Indiana Region 11
Coordinated Entry Policies and Procedures

April, 2018
A Note about this Manual

This document outlines policies and procedures for Region 11’s Coordinated Entry Process. It is intended to be a local supplement to the Indiana BoCCoC Coordinated Entry Policies and Procedures Manual created by IHCDA.

Coordinated Entry Framework of Core Elements

Lead and Participating Agencies

Region 11’s Lead Agency is Human Services, Inc. Participating Agencies are Anchor House, Columbus Township Trustee, Centerstone, Turning Point, Brighter Days, No Place to call Home NPTCH, Kic-It, Jennings County Coalition Against Domestic Violence (JCCDV), and Human Services, Inc. Satellite. Each of these agencies serves as an access point for individuals and families experiencing homelessness and seeking assistance through the Coordinated Entry process, administering the VI-SPDAT and assisting clients in accessing any resources that may be of assistance to them.

Standardized Access and Assessment

All access point providers administer the Indiana CE Standardized Assessment Tool (VI-SPDAT) according to HUD standards.

To ensure transparency in Client care coordination and decision making, all CE participants receiving a comprehensive assessment and referral to a Permanent Supportive Housing Project (PSH) or Rapid Re-housing (RRH) will be offered written documentation of the assessment results and referral. This “receipt” of the CE assessment and referral process includes a description of the CE screening and assessment results and indicates the CE participant’s prioritization for the referral intervention being offered. SEE EXHIBIT B.

Assessment

Coordinated Entry staff administer the VI-SPDAT assessment tool using the following process, outlined by IHCDA:

- CE staff explains the assessment process to the Client and answers any questions presented by household/Client.
- The staff member conducting the assessment will present the household/Client the Consent Form either in paper form or electronically. Assessment staff will go over the form with the Client and explain what data will be requested, how it will be shared, whom it will be shared with, and what the Client’s rights are regarding the use of the data. Assessment staff will be responsible for ensuring Clients understand their rights as far as release of information and data confidentiality. If the household/Client signs the Consent Form, the assessment staff member will also sign the Consent Form. SEE EXHIBIT C.
- CE staff administers the VI-SPDAT per instructions and scores each assessment per scoring instructions. Additional questions may be asked that gather information not included in the VI-SPDAT if the questions may be pertinent to an individual of family’s eligibility for a particular housing program. Examples include whether or not the individual uses/misuses substances or whether the individual would be willing to relocate to another town in the Region if a housing vacancy occurs in a place outside the individual’s town of origin.
• If a Client is assessed and no further contact with the Client takes place for 90 days or longer, the Client will be reassessed during the next contact with staff. This is to explore the possibility of changes in the Client’s status since the previous assessment.

VI-SPDATs should be completed in HMIS whenever possible. Staff who do not have access to HMIS may complete a paper assessment and have the results entered into HMIS by a registered user.

A note on data collection: Consumers who do not agree to share their data through the Homeless Management Information System (HMIS) on the Client release of information (ROI) form should never have their data entered into HMIS.

Prioritization
Region 11 has defined the below VI-SPDAT score ranges as eligible for the region’s resource types. Individuals may opt for a less intensive housing resource than they require according to their VI-SPDAT score, but may not enter a MORE intensive program than their score indicates.

Self-Resolve Strategies: 0-3
Rapid Re-Housing (RRH): 4-7
Permanent Supportive Housing (PSH): 8-17

Individuals and families will be referred to Rapid Re-housing according to the following prioritization criteria:
75% of available RRH resources must be filled with individuals or families that score for RRH.

Individuals and families referred to Permanent Supportive Housing must score for PSH. Individuals and families will be referred based on the Prioritization Standards outlined in this manual.
If a client is eligible for PSH and no units are readily available, the client may be housed with Rapid Re-housing Assistance.

Referral Standards
When offering referral options to Clients, the following information shall be provided:
• Information about the referred housing providers and housing types using resources such as web pages and Region inventory information;
• Referral rejection recommended guidance;
• Right to choose options less intensive than the CES referral offered; Guidance about possible impact associated with accepting, rejecting, or changing the project type recommended for the household by the CES assessment and prioritization process.

Referral Process
• Referrals will only be made to programs with open housing units.
• CE staff will notify the household if multiple permanent housing interventions are matches. If there are multiple matches, the household will choose which housing agency they will pursue.
• The application for the permanent housing opening will be completed by the agency receiving the Client referral.
• The Household is referred by CE staff at intake site to PSH agency if there is availability.
• CE staff prepares referral packet:
  o Copy of Client assessment(s) or Homeless Management Information System (HMIS) data,
  o Copy of ROI
The referral packet is submitted to the PSH agency by secure fax or secure email and includes a referral checklist/cover page (cover page should include the name or number of household, proof that CE contacted PSH agency regarding Client’s arrival or to set up appointment for Client, contact info of referring CE staff, proof that CE staff updated Homeless Management Information System (HMIS) for this household),

CE staff should keep some form of confirmation that information was sent.

The household is given appropriate directions, contact information, any needed referral forms and transportation assistance (if eligible) to the referred agency.

Household meets with PSH agency intake staff for case management services and housing intake. It is critical at this point for staff to secure a reliable mode of contact with the Client.

If a household is referred HMIS will be updated so that the household is no longer on the Prioritization List.

If CE staff cannot reach intake staff at the PSH agency, another PSH agency that meets the household’s composition will be chosen for the referral.

If no PSH agency has immediate availability, household will remain on the Prioritization List until a unit opens or staff (at any entry point) has not had contact with the client for 90 days.

If household does not follow up with PSH agency within three days of scheduled appointment, PSH agency will notify CE assessment worker who will try to follow up with the household. If no contact within two additional business days, that household will lose this particular opportunity and the next eligible client on the Prioritization List will be offered the housing. Households will remain on the Prioritization List if CE staff is unable to make contact with them within three days or if Client rejects a housing referral opportunity. Clients that reject three opportunities presented to them for permanent housing will be removed from the Prioritization List. Clients that are unable to be located will be removed from the list after ninety days.

Prioritization Standards
Housing vacancies will be offered according to the following prioritization standards:
  Program-specific criteria (SMI, HIV/AIDS, etc)
  Highest VI-SPDAT score
  Case manager assessment
  Chronically homeless as defined by HUD
  Longest history of homelessness
  Oldest assessment date

Agencies participating in Coordinated Entry must submit the eligibility criteria for each program they operate to the Coordinated Entry Region’s Lead Agency before they can participate in the Coordinated Entry process. Any changes to a program’s eligibility criteria or target population must be sent immediately to the Coordinated Entry Region’s Lead Agency and Regional Chair to make sure referral protocol is updated accordingly. Criteria that agencies may have that are not bound to local law or strict funders’ requirements will be reviewed by the Coordinated Entry Lead Agency and Regional Chair along with data about people who have remained in emergency shelter for more than 45 days or are living on the street. If the Lead Agency or Regional Chair has a concern that a program’s requirements may be contributing to “screening out” or excluding households from needed services, the Lead Agency and/or Regional Chair may request to meet with the provider to discuss their criteria. If the Lead Agency and/or
Regional Chair can clearly show a link between underserved populations and a provider’s eligibility criteria, and the provider is unwilling to modify the criteria, the Lead Agency and/or Regional Chair may recommend to the Regional Planning Council and Coordinated Entry Steering Committee that the provider be de-prioritized for CoC or other sources of funding.

