Wabash Valley Planning Council on Homelessness for Region 7
Coordinated Entry Policies and Procedures
Coordinated Entry Process

Coordinated entry is a centralized and streamlined system for accessing housing and support services to end homelessness in a community, and is required by the U.S. Department of Housing and Urban Development for all Continuums of Care (CoC) as stated in 24 CFR 578.7 (a)(8) of the Continuum of Care Program Interim Rule. “HUD’s primary goals for coordinated entry processes are that assistance be allocated as effectively as possible and that it be easily accessible no matter where or how people present.” Such a system incorporates a community-wide Housing First approach to all programs and prioritizes resources for those with the most complex needs. Coordinated entry processes help communities prioritize assistance based on vulnerability and severity of service needs to ensure that people who need assistance the most can receive it in a timely manner. Region 7 combines de-centralized intake with multiple community based access points. All access points utilize a common assessment tool, methodology, and electronic information management system approach for everyone who is experiencing or at risk of becoming homeless. The Coordinated Entry system ensures that the IN BOS 502 limited resources are allocated to achieve the most effective results. Coordinated Entry also provides vital information to communities about service needs and gaps to help communities plan their assistance and identify needed resources. Utilizing a standardized assessment tool and practices, the goal is for the system to ensure that households experiencing homelessness have equal and fair access to resources that will end their homelessness. All programs receiving Federal and State funds will comply with applicable civil rights and fair housing laws and requirements, and recipients and sub-recipients of CoC Program and ESG Program-funded projects must comply with the nondiscrimination and equal opportunity provisions of Federal civil rights laws.

Coordinated Entry Vision

Region 7’s vision for coordinated entry is a community response to ending homelessness that accounts for the diversity of needs of persons experiencing homelessness, urgently responds to these needs with permanent housing solutions, and successfully incorporates housing, healthcare, and employment systems. The community’s response will ensure an accessible and easy to navigate set of entry points; a universal assessment for all person requesting assistance; and effective and appropriate connections to housing and services for all populations.

Mission

The mission of the Wabash Valley Planning Council on Homelessness for Region 7 (WVPCHR7) Coordinate Entry is to connect the most appropriate need-based interventions to households that are experiencing homelessness or at risk of homelessness.
Region 7 Coordinated Entry Committee

The committee is responsible for:

- Providing local oversight and management of Coordinated Entry
- Investigating and resolving consumer and provider complaints or concerns about the process
- Provide information and feedback to the Indiana Balance of State Coordinated Entry Steering Committee
- Evaluate the efficiency and effectiveness of the Coordinated Entry process
- Reviewing performance data from the Coordinated Entry process; and
- Recommending to the Indiana Balance of State Coordinated Entry Steering Committee any improvements to the process based on performance data.

Low Barrier Policy

No household may be denied access to crisis response services, homeless dedicated housing, or Coordinated Entry due to lack of income, lack of employment disability status, domestic violence or substance abuse. Allowances for the project’s primary funder or local government jurisdiction requires the exclusion or a previous existing and documented neighborhood covenant/good neighbor agreement has explicitly limited enrollment to households with a specific set of attributes, characteristics, and diagnosis.

Definitions

Centralized Point of Access: A central location within a region where individuals and families present to receive homeless housing services.

Chronically Homeless: The target population for the first phase of Indiana’s BOS’s Coordinated Entry system. Chronically homeless, for the purpose of Coordinated Entry, is defined as an individual or family with a disabling condition who has been continuously homeless for a year or more or has had at least four episodes of homelessness in the past three years. (24 CFR Parts 91 & 578)

Coordinated Entry Steering Committee:

The roles and responsibilities of the Coordinated Entry Steering Committee is to provide guidance for the WVPCHR7 in creating, implementing, and updating policies and procedures for the process in Region 7. The committee consists of the lead agency and members of the WVPCHR7.

Decentralized Point of Access:
Two or more locations within a region where individuals and families present to receive homeless services, including housing.

**Homeless Management Information System (HMIS):**

Is a “local information technology system used to collect applicant level data and data on the provision of housing and services to persons and families experiencing homelessness and persons at risk of homelessness. Each Continuum of Care is responsible for selecting a HMIS software solution that compiles with HUD’s data collection, management, and reporting standards”.

