



# HEARTLAND CONTINUUM OF CARE

## Coordinated Entry Policies and Procedures Manual

Approved by HCoC Board on January 9, 2025

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## A. Regulatory Citations

- a. **24 CFR 578.7:** Homeless Emergency Assistance and Rapid Transition to Housing: Continuum of Care Program Interim Final rule. <https://bit.ly/CoCInterimRule>
- b. **CPD-17-01:** Notice Establishing Additional Requirements for a Continuum of Care Centralized or Coordinated Assessment System. January 2017 <https://bit.ly/NoticeCPD1701>
- c. **24 CFR Parts 91,576, 580, and 583:** Homeless Management Information Systems Requirements. December 2011 <https://bit.ly/HUDHMISRequirements>
- d. **CPD-16-11:** Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in Permanent Supportive Housing. November 2016 <https://bit.ly/NOTICECPD1611>

## B. Guidance Documents and Resources

- a. United States Interagency Council on Homelessness. Achieving the Goal of Ending Veteran Homelessness: Criteria and Benchmarks: <https://bit.ly/USICHEndingVeteranHomelessness>
- b. HUD Exchange Website: <https://www.hudexchange.info>
- c. Coordinated Entry and Homeless Management Information System (HMIS) March 2015: <https://hudexchange.info/resource/4430/coordinated-entry-and-hmis-faqs/>
- d. Coordinated Entry Process Self-Assessment: <https://bit.ly/CESelfAssessment>
- e. Coordinated Entry Policy Brief, February 2015: <https://bit.ly/CEPolicyBrief>
- f. National Alliance to End Homelessness-Coordinated Entry Resource Library: <https://bit.ly/NAEHCELlibrary>
- g. Coordinated Entry and Victim Service Providers-HUD FAQ: <https://bit.ly/CEandVSPFAQ>
- h. Youth Specific FAQs for Coordinated Entry: <https://bit.ly/YouthCEFAQ>

## C. General Definitions/Key Terms

- a. **Access Points** – For the purpose of this document, Access Points are designated areas located within our continuum where individuals or families can go to for intake and assessment of homeless prevention and housing services for which they may qualify.
- b. **Coordinated Assessment** – A process that reveals the past and current details of a service seeker’s strength, and needs, in order to match the client to appropriate services and housing. For the purpose of this toolkit, assessment will refer to a process that reveals a client’s eligibility, needs, barriers and strengths. For the

purpose of this document, the customized Place Value Housing Scoring Model is the tool used to guide Coordinated Assessment.

- c. **Chronic Homelessness**- A chronically homeless individual is someone who has experienced homelessness for a year or longer, or who has experienced at least four episodes of homelessness in the last three years and has a disability. A family with an adult member who meets this description would also be considered chronically homeless.
- d. **Coordinated Entry System (CES) Task Group** - Task Group made up of HCoC Board Directors, Strategy Board Directors, and other stakeholders including Lived Experience Representation that meets quarterly at a minimum to monitor, analyze, and improve the CES and complete other tasks laid out in this policy.
- e. **CES Case Conferencing Committee** - Committee is made up of directors and program staff actively working to connect clients with housing opportunities. Regular meetings are held to review clients at the top of the prioritization list waiting for opportunities, identify ideas for collaboration, solutions, and challenges organizations are facing.
- f. **HEARTH** – The Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) act of 2009 that includes Emergency Solutions Grant (ESG) and Continuum of Care (CoC) grants.
- g. **HMIS** – Homeless Management Information System; a centralized data base designated to create an unduplicated accounting of homelessness that includes housing and services. Wellsky Community Services (formerly known as ServicePoint) is the HMIS system for this CoC.
- h. **Homeless** – HUD definition as of January 2012; an individual or family who lacks a fixed regular, and adequate nighttime residence, which includes a primary nighttime residence of: a place not designed for or ordinarily used as a regular sleeping accommodation (including car, park, abandoned building, bus/train station, airport or camping grounds); a publicly or privately operated shelter or transitional housing, including a hotel or motel paid for by government or charitable organizations. In addition, a person is considered homeless if he or she is being discharged from an institution where he or she has been a resident for 90 days or less and the person resided in shelter (but not transitional housing) or place not meant for human habitation immediately prior to entering the institution.
- i. **Housing First** – An Evidence-Based Practice of housing homeless individuals and families according to the provisions of a standard

lease without requiring services other than case management in order to attain and retain housing.

