeless under the other listed federal statutes;</li> <li>▪ Have not had a lease, ownership interest, or occupancy agreement in permanent housing during the 60 days prior to the homeless assistance application;</li> <li>▪ Have experienced persistent instability as measured by two moved or more during the preceding 60 days; <i>and</i></li> <li>▪ Can be expected to continue in such status for an extended period of time due to special needs or barriers</li> </ul>
Category 4	Attempting to Flee Domestic Violence	<b>Any individual or family who:</b>
		<ul style="list-style-type: none"> <li>▪ Is fleeing, or is attempting to flee, domestic violence</li> <li>▪ Has no other residence; <i>and</i></li> <li>▪ Lacks the resources or support networks to obtain other permanent housing</li> </ul>

## Appendix C Housing Strategies and Components

Housing Strategies/ Components	Targeted Population	Eligible Activities
Permanent Supportive Housing	Literally homeless individuals with disabilities and families with one member who has a disability	Acquisition, Rehabilitation, New Construction, Leasing, Rental Assistance, Transition (leasing), Tenant Based Rental Assistance, Sponsor-Based Rental Assistance, Project Based Rental Assistance, Vacancies and Property Damage, Supportive Services: Annual assessment of service needs, assistance with moving costs, case management, child care, education services, employment assistance or job training, food, housing search and counseling services, utility deposits, legal services, life skills training, mental health services, outpatient health services, outreach services, substance abuse treatment services, transportation
Rapid Re-housing Transitional Housing Supportive Services Only	Literally homeless individuals and families	
Street Outreach	Literally homeless individuals and families	Engagement, Case Management, Emergency Health Services, Emergency Mental Health Services, Transportation
Emergency Shelter		Essential services: case management, child care, education services, employment assistance or job training, legal services, life skills training, mental health services, outpatient health services, substance abuse treatment services, transportation; Renovation, Shelter Operations, Assistance required under "URA"
Rapid Re-housing		Housing relocation and Stabilization services: financial assistance - moving costs, rent application fees, security deposits, last month's rent, utility deposit, utility payments; services - housing search and placement, housing stability case management, mediation, legal services, credit repair; short (3 months)/ medium (4-24 months) rental assistance; six months of rental arrears
Homeless Prevention	At risk of homelessness	

## Appendix D THE CALL Initial Assessment



# Initial Assessment

### QUESTIONS ASKED OF EVERYONE

Name: \_\_\_\_\_

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Contact # \_\_\_\_\_

Last Known Address: \_\_\_\_\_  
\_\_\_\_\_

Location where they are now: \_\_\_\_\_  
\_\_\_\_\_

Mothers Maiden Name: \_\_\_\_\_

Primary language: \_\_\_\_\_

Current Situation: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### **DEPENDING ON ANSWERS TO CURRENT SITUATION THIS IS WHAT IS ASKED**

*If not homeless not seeking emergency shelter the highlighted questions are not asked*

Are you in Danger (to help determine DV)? \_\_\_\_\_

Where did you sleep last night?  
(determine prevention, rapid rehousing, diversion, and residency) \_\_\_\_\_

\_\_\_\_\_

**DEPENDING ON ANSWERS TO CURRENT SITUATION THIS IS WHAT IS ASKED, Contd.**  
*If not homeless not seeking emergency shelter the highlighted questions are not asked*

Previous Location and can you return back (PART OF DIVERSION): \_\_\_\_\_  
\_\_\_\_\_

Income (monthly) Annual Income (help determine if eligible for Prevention) \_\_\_\_\_  
\_\_\_\_\_

Documented Disability (possible PSH) \_\_\_\_\_  
\_\_\_\_\_

Immediate Prior Location (residency, diversion, rapid rehousing, diversion) \_\_\_\_\_  
\_\_\_\_\_

How long Have been homeless (first look at chronic status) \_\_\_\_\_  
\_\_\_\_\_

Ma ID (help with residency) \_\_\_\_\_

Meds How Many meds (ensure safety at emergency shelter) \_\_\_\_\_

Allergies (safety at emergency shelter) \_\_\_\_\_

Can you climb stairs (if need to enter shelter that is handicapped accessible) \_\_\_\_\_

Have you been in shelter before (determine residency, history, and if excluded from shelter)  
\_\_\_\_\_

Although this will not preclude you from entering shelter, can you pass Drug Screen and  
Breathalyzer ?(ask for safety reasons)  
\_\_\_\_\_

Do you have transportation (so we know if they can get to shelter) \_\_\_\_\_

Are you a registered sex offender (for safety reasons) \_\_\_\_\_

Status of household Age of HOH Gender Total Adults Total children Household size (determine if  
eligible for prevention services, basic demographic information) \_\_\_\_\_  
\_\_\_\_\_

Did you serve active military duty (to refer to Vet services if applicable) \_\_\_\_\_

## Appendix E REFERRAL CHECKLIST



# REFERRAL CHECKLIST

- Release signed by Consumer
- Complete Demographic Waitlist Placement Sheet
- Complete Vulnerability Index page (21, 22, 23, 24, 25, 27, 28)  
***Please note interviewer:*** Questions 33, 40, and 47 are for your observations and not to be asked of the consumer.
- Enter total of VI Score in box on page 1 of the referral packet (page 21 of these Operational Standards)
- Verification of Disability
- Proof of Chronic Homelessness (if applicable)
- Proof of Homelessness (if not able to prove Chronic Homelessness)
- Email referral packet **entirely completed** only to : [Thecall@cssdioc.org](mailto:Thecall@cssdioc.org) or you fax to: ATTN: Emergency Solutions Dept. "THE CALL" 508-675-2224

"THE CALL"  
A program of Catholic Social Services  
Diocese of Fall River  
Fall River 1600 Bay Street  
P.O. Box M-So Station Fall River, MA 02724 1-800-HOMELESS  
Ph: 508.674-4681 Fx; 508-675-2224



## Appendix F SPDAT (Service Prioritization Decision Assessment Tool)

- Add up the "1s" from all later pages, and enter at right.
- If the VI = 10 or greater, client is recommended for a PSH or Housing First Assessment.
- If the VI = 6-9, client is recommended for a [Rapid Re-housing Assessment](#).
- If the VI = 0-4, client is not recommended for a [Housing and Support Assessment](#).