**Lead Entity:** Lead agencies from each of the 16 regions will serve as the managing entity of their respective prioritization list. The Lead Entity Mental Health America of West Central Indiana, Inc. is the lead agency for Region 7. The Lead Entity is responsible for the implementation of the Coordinated Entry System in Region 7 and will serve on the Indiana BOS Coordinated Entry Steering Committee.

**Authorized User Agency’s:** Housing providers who wish to or are required to participate in the Coordinated Entry System.

**Assessment and Target Population**

The Coordinated Entry System is open to all persons that meet HUD’s definition of chronic homeless. Region 7 will employ a progressive assessment approach. Progressive assessments stages the asking and sequencing of assessment questions in a way that, prospective program participants are asked only questions directly related to service enrollment and prioritization decision necessary to progress the participant to the next stage of assessment or determine a referral to service strategy.

It is prohibited for any ESG or CoC funded permanent housing assistance organization (unless the designated Coordinated Entry Access sites are closed or immediate shelter is necessary in order to ensure safety of the household/applicant) to admit to serve applicants without the applicant going through the Coordinated Entry process and getting a referral to that agency. A applicant that needs shelter after hours when a physical intake site is closed will be referred via telephone to the nearest provider offering emergency shelter or domestic violence shelter. The provider will perform their standard intake to ensure applicants meet eligibility requirements.

**Standardized Access and Assessment**

Households may receive an assessment at various points of entry within the homeless system. The most common entry points will be emergency shelters interim housing programs, etc. to complete the Coordinated Assessment. Households are not required to be enrolled in a shelter or interim program. Assessments can and should be updated as contact information or life circumstances change. Vulnerability indices should be updated every six months if the household continues to experience homelessness or more frequently if life changes dictate this
need, such as emergency room visits, hospitalizations, new diagnosis, involvement in the child welfare system, or juvenile justice detention center encounters.

If a household is in a crisis and requires shelter the first step will be to connect this person with a shelter as capacity allows and then follow up with a Access Point Provider to complete an assessment. The goal is to have the assessment completed within three days in shelter and within seven business days in interim housing to account for households that may be able to self-resolve.

All households facing homelessness should be assessed and may not be prevented from accessing the Coordinated Entry System because of any barriers including but not limited to income, active or history of substance use, domestic violence history, lack of interest in services, disabling condition, evictions or poor credit, lease violations, or criminal history.

Applicants may refuse to answer assessment questions. However, doing so may limit the Applicant’s possible permanent housing and service opportunities if the questions that are not answered are related to eligibility criteria for specific programs. The assessment process does not require that the Applicant share a specific disability if the Applicant does not wish to do so.

Coordinated Entry System assessments procedures follow federal Fair Housing Laws for protected classes such as race, color, religion, national origin, sex, age, familial status, actual or perceived sexual orientation, gender identity, or marital status. Data will be protected by HMIS, and only shared as allowed for based on the consent of the applicant.

All defined Access point providers must administer the Indiana Coordinated Entry assessment tool the VI SPDAT (standardized assessment tool) according to HUD standards. Reasonable accommodations will be made to ensure persons with disabilities, language or literacy barriers are able to fully participate in the intake process. When appropriate staff may utilize interpretation services. Access point provider staff will take necessary steps to make accommodations for persons with a disability.

All Coordinated Entry providers will make available to the applicant written documentation of the assessment results and referral to Permanent Supportive Housing (PSH) or Rapid Rehousing (RRH). The written documentation should also include the applicant’s prioritization for the referral intervention being offered. Referrals for PSH or RRH are valid for five days. If the applicant fails to accept the referral within the five-day period, the housing vacancy will be offered to the next eligible applicant on the Prioritization List.

Region 7s Access Point Providers will employ a progressive assessment approach. Provider staff will ask only those questions directly related to service enrollment and prioritization decisions necessary to progress the participant to the next stage of the assessment.

