

**Continuum of Care NY-505 Coordinated Entry Policy & Procedures
and Project Written Standards**

Cayuga, Onondaga, and Oswego Counties



The Housing and Homeless Coalition of Central New York

hhcnny.org

Contents

Part I: Introduction & Overview	5
Coordinated Entry Participation Expectations.....	6
CoC & ESG Coordination	6
Guiding Principles	6
Roles of Coordinated Entry Stakeholders	8
Versions of Document.....	9
Full Geographic Coverage	9
Affirmative Marketing and Outreach.....	9
Safety Planning and Risk Assessment	10
Nondiscrimination.....	10
AI Policy.....	10
Part II: Access	11
Access.....	11
Accessibility of Access Sites	11
Emergency Shelter Access	11
Coordinated Entry Access	12
Prevention Services.....	12
Street Outreach.....	12
Access for Specialized Populations	12
Part III: Assessment	13
Standardized Assessment Approach.....	13
Phases of Assessment	13
Assessment Screening.....	14
Assessor Training	14
Participant Autonomy	15
Nondiscrimination Complaint and Appeal Processes	16
Privacy Protections	16
Disclosure of Disability or Diagnostic Information	16
Updating the Assessment	16
Part IV: Prioritization	18

Prioritization Criteria: Permanent Supportive Housing Leasing	18
Prioritization Criteria: Permanent Supportive Housing- Rental Assistance.....	18
Prioritization Criteria: Rapid Re-Housing	18
Prioritization Criteria: Emergency Solutions Grant and Transitional Housing Projects.....	19
Part V: Referral Process & Project Acceptance/Rejection.....	20
Referring to Coordinated Entry.....	20
Coordinated Entry List	20
Client/Provider Matching.....	20
Case Conferencing	21
Acceptance/Rejection Policy- Housing Provider.....	22
Documenting Coordinated Entry Activities in HMIS	22
Successful Matches	23
Unsuccessful Matches.....	23
Acceptance/Rejection Policy- Client	23
Ineligible for Matching List.....	24
During Matching/Intake.....	24
After Termination of Services	24
Re-Evaluation	24
When to Exit CE Referrals	24
Part VI: Transfer Policies	26
Transfer Policy.....	26
Emergency Transfer Plan for Survivors of Domestic Violence, Dating Violence, Sexual Assault, or Stalking ...	26
Part VII: Systems and Evaluation.....	28
Data Systems.....	28
Evaluation	28
Attachments:	29
Attachment I: CNY-VI Cover Sheet for VSP Providers.....	30
Attachment II: CNY-VI Single.....	32
Attachment III: CNY-VI Family.....	36
Attachment IV: CNY-VI Transition-Aged Youth.....	41
Attachment V: Coordinated Entry Consent and Release of Information	45
Attachment VI: Request for Transitional Housing to PSH.....	48

Attachment VII: Program Openings Google Sheet 49

Attachment VIII: CNY-VI Reference Sheet 51

Attachment IX: Documentation After Matching..... 54

Attachment X: Transfer Flowcharts 59

Attachment XI: CoC Housing Program Transfer Request Form 61

Part I: Introduction & Overview

The Continuum of Care (CoC) is responsible for coordinating and implementing a system to meet the needs of the population and subpopulations experiencing homelessness within the geographic area of Onondaga, Oswego, and Cayuga Counties. Both the Emergency Solution Grant Rules and Regulations (ESG) and the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Continuum of Care Program Interim Rules state that the Continuum of Care (CoC), in consultation with recipients of Emergency Solutions Grants program funds within the geographic area, (1) establish and consistently follow written standards for providing Continuum of Care assistance, (2) establish performance targets appropriate for population and program type, and (3) monitor recipient and sub-recipient performance.

All programs that receive ESG or CoC funding are required to abide by these written standards. Agency program procedures should reflect the policy and procedures described in this document. The CoC strongly encourages programs that do not receive either of these sources of funds to accept and utilize these written standards.

The written standards have been established to ensure that persons experiencing homelessness who enter programs throughout the CoC will be given similar information and support to access and maintain permanent housing.

The written standards have been created in conjunction with HUD Notice CPD-16-11 issued on July 25, 2016 titled Notice on Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in Permanent Supportive Housing that can be found online here: <https://www.hudexchange.info/resources/documents/notice-cpd-16-11-prioritizing-persons-experiencing-chronic-homelessness-and-other-vulnerable-homeless-persons-in-psh.pdf>

The Continuum of Care Written Standards will:

- Assist with the coordination of service delivery across the geographic area and will be the foundation of the coordinated entry system;
- Assist in assessing individuals and families consistently to determine program eligibility;
- Assist in administering programs fairly and methodically;
- Establish common performance measurements for all CoC components; and
- Provide the basis for the monitoring of all CoC and ESG funded projects.

The CoC Written Standards have been approved by the CoC, the County and City ESG recipients and providers. The Written Standards will be reviewed and revised as needed at a minimum of once per year by the Governance/Policies Committee and the Coordinated Entry Workgroup.

Coordinated Entry Participation Expectations

All programs that receive ESG or CoC funding are required to abide by these written standards. Agency program procedures should reflect the policy and procedures described in this document. The CoC strongly encourages programs that do not receive either of these sources of funds to accept and utilize these written standards.

CoC & ESG Coordination

These written standards have been developed in conjunction with ESG recipients (City of Syracuse, Onondaga County) and with service providers to allow for input on the procedure of Coordinated Entry/Assessment System, standards, performance measures and the process for full implementation of the standards throughout the CoC from the perspective of those organizations that are directly providing homeless housing and services, Street Outreach (SO), Emergency Shelter (ES), Transitional Housing (TH), Permanent Supportive Housing (PSH) and Rapid Rehousing (RRH).

Guiding Principles

All CoC and ESG projects are committed to the following community values.

Housing First

Housing providers are required to adhere to a Housing First philosophy and implement this philosophy into their intake process as well as their program process. A Housing First philosophy and intervention must be adopted by all CoC and ESG programs, which lowers barriers to housing by ensuring applicants are not screened out.

Client-Centered Approach

Emergency Shelters and Outreach Providers should assess the strengths, goals, risks, and protective factors of all participants before referring them to the coordinated entry prioritization list. This will allow the programs to identify areas of risk/concern and areas of strength that will assist the participant with maintaining housing stability and increasing overall well-being. Emergency Shelters and Outreach Providers should fully explain the difference in housing options available through the Coordinated Entry system. Participants can be referred to both Rapid Re-Housing and Permanent Supportive Housing options.

Serving Survivors of Violence

A participant may not be denied access to the coordinated entry process on the basis that the participant is a survivor of domestic violence (DV), dating violence, sexual assault, or stalking.

Terms and Definitions

Chronically Homeless	HUD’s definition <i>Chronically homeless</i> means: (1) A “homeless individual with a disability,” as defined in Section 401(9) of the McKinney-Vento Homeless Assistance Act, who: i. Lives in a place not meant for human habitation, a Safe Haven, or an emergency shelter; AND ii. Has been homeless continuously for at least 12 months or on at least four separate occasions in the last 3 years, as long as the combined occasions equal at least 12 months and each break in homelessness separating the occasions included at least 7 consecutive nights of not living as described in (i) above.
Case conferencing	Local process for CE staff to coordinate and discuss ongoing work with persons experiencing homelessness in the community, including the prioritization or active list. The goal of case conferencing is to provide holistic, coordinated, and integrated services across providers, and to reduce duplication.
Continuum of Care	Group responsible for the implementation of the requirements of HUD’s CoC Program Interim Rule. The CoC is composed of representatives of organizations, including nonprofit homeless providers, victim service providers, faith-based organizations, governments, businesses, advocates, public housing agencies, school districts, social service providers, mental health agencies, hospitals, universities, affordable housing developers, law enforcement, organizations that serve homeless and formerly homeless veterans, and homeless and formerly homeless persons.
Continuum of Care (CoC) Program	HUD funding source to (1) promote communitywide commitment to the goal of ending homelessness; (2) provide funding for efforts by nonprofit providers, and state and local governments to quickly rehouse homeless individuals and families while minimizing the trauma and dislocation caused to homeless individuals, families, and communities by homelessness; (3) promote access to and effect utilization of mainstream programs by homeless individuals and families; and (4) optimize self-sufficiency among individuals and families experiencing homelessness.
Emergency Shelter	Short-term emergency housing available to persons experiencing homelessness.
Emergency Solutions Grant (ESG) Program	HUD funding source to (1) engage homeless individuals and families living on the street; (2) improve the quantity and quality of emergency shelters for homeless individuals and families; (3) help operate these shelters; (4) provide essential services to shelter residents; (5) rapidly rehouse homeless individuals and families; and (6) prevent families and individuals from becoming homeless.
Homeless Management Information System (HMIS)	Local information technology system used by a CoC to collect participant-level data and data on the provision of housing and services to homeless individuals and families and to persons at risk of homelessness. Each CoC is responsible for selecting an HMIS software solution that complies with HUD’s data collection, management, and reporting standards.
Permanent Supportive Housing (PSH)	Permanent housing with indefinite leasing or rental assistance paired with supportive services to assist homeless persons with a disability or families with an adult or child member with a disability achieve housing stability.
Rapid Re-Housing (RRH)	Program emphasizing housing search and relocation services and short- and medium-term rental assistance to move homeless persons and families (with or without a disability) as rapidly as possible into permanent housing.
Release of Information	Written documentation signed by a participant to release his/her personal information to authorized partners.

Transitional Housing (TH)	Programs providing homeless individuals and families with the interim stability and support to successfully move to and maintain permanent housing. Transitional housing funds may be used to cover the costs of up to 24 months of housing with accompanying supportive services. Program participants must have a lease (or sublease) or occupancy agreement in place when residing in transitional housing.
---------------------------	--

Roles of Coordinated Entry Stakeholders

Coordinated Entry Workgroup

The Coordinated Entry Workgroup covers the entire CoC geographic region (Cayuga, Onondaga, Oswego Counties) and is primarily comprised of shelter discharge planners, permanent housing intake workers, street outreach providers, and LDSS/211 staff. A staff member from all shelter and CoC housing programs must attend the quarterly workgroup meetings. The workgroup ensures that the HHC is prioritizing those experiencing chronic homelessness and other vulnerable individuals and families for housing. The workgroup reviews and revises the Coordinated Entry Policies and Procedure manual annually.

Emergency Shelter & Street Outreach

Emergency Shelter and Street Outreach providers are responsible for assessing participants experiencing homelessness and referring to the Coordinated Entry system.

Housing Providers

It is a requirement for all CoC and ESG-funded housing providers to use the Coordinated Entry system to fill vacancies in order of community priority. Non-CoC and ESG-funded housing providers are encouraged to use the Coordinated Entry system to fill vacancies.

Housing & Homeless Coalition Staff

HHC staff oversees and manages the Coordinated Entry system, including housing the Coordinated Entry list in HMIS. HHC staff will administer Coordinated Entry assessments for individuals in institutional settings and can assist projects with assessment completion as needed. HHC staff will work on landlord engagement and education. HHC staff addresses any concerns regarding the operation of the Coordinated Entry system, including receiving participant grievances. Grievances and feedback about the Coordinated Entry system should be sent to the designated staff, Ryan Kash, at rkash@hhccny.org or Cass Montessoro, at cmontessoro@hhccny.org.

HHC Client Advisory Board

The HHC Client Advisory Board is responsible for providing input on changes in the Coordinated Entry Policies and Procedures from the lens of those with lived experience.