Prioritization processes and tools will be assessed and updated annually by the Region 11 Regional Planning Council based on analysis of actual score prevalence rates and available Region inventory.

Prioritization List Management and Notification of Referral
Prioritization List management and notification of referrals will be the responsibility of Lead Agency staff members. Lead Agency staff shall alert the Client’s case manager when an opening has become available for them in a specific program. Lead Agency will check program availability at least weekly to see if new openings are becoming available and contact the Client’s case manager to notify them of an opening in a program.

Referral Rejection (Declined Referral) Recommended Guidance
Both Region providers and program participants may deny or reject referrals from the defined CES access point. Service denials should be infrequent and must be documented in HMIS or the approved system with specific justification as prescribed by the Region. The specific allowable criteria for denying a referral must be established by the Region, must be shared with each program and the Client, and must be reviewed and updated annually. Aggregate counts of service denials, categorized by reason for denial, must be reported by the Region annually. If a program is consistently refusing referrals (more than 25%) they will need to meet with the Regional Planning Council to discuss the issue that is causing the denials.

At minimum a program’s referral rejection/denial reasons must include the following:
- Client/household does not meet required criteria for program eligibility
- Client/household unresponsive to three communication attempts
- Client resolved crisis without assistance
- Client/household safety concerns (The Client’s/household’s health or well-being or the safety of current program participants would be negatively impacted due to staffing, location, or other programmatic issues).
- Client/household needs cannot be addressed by the program (The program does not offer the services and/or housing supports necessary to successfully serve the household).
- Program at bed/unit/service capacity at time of referral
- Property management denial (include specific reason cited by property manager)
- Conflict of interest
- Previous program termination within 90 days
- Previous program termination and re-assessment determined not reasonable

In the event of a service denial or participant rejection the following steps must be followed:
- Any referral rejection must be communicated back to the Coordinated Entry Panel (including the Prioritization List Manager), assessment and referral provider, and/or Client advocate within three business days.
- All referral requests that result in a denial must be reviewed by the Prioritization List Manager, assessment and referral provider, and/or Client advocate designated by the Region.
If a referral is returned to the housing referral provider or designee, the HMIS record must be updated to reflect the reason for denial. The Region program denying the referral must notify the Prioritization List Manager, assessment and referral provider, and/or Client advocate within a specified amount of time determined by the Region. Further communication must include a detailed written justification of the referral denial provided within three business days. The written justification of service denial must also be shared with the Client and documented in HMIS. A program that denies three sequential referrals will be required to participate in a case conferencing meeting with the Lead Agency Prioritization List Manager, assessment and referral provider, and/or Client advocate designated by the Region. A Client who denies three sequential referrals will be encouraged to participate in a case conferencing meeting with the Lead Agency Prioritization List Manager, assessment and referral provider, and/or Client advocate, and will be removed from the Prioritization List. If a provider receives a referral for a client removed previously from the provider’s program for any reason, (including but not limited to: violence, illegal activity, threats, or damage to property) the client may be re-assessed by the provider for re-admittance into the program following a ninety day period and on a case-by-case basis.

Grievance Procedures
If a grievance arises surrounding the Coordinated Entry process, all participating agencies will follow grievance procedures established by IHCDA and found in EXHIBIT E of the Indiana Balance of State Coordinated Entry Policies and Procedures manual.

Coordinated Entry Statewide Policy on Transfers around the State
A household that has been assessed in one Region may request that their assessment be transferred to another Region. A transfer process had been established by IHCDA and can be found in the Indiana Balance of State Coordinated Entry Policies and Procedures manual. Households may be on up to two IN Region’s Prioritization Lists at one time.

Low Barrier Policy
Region 11 will not turn clients away from crisis response services or homelessdesignated housing due to lack of income, lack of employment, disability status, domestic violence status, or substance use unless the project’s primary funder or local government jurisdiction requires the exclusion or a previously existing and documented neighborhood covenant/good neighbor agreement has explicitly limited enrollment to Clients with a specific set of attributes or characteristics.

Fair and Equal Access
Region 11 will ensure fair and equal access to CES system programs and services for all Clients regardless of actual or perceived race, color, religion, national origin, age, gender identity, pregnancy, citizenship, familial status, household composition, disability, Veteran status, sexual orientation, or domestic violence status. To ensure fair access by individuals with disabilities, physical and communication accessibility barriers will be addressed by appropriate accommodation within Region 11. Each Region’s written policies and procedures must establish protocols for fair and equal access to Region housing and services. Region 11 will comply with the nondiscrimination and equal opportunity provisions of Federal
civil rights laws for housing and services as specified at 24 CFR 5.15(a), including, but not limited to, the following:

**Fair Housing Act** prohibits discriminatory housing practices based on race, color, religion, sex, national origin, disability, or familial status;

**Section 504 of the Rehabilitation Act** prohibits discrimination on the basis of disability under any program or activity receiving Federal financial assistance;

**Title VI of the Civil Rights Act** prohibits discrimination on the basis of race, color, or national origin under any program or activity receiving Federal financial assistance;

**Title II of the Americans with Disabilities Act** prohibits public entities, which includes state and local governments, and special purpose districts, from discriminating against individuals with disabilities in all their services, programs, and activities, which include housing, and housing-related services such as housing search and referral assistance. Title III of the Americans with Disabilities Act prohibits private entities that own, lease, and operate places of public accommodation, which include shelters, social service establishments, and other public accommodations providing housing, from discriminating on the basis of disability; and

**HUD's Equal Access Rule** at 24 CFR 5.105(a)(2) prohibits discriminatory eligibility determinations in HUD-assisted or HUD-insured housing programs based on actual or perceived sexual orientation, gender identity, or marital status, including any projects funded by the CoC Program, ESG Program, and HOPWA Program. The CoC Program interim rule also contains a fair housing provision at 24 CFR 578.93. For ESG, see 24 CFR 576.407(a) and (b), and for HOPWA, see 24 CFR 574.603

If an individual’s self-identified gender or household composition creates challenging dynamics among residents within a facility, the host program will make every effort to accommodate the individual or assist in locating alternative accommodation that is appropriate and responsive to the individual’s needs.

**Emergency Services**

Clients will be able to access emergency services 24/7/365, independent of the operating hours of the Coordinated Entry’s intake and assessment processes. Region 11 has established notices at entry points to shelters and services with shelter locations/times informing individuals of places to contact for after-hours emergency services, including 211.

**Safety Planning**

Region 11 Coordinated Entry System shall ensure the safety and security protections of the individuals seeking assistance. People fleeing domestic violence (DV) will have safe and confidential access to the Coordinated Entry process and domestic violence services, and that all data collection adheres to the Violence Against Women Act (VAWA).

If a client’s immediate safety is in question, Coordinated Entry staff will ensure the client is aware they have the option to contact police about any imminent threats. There are several safe house locations for domestic violence survivors located throughout Region 11. Coordinated Entry, shelter, and street outreach staff are familiar with the referral process to the DV shelter and will assist the client in
accessing DV services if needed; DV staff in turn provide safe access to their own intake process. If it is within the ability of the agency, a hotel voucher may also be provided to the client.

Region 11 will establish a partnership with the Indiana Coalition Against Domestic Violence to access appropriate safety planning protocols and trauma informed approaches to care coordination for clients.