### SPDAT (Service Prioritization Decision Assessment Tool)

Place Total in box below at conclusion of interview

## TRIAGE FORM – INDEX

DO ANY OF THESE SITUATIONS APPLY TO YOU?	222
WHAT HOUSING WAITLISTS WOULD YOU BE ELIGIBLE FOR	222
WAITLIST PLACEMENT – ALL FIELDS ARE REQUIRED	2324
CLIENT ID (FOR HOH OR UNACCOMPANIED INDIVIDUAL)	244
BASIC TRIAGE QUESTIONS	266
HOMELESS OR IMMINENT RISK CLIENTS, including RRH	277
HOMELESS PREVENTION	277
VULNERABILITY INDEX	278
REFERRAL DECISION	30
FOLLOW-UP FORM	301

Referring Agency:	_____
Agency Address (incl. city/state/zip):	_____
Name of Staff who completed this form:	_____
Phone of Staff:	_____
Email of Staff:	_____
Date of Referral mm/dd/yyyy:	/    /

**DO ANY OF THESE SITUATIONS APPLY TO YOU OR ANYONE IN YOUR HOUSEHOLD?**

(choose one only, the most important (○ = ●))

- |   |    |  |    |
|---|----|--|----|
| <input type="radio"/> Elderly, or Disabled                                | 1  | <input type="radio"/> Need to leave High-Crime Neighborhood      | 12 |
| <input type="radio"/> Displacement for Witness Protection/Hate Crime      | 2  | <input type="radio"/> Aging out of Child/Teen Services           | 13 |
| <input type="radio"/> Section 236 or Displaced by Gov't Action            | 3  | <input type="radio"/> Release from institution into Homelessness | 14 |
| <input type="radio"/> Displacement due to Domestic Violence               | 4  | <input type="radio"/> Registered Sex Offender                    | 16 |
| <input type="radio"/> Displacement due to Health Code Violations          | 5  | <input type="radio"/> Local Resident                             | 17 |
| <input type="radio"/> Displacement due to Urban Renewal                   | 6  | <input type="radio"/> Local Employee                             | 18 |
| <input type="radio"/> Displacement due to Natural Disaster / Fire / Water | 7  | <input type="radio"/> Community-Based Housing Certification      | 19 |
| <input type="radio"/> Rent-Burdened despite Full-Time Employment          | 8  | <input type="radio"/> Homeless due to Health Care/Medical Costs  | 10 |
| <input type="radio"/> Rent-Burdened despite Part-Time Employment          | 15 | <input type="radio"/> Veteran                                    | 20 |
| <input type="radio"/> Displacement by Landlord or Market Forces           | 9  | <input type="radio"/> Seeking reunification after treatment      | 21 |
| <input type="radio"/> Internal Transfer (already live here)               | 11 | <input type="radio"/> Unaccompanied Youth - Throwaway   Runaway  | 22 |

**WHAT HOUSING WAITLISTS WOULD YOU BE ELIGIBLE FOR?** (choose as many as seem appropriate)

<u>INDIVIDUALS</u>	<u>FAMILIES</u>	<u>UNACCOMPANIED YOUTH</u>
<input type="radio"/> TH <input type="radio"/> PH  <b>HISTORY OF:</b> <input type="radio"/> Domestic Violence <input type="radio"/> Substance Abuse Long Term  <input type="radio"/> Special Needs <input type="radio"/> MH <input type="radio"/> HIV <input type="radio"/> DD <input type="radio"/> Other	<input type="radio"/> TH <input type="radio"/> 2BR <input type="radio"/> 3BR <input type="radio"/> 4BR <input type="radio"/> 5BR <input type="radio"/> 6BR <input type="radio"/> 7+ <input type="radio"/> PSH <input type="radio"/> 2BR <input type="radio"/> 3BR <input type="radio"/> 4BR <input type="radio"/> 5BR <input type="radio"/> 6BR <input type="radio"/> 7+  <input type="radio"/> Domestic Violence: <input type="radio"/> 2BR <input type="radio"/> 3BR <input type="radio"/> 4BR <input type="radio"/> 5BR <input type="radio"/> 6BR <input type="radio"/> 7+ <input type="radio"/> Substance Abuse: <input type="radio"/> 2BR <input type="radio"/> 3BR <input type="radio"/> 4BR <input type="radio"/> 5BR <input type="radio"/> 6BR <input type="radio"/> 7+ <input type="radio"/> Veterans <input type="radio"/> 2BR <input type="radio"/> 3BR <input type="radio"/> 4BR <input type="radio"/> 5BR <input type="radio"/> 6BR <input type="radio"/> 7+  <input type="radio"/> Special Needs: <input type="radio"/> MH <input type="radio"/> HIV <input type="radio"/> DD <input type="radio"/> Other	<input type="radio"/> Pregnant / Parenting <input type="radio"/> Runaway / Castaway   <input type="radio"/> Special Needs: <input type="radio"/> MH <input type="radio"/> HIV <input type="radio"/> DD <input type="radio"/> Other

Describe current living situation:

---



---



---



---



---

Date entered current living situation: \_\_\_\_\_

**Triage for Possible Placement and Referral – with SPDAT**

**WAITLIST PLACEMENT – ALL FIELDS ARE REQUIRED (Vulnerability Index to be completed by CSS staff)**

<input type="radio"/>	<b>Head of Household's FIRST Name</b> in the boxes below, write your <u>first</u> name <u>as it appears on your birth certificate</u>
<input type="radio"/>	<b>Head of Household's MIDDLE Name</b> write your <u>full</u> middle name, not just the initial
<input type="radio"/>	<b>Head of Household's LAST Name</b> (ex: Baez-Gonzalez)

<input type="radio"/>	<input type="radio"/> Yes <input type="radio"/> No <b>Have you ever served in the military?</b>	<input type="radio"/>	<input type="radio"/> Yes <input type="radio"/> No <b>Have you or anyone in your HH experienced DV?</b>
<input type="radio"/>	<b>Head of Household's SOCIAL SECURITY NUMBER</b>	<input type="radio"/>	<b>GENDER</b>
<input type="radio"/>		<input type="radio"/>	<b>Head of Household's DATE OF BIRTH</b>
<input type="radio"/>		<input type="radio"/>	Month
<input type="radio"/>		<input type="radio"/>	Day
<input type="radio"/>		<input type="radio"/>	Year

<b>ETHNICITY</b> Also provide your race at right!	<b>RACE:</b> Asian , Black, White, Native American, Pacific Islander, Multi-racial Do <b>NOT</b> write Spanish, Hispanic, Latino here – and do <b>NOT</b> write your country!
<input type="radio"/> <input type="radio"/> Hispanic <input type="radio"/> non-Hispanic	<input type="radio"/>

<input type="radio"/>	<b>YOUR MOTHER'S MAIDEN NAME</b>
-----------------------	----------------------------------

<input type="radio"/>	<b>YOUR HOME TELEPHONE</b>	<input type="radio"/>	<b>SECOND TELEPHONE</b> (if you have one)
-----------------------	----------------------------	-----------------------	---

<input type="radio"/>	<b>YOUR EMAIL ADDRESS</b>
-----------------------	---------------------------