HHC Advisory Board

The HHC Advisory Board reviews and revises the Coordinated Entry policies. The board has final approval for updated policies.

Versions of Document

This is the fifth version of the Coordinated Entry Policy and Procedure Manual. The Coordinated Entry Workgroup is responsible for creating the draft of the policies with input from the Client Advisory Board. The HHC Advisory Board is responsible for reviewing and approving the document. In the event of a public health emergency, the HHC Executive Board has the authority to change the prioritization section of the document. The revision process will be completed at least once annually. Anyone interested in submitting suggestions for revisions to the document should submit them to hhc@hhccny.org

Version	Date Released	Key Changes
1.0	January 23, 2018	N/A
2.0	January 2020	Updated Prioritization Clarified Roles
3.0	February 2022	Updated Assessment and Prioritization sections
4.0	February 2023	Updated Assessment, acceptance/rejection, and Domestic Violence Emergency Transfer Plan sections
5.0	February 2024	
6.0	February 2025	Updated Assessment, Transfer Policy, Referral Process, and Acceptance/Rejection Policies
7.0	October 2025	Added Ineligible for Matching List policy, updated emails in doc forms and letterhead with new nonprofit information

Full Geographic Coverage

The Coordinated Entry Policies & Procedures cover CoC NY-505's geographic areas, including Cayuga, Onondaga, and Oswego Counties.

Affirmative Marketing and Outreach

The Coordinated Entry system is publicly advertised through community websites (2-1-1, HHC, Local DSSs, local Agencies), community outreach, local press via interviews, and social media (Facebook and Twitter). The broad advertising of the system ensures that all people within the CoC who need homeless services will have fair and equal access to the system, regardless of where or how the household arrives at any entry point.

All housing and supportive services including, but not limited to, entry points into the homeless services system will be affirmatively marketed throughout the CoC to eligible persons regardless of race, color, national origin, religion, sex, age, familial status, or disability who are least likely to apply in the absence of special outreach and maintain records of those marketing activities. (24 CFR 5.105 (a)(2).

Safety Planning and Risk Assessment

Should an individual or family seeking shelter or services that is currently fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, or stalking, and be unable to access a licensed victim service provider, a non-victim service provider should take the following steps to ensure the safety and confidentiality of the individual or family:

- Thoroughly informing the individual or Head of Household (HoH) regarding the CNY HMIS Release of Information (ROI), and what information will be shared across the CoC, specifically addressing who has access to that knowledge.
- HMIS ROI for non-DV Providers.
- All records containing their Personal Identifying Information (PII) are kept secure and confidential and the address of any family violence project will not be made public.

Nondiscrimination

All participating agencies must adhere to their agency's requirements, along with the CoC's requirements for incorporating cultural and linguistic competencies surrounding all special populations; including immigrants, refugees, and other generation populations; youth; individuals with disabilities; and lesbian, gay, bisexual, transgender, queer, or questioning (LGBTQ) persons.

All participating agencies must connect all individuals and families who require access to interpretation services to an interpreter.

AI Policy

AI note-taking tools or summarizing software will not be permitted in virtual meetings where client-level data will be discussed. The AI app requesting access to such virtual meetings in Zoom or Teams will be denied access by the HHC team. The presence of an AI note-taker in an appropriate meeting will not count as an agency or project-level participation in any required CoC meetings. A representative from that agency or project must be in attendance for approval of participation.

Part II: Access

Access

The Coordinated Entry system serves the entire geographic area of Cayuga, Onondaga, and Oswego Counties through a “No Wrong Door” policy. Participants can access Coordinated Entry by appearing at any homeless assistance agency within the community. Access to emergency shelters is through a single point of access through the local Department of Social Services. The CoC is in a Right to Shelter state and no prioritization is needed to access shelter services.

Accessibility of Access Sites

All the access sites are physically accessible for people with mobility barriers. Written materials are available in English and Spanish. Participating agencies make translation services available when needed.

Emergency Shelter Access

County	Entry Point	Hours of Operation
Onondaga County	Onondaga County Department of Social Services	Monday - Friday 8 a.m. to 4 p.m.
	Contact 2-1-1	24/7 Access; Shelter placement after-hours
	Vera House Crisis line	24/7 Access
	Outreach	5 to 6 days a week and via Contact 2-1-1
	CCOC Hospitality Center	Everyday 4 p.m. to 8 a.m.
Oswego County	Oswego County Department of Social Services	Monday – Friday 8 a.m. to 4 p.m.
	Contact 2-1-1	24/7 Access; Shelter placement after-hours (M - F after 4:30 p.m. and weekends)
	OCO Crisis line	24/7 Access
	Outreach	3 to 4 days a week and via Contact 2-1-1
	Victory Transformation Warming Center	8 p.m. to 8 a.m. during Code Blue
Cayuga County	Cayuga County Department of Social Services	24/7; has an after-hours line for shelter referrals
	Finger Lakes 2-1-1	24/7 Access to provide referrals and DSS After hours line for shelter
	DV Crisis line	24/7 Access
	Outreach	3 to 5 days a week

Coordinated Entry Access

County	Entry Point	Hours of Operation
Onondaga, Cayuga, and Oswego County	Housing and Homeless Coalition	Monday – Friday 8 AM to 4 PM

Prevention Services

Department of Social Services, Contact 211, and Emergency Shelters assess for diversion and homeless prevention. Any persons qualifying for homeless prevention programs will be referred to appropriate services.

Street Outreach

The CoC ensures that people sleeping on the streets are equally prioritized for assistance as anyone presenting in an emergency shelter with service needs.

Access for Specialized Populations

Survivors of Domestic Violence, Dating Violence, Sexual Assault, or Stalking Survivors of DV

Survivors of Domestic Violence, Dating Violence, Sexual Assault, or Stalking residing in DV shelters can access Coordinated Entry through referral to the HHC staff. The referrals are de-identified by DV shelter staff and contain only the minimum information required for proper prioritization. The form used for Domestic Violence Shelter participants can be found in **Attachment I**.

Veterans

Veterans can access the Coordinated Entry system through shelters and outreach from Supportive Service for Veteran Families (SSVF) and Veteran Affairs (VA). The local VA inputs data into HMIS and can refer to and accept referrals from the Coordinated Entry system.

Part III: Assessment

Standardized Assessment Approach

All Coordinated Entry locations offer the same assessment approach and referrals using transparent and uniform decision-making processes.

The Central New York Vulnerability Index (CNY-VI) is the Coordinated Entry assessment tool administered to all willing participants. The CNY-VI was based on the Vulnerability Index – Service Prioritization Decision Assistance (VI-SPDAT) Tool developed by OrgCode Consulting and redesigned based on VI-SPDAT data collected in the Central New York Community.

The CNY-VI has three separate assessments: individuals, transition-aged youth, and families.

- The Single CNY-VI should be completed for any adult over age 24. If there is more than one adult over 24 with no dependent children in the household, the CNY-VI should be completed for all adults and the highest vulnerability score should be used to represent the household.
- The Family CNY-VI should be completed for any adults with dependent children. If the Head of Household is a parenting transition-aged youth 18-24, please utilize the family CNY-VI.
- The Transition-Aged Youth CNY-VI should be used for all individuals who fall in the 18-24 age range. If there is a TA Youth in a household with an over-24-year-old adult, the TA Youth assessment should be used for the TA Youth. The higher of the two scores will be used to represent the household. *The only exception to this policy is as stated above, if the TA Youth is parenting dependent children, then the Family CNY-VI should be used.*

A copy of the CNY-VI is attached to this document in **Attachment II** through **Attachment IV**. Please use this document to clarify that the correct form is being used for the household type.

For purposes of this document, the written standards will use the term “assess” or “assessment” which will refer to these tools and will specify the types of tools as needed. All shelter and street outreach providers are responsible for conducting these assessments and entering them into HMIS.

All Coordinated Entry locations also assess participants based on the ‘length of time homeless’, using participant-reported information and HMIS data to determine the number of months an individual or family has experienced homelessness in the three years before their current episode of homelessness.

Phases of Assessment

All projects participating in Coordinated Entry will follow the assessment and triage protocols of the CE System.

The CoC has adopted the following phased approach to engage and appropriately serve participants seeking assistance through the Coordinated Entry system.

Initial Triage- This phase will focus on identifying the immediate housing crisis and clarifying that the CoC crisis response system is the appropriate system to address needs. L-DSSs in each county are responsible for this phase.

Diversion- This phase of the assessment will determine if CoC resources and options could be used to prevent the participant from entering the homeless system. L-DSSs in each county are responsible for this phase.

Emergency Service Intake- For participants who are identified as needing emergency shelter, appropriate shelter placement is made. L-DSSs in each county are responsible for this phase.

Shelter Assessment- Emergency Service providers should attempt to determine whether a person needs housing intervention through Coordinated Entry. Development of a housing plan is made in conjunction with the person experiencing homelessness.

Comprehensive Assessment- Emergency service providers should assess using the CNY-VI and work with the individual or family to determine the number of months homeless. Case managers should use HMIS records, third-party documentation, and up to 3 months of self-reported homeless time to document a participant's homeless time. This should be completed, at most, two weeks after shelter entry, if it is the first time the individual or family has experienced homelessness. Assessments and referrals can happen immediately for anyone who is unsheltered or has been in an emergency shelter within the last year. Emergency service providers should also be determining chronic homeless status and obtaining necessary paperwork.

Assessment Screening

The CE process may collect and document participants' membership in Civil Rights protected classes but will not consider membership in a protected class as justification for restricting, limiting, or steering participants to or from particular referral options.

Assessor Training

The Housing and Homeless Coalition of Central New York (HHC) will provide training on the Coordinated Entry Process and Procedures at least annually and if there are any updates/changes to the policy or procedure. This is typically done via the Coordinated Entry Training and Coordinated Entry Committees. The HMIS Agency Administrator Training, along with the Data Administrators Committees, provides information on the integration of these changes into HMIS.

The HHC also provides Coordinated Entry training bi-monthly for shelter, street outreach, and housing providers on the process of Coordinated Entry. All Coordinated Entry Assessors will be required to attend training once a year. The HHC will maintain a list of assessors who have completed assessor training in the past year.

In addition to the scheduled training, the HHC will provide Technical Assistance as requested by agencies on specific data elements, workflows, or general Coordinated Entry processes. CE Staff are available to talk through any questions or concerns with supervisory or direct staff through phone calls, zoom meetings, or in-person sessions. Step-by-step online training modules on the Coordinated Entry process from Entry to Exit can be found at the link below or on the HHC Website under the Coordinated Entry tab. https://www.youtube.com/playlist?list=PLjmjCnk_E5MYDXxEB-npmkLhVYWX9vXg2

Participant Autonomy

All participants must consent to be placed on Coordinated Entry through the Coordinated Entry Release of Information (**Attachment V**) before completing any other steps in the Entry process. Some participants may not want to be housed through CoC housing, in pursuit of housing through alternative means. Participants who are interested in CoC housing can choose to share their information through the Coordinated Entry system or restrict their information so only their point of access and CE Staff can view their data. Both options are available for participation in the Coordinated Entry project. Participants can rescind any authorization on the ROI at any time.

Participants can waive their right to complete the CNY-VI assessment and will still have access to the Coordinated Entry list. When participants waive the CNY-VI, they acknowledge that they will receive a vulnerability score based only on time homeless, which can lead to longer waiting times for matching. If the participant decides to waive the CNY-VI, case managers should enter a CNY-VI for the date of the CE Entry and leave all responses blank. This will ensure CE Staff is aware of the participant's choice to waive the assessment.