**Inclusivity of Sub-Populations**

All sub-populations including chronically homeless individuals and families, Veterans, youth, persons and households fleeing domestic violence, transgendered persons, and refugees and new immigrants will be provided equal access to Region crisis response services regardless of the characteristics and attributes of their specific sub-populations.

**Outreach**

Region 11’s Continuum of Care’s Coordinated Entry System links to street outreach efforts, including local street outreach teams funded by PATH, ESG, or other grant sources, so that people sleeping on the streets are prioritized for assistance in the same manner as any other person assessed through the Coordinated Entry process.

**Stakeholder Inclusion**

Region 11 will engage in ongoing planning with all stakeholders participating in the Coordinated Entry process, including participating projects and households that participated in Coordinated Entry. Feedback from individuals and families experiencing homelessness or recently connected to housing through the Coordinated Entry process is gathered at least annually and used to improve the process.

Solicitations for feedback shall, at a minimum, address the quality and effectiveness of the entire Coordinated Entry experience for both participating projects and households.

Feedback methodologies may include:

- Surveys designed to reach either the entire population or a representative sample of participating providers and households;
- Focus groups of five or more participants that approximate the diversity of the participating providers and households;
- Individual interviews with participating providers and enough participants to approximate the diversity of participating households; or
- Any combination of these methods.

Region 11 will use the feedback to make necessary updates to these Coordinated Entry Policies and Procedures.

**Full Coverage**

Region 11’s Coordinated Entry System covers 6 counties; Bartholomew, Brown, Decatur, Jackson, Jennings, Johnson, and Shelby.
Privacy Protections
Region 11’s Coordinated Entry System operations and staff will abide by all State of Indiana defined privacy protections as defined by the Indiana Balance of State Continuum of Care Board of Directors and its sub-committees. Client consent protocols, data use agreements, data disclosure policies, and any other privacy protections offered to program participants as a result of each Client’s participation in Homeless Management Information System (HMIS) will be the same as CES.

List of Resources
Region 11’s CES Lead Agency will maintain a list of all available Region resources, including each project’s eligibility criteria. The list of resources will be updated annually and be made publicly available with the assistance of the South Central Housing Network.

Coordinated Entry Training
Region 11 will hold an annual CE training to ensure all participating CE partners are knowledgeable of Region-specific CE participation and performance expectations, are following statewide guidelines and protocols for CE operations, and are striving to achieve national best practices and promising approaches for the most effective Coordinated Entry System.

Region 11 training will include the following:
- CE access points and access protocols;
- CE assessment tools, processes, and uses of assessment information to coordinate Client care;
- General eligibility requirements for all Region projects;
- Prioritization standards and protocols for how Client’s placement on Prioritization Lists will be managed;
- Referral processes and protocols (rather than specific referral policies which will likely be more standardized across the state);
- Data collection, data management, data sharing and reporting requirements and responsibilities.

Data Sharing
Region 11 will comply with the data sharing policies developed by the Indiana Balance of State Continuum of Care Board of Directors and its sub-committees.

HMIS and Data Collection
Region 11 Coordinated Entry Participating Agencies will collect data in the HMIS system designated by the CoC. At a minimum, data collected from CE participants must include all data necessary to generate an accurate and complete Coordinated Entry Annual Performance Report (APR).

Mainstream Services
Each Region must implement a screening protocol to assess each Client’s potential eligibility for the following mainstream resources or services:
- Housing
- Medical benefits
- Nutrition assistance
Income supports

Monitoring and Reporting of Coordinated Entry

The Indiana CE Monitoring and Reporting Plan will include the following narrative and management report sections to be submitted annually by each Region:

- **Narrative.** A narrative description of the status of CE implementation during the reporting period. The narrative must be no longer than one page in length and identify the Region’s experience of barriers and challenges related to implementation and management of Coordinated Entry, and identify plans for expansion and improvements in the upcoming reporting period.

- **Coordinated Entry Annual Performance Report.** A HMIS or data-generated CE APR covering the twelve month period coinciding with the State’s fiscal year (currently July 1 to June 30). The CE APR will include the following performance indicators:
  - The number of individuals receiving CE services:
  - Number of families and individuals completing initial triage/diversion screen
  - Number of families and individuals completing Client intake/assessment
  - Number of families and individuals completing comprehensive/housing assessment
  - Demographics and attributes of persons/households receiving CE assistance
  - Number of persons and individuals by VI-SPDAT score
  - Number of persons and individuals completing CE referrals to the following:
    - Self-Resolve
    - Rapid Re-housing
    - Transitional Housing
    - Permanent Supportive Housing (PSH)
    - All other
  - Destination of persons and individuals to each service strategy as a result of CES referral:
    - Rapid Re-housing
    - Transitional Housing
    - Permanent Supportive Housing (PSH)
    - All other
  - Length of time from completion of CE comprehensive/housing assessment to program entry
  - Average length of time from assessment to referral for each component type
  - Average length of time waiting on prioritization list for each component type
  - Number of persons who waited for each Region component type for greater than 30 days

The following schedule identifies specific Region reporting requirements, including required data, report structure, and submission deadlines:

<table>
<thead>
<tr>
<th>Region CEEvaluationComponent</th>
<th>Format</th>
<th>Reporting Period</th>
<th>Due Date</th>
</tr>
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<tbody>
<tr>
<td>Region Annual Report</td>
<td>Narrative &amp; CE APR</td>
<td>July 1 – June 30</td>
<td>August 30</td>
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<tr>
<td></td>
<td></td>
<td>b. January 1 – June 30</td>
<td>b. July 30</td>
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</table>
Indiana BoSCoC Region 11 Coordinated Entry Policies and Procedures

<table>
<thead>
<tr>
<th>Region Stakeholder feedback (Region partners)</th>
<th>Narrative report incorporating data from surveys, questionnaires, or focus group meetings</th>
<th>July 1 – June 30</th>
<th>August 30</th>
</tr>
</thead>
<tbody>
<tr>
<td>Region Stakeholder feedback (participants in CE)</td>
<td>Narrative report incorporating feedback from Client focus groups, participant advisory groups, surveys, or questionnaires</td>
<td>July 1 – June 30</td>
<td>August 30</td>
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</table>

**Coordinated Entry Statewide Evaluation**

*Region 11 will conduct a semi-annual focus group with people experiencing homelessness that have been through the Coordinated Entry process.* Focus Group results will be submitted in writing to the Coordinated Entry Analyst annually by January 30th and July 30th.

*Region 11’s Lead Agency will submit an Annual Report on Coordinated Entry and homelessness assistance system outcomes to the Coordinated Entry Analyst by August 30th.* This report will include trends from the month-to-month analysis of Coordinated Entry data, the total number of assessments and referrals made, successes to be shared, and a note from the Regional Planning Council’s Chair on the process’s progress. A member of the Regional Planning Council will present major findings from this report at the Region meeting the month it is released. Regional Planning Council members may ask for City or County staff assistance in writing and producing this report.

**Domestic Violence and Coordinated Entry**

*Coordinated Entry for Domestic Violence Survivors*

The Coordinated Entry Process for Domestic Violence Survivors (includes those fleeing or attempting to flee domestic violence, dating violence, sexual assault, trafficking, or stalking) utilizes trauma-informed practices, is safety focused, and provides confidential data collection consistent with federal, state, and local laws.

Trauma Informed Practices are sensitive to the lived experience of all people presenting for services. Domestic Violence and sexual assault are often very traumatic for individuals and households, including children. The violence and harassment can continue and often escalates when a survivor is leaving their relationship and reaching out for housing resources.