<input type="radio"/>	<b>WHERE CAN WE REACH YOU A YEAR FROM NOW?</b> <input type="radio"/> same address as shown on the opposite side of this page
<input type="radio"/>	<b>Answer this:</b> Address is <input type="radio"/> a P.O. Box <input type="radio"/> a street address - include any apartment # <input type="radio"/> a "care of" address
<input type="radio"/>	<b>If "Care of" include the care of person's name in the address line below: ex: "c/o Smith, 19 Flower St #4"</b>
<input type="radio"/>	<b>City, State, and Zip Code:</b>

<input type="radio"/>	<b>SECOND CONTACT or MAILING ADDRESS</b> <input type="radio"/> same address as above
<input type="radio"/>	<b>Answer this:</b> Address is <input type="radio"/> a P.O. Box <input type="radio"/> a street address - include any apartment # <input type="radio"/> a "care of" address
<input type="radio"/>	<b>If "Care of" include the care of person's name in the address line below: ex: "c/o Smith, 19 Flower St #4"</b>
<input type="radio"/>	<b>City, State, and Zip Code:</b>

<input type="radio"/>	<b>TOTAL HOUSEHOLD SIZE</b> include yourself	<input type="radio"/>	<b># of Bedrooms</b>	<input type="radio"/>	<b>How much money does your family receive in a year?</b>
<input type="radio"/>	# Adults	<input type="radio"/>	bedrooms	<input type="radio"/>	\$ , .0 0
<input type="radio"/>	# Children	<input type="radio"/>		<input type="radio"/>	
<input type="radio"/>	Total #	<input type="radio"/>		<input type="radio"/>	

<input type="radio"/>	<b>INCOME SOURCES</b> fill in the circles next to any income source that your household currently receives <input type="radio"/> = <input checked="" type="radio"/>
<input type="radio"/>	<input type="radio"/> Job <input type="radio"/> Pension <input type="radio"/> Unemployment <input type="radio"/> SSI <input type="radio"/> SSDI <input type="radio"/> SS Retirement <input type="radio"/> Veteran's Payments <input type="radio"/> Other
<input type="radio"/>	<input type="radio"/> GA/TANF/TAFDC/Welfare <input type="radio"/> Disability <input type="radio"/> Worker's Comp <input type="radio"/> Child Support/Alimony <input type="radio"/> Food Stamps

<input type="radio"/>	<b>MOBILE RENTAL ASSISTANCE</b> Do you <u>currently</u> have rental assistance that you can use to pay rent in <u>our</u> building?
<input type="radio"/>	<input type="radio"/> I will not bring rental assistance <input type="radio"/> Section 8 voucher <input type="radio"/> MRVP <input type="radio"/> AHVP <input type="radio"/> VASH or similar <input type="radio"/> Temp. assistance _____

<input type="radio"/>	<b>ACCOMMODATIONS – DO YOU NEED</b>
<input type="radio"/>	<input type="radio"/> Wheelchair Access <input type="radio"/> No-Steps Unit <input type="radio"/> First-Floor Unit <input type="radio"/> Reasonable Accommodation <i>based on disability or language barrier</i>





Triage with SPDAT Score and Waitlist Placement

Have you ever served in the Military?

TYPE OF DISCHARGE

<input type="radio"/> Yes	<input type="radio"/> CDNK	<input type="radio"/> Did Not Ask	<input type="radio"/> General	<input type="radio"/> Medical	<input type="radio"/> Other
<input type="radio"/> No	<input type="radio"/> CR	<input type="radio"/> Honorable	<input type="radio"/> Dishonorable	<input type="radio"/> Bad conduct	

IF YOU ARE NOT A VETERAN, ARE YOU:

THE SPOUSE or PARTNER (PRESENT OR FORMER) OF A VETERAN?

THE CHILD OF A VETERAN?

<input type="radio"/> The spouse or partner (present or former) of a veteran?	<input type="radio"/> The child of a veteran?
---	---

HoH HAS HEALTH CONDITIONS LASTING > WEEK?

Yes  No  CDNK  CR

SPECIFY THE DISABILITIES (You will list them again on a later page – i.e. you'll be asking the client twice):

Substance Use: Alcohol only       Substance use: Drugs only       Substance Use: **Both Alcohol and Drug**  
 Developmental Disability  
 HIV/AIDS  
 Mental Health Issues       Physical Disability  
 Other Chronic Health Condition \_\_\_\_\_  
(ex: diabetes, high blood pressure, Hep C, Alzheimer's, COPD)

CHRON HOMELESS: DOES ANY ADULT IN THIS HOUSEHOLD HAVE A DISABILITY AND HAS BEEN 1. HOMELESS 4 TIMES IN THE PAST 3 YEARS OR ELSE 2. CONTINUOUSLY HOMELESS FOR 1 YEAR OR MORE?

Yes  No  CDNK  CR

If you have answered "Yes" to the last two questions, this client/household is CHRONICALLY HOMELESS.

RECORD OF PAST ENTRIES

<input type="radio"/>	_____	<input type="radio"/>	_____
<input type="radio"/>	_____	<input type="radio"/>	_____
<input type="radio"/>	_____	<input type="radio"/>	_____
<input type="radio"/>	_____	<input type="radio"/>	_____
<input type="radio"/>	_____	<input type="radio"/>	_____
<input type="radio"/>	_____	<input type="radio"/>	_____

RECORD OF PAST ENTRIES

<input type="radio"/>	_____	<input type="radio"/>	_____
<input type="radio"/>	_____	<input type="radio"/>	_____
<input type="radio"/>	_____	<input type="radio"/>	_____
<input type="radio"/>	_____	<input type="radio"/>	_____
<input type="radio"/>	_____	<input type="radio"/>	_____

OTHER ASSISTANCE PROVIDED?

RAFT  
 HOMEBASE  
 SPECIFY: \_\_\_\_\_

TYPE OF ROOM DESIRED:

\_\_\_\_\_  
 \_\_\_\_\_

HOUSING STATUS AT ENTRY (if you do not provide housing for this family, what would the client's status be?)

<input type="radio"/> Category 1: Homeless	<input type="radio"/> At-Risk of Homelessness – Homeless Prevention Programs only
<input type="radio"/> Category 2: Housing Loss in 14 Days (at imminent risk)	<input type="radio"/> Stably Housed
<input type="radio"/> Category 3: Homeless only under other federal statutes	<input type="radio"/> CDNK (will not be eligible for Rapid Re-Housing or Homeless Prevention)
<input type="radio"/> Category 4: Fleeing domestic violence	<input type="radio"/> CR (will not be eligible for Rapid Re-Housing or Homeless Prevention)

RELEASE FROM INSTITUTION?

not applicable (not institutionalized)  
 will be homelessness if released from current institutional stay (prison, hospital, foster home, group home, etc.)  
 will be at risk of homelessness if released from current institutional stay (prison, hospital, foster home, group home, etc.)