Should the participant agree to complete the assessment, participants are free to decide what information they provide. This includes, but is not limited to, the entry assessments by shelter or housing providers that are done upon entry, and the CNY-VI assessment to determine prioritization. Providers are prohibited from denying assessment or services to a participant, should they refuse to provide certain pieces of information, unless the information is necessary to establish or document program eligibility. Providers are also prohibited from denying services to participants if the participant refuses their data to be shared via HMIS.

Emergency Shelter and Street Outreach staff should understand possible restrictions, trauma-related issues, and obstacles regarding housing providers or housing types. Case managers should prioritize training opportunities to educate themselves on trauma-informed, client-centered practices. For programs working with participants who have experienced significant trauma and are having a difficult time during the administering of the CNY-VI tool, the staff person should stop the assessment and check in with the participant about what they need. The assessment can be completed in sessions, if needed, to ensure that the participant feels comfortable with the process.

Nondiscrimination Complaint and Appeal Processes

The HHC will respond to grievances regarding Coordinated Entry in the following manner, depending on the nature of the concern or grievance.

Housing Program Grievance- Grievances about rejections from homeless housing programs will be redirected back to the program to follow the grievance policies and procedures of that organization. Agencies should maintain internal documentation of all complaints received. If a participant is not satisfied with the housing program's response to the grievance, they can contact the HHC staff to request that the HHC review the grievance, and if needed, enter into discussion with the housing provider. Requests may be made by telephone or in writing.

Fair Housing Grievance- Grievance about a participating program's screening or program participation practices that appear to have a discriminatory impact: Contact CNY Fair Housing. More information at: <http://cnyfairhousing.org/>

Program Grievance- Grievances about HHC Coordinated Entry policies and procedures should be sent to the HHC staff. A grievance is an expression of dissatisfaction about any aspect of the Coordinated Entry service delivery. It is an informal process that can be initiated by telephone or in writing. Upon receipt of the complaint, if possible, HHC staff will address the grievance. If the grievance cannot be resolved by HHC staff, the grievance will be brought to the attention of the Governance Committee.

Privacy Protections

CE participating agencies are required to obtain releases of information for the collection, use, and disclosure of participants' personally identifying information. All agencies must follow the privacy guidelines outlined in the HMIS user manual.

Disclosure of Disability or Diagnostic Information

The assessment and prioritization process cannot require disclosure of specific disabilities or diagnoses. Collecting specific diagnoses or disability information may occur to determine program eligibility and ensure appropriate referrals.

Updating the Assessment

Emergency shelter and street outreach staff may update assessments as needed through interim assessments. CNY-VI assessments should be re-administered at least every six months. Assessment can be completed sooner if changes to major risk factors are recorded. When completing a new CNY-VI, the old assessment must be end-dated one day prior to the current date, and a new CNY-VI should be entered for the current date.

The Coordinated Entry team will track the most recent CNY-VI completion dates. Any households with open Coordinated Entry referrals that have a CNY-VI older than 6 months will be placed on the errors

list to reflect potential errors in prioritization. CNY-VI errors will be subject to the errors policy outlined in Part Five of this document.

Part IV: Prioritization

The CoC uses the following prioritization criteria to fill vacancies in permanent housing projects. The following prioritization criteria were developed to create a dynamic prioritization system to ensure that those experiencing homelessness are matched with appropriate housing services.

Prioritization Criteria: Permanent Supportive Housing Leasing

The CoC will use the following order of prioritization for filling vacancies in **PSH leasing projects**:

1. Chronically homeless individuals and families
2. Non-chronic, literally homeless individuals and families with a disability
3. Households open in Transitional Housing projects

CNY-VI Score will determine the order of prioritization within each group. The approximate date homeless metric will be used as the tiebreaker for prioritization. Transitional Housing projects should fill out the Transitional to Permanent Support Housing form and submit it via email to the CE Staff at the HHC for list prioritization. **(Attachment VI)**

Prioritization Criteria: Permanent Supportive Housing- Rental Assistance

The CoC will use the following order of prioritization for filling vacancies in **PSH Rental Assistance projects**:

1. Chronically homeless individuals and families
2. Non-chronic, literally homeless individuals and families with a disability
3. Households open in Transitional Housing projects

CNY-VI Score will determine the order of prioritization within each group. The approximate date homeless metric will be used as the tiebreaker for prioritization. Transitional Housing projects should fill out the Transitional to Permanent Support Housing form and submit it via email to the CE Staff at the HHC for list prioritization. **(Attachment VI)**

Prioritization Criteria: Rapid Re-Housing

The CoC will use the following order of prioritization for filling **RRH** vacancies:

1. Individuals and families experiencing Literal homelessness

CNY-VI Score will determine the order of prioritization within each group. The approximate date homeless metric will be used as the tiebreaker for prioritization.

The CoC does not place additional stipulations on CoC Rapid Re-Housing assistance. Rental assistance may be offered for the entirety of the eligible 24-month period and there are no income limits. CoC projects should follow any requirements in their approved applications to HUD.

Prioritization Criteria: Emergency Solutions Grant and Transitional Housing Projects

The CoC will follow the following order of prioritization for filling vacancies in **ESG RRH projects and Transitional Housing projects**:

1. Literally homeless individuals and families

CNY-VI Score will determine the order of prioritization within each group. The approximate date homeless metric will be used as the tiebreaker for prioritization.

Part V: Referral Process & Project Acceptance/Rejection

Referring to Coordinated Entry

Participants must have documented literal homeless status in HMIS before completing an entry in the Coordinated Entry project. This typically refers to an open emergency shelter or street outreach entry, however, participants can also meet the criteria if they are in an institution and qualify. If this situation applies, please contact the Coordinated Entry Staff at the HHC to arrange an assessment and referral date.

Participants can be opened in Coordinated Entry at any time if they have been homeless and on Coordinated Entry in the last year, or if they are in an unsheltered location. If the participants are experiencing homelessness for the first time, or the first time in over a year, case managers should utilize their best judgment to determine when the referral should be made. Any participants who have been in a shelter for over two weeks, and have agreed to participate in Coordinated Entry, should have an entry and assessment completed at that time.

Any Coordinated Entry referrals opened without emergency shelter or street outreach entries to verify literal homeless status will be deleted from the system for ineligibility. This includes entries where the Coordinated Entry occurs before the emergency shelter or street outreach entry in HMIS. When the shelter or outreach entry has been added and/or the appropriate time frame has passed for referral, the CE can be re-entered. Situations where participants are entered in Coordinated Entry on the same day as an emergency shelter stay may occur, but they should be infrequent.

Coordinated Entry referrals on the errors list for missing data, incorrect chronic or homeless data, and/or housing provider choice discrepancies are subject to be removed for matching until corrected. CE Staff provides a weekly list, with the Coordinated Entry List so errors can be easily identified. CE Staff will provide TA through phone, zoom, or site visits to assist with error correction upon request. Case managers will email CE Staff to remove referrals from the errors list when they are completed. Emergency shelter or street outreach case managers identified as having high error rates are at risk of having access to the Coordinated Entry provider in HMIS rescinded until a TA session is completed.

Coordinated Entry List

The CoC has developed a streamlined waitlist to prioritize participants who are open in the CE project for matching and to communicate matches to housing providers and emergency shelter/outreach staff. HHC staff sends the de-identified by-name list out, in order of priority, every week to the Coordinated Entry listserv.

Client/Provider Matching

Housing providers are responsible for communicating the number of openings in their program by entering the information into the Google Sheet. For participants to be matched, projects must submit openings to the Google Sheet by Monday at noon. Coordinated Entry Staff reviews this list, and then

clears openings for next week's information to be added (**Attachment VII**). Participants will be matched to open beds/slots based on prioritization by Coordinated Entry Staff. In the absence of participant preference or restrictions, matches will be made by alternating providers according to need.

Participants who are absent from the shelter, or do not have recent engagement with street outreach will not be matched with a housing service provider. As soon as participants re-engage with street outreach or shelter, they will be considered for a match to a housing provider.

Matches are made in HMIS and distributed to all housing service providers, shelter, and street outreach staff through the weekly Coordinated Entry list email.

Emergency Shelter and Street Outreach staff are required to thoroughly explain the program types their participants are eligible to select so that they can make an informed decision/choice to accept that housing provider's referral. This includes but is not limited to which program they are being referred to, what the program expects of them, and what they can expect of the program. Please refer to the CNY-VI Reference Sheet (**Attachment VIII**) to inform case manager conversations with participants about their preferences and eligibility requirements. Emergency shelter and Street Outreach staff should only select options that the household is eligible for.

Projects will be matched with participants within their county. If all eligible participants in that county have been matched, projects will then be matched with participants in other counties in the CoC that have expressed a willingness to move.

Veteran's projects SSVF, GPD, and VASH will run a weekly list to identify participants who are eligible for Veterans Services. VA projects will use their assessment and referral process to move households between SSVF, GPD, and VASH as needed. If a Veteran is not picked up by this process or ends up on Coordinated Entry, they will be matched to the appropriate VA project through Coordinated Entry. If Coordinated Entry staff at the HHC makes the match, VA projects will be subject to the policies and procedures outlined above.

Case Conferencing

Case Conferencing meetings can be requested by providers at any time by emailing CE Staff. The case conferencing meeting provides time for project case managers to address concerns with their current open households and collaborate with other relevant providers in the community. A case conference is scheduled to collaborate with other providers to create an action plan for the participant(s). Case conferencing is not for sharing protected health information, mental health diagnoses, or any other information that a licensed professional would diagnose. To ensure participant privacy, the information discussed must be relevant to achieving housing goals.

The Veterans Workgroup, held monthly, focuses on the Veterans population within the CoC. A by-name list is run before every meeting, and the Veterans' service providers discuss each household providing updates on the status of their housing goals. Emergency Shelter and Street Outreach staff are present to

provide space for collaborative efforts to meet with Veterans and secure housing. The Veterans Workgroup also ensures all households open on CE are discussed to catch households that should be exited from the project. Housing projects also discuss any openings they have in their projects to direct referrals.

The Street Outreach Committee, held monthly, focuses on the unsheltered population within the CoC. A by-name list is run and sent to the committee for review before the meeting. Any participants on that list that outreach staff want to discuss are reported to HHC Staff and are added to the agenda. A list of encampments is maintained during the meeting to update any scheduled cleanouts, empty locations, or new locations to be aware of. Identified participants are discussed during this meeting to support the client and/or case managers in achieving sheltering or housing goals. Participants that may be exited to unsheltered situations can also be discussed during this meeting, or in otherwise scheduled case conferencing meetings.

Acceptance/Rejection Policy- Housing Provider

Housing Providers can only reject a referral that matches their program eligibility requirements if there are legal matters between the program and this participant or if safety concerns exist for project staff. These decisions will be documented in HMIS and securely communicated to the HHC staff via email with reasons why the housing provider cannot accept the participant. All other matches are considered to be accepted and are subject to the policies below.

Documenting Coordinated Entry Activities in HMIS

After being matched to a household, housing providers must attempt to make contact, either through direct contact with the participant or a shelter or street outreach case manager, within 3 business days. This contact can be through email, phone calls, or presenting to a shelter or another outreach location. If that contact attempt is unsuccessful after about one week, another attempt should be made. If this attempt is unsuccessful, housing providers should email Coordinated Entry Staff and discuss the difficulty connecting to the shelter/outreach CM and/or client. The third and final attempt should communicate that the match will be removed if communication is not received within the remaining time frame. Housing providers need to document all contact attempts, including the final note requesting that the participant is unmatched in HMIS. Please refer to the Documentation After Matching guide (**Attachment IX**) at the end of this document.

