**Coordinated Entry Referral Form**

This form should be completed, scanned, and e-mailed to the manager of the Coordinated Entry list after completing the VI-SPDAT/VI-FSPDAT and the client signs the ROI for the HMIS and HHC. Do not send the VI-SPDAT.

1. **Client ID (not HMIS ID) #** \_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. **Program desired**:
	1. \_\_\_Permanent Supportive Housing \_\_\_Rapid Rehousing \_\_\_ ESG Rapid rehousing \_\_\_Transitional Housing
3. **VI-SPDAT Score** (For Individuals) \_\_\_\_\_\_\_\_\_\_
4. **VI-FSPDAT Score** (For Families with children under the age of 18) \_\_\_\_\_\_\_\_\_\_\_
5. **TAY-VI-SPDAT Score** (For Individuals 24 yrs or younger) \_\_\_\_\_\_\_\_\_\_\_
6. **Age group \_\_\_Age < 24 \_\_\_ Age 25-64 \_\_\_Age 65+**
7. **Gender of Head of Household \_\_\_\_** Female \_\_\_\_ Male
8. **Is client at higher risk of COVID-19 due to the following conditions:**

Chronic Kidney Disease, COPD, Immuncompromised, Obesity, Serious Heart Conditions, Sickle Cell Disease, Type 2 Diabetes

 **\_\_\_Yes \_\_\_No**

1. **Does client have housing identified?** \_\_\_Yes \_\_\_No
2. **Client Veteran Status**: \_\_\_ Veteran \_\_\_ Non-Veteran
3. **Is this client chronically homeless? \_\_\_ Yes \_\_\_ No**
	1. **Length of time for chronic homelessness - 4 times in the past 3 years, or 1 year continuous, and client has a long-term disability**
4. **Does the head of household have a documented disability?**  \_\_\_ Yes \_\_\_\_ No

What size unit is required for this household? \_\_\_Studio/1br \_\_\_ 2 bedroom \_\_\_ 3 bedrooms or more

*HUD habitability standards are 2 people per bedroom*

**To which county is the client interested in moving?** Choose all that apply

\_\_\_ Onondaga \_\_\_ Cayuga \_\_\_ Oswego

1. **Staff Name Completing**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. **Staff Contact info** Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. **Date Completed**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. **Date E-mailed to CE staff** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Current CE staff:** Cassandra Montressor, cmontressor@unitedway-cny.org / Sherrain Clark,sclark@unitedway-cny.org /

 Fred Hintz, fhintz@unitedway-cny.org