**BASIC TRIAGE QUESTIONS**

Where did you stay last night?	Based on Response:
<input type="checkbox"/> With a friend/family member/other doubled up situation	skip to <b>Homeless or Imminent Risk, including RRH</b>
<input type="checkbox"/> A hospital <input type="checkbox"/> Jail/prison <input type="checkbox"/> Juvenile detention facility <input type="checkbox"/> In a foster care/group home <input type="checkbox"/> In a substance abuse treatment facility <input type="checkbox"/> In housing rented by client <input type="checkbox"/> In a hotel/motel	skip to <b>Homeless or Imminent Risk, including RRH</b>
<input type="checkbox"/> In housing owned by client but am at risk or imminent risk	skip to <b>Homeless or Imminent Risk, including RRH</b> or <b>Homeless Prevention</b> or consider <b>Foreclosure Prevention Resources</b>
<b>What brought on your housing crisis?</b> <input type="checkbox"/> Problems with landlord <i>If yes, ask what specific issues are. Interpersonal? Disputes about the unit? Problems being caused by the tenant? Not paying rent? Make a note of the answer. Use this answer to determine what kind of mediation or conflict resolution is necessary.</i>	skip to <b>Homeless or Imminent Risk, including RRH</b> or <b>Homeless Prevention</b> or consider <b>Foreclosure Prevention Resources</b>
<input type="checkbox"/> Have rental arrears <input type="checkbox"/> Have utility arrears If yes, list amount owed: \$ _____ .00	skip to <b>Homeless Prevention</b>
<input type="checkbox"/> Other _____ <i>Ask household to describe "other."</i>	skip to <b>Homeless or Imminent Risk, including RRH</b> or <b>Homeless Prevention</b> or consider <b>Foreclosure Prevention Resources</b>
<input type="checkbox"/> Unable to pay rent for foreseeable future at current location	skip to <b>Referral Decision</b>
<input type="checkbox"/> Experiencing high overcrowding <i>If yes, determine extent of overcrowding in the unit. If situation seems untenable, skip to Diversion Questions.</i>	
<input type="checkbox"/> Violence or abuse occurring in the family's household <i>If the household is in immediate danger, refer them to law enforcement and/or the appropriate domestic violence provider.</i>	
<input type="checkbox"/> Other _____	
<input type="checkbox"/> Yes <input type="checkbox"/> No <b>Based on above info, is client/household homeless</b> (living on the street, staying in an emergency shelter or transitional housing program, fleeing domestic violence) or at-risk of homelessness? <input type="checkbox"/> In a car, on the street, or in another place not meant for human habitation <input type="checkbox"/> In other housing (explain) _____	If Yes, skip to <b>Homeless or Imminent Risk section on next page.</b>  If the household is <u>not</u> homeless and not at-risk, refer to other mainstream resources.

**Triage for Possible Placement and Referral – with SPDAT**

**HOMELESS OR IMMINENT RISK CLIENTS, including RRH**

<p><b>What brought on your housing crisis?</b></p> <p> <input type="checkbox"/> Victim of foreclosure on rental property                      <input type="checkbox"/> Living in housing that has been condemned  <input type="checkbox"/> Unable to pay rent    <input type="checkbox"/> Experiencing high overcrowding that can't last.  <input type="checkbox"/> Recently evicted or in the process of being evicted from a private dwelling or housing provided by family or friends                 </p>	
<p><input type="checkbox"/> Yes    <input type="checkbox"/> No    Are you safe in your current living situation?</p>	<p><i>If no, but household is safe and otherwise eligible for diversion, divert them to RRH or location other than where they are currently staying and make sure that it is somewhere where the household feels safe. Skip to Concluding Questions.</i></p> <p><b>If household is unsafe, refer to DV program, safe friend or family housing, or RRH.</b></p>

**HOMELESS PREVENTION**

<p><b>What brought on your housing crisis?</b></p> <p> <input type="checkbox"/> Victim of foreclosure on rental property                      <input type="checkbox"/> Living in housing that has been condemned  <input type="checkbox"/> Unable to pay rent    <input type="checkbox"/> Experiencing high overcrowding that can't last.                 </p>	
<p><input type="checkbox"/> Yes    <input type="checkbox"/> No    Are you safe in your current living situation?</p>	<p><i>If no, but household is safe and otherwise eligible for diversion, divert them to a location other than where they are currently staying and make sure that it is somewhere where the household feels safe. Alternately, refer to Concluding Questions.</i></p> <p><b>If household is unsafe, refer to DV program, safe friend or family housing, or RRH.</b></p>
<p><input type="checkbox"/> Yes    <input type="checkbox"/> No    Is there anyone else you and your family could stay with for at least the next three (3) to seven (7) days if you were able to receive case management services/transportation assistance/limited financial support?</p> <p><i>Help family think through potential places – with family, friends, co-workers. Have them identify what barriers they think exist to staying in a certain location and how they might be overcome.</i></p>	<p><i>If answer to this question is YES, household qualifies for diversion assistance. Skip to Concluding Questions.</i></p> <p><i>If answer to this question is NO and shelter diversion has therefore been ruled out, go to <b>Prevention Questions</b>.</i></p>
<p><input type="checkbox"/> Yes    <input type="checkbox"/> No    <b>Are you safe in your current living situation?</b></p>	<p><i>If no, admit or refer to emergency shelter.</i></p>
<p><input type="checkbox"/> Yes    <input type="checkbox"/> No    <b>Do you believe you will become homeless within the next seven (7) days?</b></p>	
<p><input type="checkbox"/> Yes    <input type="checkbox"/> No    <b>Have you ever been to a shelter or another homeless assistance program before? If you answered yes to the previous question, what was the name of the program?</b></p> <p>_____</p> <p><b>When were you last there? Mm/dd/yyyy ____/____/_____</b></p>	
<p><input type="checkbox"/> Yes    <input type="checkbox"/> No    <b>Household income is at or below 30 percent of AMI</b></p>	
<p><input type="checkbox"/> Yes    <input type="checkbox"/> No    <b>Has household experienced homelessness in the last 12 months?</b></p>	

THE NEWEST VERSION OF THE SPDAT (SERVICE PRIORITIZATION DECISION ASSESSMENT TOOL) WILL BE USED TO DETERMINE PRIORITY ON THE COORDINATED ENTRY WAITLIST.