Client safety will be immediately assessed upon the Client’s disclosure stating they are a survivor of domestic violence, dating violence, sexual assault, trafficking, or stalking using the Pres-Screen Questions below, developed by The Indiana Coalition Against Domestic Violence (ICADV) and the IN BOS CoC Board of Directors.

**Domestic Violence Pre-screen Assessment for All Clients**

The pre-screen assessment should be used to determine Client safety and to determine an appropriate housing and/or crisis intervention as needed.

Pre-Screen Assessment questions for all Clients for domestic violence:
Are you fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, trafficking, stalking, or other dangerous or life-threatening conditions that relate to violence against you or a family member?

If Client answers yes, continue by exploring the immediate level of danger by asking the Client:

- Has your partner ever used a weapon against you or your children or threatened you or your children with a weapon?
- Do you believe your partner is capable of killing you or your children?
- Has your partner threatened to kill you or your children?

If Client answers yes to any of these questions, inform the Client they are currently at a Homeless Provider Agency Coordinated Entry Access Site and their information will not be kept confidential when entered into HMIS. Ask the Client if they would like to be directed to an access point that is designated for serving victims of domestic violence (DV).

At this point if the Client chooses to be referred to a Victim Services provider, the CE Assessment staff member will explain to the Client the need for a signed Release of Information in order for staff to contact and share the Client’s basic information with the nearest victim service provider. If the Client agrees to sign the ROI, the CE Assessment staff will contact the DV service provider and refer the Client for assistance. If the Client is in need of transportation, the CE Assessment staff will contact 211 for transportation assistance.

If the Client chooses to enter emergency shelter with a Domestic Violence provider, once the Client enters emergency shelter, the Client’s DV provider case manager will begin working on a housing plan with the Client. The Client will be given the opportunity to participate in the CE process through a CE Access Site within the Region once the Client is ready to do so. If the Client chooses not to participate in the CE process while in the DV shelter, the DV case manager will work with the Client to resolve homelessness utilizing other mainstream resources, DV RRH, or diversion. The DV provider will document the Client’s refusal or acceptance to participate in the Coordinated Entry process by documenting the Client’s reason(s) via case note in DV ClientTrack (part of HMIS specific to DV providers).

The Client may also, instead of being referred, choose to participate in the CE Intake Process with the current Homeless Services Provider. CE Assessment staff will present the Client with the Client Consent or HMIS Client Consent form. CE Assessment staff will review the form with the Client ensuring the Client understands their rights and, if necessary, how their information will be used and shared in HMIS:

- If the Client agrees to Option 1 on the Consent Form (stating that their information may go into HMIS), CE Assessment staff will proceed with normal CE Intake procedures and enter the Client’s information into HMIS. The Client will then be prioritized for housing and placed on the Prioritization List.
- If the Client agrees to Option 2 (stating that they will share information but do not want it entered into HMIS) on the Consent Form, CE Assessment staff will proceed by completing a paper CE Intake and VI-SPDAT or Family VI-SPDAT with the Client’s information. The Client’s information will NOT be entered into HMIS and the CE Assessment staff will work with the Client to find a solution to the Client’s current need utilizing paper documents only.
- If the Client agrees to Option 3 (stating they do not want to provide any information at all) and will provide no information to the CE Assessment staff, the Client is notified that they may be unable to receive certain services from the agency if the Client’s eligibility to receive the services cannot be verified.

For clarification on the above listed options SEE EXHIBIT C.
EXHIBIT A: Coordinated Entry Region Map
EXHIBIT B: Coordinated Entry Receipt
# EXHIBIT C: Client Consent Form

## COORDINATED ENTRY RECEIPT

This receipt is proof that you have completed a VI-SPDAT and supplemental assessment in our region.

<table>
<thead>
<tr>
<th>ASSESSING AGENCY</th>
<th></th>
<th>SIGNATURE</th>
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<tbody>
<tr>
<td>Assessor:</td>
<td>Email:</td>
<td>Date:</td>
</tr>
<tr>
<td>Agency:</td>
<td>Phone:</td>
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### RECIPIENT NAME

**DATE OF ASSESSMENT**

**YOU ARE ELIGIBLE FOR THE FOLLOWING TYPE OF HOUSING:**

- [ ] Transitional Housing
- [ ] Rapid Re-housing
- [ ] Permanent Supportive Housing

### Indiana HMIS Release of Information (Consent Form) was signed? [ ] Yes [ ] No

### What you need to know:

1. This receipt places your household on a housing list for ALL homeless programs in the region. You do not need to contact each program separately.

2. Persons are selected for open units based on need and eligibility versus first-come first-serve criteria.

3. It is your responsibility to let me or my agency know if your contact information or housing status changes (i.e. if you no longer need housing or are evicted from housing). We will try and contact you if selected, but there will be a short response time to accept or decline the offer. If we cannot reach you, another household will be selected.

4. If your household is selected, you will still be required to verify your eligibility AND find a landlord (For Rapid Re-housing) willing to rent to you. Agencies can help with limited housing search (i.e. search suggestions, rental lists). If you are selected for a fixed site program the property managers will still do a background check. Fixed site projects have less strict entry requirements, but still require background checks to help assure the safety of other tenants.

5. You have the right to turn down an offer of housing. Your household will remain on the Region’s Priority list, but there is no guarantee when your name will be selected the next time. Valid reasons to turn down housing are: location, type (wanting fixed vs. scattered site), or conflict with the agency.

6. Finally, due to the high demand for housing and limited program openings, wait times vary from 1 week to months or even a year. You are encouraged to continue to seek out other non-homeless options (job training, emergency assistance, public housing, food baskets, social services, etc.).

### TYPE OF HOUSING

<table>
<thead>
<tr>
<th>Description</th>
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<tbody>
<tr>
<td><strong>Transitional Housing</strong></td>
</tr>
<tr>
<td>• Housing with support services for up to 24 months.</td>
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<tr>
<td>• For persons in transition who will be successful with short-term assistance.</td>
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<tr>
<td>• A Housing Stability Plan is required.</td>
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<tr>
<td><strong>Rapid Re-Housing</strong></td>
</tr>
<tr>
<td>• Housing with support services for short term (0-3 months), medium term (4-8 months or long-term (9-24 months)</td>
</tr>
<tr>
<td>• For persons who will be successful with short-term assistance, with ability to maintain stability after assistance ends.</td>
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<tr>
<td><strong>Permanent Supportive Housing</strong></td>
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<tr>
<td>• Housing with support services without a timeline (if eligibility criteria and needs exist).</td>
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<tr>
<td>• For persons with a disability coming from homelessness.</td>
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<td>• Some programs may also require chronic homeless status.</td>
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**THANK YOU AND PLEASE REMEMBER TO UPDATE YOUR CONTACT INFORMATION IF IT CHANGES!**
Client Consent

HMIS Client Consent

Purpose of this form: This Agency uses the Homeless Information Management System ("HMIS"). HMIS is a database and case management system that collects and maintains information on the characteristics and service needs of clients. The system collects and stores client-level data that can be utilized to generate unduplicated and aggregate reports for the U.S Department of Housing and Urban Development ("HUD") that can be analyzed to determine the use and effectiveness of the services being provided by Agency. When you request or receive services, we may collect and share your Protected Personal Information ("PPI") including data on your household such as:

* First name and last names, dates of birth, Social Security Numbers, gender, ethnicity, race, veteran status, prior residence, contact information and program status.
* Your service needs, income, government benefits, education, employment, destination, disability, general health, as well as pregnancy, HIV/AIDS, behavioral health, mental health, legal and history of domestic violence, dating violence, sexual assault, and stalking.