**Referral Process**

- Referrals will only be made to programs with open housing units.
• The Coordinated Entry service provider will notify the household if multiple permanent housing interventions are matched, the household will choose one of the housing interventions they wish to pursue.
• The application for the permanent housing opening will be completed by the agency receiving the referral.
• The household is referred by the Coordinated Entry System Provider Agency staff at intake to the PSH if there is availability. The agency who completes the intake prepares a referral packet that includes:
  o Copy of the applicants assessment or HMIS data
  o Copy of ROI
  o 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 Coordinated Entry provider contacted PSH regarding applicants appointment, contact information of referring Coordinated Entry provider, proof that Coordinated Entry provider agency updated HMIS for household)
  o Coordinated Entry provider should retain a copy of confirmation that information was sent
  o The Coordinated Entry provider must provide the applicant appropriate directions, and contact information to the referral agency.
  o Household meets with PSH agency to complete a housing application. Housing agency should secure reliable contact information for the applicant.
• If a household is referred HMIS will be updated, by the referring agency, so that the applicant is no longer on the prioritization list.
• If there is no PSH availability, the household will remain on the prioritization list until a unit opens or staff has no contact from the applicant for 90 days.
• If the household does not follow up with the PSH agency within three days of scheduled appointment, PSH agency will notify referral agency. Referral agency should attempt to follow-up with household. If there is no contact within two business days the household will loose the opportunity to move off of the prioritization list. The next eligible household will be offered the housing opportunity.

Prioritization

Referrals will be based on each program’s admissions eligibility criteria, including populations served.

<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>
</tbody>
</table>
### Permanent Supportive Housing **

| Criteria | 1. Highest VI-SPDAT Score (10+) HUD Guidelines/Prioritization  
2. Longest history of homelessness |
|----------|--------------------------------------------------------------------------------|
| Persons experiencing chronic homelessness | 1. First come, first served  
2. When person is literally homeless and no permanent housing/rapid rehousing is available |
| Persons literally homeless and not diverted | 1. VI-SPDAT (0 – 3) |

Agencies participating in Coordinated Entry must submit all of their eligibility criteria to Mental Health America of West Central Indiana. Any changes to a person’s eligibility criteria or target population must be sent immediately to the Lead Agency to ensure that referral protocol is updated. Criteria that agencies may have that are not bound to local law or strict funder requirements will be reviewed by the Lead Agency and Regional Co-chairs along with data of program participants who have remained in emergency shelter for more than 45 days or living in places not meant for human habitation. If the Lead Agency or Regional Co-Chairs has a concern that a program’s requirements may be contributing to “screening out” they may request to meet with the service provider to discuss their program requirements. If the service provider is unwilling to align program requirements with the Coordinated Entry System the Lead Agency and/or Regional Co-chairs can clearly show a link between underserved populations and the provider’s eligibility criteria, a recommendation to the IN BOS Board of Directors that the provider be de-prioritized for CoC funding.

### Declined Referral

Service providers and applicants may deny or reject referrals from the Coordinated Entry System access point. Services denials should be infrequent and must be documented by the service provider in HMIS. A service provider can decline an applicant on the following criteria:

- Household does not meet required criteria for program eligibility
- Household unresponsive to three attempts of communication
- Household self-resolved housing situation
- Household poses an immediate safety concern
- Household needs cannot be addressed by the program
- Program at capacity at time of referral
- Property management denial (must document specific reason cited)
- Conflict of interest
The Lead Agency is responsible for reporting aggregate counts of service denials, categorized by reason, annually to IHCDA. If a service provider is consistently refusing referrals (more than 25%) the agency will need to meet with the Wabash Valley Planning Council on Homelessness for Region 7 Coordinated Entry Committee to discuss the denials.

In the event of a service denial the following steps must be followed:

- Any referral denial must be communicated back to the Lead Agency in writing
- All referral requests that result in a denial must be reviewed by the Lead Agency
- If a referral is returned to the referral provider, the HMIS record must be updated by the referral provider to reflect the reason or denial
- The service agency denying the referral must notify the Lead Agency in writing, with written justification within 2 business days. The justification of service denial must also be shared with the Applicant and documented in HMIS
- A service provider that denies three sequential referrals will be required to participate in a case conference meeting with the Lead Agency
- A household that denies three sequential referrals will be encouraged to participate in a case conferencing meeting with the Lead Agency, the referring agency, and will be removed from the prioritization list
- If a service provider receives a referral for a household previously removed from the provider’s program for any reason, (including but not limited to: violence, illegal activity, threats, or damage to property) the household may be re-assessed by the service agency for re-admittance into the program following a 90 day period and on a case-by-case basis.

**Grievance Procedures**

Service Agencies should bring any concerns about the Coordinated Entry System to the Coordinated Entry Committee. A summary of concerns should be provided via email to the chair of the committee. Should the committee not adequately address the concern then the Service Agency the Service Agency should then provide via email a written summary to the Regional Co-Chairs. The Executive Committee will address the agency concerns in a special meeting of the Coordinated Entry Committee to resolve the issue.