*To find the most updated SPDAT please visit:*

[www.orgcode.com/products](http://www.orgcode.com/products)

**REFERRAL DECISION**

<p><input type="checkbox"/> Yes <input type="checkbox"/> No <b>Does client qualify for RRH "Diversion" assistance?</b></p> <p><b>If so, what kind of assistance do they need initially to be successfully diverted?</b></p> <p><input type="checkbox"/> Landlord mediation</p> <p><input type="checkbox"/> Conflict resolution with potential roommate</p> <p><input type="checkbox"/> Rental assistance -recommended amount \$_____ .00</p> <p><input type="checkbox"/> Utility assistance -recommended amount \$_____ .00</p> <p><input type="checkbox"/> Other financial assistance -recommended amount \$_____ .00</p> <p><input type="checkbox"/> Other assistance Define: _____</p>	<p><i>If no, attempt to make appropriate referrals to other available community/mainstream resources.</i></p> <p><i>If yes, refer to ESG ES, TH, RRH, and Housing Search Advocates.</i></p>
<p><input type="checkbox"/> Yes <input type="checkbox"/> No <b>Does client qualify for Homeless prevention assistance?</b></p> <p><b>If so, what kind of assistance do they need initially to be successfully rescued at current housing location?</b></p> <p><input type="checkbox"/> Landlord mediation</p> <p><input type="checkbox"/> Conflict resolution with potential roommate</p> <p><input type="checkbox"/> Rental assistance -recommended amount \$_____ .00</p> <p><input type="checkbox"/> Utility assistance -recommended amount \$_____ .00</p> <p><input type="checkbox"/> Other financial assistance -recommended amount \$_____ .00</p> <p><input type="checkbox"/> Other assistance (Define: _____)</p>	<p><i>If no, attempt to make appropriate referrals to other available community/mainstream resources.</i></p> <p><i>If yes, refer to ESG HP and Housing Search Advocates.</i></p>
<p><input type="checkbox"/> Yes <input type="checkbox"/> No <b>Does client qualify for Housing Search Assistance only?</b></p>	<p><i>Refer to SSO agencies or <a href="http://www.housingworks.net">www.housingworks.net</a></i></p>
<p><b>Does client/hh qualify for:</b></p> <p><input type="checkbox"/> Emergency Shelter? <input type="checkbox"/> TH?</p> <p><input type="checkbox"/> Dom Violence Shelter? <input type="checkbox"/> PSH?</p>	<p><i>Consult Bed Register and refer to agency or send form to be added to that programs waitlist</i></p>

**If client returns in 30 days, pull this form from the files and complete the Follow-Up on the next pages.**

**FOLLOW-UP FORM**

1. Was the household diverted from entering shelter? (If no, skip to question two).

Yes  No

If yes, to where:

Friend's house

Family member's housing

Previous housing

Other (please describe): \_\_\_\_\_

How long were they in this housing? Number of days: \_\_\_\_\_

2. Did the household receive prevention assistance?

Yes  No

What type?

Utility assistance in the amount of \$ \_\_\_\_\_

Rental assistance in the amount of \$ \_\_\_\_\_

Security deposit in the amount of \$ \_\_\_\_\_

Moving costs in the amount of \$ \_\_\_\_\_

Other \$ \_\_\_\_\_

**After 30 Days...**

1. Did they find permanent housing?

Yes  No

**After 90 Days...**

1. Have they come back to shelter/the homeless assistance system since being diverted?

Yes  No

2. Are there whereabouts known?

Yes  No

3. If they are known, where do they live currently?

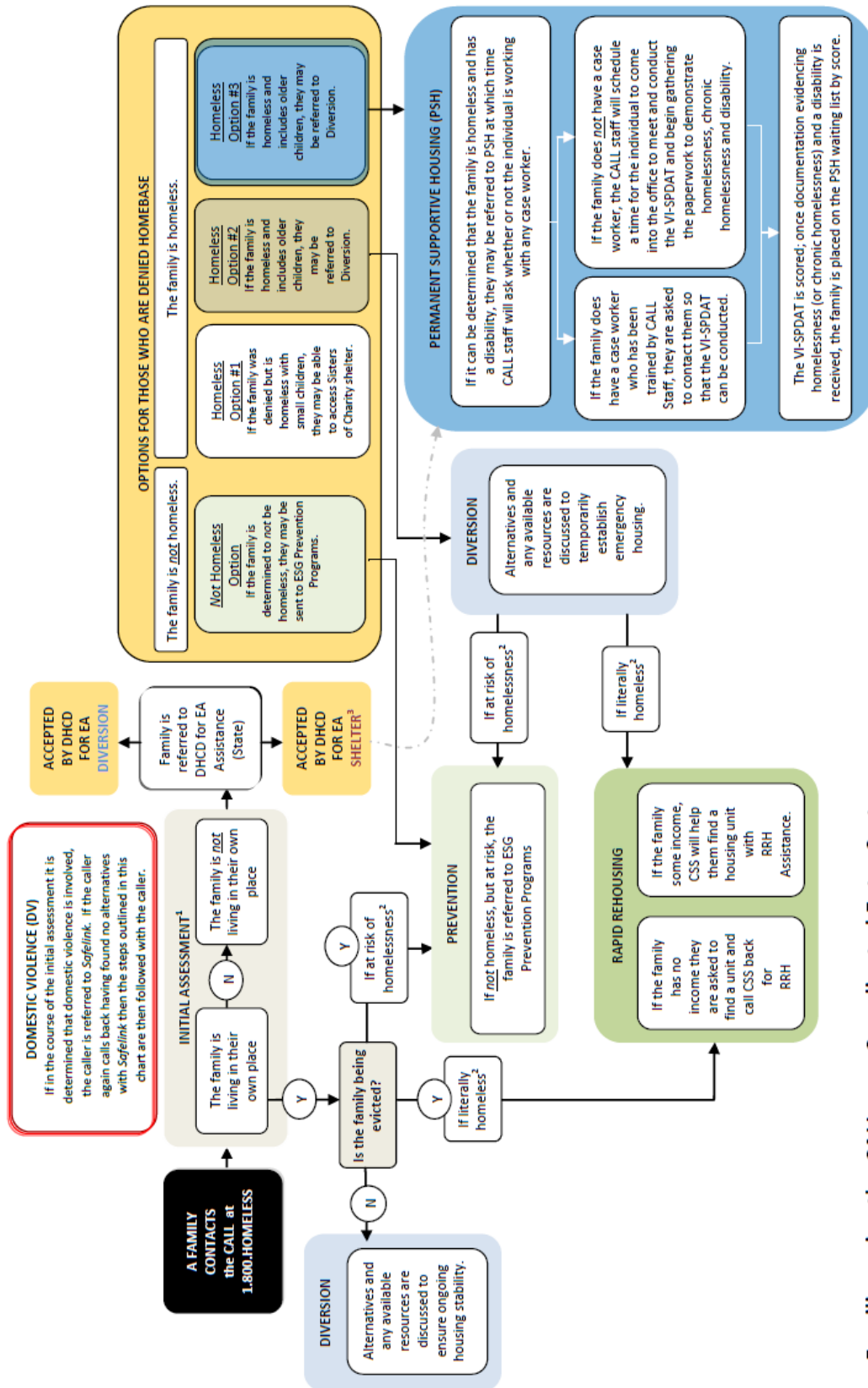
Remained in initial housing

Relocated to different permanent housing unit

In homeless assistance system

4. Number of Days If they "remained in initial housing" or "relocated to different permanent housing unit," how long have they been there?