How will my PPI be used?

Your data will be entered into the HMIS to generate reports that can be analyzed to determine the use and effectiveness of the services being provided by the Agency. The ways in which this Agency may use or disclose your information are discussed in our Notice of Privacy Practices, which is posted in this Agency near the intake stations (or comparable location) for review by clients.

How will my PPI be protected?

* We are required to protect the privacy of your PPI by complying with the privacy practices described in our Privacy Policy.
* Your information is protected by passwords and encryption technology. Each Agency and user must sign an agreement to maintain the security and confidentiality of your information. Any person or Agency that uses the HMIS and violates the terms of the agreement may lose its access rights and may be subject to other negative consequences.

How will my PPI be shared and disclosed?

The PPI we collect can be shared and disclosed under the following circumstances:
* Shared with other HMIS service providers.
* To provide or coordinate services to you and your household.
* For HMIS administrative purposes.
* When required by law or for law enforcement purposes or to prevent a serious threat to health or safety.
* Reports to HUD, audits and management functions.

I UNDERSTAND THAT:

* The Agency may not refuse or decline certain services to me if I refuse or am unable to provide information; however, some information may be required by the applicable program to determine eligibility for housing or services, to assess needed services, or to fulfill reporting requirements. Therefore, I am not required to sign this consent. I may request a copy of this consent.
* This consent permits any HMIS service provider to add or update my information in the HMIS database, without asking me to sign another consent form.
* This consent expires in three (3) years. I have the right to revoke this consent at any time in writing. PPI that I previously authorized to be shared cannot be entirely removed from the HMIS database and will remain accessible to the limited number of organization(s) that provided me with direct service.
* This Agency has posted a Notice of Privacy Practices, and I may request a paper copy of the Notice from this Agency. I acknowledge that I have been given an opportunity to read and/or request a copy of the Notice and that I have read the Notice. The Notice describes ways in which my personal information may be used and disclosed. Every effort will be made to ensure the proper use and security of my information.

EXHIBIT C: Client Consent Form
Client Informed Consent

By Signing this form:

☐ I agree that this Agency and its employees and agents can enter all of my information into the HMIS and share my PPI with other HMIS Service Providers

☐ I will provide my information to the Agency but I do not agree to allow the agency to enter any of my information into the HMIS or share my PPI with other HMIS service providers

☐ I do not agree to provide any information to this Agency and I understand that I may not be able to receive certain services from this Agency if my eligibility to receive these services cannot be verified

Client Signature:


Client Name: * __________________________

Date: * __________________

Case Manager Signature:


Case Manager Name: * __________________________

Date: * __________________

Restriction Options

Restriction: * ☐ Restrict to Organization

☐ Restrict to MOU/InfoRelease

EXHIBIT D: Coordinated Entry Prioritization Policy
Indiana BOS 502

Coordinated Entry Prioritization Policy

The Indiana Balance of State Continuum of Care Board of Directors adopts the following policy and guidance around Coordinated Entry and prioritizing the most vulnerable persons experiencing homelessness.

<table>
<thead>
<tr>
<th>HOUSING INTERVENTION</th>
<th>TARGET POPULATION</th>
<th>PRIORITIZATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diversion</td>
<td>All Persons seeking assistance via Coordinated Entry</td>
<td></td>
</tr>
<tr>
<td>Permanent Supportive Housing **</td>
<td>Persons experiencing chronic homelessness</td>
<td>1. Highest VI-SFDAT Score (8+)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2. HUD Guidelines/Prioritization</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3. Longest history of homelessness</td>
</tr>
</tbody>
</table>
| Rapid Re-Housing SSVF | Persons literally homeless Veterans experiencing homelessness | 1. VI-SFDAT Score (4+)
|                       |                                                   |   2. Length of homelessness                                                   |
|                       |                                                   |   3. *Regional Prioritization
|                       |                                                   |     Veterans*                                                                  |
|                       |                                                   |     Youth*                                                                    |
|                       |                                                   |     Families*                                                                 |
|                       |                                                   |     Single Adults*                                                            |
|                       |                                                   |   4. Date of Assessment (Only in tie breaker situation)                      |
| Emergency Shelter     | Persons literally homeless and not diverted        | 1. First come, first served                                                  |
|                       |                                                   |   2. When person is literally homeless and no permanent housing/rapid rehousing is available |
| Referrals to Mainstream Resources | 1. VI-SFDAT (0 – 3)                              |                                                                               |

As the Coordinated Entry System continues to evolve, regional decision making and prioritization needs should be taken into consideration. Procedures will be developed for regions as the CE implementation progresses to help guide decision making at the regional level.

** If a person is prioritized for PSH and no PSH is available, that person should be prioritized for other types of assistance such as RRH. In this situation the person does not lose their Chronically Homeless status and can be moved into PSH when a unit becomes available.

September 2017

EXHIBIT E: Grievance Procedures
Grievance Procedures

Provider Grievances
Providers should bring any concerns about Coordinated Entry to the Regional Planning Council, unless they believe a consumer is being put in immediate or life-threatening danger, in which case they should deal with the situation immediately. A summary of concerns should be provided via email to the chair of the Regional Planning Council. The chair should then schedule for that provider’s representative to come to the next available Regional Planning Council meeting so the issue can be resolved. If the issues need more immediate resolution, the chair will be in charge of determining the best course of action to resolve the issue.

Consumer Grievances
The assessment staff member or the assessment staff supervisor should address any complaints by consumers as best as they can in the moment. Complaints that should be addressed directly by the assessment staff member or assessment staff supervisor include complaints about how they were treated by assessment staff, assessment center conditions, or violation of data agreements. Any other complaints should be referred to the chair of the Regional Planning Council for resolution as above. Any complaints filed by a consumer should note their name and contact information so the chair can contact them and offer them the chance to appear before the committee to discuss them.

1. If the Regional Planning Council is unable to reach a decision and plan for resolution, the Regional Chair will forward the grievance information to the Coordinated Entry Analyst, Lori Wood via secure email or fax. The Coordinated Entry Analyst will then present the grievance for review by the Coordinated Entry Steering Committee during the next monthly phone call/meeting.

2. If the Coordinated Entry Steering Committee is unable to reach a decision and plan for resolution, the Coordinated Entry Analyst will then forward the grievance to the IN BOS CoC Board of Directors for review during the board’s next monthly meeting.

3. The IN BOS CoC Board of Directors decision is final and will be communicated back to the Regional Chair of the grievance’s originator. The Regional Chair will then communicate the final decision to the agency/program and client involved.