**Applicant Grievances**

The service provider should address any complaints by the household the best they can at that moment. If the complaint is not resolved, the Household may submit a summary of concerns and make available via email to the Coordinated Entry Committee. The Committee has 10 business days to review and resolve the compliant. Any complaints should note the head of households name and contact information.
If the committee is not able to resolve the compliant, the committee chair will forwarded the information to the Regional Co-Chairs. The Co-chairs will have 3 business days to resolve the compliant. If the Regional Co-Chairs are unable to reach a decision, the following steps should be taken:

- The Regional Co-Chairs will forward the grievance information to the IHCD
- If the IN BOS Coordinated Entry Steering Committee is unable to reach a decision, the IN BOS CoC Board of Directors will review the grievance during the board’s next scheduled meeting.
- The IN BOS Board of Directors decision is final and will be communicated back to the Regional Co-Chairs. The Regional Co-Chairs will then communicate the final decision to the Wabash Valley Planning Council on Homelessness in Region 7.

**Transfers to Another Region**

When a household requests that their assessment be transferred to another Region within Indiana the following process will be used (Note: per a household’s choice they may be on two Prioritization Lists at once they may choose to switch from one region’s list to another. It is not recommended that a household be on more than two lists at one time.):

**HMIS (Shared Household Process)**

- The person who was made aware of the household’s request will notify their region’s Prioritization List Manager (PLM).
- The PLM will determine if an ROI is needed to share information with the new region’s PLM or if the HMIS ROI is appropriate.
- If the household seems eligible, Region 7’s PLM will send the referral to the PLM in the area that the household has requested to transfer through HMIS for review (utilizing the HMIS referral function).
- The PLM in that Region will review the household record in HMIS and may either contact household for further information or assign the appropriate access point with the task of connecting with the household.
- After all information is obtained, the household will be accepted or declined in HMIS.
- Once accepted, the household is added to the transfer region’s Prioritization List.
- If the household decides to be on one regional list, then the original referral is closed by the originating regions PLM.
- If the household decides to be on both region’s Prioritization Lists the PLM’s must coordinate how they will communicate to address the household’s housing need.
- The originating Region’s PLM will notify the household of the outcome of the referral.

**Non-HMIS (not shared) Household Process**
• The referral for the households request will notify the Region’s PLM.
• The PLM will obtain an ROI to speak to the other regional PLM regarding the households
  transfer and will ensure any agency that will need household information to execute the
  transfer be included on the ROI.
• The transferring region’s PLM will review the CES eligibility requirements for the
  Region’s housing availability for where the household would like to be placed.
• If the household appears eligible, the originating PLM will e-mail or fax the CES
  assessment to the receiving Region via secure e-mail or secure fax for review.
• The PLM of the transferring Region will review the households CES Assessment and will
  contact the household for further information or assign the appropriate access point.
• Once all information is obtained the household is accepted or declined and the Region
  will inform the referring PLM of the outcome.
• The household will be added to the transferring Region’s Prioritization List, if approved.
• If the household determines to be on the transferring Region’s Prioritization List only,
  then the referring Region PLM will close the original referral.
• The originating Regions PLM will notify the household of the outcome of the referral.

Additional Guidelines

Certain circumstances may arise where appropriate housing is not available. In which case,
households may be on more than two Prioritization Lists at the PLM discretion.

Fair and Equal Access

Region 7 will ensure fair and equal access to the Coordinated Entry System for all households
regardless of color, race, religion, national origin, age, gender, pregnancy, citizenship, familial
status, household composition, disability, veteran status, sexual orientation, or domestic
violence status.

Emergency Services

First responders will provide universal access to ALL households seeking emergency assistance
on a 24-hour basis, 7 days a week.

Safety Planning

The Indiana Coalition Against Domestic Violence safety cards will be distributed to assessment
sites. Agencies should display the cards were assessments are being conducted.

Outreach

Region 7 outreach activities, projects, or initiatives must be integrated with the Region’s
Coordinated Entry System design, serving as an engagement resource or designated access
point for Regional resources, services and housing.
Evaluating

Evaluations will be given to stakeholders to collect feedback. The evaluation will include stakeholders from the following subpopulations:

- Households that have experienced homelessness that have gone through Coordinated Entry
- Households that declined housing
- Households awaiting housing homeless services and programs
- Households successfully diverted
- Households that decided to exit the Coordinated Entry System program

Completed evaluations are required to be provided to the PLM on a quarterly basis, along with the number of evaluations that were distributed.