- j. **HUD** – The Department of Housing and Urban Development; the United States federal department that administers federal program dealing with homelessness. HUD oversees HEARTH-funded programs.
- k. **Lead Agency** – The agency identified as the primary administrator of coordinated entry processes and assessment. For the purpose of this document that agency is Heartland HOUSED, who provides staff support for Heartland Continuum of Care efforts.
- l. **Place Value Scoring Model** - A customizable assessment that supports dynamic housing prioritization with sensitive, meaningful scores.
- m. **Prevention** – An approach that focuses on preventing homelessness by providing assistance to households that otherwise would become homeless and end up in a shelter or on the streets.
- n. **Prioritization** - The process by which housing resources are connected with eligible households with greatest needs as deemed by this policy. Prioritization is a dynamic process and subject to change as community needs change.
- o. **Rapid Re-housing** – An approach that focuses on moving homeless individuals and families into appropriate housing as quickly as possible by providing the type, amount and duration of housing assistance needed to stabilize the household. Clients do not need to be considered “Housing Ready”.
- p. **Referral** – Referring a client to a particular program for possible help or housing
- q. **Targeting** – Process of determining the population to whom assistance will be directed. That is, the target population. The targeting process can occur at both the system and the program levels.

#### **D. Background and Purpose**

Provisions in the Continuum of Care (CoC) Program Interim rule at 24 CFR 578.7(a)(8) require that CoC’s establish and operate a Centralized or Coordinated Entry System (CES), that provides an initial, comprehensive assessment of the needs of individuals and families for housing services.

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. Our coordinated entry model

covering Sangamon County, Illinois (Heartland Continuum of Care) is designed to fulfill three primary purposes:

- a. To consolidate and streamline the community wide process by which individuals or families experiencing homelessness can request assistance in gaining permanent housing;
- b. To create a system that identifies a pathway to permanent housing for ALL individuals or families experiencing homelessness and
- c. To ensure that, whenever a program has insufficient capacity to serve all consumers in their potential service population, the most vulnerable individuals experiencing homelessness are served first

### **Performance-Driven Decision Making**

Decisions about the coordinated entry process, including modifications, will be driven primarily by the need to improve community system-performance metrics and meet strategic plan goals. These outcomes include reducing new entries into homelessness, reducing lengths of episodes of homelessness, and reducing repeat entries into homelessness. Changes may also be driven by a desire to improve process-oriented outcomes, including reducing the amount of wait time for an assessment.

### **Housing First**

Housing First is an approach to quickly and successfully connect individuals and families experiencing homelessness to permanent housing without preconditions and barriers to entry, such as sobriety, treatment or service participation requirements. Supportive services are offered to maximize housing stability and prevent returns to homelessness as opposed to addressing predetermined treatment goals prior to permanent housing entry. Coordinated entry will support a housing first approach, and thus will work to connect individuals and families with the appropriate permanent housing opportunity, as well as any necessary supportive services, as quickly as possible.

### **Fair Housing**

Compliance with Fair Housing and Civil Rights Laws: Housing programs must comply with all Applicable fair housing and civil rights requirements in 24 CFR 5.105(a), including but not limited to, The Fair Housing Act; Title VI of the Civil Rights Act of 1964; Section 504 of the Rehabilitation Act of 1973; Title II and Title III of the Americans with Disabilities Act of 1990; and Section 109 of the Housing and Community Development Act of 1974. If the CES Committee determines that the “screening out” of applicants could be in violation of Fair Housing,

applicants impacted will be informed of their rights as outlined in fair housing and will be educated in filing a fair housing complaint with HUD. If applicant requires assistance filing a formal fair housing complaint, an advocate from the CES Committee will be assigned to assist in this process.

### **Prioritizing the Most Vulnerable and Chronically Homeless**

Coordinated entry referrals will prioritize those individuals and families who are most vulnerable according to the Place Value Housing Scoring Model, as well as those identified as meeting the HUD definition of chronically homeless. These individuals and families can have the most difficulty becoming housed and are often the biggest users of community resources. This approach is likely to reduce the average length of episodes of homelessness among this population and result in better housing outcomes for all. Additionally, by ending homelessness of harder to serve vulnerable populations, resources will be freed up within the homeless services system to address the needs of more people.