Housing provider staff should also document contact attempts with participants not in HMIS, such as VSPs serving survivors of domestic violence. Housing providers can utilize anything available to them to track these notes: a comparable database, word processors, spreadsheets, etc. The tools used for documentation collection are at the agency's discretion. VSPs should follow the same documentation guidelines listed above on the time frame and number of attempts. If contact attempts have all been unsuccessful at the end of the 2-week contact period, contact HHC staff and attach the attempted contacts as documentation for removal of the match.

Successful Matches

When a participant accepts the housing provider match and completes an intake, the housing provider must adhere to the following guidelines for program entry in HMIS. For Rapid Re-housing, Transitional Housing, and HUD RAP, program entries should be completed in HMIS within 7 days of completing the intake. For Permanent Supportive Housing, program entries should be completed in HMIS within 7 days of the participant moving into housing.

Once participants are open in a housing project, they must remain in contact with their housing provider staff. If a participant is unreachable for 2 weeks after intake, the housing provider may exit them by following the agency's discharge policies and documenting attempts to contact in HMIS housing project case plan notes. If a participant enters an institution and is there for longer than 90 days, they must be discharged from the program following discharge policies. If a participant enters an institution before being housed, the housing provider can discharge them before the 90-day mark if they have proof that the participant will be institutionalized longer than 90 days.

Unsuccessful Matches

If a participant cannot be located, and they are next on the, the housing provider will hold that bed while efforts are made to locate the participant. Beds will be held for two weeks after the first documented contact attempt was made by the housing provider. If there has been no contact made within two weeks following the documentation workflow, the housing provider can request a new match on the Google Sheet. If the participant re-appears, they will be eligible for the next housing project that becomes available.

Acceptance/Rejection Policy- Client

Should the individual or family decide to reject the housing provider, the provider will notate that decision in the CE Entry notes in HMIS following the documentation workflow so that HHC staff will be aware. To receive another match, the housing provider should report the opening to HHC staff in the Google Sheet.

Participants who do not accept housing program matches will be matched with another provider offering similar services. Only two program matches will be made per participant during a given engagement with the Coordinated Entry system. Participants' entry in the Coordinated Entry project will be closed after denying services from two programs. Participants can decide to re-engage with the Coordinated Entry system at any time.

If an individual or family rejects multiple housing provider placements, a Case Conferencing meeting can be requested to review the case and discuss reasons for rejections to come up with alternative housing solutions. If an individual or family consistently rejects housing placements, they will continue to be engaged by street outreach and/or shelter case workers on a bi-weekly basis to offer housing. These attempts will be documented in HMIS.

Ineligible for Matching List

CE staff will maintain a list of participants who are ineligible for matching on Coordinated Entry. Participants may be placed on this list for several reasons, which are outlined below. While participants are on this list, they will not be matched to any housing projects within the CoC. Participants will be on the list for a minimum of 90 days once they have been added. Participants placed on the list will have an incident entered in the Coordinated Entry referral by CE Staff with their 90-day end date.

During Matching/Intake

Participants who are not able to complete the intake process after attending appointments with a housing project can be flagged for this list. If a case manager encounters this situation in a shelter/outreach or housing project, they can send an email to CE staff and request a case conference. The case manager should be prepared to discuss the concerns that were present during the matching and/or intake process and share the participants' housing goals. Participant additions to the list will be reviewed on a case-by-case basis by the CE staff based on the information provided in the case conference meeting with the review committee and HMIS notes.

After Termination of Services

In the situation where a participant is discharged from Rapid Rehousing or Permanent Supportive Housing, and they were ineligible for a transfer, or a transfer was denied, the participant can be flagged for the list. If a housing provider encounters this situation, they can email CE staff with information about the discharge. The case manager should include the reason for discharge and why a transfer was not an option for this participant. Participant additions to the list will be reviewed on a case-by-case basis by the CE staff based on the information provided in this email and the HMIS notes.

Re-Evaluation

After the 90-day time frame, emergency shelter, street outreach, housing provider, or CE staff can call a case conference meeting to discuss updates, request collaboration of services, or initiate reapproval for matching. When calling, or attending, a case conference meeting, case managers should be prepared to discuss any services gained since the last update, changes in vulnerability, and discuss recent conversations with the participants about their housing goals. Approval for matching will be determined on a case-by-case basis by the CE staff based on the information provided in the case conferencing meeting with the review committee and HMIS notes.

When to Exit CE Referrals

A participant's Coordinated Entry project should be closed if there has been no contact with Street Outreach or emergency shelter stay for more than 30 days. When participants are successfully housed through ESG/CoC-funded projects, they should be closed by the housing project following these timelines:

- PSH on the date of program entry
- RRH on the housing move-in date
- TH on the date of program entry.

Should a participant be housed via a non-ESG/CoC funded project or subsidized housing provider, their Coordinated Entry project should be closed by the Emergency Shelter/ Street Outreach provider who completed the CE Entry.

Part VI: Transfer Policies

Transfer Policy

A transfer describes a process where a participant enrolled in one housing program is moved or transferred to another housing program. Transfers take place when 1) there is a presentation of strong evidence indicating that a particular type of housing or housing project does not meet a participant's needs, 2) the participant's need being unmet results in a threat to their safety and overall well-being or the safety or well-being of another program participant, and 3) another type of housing provided by a different agency is appropriate.

Requesting a transfer is not a mandatory step prior to exiting a participant from a permanent housing program. Transfers are also not to be used for participants who need a higher level of care than CoC-funded housing programs are able to provide. When determining if requesting transfer is the next course of action for a participant, please refer to the Transfer Flowchart (**Attachment X**) for guidance.

Housing providers must submit a CoC Housing Program Transfer Request Form (**Attachment XI**), with supporting documentation, to the HHC staff assigned to Coordinated Entry. The HHC staff will determine whether the transfer request is appropriate and respond to the project within three business days. The staff member assigned will then prioritize the transfer through the CE List following the transfer policy listed below. Housing providers can appeal this determination by emailing the HHC Director within two weeks of the decision. Secondary appeals can be made to the executive committee of the HHC board.

Using the Housing Program Transfer Request Form, the provider requesting a transfer must show that they have exhausted their resources to overcome the obstacles that are the cause of a participant's risk of homelessness, including offers to relocate their housing unit and making continued efforts to link them with appropriate services and supports. Housing providers must also show how transferring the participant can provide a potential resolution to the participant's particular issue.

Participant transfers from programs with different program requirements should be carefully reviewed to ensure the participant(s)' eligibility and documentation are appropriate for the new program.

Emergency Transfers that are a result of domestic violence, dating violence, sexual assault, or stalking will be prioritized over all other transfers for the first available project opening. All other transfers received by the Coordinated Entry team will be prioritized by chronic status, with non-chronic transfers being matched last.

Emergency Transfer Plan for Survivors of Domestic Violence, Dating Violence, Sexual Assault, or Stalking

In accordance with the Violence Against Women Act (VAWA), The Housing and Homeless Coalition (NY-505) allows tenants who are survivors of domestic violence, dating violence, sexual assault, or stalking to request an emergency transfer from the tenant's current unit to another unit. The ability to

request a transfer is available regardless of sex, gender identity, or sexual orientation. This plan identifies tenants who are eligible for an emergency transfer, the documentation needed to request an emergency transfer, confidentiality protections, how an emergency transfer may occur, and guidance to tenants on safety and security.

A tenant who is a survivor of domestic violence, dating violence, sexual assault, or stalking, is eligible for an emergency transfer, if: the tenant reasonably believes that there is a threat of imminent harm from further violence if the tenant remains within the same unit. If the tenant is a survivor of sexual assault, the tenant may also be eligible to transfer if the sexual assault occurred on the premises within the 90-calendar-day period preceding a request for an emergency transfer.

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

The tenant must submit a written request for emergency transfer to their housing provider. The request must include one of the eligible reasons for transfer:

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

Once a request is submitted, the housing program will complete an internal transfer by moving the tenant to an available unit that the tenant identifies is safe. If the housing program has no safe units available, the program will gain permission from the tenant to submit an external transfer request to the Housing and Homeless Coalition. The Housing and Homeless Coalition will then match the tenant to the first program that has a safe unit available. If there are no safe units available, the tenant and case manager will come up with a safety plan while waiting for an available unit. An example of a safety plan is to identify options that may be available to a tenant such as staying with a family or friend, or staying in an emergency shelter until a safe unit is available.

If an emergency transfer has been requested, the housing provider must document the request and its outcome in writing. All request records must be kept for 3 years. The Housing and Homeless Coalition is required to obtain request documentation and report all requests to HUD on an annual basis.

Part VII: Systems and Evaluation

Data Systems

Programs receiving ESG and CoC funding must participate in HMIS (Homeless Management Information System), unless otherwise stated by federal regulations. Homeless programs that are not federally funded are strongly encouraged to participate in HMIS. The CoC has established an HMIS Policies and Procedures Manual. [This manual can be found here.](#)

Programs must meet minimum HMIS data quality standards (maintaining under a 5% error rate on the Data Quality Framework Report in HMIS).

Programs providing Domestic Violence services may opt out of HMIS participation but must utilize a comparable database to collect HUD-required data elements.

Housing providers participating in HMIS will be provided with a Coordinated Entry Compliance report on an annual basis. VA Projects GPD and HUD VASH are exempt from 100% compliance in Coordinated Entry matching following the VA guidance who can be served by their projects.

Participants are free to decide what information they provide during any assessment process. This includes, but is not limited to, the Entry assessments by shelter or housing providers that are done upon entry, and the assessment to determine program eligibility. Providers are prohibited from denying assessment or services to a participant if the participant refuses to provide certain pieces of information unless the information is necessary to establish or document program eligibility. Providers are also prohibited from denying services to participants if the participant refuses their data to be shared via HMIS.

Evaluation

The Coordinated Entry policies above will be monitored by HHC staff and will communicate any issues or concerns to the agency in question.

In the quarterly Coordinated Entry meetings, key metrics of the Coordinated Entry system will be evaluated. These measures include but are not limited to, time from referral to Coordinated Entry to service, appropriateness of referrals, and recidivism from project types.

These matters will be reviewed and reported annually to the Advisory Board and to the Coordinated Entry Workgroup.

Attachments:

- I. CNY-VI Cover Sheet for VSP Providers
- II. CNY-VI Single Assessment
- III. CNY-VI Family Assessment
- IV. CNY-VI Transition-Aged Youth Assessment
- V. Coordinated Entry Consent and Release of Information
- VI. Request for Transitional Housing to Permanent Supportive Housing Consideration
- VII. Program Openings Google Sheet How-To
- VIII. CNY-VI Reference Sheet
- IX. Documentation After Matching Requirements
- X. CoC Housing Transfer Flowcharts
- XI. CoC Housing Program Transfer Request

Attachment I: CNY-VI Cover Sheet for VSP Providers

CNY-VI Cover Sheet

For programs not using HMIS to submit referrals, only this page should be e-mailed to the manager of the Coordinated Entry list after completing the CNY-VI and the client signs the ROI for the HMIS and HHC. Do not send the completed CNY-VI.