Monitoring and Reporting

Region 7 must adhere to the State-defined CE Monitoring and Report Plan. The monitoring and report plan includes requirements on performance objectives related to Coordinated Entry utilization, efficiency and effectiveness. The plan will be reviewed and published semi-annually and annually by the Coordinated Entry Steering Committee.

The Indiana Coordinated Entry Monitoring and Reporting plan will include the following narrative and management report sections to be submitted semi-annually and annually by each Regional Chairperson:

**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 Semi-Annual and Annual Performance Report:** A HMIS or data-generated Coordinated Entry Annual Progress Report (APR) covering the six month period of July 1 to December 31 for the semi-annual report and the twelve month period coinciding with the State’s fiscal year (currently July 1 to June 30) for the annual report. 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 Household intake/assessment
- Demographics and attributes of persons/households receiving CE assistance
- Number of persons and individuals by VI-SPDAT score (4-7 and 8+)
d. Number of persons and individuals receiving CE referrals to the following
   i. Rapid Re-housing
   ii. Transitional Housing
   iii. Permanent Supportive Housing (PSH)
   iv. All other (VASH, Section 8, Self Resolve, etc.)

e. Destination of persons and individuals to each service strategy as a result of CES referral
   i. Rapid Re-housing
   ii. Transitional Housing
   iii. Permanent Supportive Housing (PSH)
   iv. All other (VASH, Section 8, Self Resolve, etc.)

f. Length of time from completion of CE Household intake/assessment to program entry
   i. Average length of time from assessment to referral for each component type
   ii. Average length of time waiting on prioritization list for each component type

g. 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. July 1, 2017 – June 30, 2018 is first period to be evaluated and reports are due August 31, 2018.

<table>
<thead>
<tr>
<th>Region CE Evaluation Component</th>
<th>Format</th>
<th>Reporting Period</th>
<th>Due Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Region Semi-Annual Report</td>
<td>Narrative and CE APR</td>
<td>July 1 – December 31</td>
<td>January 31</td>
</tr>
<tr>
<td>Region Annual Report</td>
<td>Narrative &amp; CE APR</td>
<td>July 1 – June 30</td>
<td>August 31</td>
</tr>
<tr>
<td>Semi-Annual Annual Region Stakeholder feedback (Region partners)</td>
<td>Narrative report incorporating data from surveys, questionnaires, or focus group meetings</td>
<td>July 1 – December 31</td>
<td>January 31</td>
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<tr>
<td></td>
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<td>July 1 – June 30</td>
<td>August 31</td>
</tr>
<tr>
<td>Semi-Annual Annual Region Stakeholder feedback (participants in CE)</td>
<td>Narrative report incorporating feedback from Household focus groups, participant advisory groups, surveys, or questionnaires</td>
<td>July 1 – December 31</td>
<td>January 31</td>
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<td></td>
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<td>July 1 – June 30</td>
<td>August 31</td>
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Region 7 will conduct a Semi-Annual and Annual Coordinated Entry Evaluation with Partner Agencies in the Region who are ESG/CoC funded and participating in the Coordinated Entry process. The standardized questions to be used while conducting the Partner Agencies Stakeholder Feedback and Evaluation of the CE process are as follows:

- Is the VI-SPDAT successfully capturing the barriers of our households?
- What would you change to make CE more successful?
- Was the assessment/intake process smooth for your households? If not, what changes should be made?
- If you are a PSH provider, how quickly are you receiving referrals when a unit becomes available?
- Is CE successful in your Region with selecting and housing households who are the most vulnerable in the community?

These results will be submitted in writing to the Coordinated Entry Analyst annually by January 31 and August 31.

Region 7’s Lead Agency will submit a Semi-Annual and Annual Report on Coordinated Entry and homelessness assistance system outcomes to the Coordinated Entry Analyst by January 31 and August 31. 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.

A comprehensive system evaluation of CE will be performed semi-annually and annually to ensure that both qualitative and quantitative information is collected and used to identify opportunities for continuous system improvement. Results of the statewide evaluation of CE operations may be shared with funders and policy makers.