## **E. Administrative Structure**

- a.** The coordinated entry process will be governed by the CES Task Group. This group will be made up of individuals from the HCoC Board and General Membership and be responsible for:
  - i.** Providing general oversight and management of coordinated entry.
  - ii.** Investigating and resolving consumer and provider complaints about the process.
  - iii.** Providing information and feedback to the HCoC Board, of Directors, HCoC General Membership, and the community at large regarding the coordinated entry process.
  - iv.** Evaluating the efficiency and effectiveness of the coordinated entry process.
  - v.** Reviewing performance data from the coordinated entry process.
  - vi.** Recommending changes or improvements to the process, based on performance data, to the CoC Governing Board.
  - vii.** Meeting quarterly at a minimum and more frequently as necessitated by community needs.

Heartland HOUSED staff and HCoC HMIS Administrator will facilitate the CES process.

## **F. Participating Providers**

**CoC and ESG agencies:** All service providers receiving HUD funding (CoC, ESG, HOPWA), State of IL, or VA funding (SSVF, VASH, GPD) are required to participate in the coordinated entry process as the **only** referral source from which to consider filling vacancies Per 24 CFR 576.400(d).

### **Expectations of providers:**

- a. All projects with beds and/or units designated for people experiencing homelessness are expected to participate in CES (enroll new program participants only from CES referral process) and have a staff member trained to complete Coordinated Entry Assessments in accordance with the HCoC Skilled Assessor Agreement (Appendix E).
- b. Projects must publish written standards for client eligibility and enrollment determination for their projects that align with HCoC Community Standards.
- c. Projects must communicate project vacancies (beds/units) to CES contact in a timely manner.
- d. Projects must enroll only those clients referred thru CES process for Permanent Supportive Housing / Rapid-rehousing programs.
- e. Projects must participate in the CES planning and management activities.
- f. Persons experiencing a housing crisis must access CES thru access points only.

## **G. Target Population & Eligibility**

The coordinated entry process is open to any and all individuals and families in the CoC Service Area who are experiencing 'literal homelessness' OR actively fleeing domestic violence, both as defined by HUD, regardless of any potential barriers such as lack of income, criminal history, substance use, or prior program experiences.

Any household that indicates a present or possible domestic violence concern will be immediately offered the information below. These households are still able to complete the coordinated entry process if they choose, in accordance with their informed wishes at Sojourn Shelter & Services to protect their information.

- a. Sojourn Shelter & Services Hotline 217-726-5200
- b. Illinois Coalition Against Domestic Violence 217-789-2830
- c. Mini O'Beirne Crisis Nursery 217-525-6800
- d. National Domestic Violence Hotline 800-799-7233



## **H. Access Points**

Coordinated Entry covers the HCoC's entire geographic area of Sangamon County. One of the primary goals of the HCoC's coordinated entry system is for the system to be easily accessible and welcoming to the wide range of people who may experience a housing crisis in Sangamon County. Therefore, multiple types of access points are available for people experiencing or at imminent risk of homelessness. The intake and referral process will be consistent across all access points, so that participants receive seamless care regardless of which access point they use to enter the system.

### **Accessibility and Language Support**

The HCoC will ensure that Coordinated Entry services are physically accessible to persons with mobility barriers and communications and documentation will be accessible to persons with limited ability to read and understand English (HUD Coordinated Entry Notice: Section II B.5.c and d).

Access Points will be accessible by public transportation and located in an environment where additional community resources can be accessed as needed. In addition, Coordinated Entry will be accessible to individuals with disabilities, including those needing physical locations accommodating wheelchairs, or those needing hearing, site or language support.

Good faith efforts will be made to ensure that all persons eligible for Coordinated Entry services will have fair and equal access to the system. This includes:

- a.** sub populations like people experiencing chronic homelessness, veterans, families with children, youth, and survivors of domestic violence; and
- b.** households that have perceived barriers to housing or services, including but not limited to, too little or no income, active or a history of substance abuse, domestic violence history, resistance to receiving services, the type or extent of a disability-related services or supports that are needed, history of evictions or poor credit, lease violations or history of not being a leaseholder, or criminal record.

Coordinated Entry will provide services in the language preferred by the household when completing an assessment and making a housing referral. If staff at an access location are unable to provide in-person interpretation, access to interpretation services will be secured.

## **Resource Availability**

It is important to note that Coordinated Entry will only be able to offer those resources that are currently available within the homeless service system, and that the current supply of resources does not match demand. The goal of coordinated entry is to better target the limited resources available to those who need it most.