Client ID _____

Household Type Adults Only Family Transition-Aged Youth

Approximate Date This Episode of Homelessness Started _____

Program Desired - Use reference sheet to aid in determining client preference and eligibility

- Permanent Supportive Housing (a member of the household must have a documented disability to be eligible)
 CoC Rapid Rehousing ESG Rapid Rehousing Transitional Housing
 Transitional to Rapid Rehousing

Is Client... Chronic? (disability and homeless for 12 months or more in last 3 years) Yes No
A Veteran? Yes No **Pregnant?** Yes No

Has a member of the household been incarcerated within the last 3 months? Yes No

Age of Head of Household Age ≤ 24 Age 25-64 Age 65+

Gender of Head of Household

- Female Male Transgender Non-Binary Questioning Prefer not to answer

Sexual Orientation of Head of Household

- Heterosexual (Straight) Homosexual (Gay/Lesbian) Bisexual Other Prefer not to answer

Which counties would the client live in/move to? Oswego Onondaga Cayuga

What size unit is required for this household? Refer to HUD occupancy guidelines

- Studio/1 bedroom 2 bedrooms 3 bedrooms 4 bedrooms 5 bedrooms

CNY-VI Score	___/9
TAY Supplement	___/3
or	
Family Supplement	___/3
Supplement Question	___/3
CNY-VI Score	___/15

HHC Use Only: Additional Points for Approximate Date Homeless? _____

Case Manager Contact Information

Staff Completing Form: _____
Email: _____ **Phone:** _____

Date Completed: _____

Attachment II: CNY-VI Single

CNY-Vulnerability Index – Single

Interviewer's Name	Agency	__ Team __ Staff __ Volunteer
<hr/>		
Survey Date	Survey Time	Survey Location
DD/MM/YYYY	__ / __ / ____	__ : __ AM / PM
<hr/>		

Opening Script

Every assessor in your community regardless of organization completing the VI should use the same introductory script. In that script you should highlight the following information:

- the name of the assessor and their affiliation (organization that employs them, volunteer as part of a Point in Time Count, etc.)
- the purpose of the assessment being completed
- that it usually takes less than 7 minutes to complete
- that only “Yes,” “No,” or one-word answers are being sought
- that any question can be skipped or refused
- where the information is going to be stored
- that if the participant does not understand a question or the assessor does not understand the question that clarification can be provided
- the importance of relaying accurate information to the assessor and not feeling that there is a correct or preferred answer that they need to provide, nor information they need to conceal

Scoring system:

- 9 points possible for all applicants
- 3 additional points for health conditions that create vulnerability in congregate settings
- 3 additional possible points for youth or families

- 10 possible points for length of the current episode of homelessness (recorded in HMIS as the Approximate Date Homeless):
 - 0-5 months: 0 points
 - 6-11 months: 3 points
 - 12-17 months: 5 points
 - 18+ months: 10 points

	Possible points
VI score	9
Health Condition supplement	3
TAY or Family supplement	3
Time Homeless (HMIS)	10
	25 points

Use this Single Assessment if you can check **one** of the boxes below.

The members of this household include:

- A single participant over the age of 24
- A participant in a household that does not include dependent children under the age of 18

**In this case, only one CNY-VI will be used to represent the household on the Coordinated Entry List. Please select the highest vulnerability score. **

Basic Information

First Name	Nickname	Last Name
_____	_____	_____
In what language do you feel best able to express yourself? _____		
Date of Birth	Age	Social Security Number
		Consent to Participate

To which county are you interested in moving? *Choose all that apply.*

___ Onondaga ___ Cayuga ___ Oswego

Program type desired? *see handout for details:*

Permanent Supportive Housing CoC Rapid Rehousing
 ESG Rapid rehousing Transitional Housing

Do you have a disability that you've seen a doctor about recently or in the past? Yes No

If no, do not select PSH in the program types above as this is an eligibility requirement for PSH projects.

What size of unit is required for your household?

Studio/1br 2 bedrooms 3 bedrooms or more

HUD habitability standards are 2 people per bedroom.

Vulnerability Index				
#		Answer	Score	
V1	How long has it been since you lived in permanent stable housing?	<input type="checkbox"/> Less than 1 year <input type="checkbox"/> More than 1 year	<input type="checkbox"/> / 1	If person has experienced 1 or more consecutive years of homelessness or 4+ episodes of homelessness, score 1
V2	In the last three years, how many times have you been homeless?	<input type="checkbox"/> Less than 4 times <input type="checkbox"/> 4 or more times		
V3	Has your current period of homelessness been caused by an experience of emotional, physical, psychological, sexual, or other type of abuse, or by any other trauma that you have experienced?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Refused	<input type="checkbox"/> / 1	If yes, score 1
V4	Is there any person, past landlord, business, bookie, dealer, or government group like the IRS that thinks you owe them money?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Refused	<input type="checkbox"/> / 1	IF "YES" TO QUESTION 10 OR "NO" TO QUESTION 11, THEN SCORE 1
V5	Do you get any money from the government, a pension, an inheritance, working under the table, a regular job, or anything like that?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Refused		
V6	Is your current homelessness in any way caused by a relationship that broke down, an unhealthy or abusive relationship, or because family or friends caused you to be evicted?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Refused	<input type="checkbox"/> / 1	If yes, score 1
V7	Do you have any legal stuff going on right now that may result in you being locked up, having to pay fines, or that make it more difficult to rent a place to live?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Refused	<input type="checkbox"/> / 1	If yes, score 1

V8	Are there any medications that a doctor said that you should be taking that, for whatever reason, you are not taking?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Refused	__ / 1	If yes to either, score 1
V9	Are there any medications like painkillers that you don't take the way the doctor prescribed or where you sell the medication?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Refused		
V10	Does anybody force or trick you to do things that you do not want to do?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Refused	__ / 1	If yes, score 1
V11	Do you ever do things that may be considered to be risky like exchange sex for money, run drugs for someone, have unprotected sex with someone you don't know, share a needle, or anything like that?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Refused	__ / 1	If yes, score 1
	Unsheltered points (added automatically): If a client has a current living situation in a place not meant for human habitation documented by street outreach in the last 90 days			Do not add manually to the score.
		Total	__ / 9	
	Supplement Questions	Answer	Score	
	Does the client have a health condition that increases their vulnerability in congregate or unsheltered settings?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Refused	__ / 3	If yes, give 3 extra points to total score

Attachment III: CNY-VI Family

CNY-Vulnerability Index - Family

Interviewer's Name	Agency	__ Team __ Staff __ Volunteer
<hr/>		
Survey Date	Survey Time	Survey Location
DD/MM/YYYY	__ / __ / ____	__ : __ AM / PM
<hr/>		

Opening Script

Every assessor in your community regardless of organization completing the VI should use the same introductory script. In that script you should highlight the following information:

- the name of the assessor and their affiliation (organization that employs them, volunteer as part of a Point in Time Count, etc.)
- the purpose of the assessment being completed
- that it usually takes less than 7 minutes to complete
- that only “Yes,” “No,” or one-word answers are being sought
- that any question can be skipped or refused
- where the information is going to be stored
- that if the participant does not understand a question or the assessor does not understand the question that clarification can be provided
- the importance of relaying accurate information to the assessor and not feeling that there is a correct or preferred answer that they need to provide, nor information they need to conceal

Scoring system:

- 9 points possible for all applicants
- 3 additional points for health conditions that create vulnerability in congregate settings
- 3 additional possible points for youth or families

- 10 possible points for length of the current episode of homelessness (recorded in HMIS as the Approximate Date Homeless):
- 0-5 months: 0 points
- 6-11 months: 3 points
- 12-17 months: 5 points
- 18+ months: 10 points

	Possible points
VI score	9
Health Condition supplement	3
TAY or Family supplement	3
Time Homeless (HMIS)	10
	25 points

Use this Family Assessment if you can check **one** of the boxes below.

The members of this household include:

- Transition-Aged Youth (18-24) parenting dependent children under the age of 18
- Participants over the age of 24 parenting dependent children under the age of 18

Basic Information

First Name	Nickname	Last Name
_____	_____	_____
In what language do you feel best able to express yourself? _____		
Date of Birth	Age	Social Security Number
		Consent to Participate

To which county are you interested in moving? *Choose all that apply.*

___ Onondaga ___ Cayuga ___ Oswego

Program type desired? *see handout for details:*

Permanent Supportive Housing CoC Rapid Rehousing
 ESG Rapid rehousing Transitional Housing

Do you have a disability that you've seen a doctor about recently or in the past? Yes No

If no, do not select PSH in the program types above as this is an eligibility requirement for PSH projects.

What size of unit is required for your household?

Studio/1br 2 bedrooms 3 bedrooms or more

HUD habitability standards are 2 people per bedroom.

Vulnerability Index				
#		Answer	Score	
V1	How long has it been since you lived in permanent stable housing?	<input type="checkbox"/> Less than 1 year <input type="checkbox"/> More than 1 year	__ / 1	If person has experienced 1 or more consecutive years of homelessness or 4+ episodes of homelessness, score 1
V2	In the last three years, how many times have you been homeless?	<input type="checkbox"/> Less than 4 times <input type="checkbox"/> 4 or more times		
V3	Has your current period of homelessness been caused by an experience of emotional, physical, psychological, sexual, or other type of abuse, or by any other trauma that you have experienced?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Refused	__ / 1	If yes, score 1
V4	Is there any person, past landlord, business, bookie, dealer, or government group like the IRS that thinks you owe them money?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Refused	__ / 1	IF "YES" TO QUESTION 10 OR "NO" TO QUESTION 11, THEN SCORE 1
V5	Do you get any money from the government, a pension, an inheritance, working under the table, a regular job, or anything like that?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Refused		
V6	Is your current homelessness in any way caused by a relationship that broke down, an unhealthy or abusive relationship, or because family or friends caused you to be evicted?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Refused	__ / 1	If yes, score 1
V7	Do you have any legal stuff going on right now that may result in you being locked up, having to pay fines, or that make it more difficult to rent a place to live?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Refused	__ / 1	If yes, score 1

V8	Are there any medications that a doctor said that you should be taking that, for whatever reason, you are not taking?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Refused	__ / 1	If yes to either, score 1
V9	Are there any medications like painkillers that you don't take the way the doctor prescribed or where you sell the medication?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Refused		
V10	Does anybody force or trick you to do things that you do not want to do?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Refused	__ / 1	If yes, score 1
V11	Do you ever do things that may be considered to be risky like exchange sex for money, run drugs for someone, have unprotected sex with someone you don't know, share a needle, or anything like that?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Refused	__ / 1	If yes, score 1
	Unsheltered points (added automatically): If a client has a current living situation in a place not meant for human habitation documented by street outreach in the last 90 days			Do not add manually to the score
		Total	__ / 9	
	Supplement Questions	Answer	Score	
	Does the client have a health condition that increases their vulnerability in congregate or unsheltered settings?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Refused	__ / 3	If yes, give 3 extra points to total score

Family Supplement:

	Answer the following questions for heads of household of families with children under 18	Answer	Score	
F1	Is everyone in your family currently able to take care of basic needs like bathing, changing clothes, using a restroom, getting food and clean water and other things like that?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Refused	__ / 1	Score 1 if F1 is No
F2	Do you have two or more planned activities each week as a family such as outings to the park, going to the library, visiting other family, watching a family movie, or anything like that?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Refused	__ / 1	
F3	Have you had struggles maintaining consistent supervision for your children after school, on weekends, or days when there isn't school?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Refused		Score 1 if: F2 is no and/or F3 or F4 are Yes
F4	IF THERE ARE CHILDREN BOTH 12 AND UNDER & 13 AND OVER: Do your older kids spend 2 or more hours on a typical day helping their younger sibling(s) with things like getting ready for school, helping with homework, making them dinner, bathing them, or anything like that?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Refused		
F5	In the last 180 days have any children lived with family or friends because of your homelessness or housing situation?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Refused	__ / 1	Score one if any in F5-F6 are Y, or if F7 is no