EXHIBIT F: Examples of Eligibility Worksheets/Documentation Forms
### Participant Eligibility Worksheet (HUD Homeless Documentation form)

**Project Name:**

**Tenant Name:**

**Date of Intake:**

**Type of Homelessness Documentation (Check the appropriate type of documentation used to verify):**

<table>
<thead>
<tr>
<th>Homeless Status</th>
<th>Type of Documentation</th>
<th>Documentation attached</th>
</tr>
</thead>
<tbody>
<tr>
<td>Persons sleeping in a place not designed for or used as a regular sleeping accommodation, including a car, park, abandoned building, bus or train station, airport, camping round, etc.</td>
<td>A signed and dated general certification from an outreach worker verifying that the services are going to homeless persons, and indicates where the persons served reside.</td>
<td></td>
</tr>
<tr>
<td>Person living in a shelter designated to provide temporary living arrangements (including emergency shelter, congregate shelters, hotels, motels paid for by charitable organizations or by government programs)</td>
<td>Staff should provide written information obtained from third party regarding the participant’s whereabouts, and, then sign and date the statement.</td>
<td></td>
</tr>
<tr>
<td>Persons exiting where they resided 90 days or less AND were residing in an Emergency shelter or place not meant for human habitation immediately prior to entering the institution</td>
<td>Written verification from the institution’s staff that the participant has been residing in the institution for less than 90 days; and information on the previous living situation as being homeless in shelter or streets.</td>
<td></td>
</tr>
<tr>
<td><em>Persons coming from transitional housing for homeless persons who originally came from the streets or ES.</em></td>
<td>Written verifications to include program residency and homeless status prior to program entry. (Chronic Homeless persons cannot come from TH for eligibility. Utilize chronic homeless forms to help document the length &amp; times)</td>
<td></td>
</tr>
<tr>
<td>Fleeing or is attempting to flee domestic violence AND no subsequent residence has been identified AND No Resources or support networks to obtain permanent housing.</td>
<td>Written verification if available. Self-report is okay.</td>
<td></td>
</tr>
</tbody>
</table>

**Self-Declaration of homelessness (use only if third party is unavailable):**

---

**EXHIBIT F: Examples of Eligibility Worksheets/Documentation Forms**
Participant Eligibility Worksheet (Homeless Documentation form)

<table>
<thead>
<tr>
<th>Homeless Status</th>
<th>Type of Documentation</th>
<th>Documentation attached</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Sleeping in a place not designed for or used as a regular sleeping accommodation, including a car, park, abandoned building, bus or train station, airport, camping round, etc.</td>
<td>A signed and dated general certification from an outreach worker verifying that the services are going to homeless persons, and indicates where the persons served reside.</td>
</tr>
<tr>
<td>1</td>
<td>Person living in a shelter designed to provide temporary living arrangements (including emergency shelter, congregate shelters, transitional housing, hotels, motels paid for by charitable organizations or by government programs).</td>
<td>Staff should provide written information obtained from third party regarding the participant’s whereabouts, and, then sign and date the statement. Written referral from the agency.</td>
</tr>
<tr>
<td>1</td>
<td>Persons exiting where they resided 90 days or less AND were residing in an Emergency shelter or place not meant for human habitation immediately prior to entering the institutions.</td>
<td>Written verification from the institution’s staff that the participant has been residing in the institution for less than 90 days; and information on the previous living situation as being homeless in shelter or streets.</td>
</tr>
<tr>
<td>4</td>
<td>Fleeing or is attempting to flee domestic violence AND No Subsequent residence has been identified AND No Resources or support networks to obtain permanent housing.</td>
<td>Written verification if available. Self report is okay.</td>
</tr>
</tbody>
</table>

Self Declaration of homelessness (use only if 3rd party is unavailable):

Use reverse if more space needed.

Client Signature ___________________________ Date ___________________________

EXHIBIT F: Examples of Eligibility Worksheets/Documentation Forms
### Participant Eligibility Worksheet (Imminent Risk Homeless Documentation form)

**Project Name**

**Participant Name**

**Date of Intake**

**Homeless or At Risk:** Circle the appropriate type of criteria & documentation to verify. Maintain all in the participant file

<table>
<thead>
<tr>
<th>At Risk Homeless Status</th>
<th>Type of Documentation</th>
<th>Documentation Attached</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. An individual or family who will imminently lose their primary nighttime residence provided that:</td>
<td>1. At least one of the following stating that the household must leave within 14 days:</td>
<td></td>
</tr>
<tr>
<td>(i) The primary nighttime residence will be lost within 14 days of the date of application for homeless assistance;</td>
<td>A court order resulting from an eviction notice or equivalent notice, or a formal eviction notice;</td>
<td></td>
</tr>
<tr>
<td>(ii) No subsequent residence has been identified; <strong>AND</strong></td>
<td>For individuals in hotels or motels that they are paying for, evidence that the individual or family lacks the necessary financial resources to stay for more than 14 days; or</td>
<td></td>
</tr>
<tr>
<td>(iii) The individual or family lacks the resources or support networks, e.g., family, friends, faith-based or other social networks, needed to obtain other permanent housing;</td>
<td>An oral statement by the individual or head of household stating that the owner or renter of the residence will not allow them to stay for more than 14 days.</td>
<td></td>
</tr>
<tr>
<td>These may include:</td>
<td>The intake worker must verify the statement either through contact with the owner or renter, or documentation of due diligence in attempting to obtain such a statement.</td>
<td></td>
</tr>
<tr>
<td>a) Has moved because of economic reasons 2 or more times during the 60 days immediately preceding the application for assistance; OR</td>
<td>2. Certification by the individual or head of household that no subsequent residence has been identified.</td>
<td></td>
</tr>
<tr>
<td>b) Is living in the home of another because of economic hardship; OR</td>
<td>3. Self-certification or other written documentation that the individual or head of household lacks the financial resources and support networks to obtain other housing.</td>
<td></td>
</tr>
<tr>
<td>c) Has been notified that their right to occupy their current housing or living situation will be terminated within 21 days after the date of application for assistance; OR</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d) Lives in a hotel or motel and the cost is not paid for by charitable organizations or by Federal, State, or local government programs for low-income individuals; OR</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e) Lives in an SRO or efficiency apartment unit in which there reside more than 2 persons or lives in a larger housing unit in which there reside more than one and a half persons per room; OR</td>
<td></td>
<td></td>
</tr>
<tr>
<td>f) Is exiting a publicly funded institution or system of care; OR</td>
<td></td>
<td></td>
</tr>
<tr>
<td>g) Otherwise lives in housing that has characteristics associated with instability and an increased risk of homelessness, as identified in the recipient’s approved Con Plan</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Self Declaration of imminent risk of homelessness (use only if 3rd party is unavailable) or DV person.</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Staff Signature

Client Signature              Date

**EXHIBIT F: Examples of Eligibility Worksheets/Documentation Forms**

---

22
**Instructions:** This suggested template may be sent to homeless service providers requesting their verification of the chronically homeless status of an individual known to them. This template letter may be copied onto letterhead or recreated with the same content and printed on letterhead.

Date: _____________________

To: _______________________
    _______________________
    _______________________

Dear _____________________,

This letter is to confirm that **(Tenant name)** is currently staying at the **(shelter/program name)** as of **(entry date)** and can stay until **(anticipated exit date)**.

**(Tenant name)** has also stayed at this shelter on the following occasion(s):

---

Please enter any past entry and exit dates (e.g.: 01/01/2013 – 03/01/2015) on each line:

---

---

---

Please do not hesitate to contact me if you have any questions.

Sincerely,

__________________________

Staff signature

---

Name

Staff title

Agency name

Agency/shelter address

Agency/shelter phone number

Agency/shelter fax number

---

**EXHIBIT G: PSH Forms**
### Certification of (Chronic) Homeless Status

**Tenant Name:**

**Instructions:** This form provides a suggested timeline to analyze whether or not the chronology of a person’s history meets the time frame for the definition of chronic homelessness. This should capture both experiences of homelessness and breaks of seven (7) days or more. A household can self-certify up to three (3) months of episodes of homelessness and still be considered as documented with third party verification.