A list of all available access points for HCoC Coordinated Entry Access points can be found at: <https://bit.ly/HCoCCoordinatedEntry>

### **I. Assessment Tool**

The HCoC utilizes the Place Value Housing Scoring Model as the assessment tool. Place Value Housing Scoring Model is a customizable assessment that supports dynamic housing prioritization with sensitive, meaningful scores. Heartland HOUSED staff will receive referral requests from organizations and use the assessment score to identify a household's service needs as well as potential program eligibility for those that qualify.

Clients should not be given their PVHSM score. This may deter issues with accuracy of data collection on future potential clients. This may also make them feel like their experience of homelessness is being "graded."

#### **Place Value Housing Scoring Model: Length of time Homeless**

Length of time homeless scores must be based on verifiable data within HMIS or other sources of verification based on HUD's verification guidance.

HUD's recordkeeping requirements:

[https://files.hudexchange.info/resources/documents/HomelessDefinition\\_RecordingRequirementsandCriteria.pdf](https://files.hudexchange.info/resources/documents/HomelessDefinition_RecordingRequirementsandCriteria.pdf)

HUD Exchange online training module:

<https://www.hudexchange.info/trainings/courses/recording-and-documenting-homeless-status/>

### **J. Order of Priority**

The Heartland Continuum of Care prioritizes chronically homeless individuals and families (as encouraged in HUD's Notice CPD 16-11) and has committed to adopting a Housing First approach to CoC/ESG programs. The definition of a chronically homeless individual or head of household is defined in 24 CFR 578.3 and means:

- a.** A "homeless individual with a disability," as defined in section 401(9) of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11360(9)), who:

- i. Lives in a place not meant for human habitation, a safe haven, or in an emergency shelter; and
  - ii. Has been homeless and living as described in paragraph (1)(i) of this definition continuously for at least 12 months or on at least 4 separate occasions in the last 3 years, as long as the combined occasions equal at least 12 months and each break in homelessness separating the occasions included at least 7 consecutive nights of not living as described in paragraph (1)(i). Stays in institutional care facilities for fewer than 90 days will not constitute as a break in homelessness, but rather such stays are included in the 12-month total, as long as the individual was living or residing in a place not meant for human habitation, a safe haven, or an emergency shelter immediately before entering the institutional care facility;
- b. An individual who has been residing in an institutional care facility, including a jail, substance abuse or mental health treatment facility, hospital, or other similar facility, for fewer than 90 days and met all of the criteria in paragraph (1) of this definition, before entering that facility; or
- c. A family with an adult head of household (or if there is no adult in the family, a minor head of household) who meets all of the criteria in paragraph (1) or (2) of this definition, including a family whose composition has fluctuated while the head of household has been homeless.

**Coordinated Entry Referral Pool:**

In an effort to streamline the outreach and inreach processes for households referred to PSH and RRH programs, the HCoC utilizes a next 15 coordinated entry referral pool. This pool is a list of the next 15 adult only households that are eligible for the next PSH and RRH referrals that are locked-in order based on their PVHSM score. As referrals are made, the next highest score on the full coordinated entry list would be placed at the bottom of the next 15 list.

If a household appears on the list and does not meet program criteria for a referral (for example: the referral is for PSH and the person does not meet eligibility criteria), the next household will be selected until an appropriate program referral is available.

Heartland HOUSED in coordination with the Heartland Continuum of Care Coordinated Entry Task Group is responsible for the maintenance

of the next 15 referral pool list and will share this list at every Coordinated Entry Task group meeting for case conferencing, outreach and documentation purposes. Clients should not be told what number they are in the next CE referral pool.

### **Order of Priority for Permanent Supportive Housing**

- a. First Priority – Chronically Homeless Individuals and Families with the Longest History of Homelessness and with the Most Risks and Barriers to Housing, as Documented in the Coordinated Entry Assessment.
- b. Second Priority – Chronically Homeless Individuals and Families with the Most Risks and Barriers to Housing, as Documented in the Coordinated Entry Assessment.
- c. Third Priority–Chronically Homeless Individuals and Families with the Longest History of Homelessness.
- d. In the event a further point of prioritization is needed, the next available resource should go to the household with the earliest date of Coordinated Entry assessment.