Areas of inquiry may include the following:

1. **CE Coverage**
   - Which Region projects are participating? What does participation mean (listing vacancies, accepting referrals)?
   - Are all geographic areas of the Region covered by CE processes? (non-HMIS)

2. **System Gaps**
   - What is the actual demand for Region crisis response services?
   - Is demand effectively managed by the available resources and Region assets?
   - What is the distribution of referrals by project type?
   - What are rates and reasons for referral rejections?

3. **Assessment Process**
   - Is participant assessment data complete, accurate, and timely for referral process?
B. Is the assessment process respectful of participant preferences, culturally appropriate, and/or trauma informed?
C. When referred, do participants get accepted/enrolled?
D. When referred, do participants accept referral options?
E. What is the length of time from referral to placement in housing?
F. Are prioritized populations being successfully referred and enrolled in available housing and services?

4. Is there assessment information collected that is not readily used to inform case planning or care coordination?

5. Access Consistency
   A. Does the relationship between referrals and eligibility vary in terms of presenting program participants’ race, household size, age or gender of children, or geography (such as rural vs. urban)?
   B. Do rates of return to homelessness vary by program participant characteristics or site?

Domestic Violence

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.

Household safety will be immediately assessed upon the disclosure stating they are a survivor of domestic violence, dating violence, sexual assault, trafficking, or stalking. The Indiana Coalition Against Domestic Violence (ICADV) and the IN BOS CoC Board of Directors recognize and understand the highly sensitive nature of information gathered from individuals experiencing domestic violence. These two groups have worked together to include a non-scoring pre-screen assessment consisting of four questions.

Domestic Violence Pre-screen Assessment for Households

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

Pre-Screen Assessment questions for all Households for domestic violence:
1. 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 Household answers yes, continue by exploring the immediate level of danger by asking the Household:

2. Has your partner ever used a weapon against you or your children or threatened you or your children with a weapon?

3. Do you believe your partner is capable of killing you or your children?

4. Has your partner threatened to kill you or your children?

   If Household answers yes to any of these questions, inform the Household 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 Household 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 Household chooses to be referred to a Victim Services provider, the CE Assessment staff member will explain to the Household the need for a signed Release of Information in order for staff to contact and share the Household’s basic information with the nearest victim service provider. If the Household agrees to sign the ROI, the CE Assessment staff will contact the DV service provider and refer the Household for assistance. If the Household is in need of transportation, the CE Assessment staff will contact 211 for transportation assistance.

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

The Household 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 Household with the Household Consent or HMIS Household Consent form. CE Assessment staff will review the form with the Household ensuring the Household understands their rights and, if necessary, how their information will be used and shared in HMIS:

- If the Household 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 Household’s information into HMIS. The Household will then be prioritized for housing and placed on the Prioritization List.
• If the Household 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 Household’s information. The Household’s information will NOT be entered into HMIS and the CE Assessment staff will work with the Household to find a solution to the Household’s current need utilizing paper documents only.

• If the Household 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 Household is notified that they may be unable to receive certain services from the agency if the Household’s eligibility to receive the services cannot be verified.

Data Sharing

Region 7 will comply with the data sharing policies developed by the Indiana Balance of State Continuum of Care Board of Directors.

HMIS and Data Collection

HMIS will be used as the data collection system for Region 7. All agencies participating in the Coordinated Entry System must include all data necessary to generate an accurate and complete Coordinated Entry Annual Performance Report (APR).
Exhibit B Coordinated Entry Receipt

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>Email:</th>
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<tbody>
<tr>
<td>Assessor:</td>
<td></td>
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<tr>
<td>Agency:</td>
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<table>
<thead>
<tr>
<th>SIGNATURE</th>
<th>Phone:</th>
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<td>Date:</td>
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<thead>
<tr>
<th>RECIPIENT NAME</th>
<th>DATE OF ASSESSMENT</th>
<th>YOU ARE ELIGIBLE FOR THE FOLLOWING TYPE OF HOUSING:</th>
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<tbody>
<tr>
<td></td>
<td></td>
<td>☐ Transitional Housing</td>
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<td>☐ Rapid Re-housing</td>
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<td></td>
<td></td>
<td>☐ Permanent Supportive Housing</td>
</tr>
</tbody>
</table>

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.).