# Appendix G Flow Chart for Families Seeking Shelter



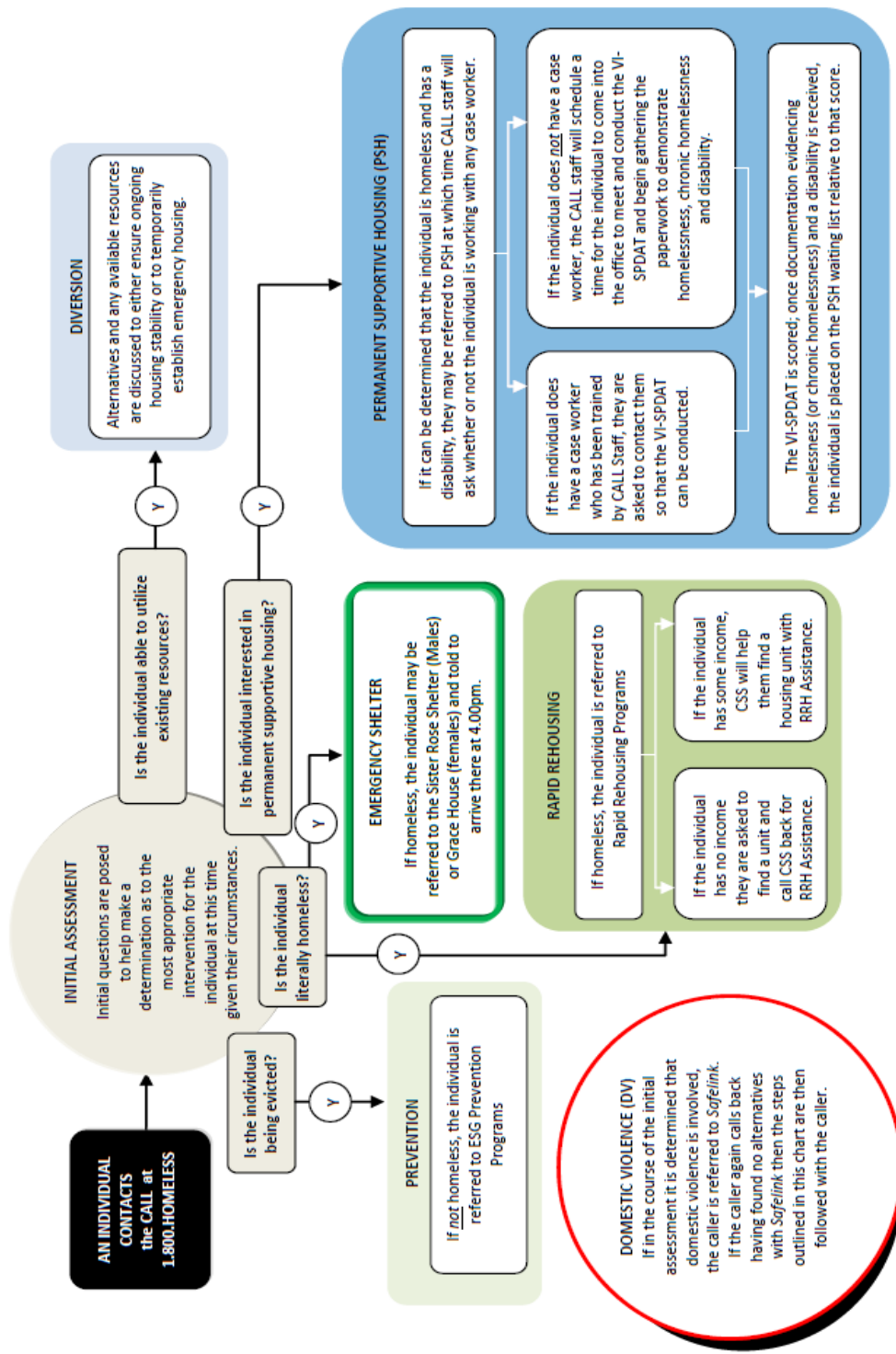
## Families using the CALL ■ Coordinated Entry System

### NOTES

- 1 If in the course of the initial assessment it is determined that domestic violence is involved, the caller is referred to *SafeLink*. If the caller again calls back having found no alternatives with *SafeLink* then the steps outlined in this chart are then followed with the caller.
- 2 The terms "at risk of homelessness" and "literally homeless" shall be in accordance with the U.S. Department of Housing & Urban Development's definitions.
- 3 Those accepted by DHCD into EA for shelter placement may be referred to PSH if eligible.



# Appendix H Flow Chart for Individuals Seeking Shelter



## Individuals using the CALL ■ Coordinated Entry System

**NOTE:** The terms "homeless" and "literally homeless" shall be in accordance with the U.S. Department of Housing & Urban Development's definitions.



## Appendix J Bed Reporting Form for Transitional Programs and Permanent Supportive Housing Programs



### OPEN BED REPORTING FORM PSH AND THP PROGRAMS

**DAY BED WILL BE AVAILABLE**

**NAME OF PROGRAM**

**CONTACT PERSON NAME  
PHONE AND EMAIL**

**TYPE OF PROGRAM:**

TRANSITIONAL HOUSING FOR MEN

TRANSITIONAL HOUSING FOR WOMEN

TRANSITIONAL HOUSING FOR FAMILIES

# OF BEDROOMS IF FAMILIES

PERMANENT SUPPORTIVE HOUSING FOR MEN

PERMANENT SUPPORTIVE HOUSING FOR WOMEN

PERMANENT SUPPORTIVE HOUSING FOR FAMILIES

# OF BEDROOMS IF FAMILIES

Date of request from agency	Date of referral from THE CALL	Control # of Referral	Initials of Referral	Date accepted for initial interview or rejected	Reason if rejected

\*Please complete date of request column when submitting referral

\*Form and referrals will be returned to you by THE CALL within 48 business hours

\*Please resubmit form with result of referrals in order to receive additional referrals from THE CALL

\*Please submit one form for EACH opening even if within the same program



## Appendix K Verification of Disability Form

VERIFICATION OF DISABILITY

U.S. Department of Housing  
and Urban Development  
Office of Housing  
Federal Housing Commissioner

OMB Approval No. 2502-0204

---

THE CALL  
COORDINATED ACCESS TO LOCAL LINKS  
(A PROGRAM OF CATHOLIC SOCIAL SERVICES)  
SERVING 3 CONTINUUMS OF CARE WITHIN BRISTOL COUNTY MA

PERMANENT SUPPORTIVE HOUSING PROGRAM-VERIFICATION OF DISABILITY

DATE: \_\_\_\_\_

TREATING SOURCE: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FROM: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SUBJECT: VERIFICATION OF DISABILITY

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

This person has applied for housing assistance under a program of the U.S. Department of Housing and Urban Development (HUD). HUD requires the housing owner to verify all information that is used in determining this person's eligibility or level of benefits.