### **Order of Priority for HOME-ARP Tenant-Based Rental Assistance with Supportive Services**

- a. First Priority - HOME-ARP Qualifying Populations 1 and 3 with the Longest History of Homelessness and with the Most Risks and Barriers to Housing, as Documented in the HCoC Coordinated Entry Assessment.
- b. Second Priority - All other Qualifying Populations will have access to the TBRA program when the all households in QP1 and QP3 have been served on the HCoC Coordinated Entry list.
- c. All other Qualifying Populations will have access to the TBRA program. All other Qualifying Populations are eligible to apply for and be referred to the TBRA program.” Priority will be given to households who qualify as described above.

### **Order of Priority for HOME-ARP Homeless Prevention and Housing Stabilization Services**

- a. First Priority - HOME-ARP Qualifying Population 2 with a high urgency of possible loss of housing, history of evictions, low income levels and the most risks and barriers as documented in the Coordinated Entry Assessment.
- b. Second Priority - HOME-ARP Qualifying Population 4 with a high urgency of possible loss of housing, history of evictions, low income levels and the most risks and barriers as documented in the Coordinated Entry Assessment.

- c. All other Qualifying Populations will have access to the supportive service program. All other Qualifying Populations are eligible to apply for and be referred to the TBRA program.” Priority will be given to households who qualify as described above.

**Order of Priority for Medium Term Rapid Re-housing (3 to 24 months) Chronic homelessness is not required for Rapid Re-housing prioritization.**

- a. First Priority – Literally Homeless Individuals and Families with the Longest History of Homelessness and with the Most Risks and Barriers to Housing, as Documented in the Coordinated Entry Assessment.
- b. Second Priority–Literally Homeless Individuals and Families with the Most Risks and Barriers to Housing, as Documented in the Coordinated Entry Assessment.
- c. Third Priority–Literally Homeless Individuals and Families with the Longest History of Homelessness.
- d. In the event a further point of prioritization is needed, the next available resource should go to the household with the earliest date of Coordinated Entry assessment.

**Order of Priority for Short Term Rapid Re-housing (0-3 months)**

- a. First Priority – Literally Homeless Individuals and Families with the Longest History of Homelessness and the highest score on the “Moving Up” measurement within HMIS.
- b. In the event a further point of prioritization is needed, the next available resource should go to the household with the earliest date of Coordinated Entry assessment.
- c. In addition to Permanent Supportive Housing and Rapid Re-housing, Coordinated Entry can be utilized to provide referrals for Transitional Housing, HUD-VASH, SSVF and other programs at the request of organizations providing those services.

**K. Coordinated Entry System process**

**The following is a general overview of the CE process:**

- a. Consumers contact ANY housing agency in the Heartland CoC area that participates in CES to access the CES.
  - i. That agency will serve as the “Point of Entry” where:
    - 1. Consumers are assessed with the PVHSM.
    - 2. Consumers will be entered into the HMIS at “Point of Entry”. This includes basic client/household demographics, an entry into “Coordinated Assessment” and PVHSM result.

- ii. If a consumer is coming from a domestic violence shelter, their data will not be entered into HMIS. The DV shelter will email a client #, PVHSM result, and bed requirement (single or multiple beds) to HMIS Administrator who will enter that data into an Excel spreadsheet along with time/date received as a last possible tie-breaker.
- b. Organizations with program openings request a CES referral by filling out the online referral request form found at: <https://bit.ly/HCoCCEReferral>
- c. Heartland HOUSED staff will then email agency contact with the next potential client's information within 7 days of referral request.
- d. Based on housing availability, the client/household with the highest PVHSM result based on approved prioritization protocol will be offered housing.
  - i. **Client responsibilities**
    1. The potential client has 3 days to accept or decline the housing offered. After clients decline a housing opportunity, referrals are paused for that client for 3 months.
    2. The potential client may decline up to 3 housing program offers before being moved onto the declined listing and removed from housing offers. Client may be re-assessed and offered housing again after 12 months from last declined offer.
    3. If a client cannot be contacted or does not respond within 7 days, agency will move onto next potential client.
  - ii. **Agency responsibilities**
    1. Bed/housing openings should be indicated by completing the CES Referral Request form.
    2. Client must be called within 3 days of Lead agency client referral
    3. Client must be moved into housing within 14 days of housing offer.
    4. If client cannot be contacted or does not respond within 7 days, it should be noted in HMIS and lead agency notified to allow another client the housing option.
    5. If the agency declines the referral, they must give a valid reason to lead agency. (See referral rejection policy)
    6. Agencies may decline referrals however the reasons must be valid and will be passed onto the CES

committee for review. Declines will be tracked, reported to the CES Task Group, and if necessary reported to the HCoC Board of Directors for review.