<table>
<thead>
<tr>
<th>TYPE OF HOUSING</th>
<th>DESCRIPTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Transitional Housing</td>
<td>• Housing with support services for up to 24 months.</td>
</tr>
<tr>
<td></td>
<td>• For persons in transition who will be successful with short-term assistance.</td>
</tr>
<tr>
<td></td>
<td>• A Housing Stability Plan is required.</td>
</tr>
<tr>
<td>Rapid Re-Housing</td>
<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></td>
<td>• For persons who will be successful with short-term assistance, with ability to maintain stability after assistance ends.</td>
</tr>
<tr>
<td>Permanent Supportive Housing</td>
<td>• Housing with support services without a timeline (if eligibility criteria and needs exist).</td>
</tr>
<tr>
<td></td>
<td>• For persons with a disability coming from homelessness.</td>
</tr>
<tr>
<td></td>
<td>• Some programs may also require chronic homeless status.</td>
</tr>
</tbody>
</table>

THANK YOU AND PLEASE REMEMBER TO UPDATE YOUR CONTACT INFORMATION IF IT CHANGES!
Client Consent Form

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.
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 C Region 7 Coordinated Entry Prioritization Policy

Wabash Valley Planning Council on Homelessness in Region 7

Coordinated Entry Prioritization Policy

The Wabash Valley Planning Council on Homelessness in Region 7 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>3. Highest VI-SPDAT Score (10+)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>HUD Guidelines/Prioritization</td>
</tr>
<tr>
<td></td>
<td></td>
<td>4. Longest history of homelessness</td>
</tr>
<tr>
<td>Rapid Re-Housing SSVF</td>
<td>Persons literally homeless</td>
<td>1. VI-SPDAT Score (4+)</td>
</tr>
<tr>
<td></td>
<td>Veterans experiencing homelessness</td>
<td>2. Length of homelessness</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3. *Regional Prioritization</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Veterans*</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Youth*</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Families*</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Single Adults*</td>
</tr>
<tr>
<td></td>
<td></td>
<td>4. Date of Assessment (Only in tie breaker situation)</td>
</tr>
<tr>
<td>Emergency Shelter</td>
<td>Persons literally homeless and not diverted</td>
<td>3. First come, first served</td>
</tr>
<tr>
<td></td>
<td></td>
<td>4. When person is literally homeless and no permanent housing/rapid rehousing is available</td>
</tr>
<tr>
<td>Referrals to Mainstream Resources</td>
<td></td>
<td>2. VI-SPDAT (0 – 3)</td>
</tr>
</tbody>
</table>

As the Coordinated Entry System continues to evolve, the Wabash Planning Council on Homelessness in Region 7 should continue decision making and prioritization needs taken into consideration.

** 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.
Exhibit D Examples of Eligibility Worksheets/Documentation

Participant Eligibility Worksheet (HUD Homeless Documentation form)

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

<table>
<thead>
<tr>
<th>Project Name</th>
<th>Participant Name</th>
<th>Date of Intake</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**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; AND</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>
</tbody>
</table>

**Self Declaration of imminent risk of homelessness (use only if 3rd party is unavailable) or DV person.**

Staff Signature

Client Signature | Date

---

pg. 23
Exhibit F Eligibility Worksheets/ Documentation Forms

**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 exits 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 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.

_________________________________________  ______________________________________
Tenant Signature                     Date                     Staff Signature   Date

Exhibit G PSH Forms (cont.)
**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 (Cont.)**
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.
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 leaseholder 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: ________________________________
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>Applicant's Initials</th>
</tr>
</thead>
<tbody>
<tr>
<td>HUD</td>
</tr>
<tr>
<td>IHCPA</td>
</tr>
<tr>
<td>Landlord</td>
</tr>
<tr>
<td>Sub-recipient</td>
</tr>
<tr>
<td>Other (specify)</td>
</tr>
</tbody>
</table>

Applicant Signature: ____________________________ Date: ____________

Witness: ______________________________________ Date: ____________

Housing Plan
Exhibit G PSH Forms (cont.)

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

Person(s) responsible: 

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

Person(s) responsible: 

<table>
<thead>
<tr>
<th>Goal #3:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Action Steps:</td>
<td></td>
</tr>
<tr>
<td>1)</td>
<td></td>
</tr>
<tr>
<td>2)</td>
<td></td>
</tr>
<tr>
<td>3)</td>
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Person(s) responsible: 

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Person(s) responsible: 

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Person(s) responsible: 

Tenant: ___________________________________________ Date: ___________________________

PSH Staff: ________________________________________ Date: ___________________________
**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 (cont.)
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 periodic 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 ________________.
- 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:
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.