We ask your cooperation in providing the following information and returning it to the person listed at the top of the page. Your prompt return of this information will help to ensure timely processing of the application for assistance. The applicant/tenant has consented to this release of information as shown below.

=====

**RELEASE:** I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 12 months.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Note to Applicant/Tenant:** You do not have to sign this form if either the requesting organization or the organization supplying the information is left blank.

This form is valid for one year from the date of signature. You have the right to revoke this authorization at any time by notifying your case manager in writing.

Page 1 of 3



The CALL (Coordinated Entry to Local Links) THE CALL  
THE CALL is made up of the 3 Continuums of Care in Bristol County MA

REVISED 4/25/16

**INFORMATION BEING REQUESTED**

For each numbered item below, mark an "X" in the applicable box that accurately describes the person listed above.

1.  YES  NO      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 a nature that such ability could be improved by more suitable housing conditions.
2.  YES  NO      Is a person with a developmental disability, as defined in Section 102(7) of the Developmental Disabilities Assistance and Bill of Rights Act (42 U.S.C. 6001(8)), i.e., a person with a severe chronic disability that:
- a. Is attributable to a mental or physical impairment or combination of mental and physical impairments;
  - b. Is manifested before the person attains age 22;
  - c. Is likely to continue indefinitely;
  - d. Results in substantial functional limitation in three or more of the following areas of major life activity;
    - (1) Self-care,
    - (2) Receptive and expressive language,
    - (3) Learning,
    - (4) Mobility,
    - (5) Self-direction,
    - (6) Capacity for independent living, and
    - (7) Economic self-sufficiency; and
  - e. Reflects the person's need for a combination and sequence of special, interdisciplinary, or generic care, treatment, or other services that are of lifelong or extended duration and are individually planned and coordinated.
3.  YES  NO      Is a person with a chronic mental illness, i.e., he or she has a severe and persistent mental or emotional impairment that seriously limits his or her ability to live independently, and whose impairment could be improved by more suitable housing conditions.
4.  YES  NO      Is a person whose sole impairment is alcoholism or drug addiction.



NAME AND TITLE OF PERSON  
SUPPLYING THE INFORMATION

FIRM/ORGANIZATION

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

SIGNATURE

DATE

Public reporting burden for this collection is estimated to average 12 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This information is required to obtain benefits and is voluntary. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number. Owners/management agents must obtain third party verification that a disabled individual meets the definition for persons with disabilities for the program governing the housing where the individual is applying to live. The definitions for persons with disabilities for programs covered under the United States Housing Act of 1937 are in 24 CFR 403 and for the Section 202 and Section 811 Supportive Housing for the Elderly and Persons with Disabilities in 24 CFR 891.305 and 891.505. No assurance of confidentiality is provided. The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937, as amended (42 U.S.C. 1437 et. seq.); the Housing and Urban-Rural Recovery Act of 1983 (P.L.98-181); the Housing and Community Development Technical Amendments of 1984 (P.L. 98-479); and by the Housing and Community Development Act of 1987 (42 U.S.C. 3543).

**PENALTIES FOR MISUSING THIS CONSENT:**

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government; HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains, or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security numbers are contained in the Social Security Act at 208 (a) (6), (7) and (8). Violations of these provisions are cited as violations of 42 USC 408 (a) (6), (7) and (8).





## Appendix M Proof of Homelessness Form

THE CALL  
COORDINATED ACCESS TO LOCAL LINKS  
(A PROGRAM OF CATHOLIC SOCIAL SERVICES)  
SERVING 3 CONTINUUMS OF CARE WITHIN BRISTOL COUNTY MA

### VERIFICATION OF HOMELESSNESS

Date: \_\_\_\_\_

Client/Participant/Guest Name: \_\_\_\_\_

Control Number for THE CALL (if known) \_\_\_\_\_

The above referenced person or family has been under the care of this facility from

\_\_\_\_\_ to \_\_\_\_\_

This person has completed a comprehensive housing search and no subsequent residence has been identified and the client lacks resources and support networks needed to obtain housing. The resident is being referred to your agency's housing program.

The person was homeless prior to entering this facility as evidenced below:

\_\_\_\_ Residing in a place not meant for human habitation

\_\_\_\_ Residing in an emergency shelter, transitional housing, or exiting an institution where they were placed for less than 90 days

\_\_\_\_ Fled domestic violence

\_\_\_\_\_  
Signature of referral Source


\_\_\_\_\_  
Title of Referral Source

\_\_\_\_\_  
Agency

\_\_\_\_\_  
Contact Phone Number

\_\_\_\_\_  
Date

REVISED 4/25/16

  
The CALL (Coordinated Entry to Local Links), THE CALL  
THE CALL is made up of the 3 Continuums of Care in  
Bristol County MA



## Appendix N Authorization of Release of Information Form



### AUTHORIZATION FOR RELEASE OF INFORMATION

#### HOW YOUR INFORMATION IS PROTECTED

Any information collected about you in electronic format is not accessible to anyone but your authorized advocate(s), THE CALL [Coordinated Access to Local Links], and eventually to the eligible receiving agency for housing placement.

- We do collect/store anonymous aggregate information for policy purposes but identifying information about you is never released.
- We don't store SSNs and names online; we comply with the tightest possible laws governing your personal information.
- We are "tighter than most banks".

#### YOUR ADVOCATE/S NEED YOUR PERMISSION TO SEND THE COMPLETED REFERRAL/APPLICATIONS

I, \_\_\_\_\_, understand it is my sole responsibility to update my advocate of any change in my information, specifically telephone number and address, as soon as change occurs. I understand that my advocate intends to use the HousingWorks/SimTech system to input and apply for housing. My housing information will be stored electronically and used to search for housing options. I further authorize my advocate to release my demographics and Vulnerability Index Score to the Coordinated Access Local Links otherwise known as "THE CALL". A second possibility is that my advocate can update waitlists I am on with any crucial changes in my application profile. Finally, I understand that if I authorize any other \_\_\_\_\_ in information, and have permission to talk with \_\_\_\_\_ ing advocates from my records, if I wish; this le \_\_\_\_\_ ates have updated my information and when.