- e. Client would be exited from Coordinated Assessment program in HMIS and entered into that agency's permanent housing option.
  - i. Start date for entry equals the date the client was offered housing.
  - ii. Move-in date is the actual date of moving into the housing.
- f. Confirmation of an accepted referral through HMIS.
- g. Confirmation of successful move-in date through HMIS.
- h. Confirmation of Exit from Coordinated Assessment program through HMIS.

#### **L. Emergency Exception Policy**

In the event that an agency deems an emergency exception is required beyond the norm to protect the health, safety, and well being of a household, a request can be made to Heartland HOUSED staff to convene the Coordinated Entry Task Group within 3 days of the request to hear the exception and make a prioritization exception by majority vote of those present.

#### **M. Referral Rejection Policy**

Consumers may deny or reject referrals from any program or agency. The denial must be logged into HMIS with a specific reason from the consumer. Consumers may deny 3 referrals before being removed from the housing listing. After clients decline a housing opportunity, referrals are paused for that client for 3 months. They may be reassessed after 12 months of last declined offer for housing.

Providers may also deny a consumer's referral, although denials should be infrequent from providers and documented in HMIS with specific justification on the denial. The CES Task Group will be reported to at a minimum, and the HCoC Board will be reported to annually on the aggregate counts of denials per agency.

Allowable referral rejection/denial reasons are as follows and must be documented in HMIS:

- a. Consumer refused further participation or moved out of the area.
- b. Consumer no longer/does not meet required criteria for program eligibility.
- c. Consumer unresponsive to multiple communication attempts (all attempts must be documented in HMIS).
- d. Consumers resolved housing crisis without assistance.

- e. Property management/landlord denial (include specific reason cited by landlord).
- f. Consumer's health or well-being or the safety of current program participants would be negatively impacted due to staffing, location or other programmatic issues.
- g. Consumer needs cannot be addressed by the program. The program does not offer the services and/or housing supports necessary to successfully serve the household.
- h. Criminal sex offender status where state or local restrictions that prohibit projects from serving people with certain criminal convictions or other specified attributes.
- i. Conflict of Interest.

#### **N. Rapid Rehousing Programs Evaluation**

Case managers have the discretion to evaluate a household's ability to assume the burden of rent within the 24-month assistance window. A household with zero income should not be deemed ineligible based solely on the current lack of income if the household has income potential that will lead to long term housing stability once RRH assistance ends. Case management staff must adhere to HCoC Rapid Rehousing Community Standards and Housing First standards when assessing a household.

Any referrals that are rejected and sent back to the Coordinated Entry list must include supporting documentation in HMIS. Heartland HOUSED will regularly review referral rejections.

#### **O. Exiting Inactive Households**

To ensure the client prioritization list reflects the most current information regarding eligible households who are in need of housing or services, households may be exited after:

- a. There has been at least two unique attempts to make contact, which will be noted in the CES Communication Log, (for a possible housing opportunity referral) with no response from the client/household within 7 days of 2nd attempted contact; or
- b. If 90 days have elapsed with no activity documented in HMIS by any agency OR if it has been presented by the case management team that an event has happened with that client/household that can be verified. Events may include:
  - i. Moved out of the area
  - ii. Incarcerated
  - iii. Deceased
  - iv. hospitalized/institutionalized
  - v. Self-housed



- vi. or any other legitimate circumstance that removes the need for housing or assistance.

An assessed client/household may be re-activated if the client/household re-establishes contact with any homeless services agency on HMIS and are still eligible for CES. They will be given the opportunity to update their assessment scoring or complete a new assessment given the changes in their circumstances.

Potential CES exits will be reviewed at the monthly CES Case Conferencing Committee. Determinations will be agreed upon by attending CES Committee members. Exits will be completed by the HMIS Administrator to ensure proper removal from CES via referrals and entry/exits. Notes will detail the decision of the committee in the CES communications log.

#### **P. Program Transfer Policy and Procedure**

Organizations are authorized to transfer program participants to the same program type automatically without working through Coordinated Entry. Organizations are required to work with our HMIS Administrator to exit participants from the original project and enter them into the new project in the proper way to ensure quality data and with no time in between the exit and entry.