Third party documentation is required from at least one of the following sources:

- Certification letter(s) from an emergency shelter for the homeless. Attach to this form
- Certification letter(s) from a homeless service provider or outreach worker. Attach to this form
- Certification letter(s) from any other health or human service provider. Attach to this form

**Definition:** a household experiencing chronic homelessness as: a homeless person/family with a disability AND has been continuously homeless for twelve (12) months or more. *(HUD defines “homeless” as “a person sleeping in a place not meant for human habitation [e.g., living on the streets] OR living in an emergency shelter] OR has had four (4) episodes of homelessness in the last three (3) years, where the total of these episodes equals at least twelve (12) months. *(An episode of homelessness is defined by a break of seven [7] days or more.)*

<table>
<thead>
<tr>
<th>Time Period (Entry/Exit dates)</th>
<th>Location (shelter name or housing)</th>
<th>3rd Party/Self-Certify</th>
</tr>
</thead>
<tbody>
<tr>
<td>Example: 01/01/05 – 02/27/05</td>
<td>ABC Shelter, Indianapolis</td>
<td>3rd party</td>
</tr>
<tr>
<td>Example: 02/28/05 – 3/10/05</td>
<td>Staying with a friend, Indianapolis</td>
<td>Self-Certify</td>
</tr>
</tbody>
</table>

By signing below, I am self-certifying that the above information regarding my housing and stays in shelter programs is true and accurate to the best of my knowledge. I have been informed that this assistance is funded by the United States Department of Housing and Urban Development (HUD). I have been informed that I am subject to the laws and statutes of HUD in regard to making untrue statements.

<table>
<thead>
<tr>
<th>Tenant Signature</th>
<th>Date</th>
<th>Staff Signature</th>
<th>Date</th>
</tr>
</thead>
</table>

### EXHIBIT G: PSH Forms
Permanent Supportive Housing Verification of Disability Form

SECTION A:
This section must be completed in order to be considered for PSH rental assistance.

Name of Tenant: ________________________________________________________________

Disability: May only accept persons experiencing homelessness with a qualifying disability.
For the purpose of qualifying for occupancy in the program, the tenant must have a mental, emotional, and/or physical impairment that meets the following criteria:

1. As a result of his/her disability, the need for treatment is expected to be of a long, continued, and indefinite duration; AND
2. The disability substantially impedes his/her ability to live independently; AND
3. Is of such nature that the disability could be improved by more suitable housing conditions.

If the tenant is disabled by chronic problems with alcohol and/or drugs, the person’s disability must meet the following criteria:

Problematic use/abuse of alcohol and or/drugs that 1) has occurred for at least 12 months and 2) has caused serious difficulties in interpersonal relationships as evidenced by disruptions in employment, loss of housing, and/or loss of role in family structures or other important relationships.

SECTION B:
Documentation: Verification is required to come from a professional who is licensed by the state to diagnose and treat the condition. It must be a credentialed psychiatric title or medical doctor (MD), Licensed Physician’s Assistance (PA), and/or Licensed Nurse Practitioner (NP), or medical professional trained to make such a determination (example: Ph.D.). Persons with a LCSW, MSW, ACSW, BSW titles do not qualify.
The possession of a title such as case manager or substance abuse counselor does not by itself qualify a person to make a determination. "Self-certification" is also unacceptable.

In my opinion, the above reference tenant is disabled as defined in Section A above

Signature: ________________________________________________________________

Name: ________________________________________________________________

Title: ________________________________________________________________

Date: ________________________________________________________________

Qualifications / Degree(s) of individual verifying disability: ____________________________

Agency ____________________________

Address ____________________________

Telephone ____________________________
EXHIBIT G: PSH Forms

SECTION B Continued

OR Other ways to document disability:
- Social Security Administration (SSA) can verify persons receiving disability benefits OR
- VA Disability Check OR
- Supplemental Security Income (SSI) or Social Security Disability Insurance (SSDI) checks

Circle Appropriate Verification of Disability. Attach appropriate documentation

1. SSA verification: Letter of statement
2. VA Disability Check: Attach copy of check
3. SSI/SSDI Check: Attach copy of check

Intake staff-recorded observation of disability may be used to document disability status as long as the disability is confirmed by the aforementioned evidence within 45 days of the application for assistance.

Intake Staff Name & Title: _____________________________________________________________

Agency: __________________________________________________________________________

Date: ____________________________________________________________________________

Within 45 days of this signature, the professional licensed certification or the disability check documentation must be attached.
EXHIBIT G: PSH Forms

Permanent Supportive Housing Program Agreement
Recommendations, Requirements, and Examples

This document includes recommendations and that can be used in your agreement with Tenants. However, it also includes requirements that must be used in your program agreements.

Recommendations:
- Do not set rules that cannot be enforced.
- Use a Housing First model: at its foundation, the “housing first” strategy operates under the philosophy that safe, affordable housing is a basic human right and a prerequisite for effective psychiatric and substance abuse treatment. Key components of the housing first model include (1) a simple application process that does not require numerous site visits and excessive documentation; (2) a harm reduction approach in which tenants are not required to be clean and sober in order to obtain or keep their housing; and (3) no conditions of tenancy that exceed the normal conditions under which any lesseeholder would be subject, including participation in treatment or other services.

Requirements:
- Both the case manager and tenant must sign and date the agreement; a copy of the agreement should be maintained in the tenant’s file and a signed copy should be given to the tenant.
- Provide information to Tenants regarding the termination and appeals process at the beginning of the enrollment process.
- Due process. In terminating assistance to a Tenant, there will be a formal process that recognizes the rights of individuals receiving assistance under the due process of law. This process, at a minimum, will consist of:
  - Providing the Tenant with a written copy of the program rules and the termination process before the Tenant begins to receive assistance;
  - Providing a written notice to the Tenant containing a clear statement of the reasons for termination;
  - A review of the decision to terminate, in which the Tenant is given the opportunity to present written or oral objections before a person other than the person (or a subordinate of that person) who made or approved the termination decision; and
  - Providing written notice of the final decision to the Tenant within 10 days of the final decision.

Example of Grounds for Termination of Assistance:
- Termination of Assistance. A Tenant’s assistance may be terminated if it violates program requirements or conditions of occupancy.
- The Tenant’s rental assistance will be terminated under the following circumstances:
  - The Tenant is evicted from the residence due to a violation of the landlord/tenant agreement by the Tenant or those family members living with the Tenant.
  - The Tenant engages in illegal activity that endangers the premises.
  - If the Tenant moves to another HUD-assisted project, or another subsidized permanent housing unit, or moves out of the unit without providing notice.
  - If the Tenant is hospitalized for either medical or psychiatric reasons or incarcerated in prison/jail for more than 90 days.
  - If the Tenant terminates the agreement.
  - If the Tenant submits inaccurate information.
  - If the Tenant does not pay its portion of the rental assistance.
  - If the Tenant sublets the premises to another person.