My advocate should explain to me what kinds of agencies they generally contact in order to perform housing advocacy:

Restrictions on the use of Information. (*Please check one*):

- This release lets my advocate request, or provides information from/to all relevant agencies for purposes of my housing search.
- This release specifies the only agencies [below], that my advocate can contact.

\_\_\_\_\_  
\_\_\_\_\_

My signature below acknowledges my understanding, authorization and consent for the following:

1. This *Authorization for Release of Information* form is valid until it is revoked in writing by the applicant;
2. This authorization is subject to my revocation at any time, except for information already released;
3. This authorization covers the release of that information specified in the previous section and the information to be compiled during the course of client's involvement with the agency or program;
4. I understand that I have a right to receive a copy of this authorization form as well as the *Revocation of Authorization* form.
5. I understand that by signing this release I authorize this agency's auditors and HousingWorks/Simtech support staff to view information contained in my file (for audit purposes only);
6. A copy of this form is as valid as the original;
7. My advocate cannot withdraw any of my applications without documented attempts to contact me. It is my responsibility to stay in touch with the agency unless I revoke their authorization by completing a *Revocation of Authorization* form.

\_\_\_\_\_  
Client/Parent/Guardian Signature

Date: \_\_\_/\_\_\_/\_\_\_

How client was informed of the above information (*Please check one*):

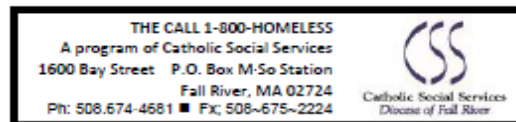
- Client read and signed this form
- Verbal explanation of this form was provided point by point by advocate
- An interpreter was provided

\_\_\_\_\_  
Printed Name of the Advocate I am authorizing

\_\_\_\_\_  
Signature of the Advocate I am authorizing

Date: \_\_\_/\_\_\_/\_\_\_

1/27/2016



## Appendix O Revocation of Authorization Form



### REVOCATION OF AUTHORIZATION HOW YOU CAN STOP AN ADVOCATE FROM WORKING ON YOUR BEHALF

**WRITTEN REVOCATION:** I hereby revoke all authorization for the releases specified on the Authorization for Release of Information form that I previously signed.

\_\_\_\_\_  
Signature of Client/Parent/Guardian

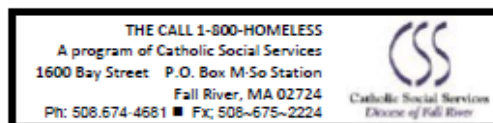
Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**ORAL REVOCATION:** Client/Parent/Guardian revoked all authorizations for the above specified client.

\_\_\_\_\_  
Signature of Advocate

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**WHAT AUTHORIZATION(S) IS REVOKED?**  Ability to sign applications  Permission to advocate for me in any way.



### REVOCATION OF AUTHORIZATION HOW YOU CAN STOP AN ADVOCATE FROM WORKING ON YOUR BEHALF

**WRITTEN REVOCATION:** I hereby revoke all authorization for the releases specified on the Authorization for Release of Information form that I previously signed.

\_\_\_\_\_  
Signature of Client/Parent/Guardian

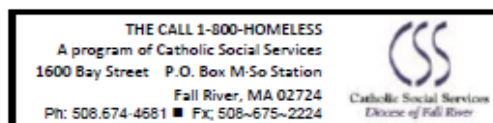
Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**ORAL REVOCATION:** Client/Parent/Guardian revoked all authorizations for the above specified client.

\_\_\_\_\_  
Signature of Advocate

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**WHAT AUTHORIZATION(S) IS REVOKED?**  Ability to sign applications  Permission to advocate for me in any way.



1/27/2016

## Appendix P Disability Accommodation Form



### Disability Accommodation

A Disability Accommodation Request is used to place a household on the Prioritized By-Name List that was unable to participate in the HMIS Client Consent Form and VI-SPDAT due to a disability. This accommodation should be used sparingly and must include evidence that at least three documented attempts have been made to complete the triage tool with the household. Please fill out this form entirely.

<b>Person completing Assessment/Agency</b>	
<b>Client Unique Identifier/Name</b>	

<b>How many attempts have been made to offer this individual an assessment? When did these attempts occur?</b>
<b>What are the barriers or disabilities this individual is experiencing?</b>
<b>Why does the individual need the accommodation?</b>

*I certify that the information I have provided is accurate to the best of my knowledge.*

<b>Assessor Signature</b>	<b>Date</b>
<b>Print Name</b>	<b>Title</b>
<b>Phone Number</b>	<b>Email</b>

## Appendix Q Grievance Form for New Bedford



### CALL Grievance Form

<b>Name:</b>	
<b>Date:</b>	
<b>Contact Information:</b>	
<b>Best Time/ Way to Reach You:</b>	
<b>Explanation of your concern/ grievance:</b>	
<b>Action you believe would solve the problem:</b>	

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Please return signed form to:*

**CALL Grievance  
Department of Planning, Housing & Community Development  
2<sup>nd</sup> floor 608 Pleasant Street  
New Bedford, MA 02740**

*The Department of Planning, Housing & Community Development  
will respond to your grievance in writing within ten (10) business days.*

## Appendix Q Grievance Form for Fall River



### CALL Grievance Form

<b>Name:</b>	
<b>Date:</b>	
<b>Contact Information:</b>	
<b>Best Time/ Way to Reach You:</b>	
<b>Explanation of your concern/ grievance:</b>	
<b>Action you believe would solve the problem:</b>	

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Please return signed form to:*

**CALL Grievance  
Community Development Agency  
1 Government Agency  
Fall River, MA 02722**

*The Community Development Agency  
will respond to your grievance in writing within ten (10) business days.*

## Appendix Q Grievance Form for GBCATCH



### CALL Grievance Form

<b>Name:</b>	
<b>Date:</b>	
<b>Contact Information:</b>	
<b>Best Time/ Way to Reach You:</b>	
<b>Explanation of your concern/ grievance:</b>	
<b>Action you believe would solve the problem:</b>	

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Please return signed form to:*

**CALL Grievance  
Community Counseling of Bristol County  
1 Washington Street  
Taunton, MA 02780**

*THE GBCATCH (Greater Bristol County Attleboro/Taunton Coalition for the Homeless) Board  
will respond to your grievance in writing within ten (10) business days.*