#### **Rapid Rehousing to Permanent Supportive Housing Transfer Policy and Procedure**

The HCoC acknowledges that there are some RRH participants that even after stabilization services will require longer-term or permanent support to maintain their housing. The HCoC supports the transfer of program participants who may need specific services or accommodations to support long-term housing stability. Requests may be used in rare instances when all other options have been exhausted to prevent returns to homelessness. In the case of transfer requests submitted to prevent program termination, documents that show the reason for termination and due diligence of explored options, attempts at resolution and reasons for lack of resolution may be requested.

Transfers from RRH to PSH are appropriate when the following criteria are met:

- a. The housing provider has diligently met and worked with the client to search for/obtain housing, provided case management services, and done everything possible to stabilize the household in housing while in the RRH program.

- b. Despite best efforts, the housing provider and household identify needs impacting housing stability that will not be met within 24 months of RRH services and/or the household will exit to homelessness once RRH services end.
- c. At least one of the two criteria below must be met:
  - i. Client was housed through RRH, has reached at least 12 months of RRH services, and will need additional assistance with housing and services to remain in housing.
  - ii. Housing provider has been working with household to find housing for at least 5 months and identified other barriers supporting the need for more intensive PSH services.
- d. The household must have a disability and have met the length of time homeless requirement (last 12 consecutive months homeless or 4 instances within the last 3 years, totaling 12 months) prior to entering the RRH program, to qualify for PSH.
- e. The household must have all required Permanent Supportive Housing documents ready and uploaded onto HMIS.
- f. The current housing provider has tried to find another provider/program of the appropriate typology that is willing to accept the household and all coordination. However, if another appropriate provider/program cannot be found, the CES team will add the approved household to a transfer list and wait for the next appropriate vacancy.

Transfer requests may be made by [submitting the Transfer Request form](#). The Transfer Request form will be reviewed by the CES Task Group for approval or denial.

**Upon denial:** A written response of the determination will be provided to the requesting program, including rationale. For example, there are cases when the type of housing intervention may not meet the needs of the household post-program entry, such as a transfer from single RRH to family PSH.

If the transfer is denied, the housing program will continue to assist the client with their housing situation. Clients can remain on the transfer roster, in order of priority to be considered when housing becomes available if the transfer denial reason was because current existing resources were not able to meet the request. CES staff will regularly monitor the list for vacancies and appropriate matches. If the client has been on the list for more than 6 months, a new request form will need to be submitted by the housing program. Clients will be removed if they have been on the list for more than 6 months without a new

request, no longer need a transfer, or turn down more than three housing options.

If the client is removed due to not accepting three housing options, the program must wait 3 months before submitting a new request.

Requests for exceptions can be submitted on the Transfer Request Form.

**Upon approval:**

- a. Current program will provide all eligibility paperwork to the program accepting the transfer.
- b. Current program will request a new referral from CES upon completion of the transfer.
- c. Receiving provider is responsible for confirming eligibility and enrolling the client.

**Q. Emergency Transfer Policy and Plan**

The Heartland Continuum of Care is concerned about the safety of its tenants, and such concern extends to tenants who are victims of domestic violence, dating violence, sexual assault, or stalking. In accordance with the Violence Against Women Act (VAWA), HCoC allows tenants who are victims of domestic violence, dating violence, sexual assault, or stalking to request an emergency transfer from the tenant's current unit to another unit. The ability to request a transfer is available regardless of sex, gender identity, or sexual orientation. The ability of HCoC to honor such request for tenants currently receiving assistance, however, may depend upon a preliminary determination that the tenant is or has been a victim of domestic violence, dating violence, sexual assault, or stalking, and on whether supportive housing providers within the HCoC have another dwelling unit that is available and is safe to offer the tenant for temporary or more permanent occupancy. This plan identifies tenants who are eligible for an emergency transfer, the documentation needed to request an emergency transfer, confidentiality protections, how an emergency transfer may occur, and guidance to tenants on safety and security. This plan is based on a model emergency transfer plan published by the U.S. Department of Housing and Urban Development (HUD), the Federal agency that oversees that the HCoC and HCoC-funded providers is in compliance with VAWA.

The full plan and all necessary documents are attached as Appendix D.

**R. Grievances**

**Agency Grievances:** If an agency has concerns regarding the coordinated entry process, they will inform the CES Task Group of their

concerns via e-mail only. The Task Group will then schedule a representative of the agency to meet with the CES Task Group in order to discuss and resolve the concern.

If the agency is not satisfied with the decision of the CES Task Group, they will be able to file a grievance with the HCoC Board of Directors. The HCoC Board's decision will stand and the decision will be passed to the CES Task Group to implement changes, if necessary, to comply with the Board's Decision.