F6	Has any child in the family experienced abuse or trauma in the last 180 days?	<u> </u> Y <u> </u> N <u> </u> Refused		
F7	IF THERE ARE SCHOOL-AGED CHILDREN: Do your children attend school more often than not each week?	<u> </u> Y <u> </u> N <u> </u> Refused		
		Total	<u> </u> / 3	

Attachment IV: CNY-VI Transition-Aged Youth

CNY-Vulnerability Index

Interviewer's Name	Agency	__ Team __ Staff __ Volunteer
<hr/>		
Survey Date	Survey Time	Survey Location
DD/MM/YYYY	__ / __ / ____	__ : __ AM / PM
<hr/>		

Opening Script

Every assessor in your community regardless of organization completing the VI should use the same introductory script. In that script you should highlight the following information:

- the name of the assessor and their affiliation (organization that employs them, volunteer as part of a Point in Time Count, etc.)
- the purpose of the assessment being completed
- that it usually takes less than 7 minutes to complete
- that only “Yes,” “No,” or one-word answers are being sought
- that any question can be skipped or refused
- where the information is going to be stored
- that if the participant does not understand a question or the assessor does not understand the question that clarification can be provided
- the importance of relaying accurate information to the assessor and not feeling that there is a correct or preferred answer that they need to provide, nor information they need to conceal

Scoring system:

- 9 points possible for all applicants
- 3 additional points for health conditions that create vulnerability in congregate settings
- 3 additional possible points for youth or families

- 10 possible points for length of the current episode of homelessness (recorded in HMIS as the Approximate Date Homeless):
- 0-5 months: 0 points
- 6-11 months: 3 points
- 12-17 months: 5 points
- 18+ months: 10 points

	Possible points
VI score	9
Health Condition supplement	3
TAY or Family supplement	3
Time Homeless (HMIS)	10
	25 points

Use this Single Assessment if you can check **one** of the boxes below.

The members of this household include:

- A single transition-aged youth aged 18-24
- A transition-aged youth 18-24 in a household that does not include dependent children under the age of 18

**In this case, only one CNY-VI will be used to represent the household on the Coordinated Entry List. Please select the highest vulnerability score. **

Basic Information

First Name	Nickname	Last Name
_____	_____	_____
In what language do you feel best able to express yourself? _____		
Date of Birth	Age	Social Security Number
_____	_____	_____
Consent to Participate		

To which county are you interested in moving? *Choose all that apply.*

___ Onondaga ___ Cayuga ___ Oswego

Program type desired? *see handout for details:*

___ Permanent Supportive Housing ___ CoC Rapid Rehousing
 ___ ESG Rapid rehousing ___ Transitional Housing

Do you have a disability that you've seen a doctor about recently or in the past? ___ Yes ___ No

If no, do not select PSH in the program types above as this is an eligibility requirement for PSH projects.

What size of unit is required for your household?

___ Studio/1br ___ 2 bedrooms ___ 3 bedrooms or more

HUD habitability standards are 2 people per bedroom.

Vulnerability Index				
#		Answer	Score	
V1	How long has it been since you lived in permanent stable housing?	___ Less than 1 year ___ More than 1 year	___ / 1	If person has experienced 1 or more consecutive years of homelessness or 4+ episodes of homelessness, score 1
V2	In the last three years, how many times have you been homeless?	___ Less than 4 times ___ 4 or more times		
V3	Has your current period of homelessness been caused by an experience of emotional, physical, psychological, sexual, or other type of abuse, or by any other trauma that you have experienced?	___ Y ___ N ___ Refused	___ / 1	If yes, score 1
V4	Is there any person, past landlord, business, bookie, dealer, or government group like the IRS that thinks you owe them money?	___ Y ___ N ___ Refused	___ / 1	IF "YES" TO QUESTION 10 OR "NO" TO QUESTION 11, THEN SCORE 1
V5	Do you get any money from the government, a pension, an inheritance, working under the table, a regular job, or anything like that?	___ Y ___ N ___ Refused		
V6	Is your current homelessness in any way caused by a relationship that broke down, an unhealthy or abusive relationship, or because family or friends caused you to be evicted?	___ Y ___ N ___ Refused	___ / 1	If yes, score 1
V7	Do you have any legal stuff going on right now that may result in you being locked up, having to pay fines, or that make it more difficult to rent a place to live?	___ Y ___ N ___ Refused	___ / 1	If yes, score 1

V8	Are there any medications that a doctor said that you should be taking that, for whatever reason, you are not taking?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Refused	__ / 1	If yes to either, score 1
V9	Are there any medications like painkillers that you don't take the way the doctor prescribed or where you sell the medication?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Refused		
V10	Does anybody force or trick you to do things that you do not want to do?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Refused	__ / 1	If yes, score 1
V11	Do you ever do things that may be considered to be risky like exchange sex for money, run drugs for someone, have unprotected sex with someone you don't know, share a needle, or anything like that?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Refused	__ / 1	If yes, score 1
	Unsheltered points (added automatically): If a client has a current living situation in a place not meant for human habitation documented by street outreach in the last 90 days			Do not add manually to the score
		Total	__ / 9	
	Supplement Questions	Answer	Score	
	Does the client have a health condition that increases their vulnerability in congregate or unsheltered settings?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Refused	__ / 3	If yes, give 3 extra points to total score

Transition-age Youth Supplement:

	Answer the following questions for unaccompanied youth between the ages of 18 and 25.	Answer	Score	
Y1	Are you currently able to take care of basic needs like bathing, changing clothes, using a restroom, getting food and clean water and other things like that?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Refused	__ / 1	If no, score 1
Y2	Have you ever had to leave an apartment, shelter program, or other place you were staying because of your physical health?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Refused	__ / 1	If Y to any in Y2 – Y7, score 1
Y3	Do you have any chronic health issues with your liver, kidneys, stomach, lungs or heart?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Refused		
Y4	Do you have any physical disabilities that would limit the type of housing you could access, or would make it hard to live independently because you'd need help?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Refused		
Y5	When you are sick or not feeling well, do you avoid getting medical help	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Refused		
Y6	Are you currently pregnant, have you ever been pregnant, or have you ever gotten someone pregnant?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/> Refused		
Y7	Do you have planned activities, other than just surviving, that make you feel happy and fulfilled?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Refused	__ / 1	If no, score 1
		Total	__ / 3	

Attachment V: Coordinated Entry Consent and Release of Information

Coordinated Entry Consent and Release of Information

Client Name: _____ Date of Birth: _____

I understand that this agency is part of the Coordinated Entry System in Cayuga, Onondaga, and Oswego Counties. The Coordinated Entry System is the process through which individuals and families experiencing homelessness are matched to housing projects in the community. The Coordinated Entry System is administered by the Housing and Homeless Coalition of Central New York (HHCCNY).

With this written consent, you can choose if Emergency Shelters, Street Outreach providers, and/or HHC Coordinated Entry staff may provide data for Coordinated Entry to HHC staff through HMIS or electronic referral. This data includes information about preferences for housing projects, disabling conditions, time homeless, recent incarceration, history of domestic violence, and the CNY-VI Assessment. Only those with access to the Coordinated Entry provider in HMIS will be able to see this information.

"In addition, you may also choose to participate in the HHCCNY CHANCE project, available to TANF-eligible families in Onondaga County. The project provides assistance with housing searches, additional case management support, and leveraging financial incentives with property owners/managers to secure housing."

Agencies Participating in Coordinated Entry:

ACR Health, Catholic Charities, Cayuga Community Health Network, Cayuga County DSS, Community Action Programs Cayuga/Seneca*, Chadwick Residence, Chapel House Inc., Dept of Veteran Affairs, Helio Health, Housing & Homeless Coalition of CNY (HHC CNY), In My Father's Kitchen, Liberty Resources, Onondaga County DSS, Oswego County Opportunities*, Oswego County DSS, Rescue Mission, Soldier On, The Salvation Army, Tiny Homes for Good, Vera House*, Victory Transformations Shelter, YMCA of Central NY, and the YWCA.

*These agencies participate, but do not submit referrals through HMIS for households experiencing domestic violence, dating violence, stalking, or sexual assault to ensure client privacy.

Do you agree to receive Coordinated Entry assistance?

(Please select 1 option)

- I do not want to be on the Coordinated Entry list. I understand that I will not be eligible for CoC housing projects through the matching process, and I will need to find alternative housing with my shelter/outreach case manager.
- I agree to be on the Coordinated Entry list, but I do not want my information to be shared. I understand that the housing project will not be able to contact me, and I will be given contact information from my shelter/street outreach case manager once a match occurs.

I agree to be on the Coordinated Entry list. I understand that my information outlined above will be visible to the Coordinated Entry providers for electronic referral. I understand that I can be contacted by housing projects if/when I am matched.

Initials: _____

Do you agree to complete the CNY-VI Assessment?

(Please select 1 option)

I waive my right to complete the CNY-VI Assessment. I understand that this will impact my prioritization on the Coordinated Entry list, and could lead to a longer wait time for matching to a housing project.

I agree to complete the CNY-VI Assessment to receive a complete score for prioritization.

Initials: _____

If you are a household that qualifies for the CHANCE project, would you like to participate?

(TANF eligible families in Onondaga only, please select 1 option)

I agree to participate in the project and have my information shared with the CHANCE team.

I do not want assistance from the CHANCE team.

I may withdraw the consent except for information that has already been given out or actions already taken, by informing the agency in writing that I want to withdraw my consent. Otherwise, this consent will **end one year** from the date signed.

Dates of release _____/_____/_____ to _____/_____/_____
(Date of first service) (One year from date of first service)

Client Signature

Date

Agency Witness

Date

Only check if you are **rescinding** authorization to release information for Coordinated Entry.

I rescind my authorization to Coordinated Entry. I do not want any future information shared, and I would like to be removed from the Coordinated Entry list.

Client Signature

Date



Consent on behalf of household members – An adult head of household may provide consent on behalf of their family members to share their information for Coordinated Entry purposes.

Attachment VI: Request for Transitional Housing to PSH

Request for Client in TH to be Considered for PSH Openings

Date of Request: Click or tap to enter a date. Client HMIS ID: Click or tap here to enter text.
Provider Name: Click or tap here to enter text. Provider Contact: Click or tap here to enter text.
Contact Phone: Click or tap here to enter text. Contact E-mail: Click or tap here to enter text.

HUD rules dictate that individuals or families residing in transitional housing that are eligible for PSH **must be prioritized last after all other eligible clients.** These clients will be prioritized on a separate list based on chronic status, current CNY-VI score, and length of time homeless **at the time of entrance into transitional housing.** This list will be merged with the CE list each week to ensure these clients are considered for matching to PSH projects. These clients will not be open in CE in HMIS.

Does the client, or anyone in the household, have a disabling condition? Yes No
(if no, this client is not eligible for PSH)

Date client opened in current transitional housing project: Click or tap to enter a date.