Example of a Signature Block:

Tenant: ____________________________________________ Date: ________________________________

Case Manager: __________________________________ Date: ________________________________

Case Manager Phone: __________________________ E-mail: ________________________________

4
EXHIBIT G: PSH Forms

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### Permission to Share Confidential Information to Secure Necessary Services

I authorize the personnel of ____ (Sub-recipient) ____ to share my identity, that I have a confirmed eligible criteria for the Permanent Supportive Housing Program, and that I seek their services for support. I authorize only those agencies or individuals who are listed below.

Unless I have initialed and signed additional release forms for specific purposes; no information that might identify me may be shared by representatives of the sub recipient, with any other person or organization. I understand that the sub-recipient will take all necessary precautions to protect my identity.

By my signature below, I hereby agree that I shall not hold the sub recipient liable for the performance or quality or degrees of performance of services agreed to by affiliates.

I authorize the sub recipient to release my identity, my diagnosis, when necessary, and my need for services and support to the individuals, groups, or agencies listed below. This release is subject to revocation at any time except to the extent that the program has acted upon it. I voluntarily waive the Indiana Law provision that the consent expire in sixty (60) days after signing and specify that this consent remain in effect for thirty (30) days after my discharge from the program.

My signature authorizes the sub recipient to release necessary information to the agencies and individuals initialed by me, below.

<table>
<thead>
<tr>
<th>Agency</th>
<th>Initials</th>
</tr>
</thead>
<tbody>
<tr>
<td>HUD</td>
<td></td>
</tr>
<tr>
<td>IHCOA</td>
<td></td>
</tr>
<tr>
<td>Landlord</td>
<td></td>
</tr>
<tr>
<td>Sub-recipient</td>
<td></td>
</tr>
<tr>
<td>Other (specify)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Applicant Signature:</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Witness:</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**EXHIBIT G: PSH Forms**

<table>
<thead>
<tr>
<th>Goal #1:</th>
<th>Action Steps:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1)</td>
</tr>
<tr>
<td></td>
<td>2)</td>
</tr>
<tr>
<td></td>
<td>3)</td>
</tr>
<tr>
<td></td>
<td>4)</td>
</tr>
</tbody>
</table>

**Goal #2:**

Action Steps:

1)  
2)  
3)  
4)  

**Goal #3:**

Action Steps:

1)  
2)  
3)  
4)  

**Goal #4:**

Action Steps:

1)  
2)  
3)  
4)  

**Goal #5:**

Action Steps:

1)  
2)  
3)  
4)  

**Person(s) responsible:**

---

**Tenant:**  
**Date:**  

**PSH Staff:**  
**Date:**
EXHIBIT G: PSH Forms

Income Information

Annual gross income must be reassessed at least annually. However, if there is a substantial decrease in the participant’s income during the year, the participant may request that the income be recalculated to reflect the change and potentially the amount of assistance received.

Documentation and Verification of Income: As a condition of participation in the program, we are required to have third party documentation for each household member and they agree to supply such certification, release, information, or documentation to verify the member’s income.

The income of each household member over the age of 18 must be included. In addition, if children under the age of 18 are receiving social security assistance, that income must be counted.

Attached to this application provide third party documentation of the following applicable income documentation:

- Wage verification – Copies of at least 3 paystubs or written verification from employer
- Pension Verification – Copy of check or bank statement showing deposit
- Social Security Verification – Copy of check, SSA award letter, or bank statement showing deposit
- TANF Verification – Print out showing monthly benefit amount
- Child Support Verification – Print out showing monthly benefit amount
- Banking Verification – Copy of last statement

Deductions from income can be considered from the following two sources:

- Medical Expenses/Spend-Down Verification – Documentation of out of pocket non reimbursable medical expenses paid by the applicant
- Child Care Expenses – Letter from center of how much child care has been paid, if the child care is provided by a family member or a home provider, the letter must be notarized.

I certify that all of the information and the amount of my income and financial resources on this application are correct and true. I have been informed that this assistance is funded by the United States Department of Housing and Urban Development (HUD). I understand that I am legally responsible for the statements I made to receive assistance to pay my rent. I have been informed that I am subject to the laws and statutes of HUD in regard to making untrue statements.

Tenant’s Signature ___________________________ Date ___________________________

Sub-recipient Representative ___________________________ Date ___________________________
EXHIBIT G: PSH Forms

Zero Income Affidavit

I, ______________________________, have applied for rental assistance through the HUD Permanent Supportive Housing program. Program regulations require verification of all income from participating households of each household member over the age of 18 without any income.

Income includes but is not limited to:
- Gross wages, salaries, overtime pay, commissions, fees, tips and bonuses
- Net income from operation of a business or from rental or real personal property
- Interest, dividends and other net income of any kind for real personal property
- Periodic payments received from Social Security, annuities, insurance policies, retirement funds, pensions, disability or death benefits and other similar types of period receipts
- Lump sum payment(s) for the delayed start of a periodic payment (except as provided in 24 CFR 5.609 (b)(5))
- Payments in lieu of earnings, such as unemployment and disability compensation, worker's compensation, and severance pay
- Public assistance
- Alimony and child support payments (whether through the court system or not)
- Regular pay, special pay and allowances of a head of household or spouse who is a member of the Armed Forces (whether or not living in the dwelling)
- Regular monetary gifts from family and/or friends
- I have stated during this verification process that I have no income at this time. I have not received income since ______________ (date). I do not expect to receive any income until ______________ (date).
- I applied for (other financial assistance) on ______________ (date).

I understand that any misrepresentation of information or failure to disclose information requested on this form may disqualify me from participation in the PSH program, and may be grounds for termination of assistance. WARNING: It is unlawful to provide false information to the government when applying for federal public benefit programs per the Program Fraud Civil Remedies Act of 1986, 31 U.S.C. §§ 3801-3812.

I certify that the above information is true and correct. I also understand that it is my responsibility to report all changes to my household composition or income in writing to within ten (10) business days of such change.

Signature: ______________________________ Date: ______________

Witness: ______________________________ Date: ______________

Case Manager Notes:
EXHIBIT H: Chronic Homeless Verification Information

Aligning the PSH and CE processes for documenting chronic homelessness and how/when to house households that do not meet that definition

PSH projects that dedicate or prioritize beds for chronically homeless individuals or families must maintain and follow written intake procedures:

*Establish the following order of priority for obtaining evidence:*
  - Third-party
  - Intake worker observation
  - Certification from the person seeking assistance (Self-Certification)

Self-Certification: Each PSH program can have no more than 25% of households served in an operating year self-certify their chronic homeless status. Households can self-certify up to, but not over, three months of homelessness and not count towards this 25% maximum.

*If a third-party cannot be obtained:*
*Document*
Written record of intake workers due diligence to obtain
AND
The intake worker’s documentation of the living situation
AND
The individual’s self-certification of the living situation

*Documenting breaks:*
Breaks are defined as at least seven nights not residing in an emergency shelter, safe haven, or as residing in a place meant for human habitation (e.g., staying with a friend, in a hotel/motel paid for by program participant).

Stays in institution of fewer than 90 days do not constitute a break and do count toward total time homeless

*Evidence of a break can be documented by:*
  - Third-party evidence
  - The self-report of the individual seeking assistance (100% of breaks can be documented by self-report).

*Documenting institutional stays:*
Obtain discharge paperwork or a written or oral referral from a social worker, case manager, or other appropriate official stating the beginning and end dates of the time residing in the institutional care facility.

If that information is not attainable, create a written record of intake workers due diligence to obtain *AND* the individual’s signed self-certification that they are exiting an institutional care facility where they resided for less than 90 days.