Was the client chronically homeless on the above date: Yes No

Client's length of time homeless: Click or tap here to enter text.
(number of days between approximate date the last period of homelessness prior to entering TH started to the date client entered TH)

Attachment VII: Program Openings Google Sheet

Program Openings Google Sheet How-To Guide

Link to Google Sheet: <https://docs.google.com/spreadsheets/d/1YjSjflk3S-P6jgUzD8H2qxPebBWmN7gpQkakjIz-dyE/edit#gid=0>

** only approved editors will be able to make changes on this form**

General Notes about Google Sheets/Docs

- The google sheet will save automatically after every edit you make.
- The sheet updates in real-time no matter how many folks are in it at once. You may see someone else editing at the same time as you, and that's completely fine!
- I can view all the history on the document. If something gets deleted or edited by accident, I can always check back and fix it. Just let me know via email.
- **You must hit enter or click into another cell after entering data into a cell. If you do not and close the page this information will not save. If you still see the blinking cursor in the cell the information is not saved!**

The Process

Openings need to be on the Program Openings Google Sheet by 12 PM on Monday to be matched that week.

I will delete the openings that received matches and reset the google sheet at 12 PM on Monday. You can then begin entering your openings again to match the following week. I would suggest setting yourself an alarm or reminder to go in at some point throughout the week!

- If a holiday falls on Monday, the process will shift to the next business day. i.e. openings would be due on Tuesday at 12PM and new matches could be entered starting Tuesday afternoon.

>>> Openings that go in after 12 PM on the day openings are due will not be matched that week <<<

(continue to next page for example entries and reminders)

Examples

Program Name	Type	Opening Size	Number of Openings	Notes (unit size, ADA, elevator access, etc.)
ACR LGBT RRH	Youth RRH	select household size		
CAP HUD RRH	RRH	Family	2	3-bedroom, 2-bedroom
CAP NYS CSCAA ESGCV RRH	RRH	Single	4	
Catholic Charities ESGCV	RRH	Single	1	
Catholic Charities HUD RAP	PSH	Single	2	
Catholic Charities PSH I	PSH	Single	1	ADA Accessible
Catholic Charities PSH II	PSH	Single	0	
Catholic Charities Housing First	PSH	Single	0	
Catholic Charities RRH	RRH	Combination	4	1 single household, 3 families

Scroll down the list to find the projects you need to add openings for (they are in alphabetical order) and edit the following fields:

1. Opening Size: The options are single, family, or combination. If you leave the option as “select household size” the CE Specialist will not be able to make a match.
 - a. For family, you can put the unit size in the notes if applicable.
 - b. For combination, please put the number of single vs family openings you have in the notes. If you’d just like to take a random mix no note is required.
2. Number of Openings: This is your total number of spots available to be matched with a household.
 - a. Note: Please do not over-request matches. Remember that all clients need to have a **contact attempt documented in HMIS within 3 business days of the match**, so keep this in mind when requesting matches. If the person responsible for these contact attempts will not be in office please consider not submitting your openings for that week.
3. Notes: This section is for anything useful for the CE Specialist to keep in mind when matching. It can be unit size, ADA compliant units, first-floor access, elevator access, etc. Anything that would need to be communicated about the opening available.
 - a. This will be very helpful when openings exist for PSH units that are already held under leases by the agency. RRH can certainly use this field to convey any notes as well!

Reminders:

- This is a Sheet will be viewable to anyone who requests the link. Please do not put any identifying client information on this sheet.
- If you have any questions or concerns about using the sheet, please reach out to the Coordinated Entry Specialist, Ryan Kash rkash@unitedway-cny.org

Attachment VIII: CNY-VI Reference Sheet

CNY-VI Reference Sheet

Definitions

Literally Homeless

Individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:

1. Has a primary nighttime residence that is a public or private place not meant for human habitation;
2. Is living in a publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state, and local government programs);
3. Is exiting an institution where (s)he has resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution
4. Any individual or family who: is fleeing, or is attempting to flee, domestic violence; has no other residence, and lacks the resources or support networks to obtain other permanent housing

Chronically Homeless

A literally homeless household that has at least one family member with a disability (that can be confirmed with documentation) AND

1. has been homeless continuously for at least 12 months OR
2. has been homeless for at least 12 months over the span of 3 years with 4 or more breaks in homelessness

Permanent Supportive Housing (PSH)

Permanent housing with indefinite leasing or rental assistance paired with supportive services to assist homeless persons with a disability or families with a member of the household with a disability achieve housing stability. PSH is a high-level community-based indefinite leasing or rental assistance program. The client is enrolled in the program once the client receives the keys to their residence.

Rapid Re-Housing (RRH)

Program emphasizing housing search and relocation services and short- and medium-term rental assistance to move homeless persons and families (with or without a disability) as rapidly as possible into permanent housing.

Transitional Housing (TH)

Program providing homeless individuals and families with the interim stability and support to successfully move to and maintain permanent housing. Transitional housing funds may be used to cover the costs of up to 24 months of housing with accompanying supportive services. Program participants must have a lease (or sublease) or occupancy agreement in place when residing in transitional housing.

Transitional Housing to Rapid Rehousing (TH-RRH)

Program is a joint project type that includes two existing program components—TH and PH-RRH—in a single project to serve individuals and families experiencing homelessness for up to 24 months.

Determining Program Referrals

When referring clients to programs, ensure that client preference is being honored and that you confirm the client is eligible for the housing project type using the information below.

Permanent Supportive Housing (PSH)

Eligibility:

- Household must fit HUD’s definition of being literally homeless
- Member of household with a documented disability
 - o HUD’s definitions: “diagnosable substance use disorder, a serious mental illness, development disability, or chronic physical illness or disability including the co-occurrence of two or more of these conditions. **AND**
- Has 12 or more months of homelessness either
 - 1.) 12 months consecutively **OR**
 - 2.) 12 months total over a 3-year period with 4 or more episodes of homelessness

Households that do not have 12 months homeless can still be referred to PSH, however, chronically homeless households will be prioritized.

Considerations:

- The lease is held in the housing project’s name, not the client’s

*** except for HUD RAP where the lease is in the client’s name after a housing search is completed*

- The program is of indefinite duration
- The client receives case management to support household

CoC Rapid Re-Housing (RRH)

Eligibility:

- Household must fit HUD’s definition of being literally homeless

Considerations:

- The client holds the lease in their own name
- 6-24 months in duration
- Case management to support household

ESG Rapid Re-Housing

Eligibility:

- Household must fit HUD's definition of being literally homeless

Considerations:

- The client holds the lease in their own name
- Temporary rental assistance, 6 months maximum
- Minimal case management

Transitional Housing (TH)

Eligibility

- Household must fit HUD's definition of being literally homeless

Considerations

- Site-based program
- Up to 24 months of housing with supportive services
- 6-month follow-up period of case management services

Transitional Housing to Rapid Rehousing (TH to RRH)

Eligibility

- Household must fit HUD's definition of being literally homeless

Considerations

- May enter project through TH or RRH

TH

- o site-based program
- o will transition to RRH

RRH

- o the client holds the lease in their own name
 - o has case management to support stable housing
- project is 24 months total with both TH and RRH time included (example: 6 mos. TH, then 18 mos. RRH)

Documentation After Matching

How & When to Enter Contact Notes in Coordinated Entry in HMIS

Reminders and Important Time Frames

- The first contact attempt should be made within **3 business days** of the match
- Clients have **2 calendar weeks** (14 days including weekends and holidays) to respond to a housing project. This 2-week period begins from the date of the initial contact
- A minimum of 3 contact attempts and 4 notes are required for a client to be unmatched in the event of no response from client or Case Manager
 - 1 – First contact attempt, done within 3 business days
 - 2 – Second attempt, done around 1 week after first contact attempt

****Sometime between the second and third attempt please contact Ryan for assistance with connecting****

 - 3 – Final contact attempt, done around 10 days after first contact attempt, be sure to include in message this is the final contact attempt and the deadline for the client to respond
 - 4 – Note entered at 2-week mark indicating no response from client and request to be unmatched.
- Once this 4th note or another note requesting an unmatch for a valid reason is entered, you are free to submit this opening again for a new match. You can follow up with an email to be unmatched immediately or you will be unmatched during HHC match review (every 1-2 weeks). Please email if you have any questions surrounding a match or reason for unmatching.
- A contact note should be entered into an interim with a date matching the date the contact attempt was made. If an interim already exists for that date you can edit this interim, if one does not exist you will create a new one.
- In the case of no client/CM response a client will not be unmatched without the 4 notes outlined above. In the case of an unmatch for any other reason a note must be entered specifically requesting to be unmatched and for what reason.

- All notes should be related to contacts, intakes and rejections only. Please be conscious of relevancy to CE and client privacy when entering a note!

Step by Step Instructions

- 1) As always before making any changes to a Coordinated Entry referral be sure you are entering data as Coordinated Entry NY-505.

The first section of this video review that process.

<https://youtu.be/EzpRVtvY578?feature=shared>

- 2) **Open the interims** and **create an interim** for the date of the contact attempt, or if one already exists **click the pencil** to edit it

Entry / Exit						
Program	Type	Project Start Date	Exit Date	Interims	Follow Ups	Client Count
Coordinated Entry NY - 505 (236)	HUD	11/08/2024				

Interim Reviews ✕

Interim Reviews Associated with this Entry / Exit

	Review Date	Review Type	Client Count
	04/22/2024	Update	1
	04/15/2024	Update	1
	02/06/2024	Annual Assessment	1
	01/23/2024	Update	1
	11/01/2023	Update	1
	10/02/2023	Update	1
	09/12/2023	Update	1
	08/01/2023	Update	1
	07/06/2023	Update	1
	06/02/2023	Update	1

Add Interim Review
Showing 1-10 of 10

Exit

- 3) Within the Interim locate the “Client Contacts (Housing Providers Should Update This Section)” section, then click add and enter in the appropriate information

Coordinated Entry Interim Assessment v1.4 Interim Review Date: 11/15/2024 10:35:17 AM

Matched Provider (CE Staff only)

Coordinated Entry Event

Start Date *	Date of Event *	Event *	Location of Crisis Housing or Permanent Housing Referral	Referral Result	Date of Result
<input type="button" value="Add"/>					

Current Living Situation

Start Date *	End Date	Information Date	Current Living Situation	Living situation verified by
<input type="button" value="Add"/>				

Has Length of Time Paperwork? (PSH Referrals ONLY!)

Has Disability Paperwork? (PSH Referrals ONLY!)

Does or did client have an active SPOA application?

Client Contacts (Housing Providers Should Update This Section)









Housing Provider Contacts

Start Date *	Housing Provider Offering Services *	Contact Type *	Client Event *	Contact Notes
<input type="button" value="Add"/>				

Example Notes

For a client matched on 11/12/2024 where neither the client or CM responded to the project





Client Contacts (Housing Providers Should Update This Section)

Housing Provider Contacts					
	Start Date *	Housing Provider Offering Services *	Contact Type *	Client Event *	Contact Notes
 	11/28/2024	CC HUD RAP	Phone call to client	Could not reach client	REQUEST TO UNMATCH - No contact has been made with client or CM
 	11/24/2024	CC HUD RAP	Phone call to client	Could not reach client	FINAL ATTEMPT - Contacted HHC after second attempt for assistance. Still no response from CM or client. Left 3rd voicemail today explaining the 2 week deadline is in a few days and that the client will be unmatched if no response.
 	11/21/2024	CC HUD RAP	Phone call to client	Could not reach client	SECOND ATTEMPT - No response to first voicemail, second voicemail left today
 	11/14/2024	CC HUD RAP	Phone call to client	Could not reach client	FIRST ATTEMPT - Called and left voicemail for case manager

Add Showing 1-4 of 4







For a client matched on 11/12/2024 where the case manager responded to the initial contact attempt but indicated the client was not interested in the project

Client Contacts (Housing Providers Should Update This Section)

Housing Provider Contacts					
	Start Date *	Housing Provider Offering Services *	Contact Type *	Client Event *	Contact Notes
 	11/20/2024	CC HUD RAP	Phone call to client	Client refused service	REQUEST TO UNMATCH - Case Manager called and indicated the client is not interested in this match
 	11/14/2024	CC HUD RAP	Phone call to client	Could not reach client	FIRST ATTEMPT - Called and left voicemail for case manager

Add Showing 1-2 of 2

For a client matched on 11/12/2024 where the case manager responded to the initial contact attempt, an intake was scheduled and that intake was later completed

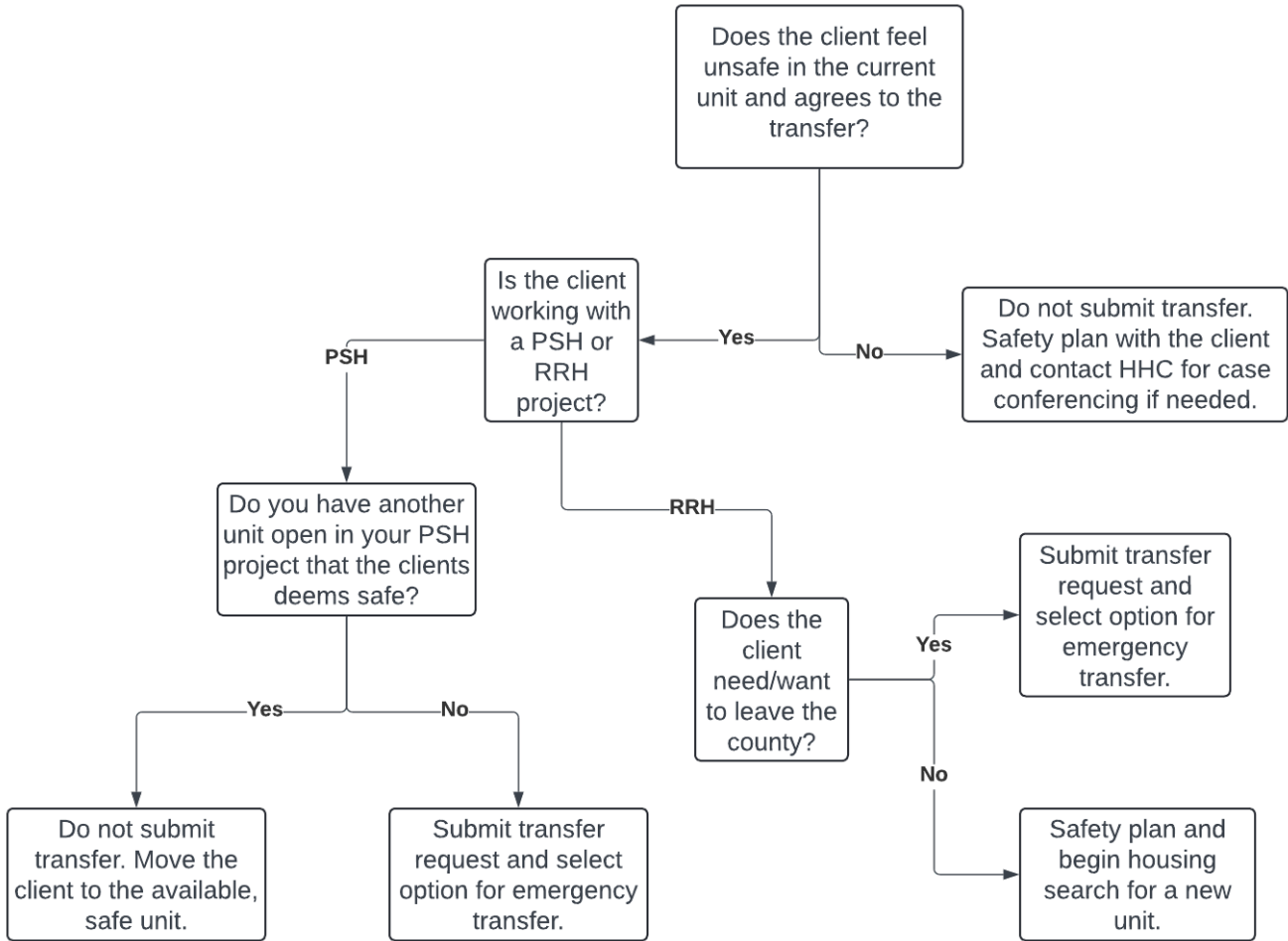
Housing Provider Contacts						
		Start Date *	Housing Provider Offering Services *	Contact Type *	Client Event *	Contact Notes
		11/19/2024	CC HUD RAP	In Person - Visit to Shelter/Street Outreach Site	Client interested in services, intaked or scheduled intake	Intake complete, client opened in project
		11/17/2024	CC HUD RAP	Phone call to client	Client interested in services, intaked or scheduled intake	Case Manager returned call and client is interested in project, intake scheduled for 11/19 at 9am
		11/14/2024	CC HUD RAP	Phone call to client	Could not reach client	FIRST ATTEMPT - Called and left voicemail for case manager

Add
Showing 1-3 of 3

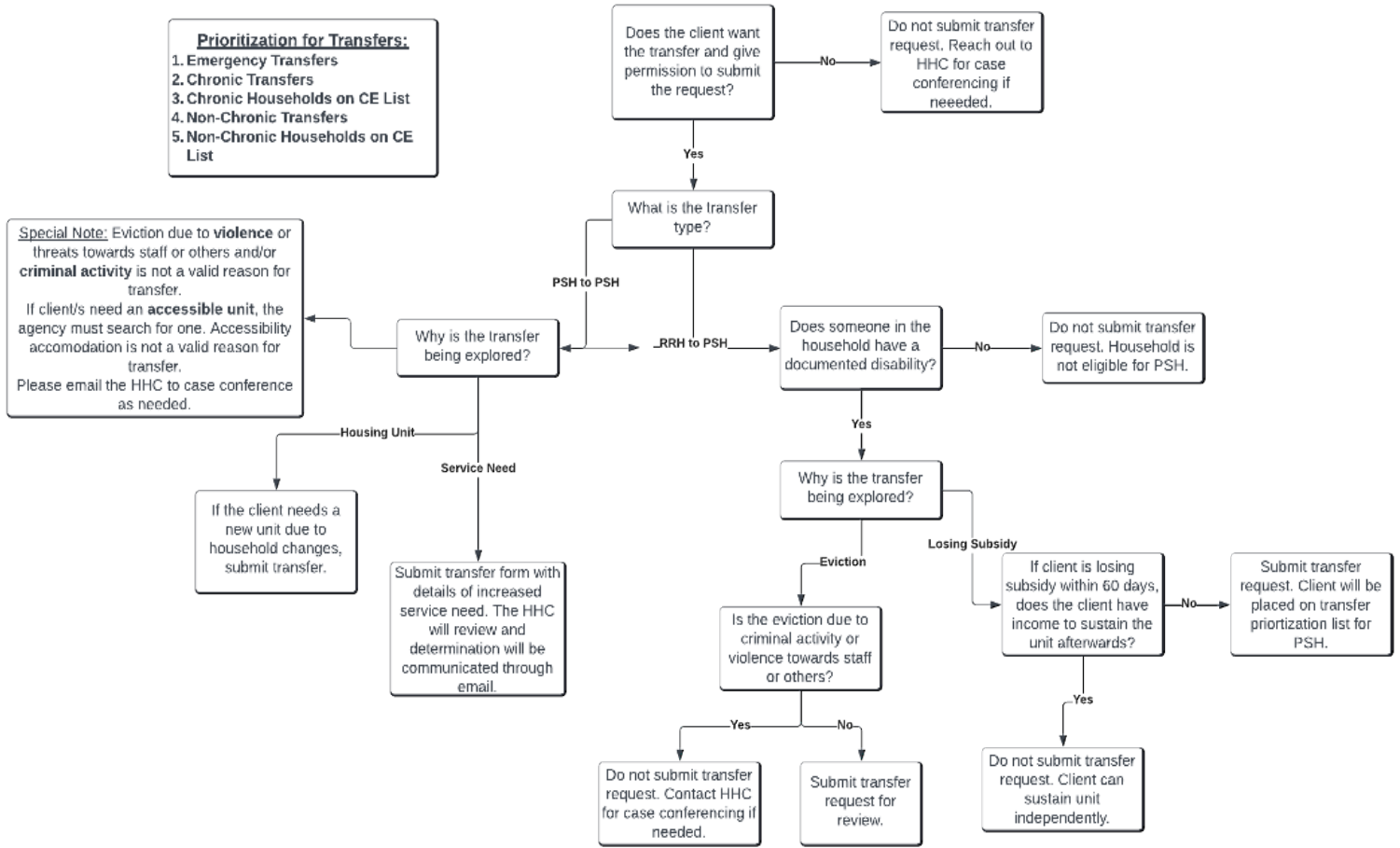
Questions? Email Ryan at the HHC!
rkash@hhccny.org

Attachment X: Transfer Flowcharts

Emergency Transfer



Non-Emergency Transfer



Attachment XI: CoC Housing Program Transfer Request Form

CoC Housing Program Transfer Request Form

Date of Request: Click or tap to enter a date. Client HMIS ID: Click or tap here to enter text.
Provider Name: Click or tap here to enter text. Provider Contact: Click or tap here to enter text.
Contact Phone: Click or tap here to enter text. Contact E-mail: Click or tap here to enter text.

Please provide the reason for requesting a transfer (Use additional space if necessary)

- RRH to PSH Transfer** (Higher level of need)
- PSH to PSH Transfer** (Housing Unit is inappropriate)
- PSH to PSH Transfer** (Service needs cannot be met)
- Transfer due to Domestic Violence** (Please do not provide any identifying information on this form)

For All Transfers:

Please describe a benefit that another program could provide to this client that the current program is unable to provide.

Click or tap here to enter text.

Has the client been consulted about moving programs, and have they agreed to switch programs?

- Yes No

Has the client moved apartment locations in the current program? If so, how many times have they been relocated?

Click or tap here to enter text.

Are there any apartment buildings where the client cannot reside?

Click or tap here to enter text.

Is the request being made out of an immediate concern for the client's risk of inflicting harm to themselves or to others?

- Yes No

What services/interventions have been provided and offered to improve the client's stability in the project?

Please attach case notes describing such services, if not included in HMIS.

Click or tap here to enter text.

For PSH Transfers:

Was client chronically homeless at the time of intake?

Yes

No

(If yes, attach documentation with the transfer request to CE Staff)

For RRH Transfers:

Is the client at imminent risk of homelessness?

Yes

No

If yes, please describe the situation below. *(Is an eviction pending? If so, why? Is subsidy coming to an end? If so, when?)*

Click or tap here to enter text.

Does someone in the household have a documented disability?

Yes

No

Was the household chronically homeless at the time of intake?

Yes

No

(If yes, attach documentation with the transfer request to CE Staff)

Submit transfer request via email to Cass Montessor and Ryan Kash.

For HHC Staff Use

Outcome of Transfer:

Denied

Accepted

Reasoning: Click or tap here to enter text.

Name: Click or tap here to enter text.

Date of Determination: Click or tap here to enter text.