**Consumer Grievances:** Individuals/families participating in the coordinated entry process have the right to file a grievance if they feel their rights have been violated. If the grievance is with the CoC or ESG funded agency that completed the PVHSM assessment, the individual would be directed to that agency's grievance policy. If the grievance is against the housing program who denied the individual entry into housing, the individual is able to file a grievance with that housing program using their agency's grievance policy. If the grievance is regarding the coordinated entry process as a whole, the individual is able to file a grievance which would then be directed to the CES Task Group to hear the grievance and respond. Anyone who is on the CES Committee who participated in the individuals coordinated entry process would not be able to provide input regarding the grievance. If the referred individual is not satisfied with the decision of the CES Task Group, they will be able to file a grievance with the Chair of the HCoC Board of Directors. The decision of the HCoC Board will stand and the decision will be passed to the CES Task Group and the individual who filed the grievance.

## **S. Evaluation**

The coordinated entry process will be evaluated on a regular basis to ensure that it is meeting the needs of the households experiencing homelessness, participant organizations, and the community at large. Particular emphasis will be on efficiency and effectiveness of the process, including the impact on households deemed most vulnerable. Evaluation will be carried out primarily through the CES Task Group with input from the CES Committee and any third parties they engage to assist in evaluation of the CES.

The coordinated entry process will be evaluated through the following methods:

- a.** Brief monthly updates will be provided by Heartland HOUSED staff to the CoC Governing Board. Updates will NOT identify ANY consumers. These updates will contain the following information

in order for the Board to provide ongoing oversight and assistance when necessary:

- i. The number of individuals assessed;
- ii. The number of individuals housed through the coordinated entry process;
- iii. Number of individuals declined for housing;
- iv. Successes/barriers encountered during the reporting period

## **T. Marketing & Advertisement**

**Accessibility:** Memorandums of Understanding (MOU) are executed between the HCoC HMIS Lead Agency and each provider with HMIS licensed users. In the MOU the providers agree:

- a. To be available to all eligible persons regardless of race, color, national origin, religion, sex, age, familial status, disability, actual or perceived sexual orientation, gender identity, or marital status;
- b. To ensure that all people in different populations and subpopulations in the CoC's geographic area, including people experiencing chronic homelessness, veterans, families with children, youth, and survivors/victims of domestic violence, have fair and equal access to the coordinated entry process, regardless of the location or method by which they access the system;
- c. To provide appropriate auxiliary aids and services necessary to ensure effective communication, which includes ensuring that information is provided in appropriate accessible formats as needed, e.g., Braille, audio, large type, assistive listening devices, and sign language interpreters;
- d. To be accessible to individuals with disabilities, including accessible physical locations for individuals who use wheelchairs;

**Street Outreach:** To ensure access to the coordinated entry process, the HCoC's Street outreach team will also serve as a coordinated entry site available to those who are least likely to access homeless assistance. The coordinated entry process for the street outreach program is identical to the process used by all other sites.

**Advertisement:** In addition to educating community partners and consumers through direct communication, resource distribution, and trainings, the HCoC partners with '211' advertising how individuals can get access to the coordinated entry system. Covering the entire HCoC service area.

## Appendix A: Memorandum of Understanding

### HCoc Memorandum of Understanding (MOU) Between Coordinated Entry Sites

This Memorandum of Understanding is entered into as of (date) \_\_\_\_\_

**WHEREAS**, the parties to this agreement agree to implement a Coordinated Entry Process for the purposes of ending homelessness in Springfield, Illinois;

**NOW THEREFORE**, the parties will provide services and resources upon the following conditions:

#### **For Coordinated Entry Points of Entry (sites):**

- a. Provide a designated number of assessment staff [Trained Assessor (s)], which may change over time based on consumer's needs and agency capacity, for the coordinated entry process.
- b. Provide private and secure settings ensuring information disclosed through the assessment process remains confidential.
- c. Ensure trained assessor, receive training on the PVHSM and data entry processes associated with coordinated entry, as well as any other trainings the CoC Coordinated Entry deems necessary.
- d. Ensure the coordinated entry process is available to all eligible persons regardless of race, color, national origin, religion, sex, age, familial status, disability, actual or perceived sexual orientation, gender identity, or marital status.
- e. Ensure that all people in different populations and subpopulations in the CoC's geographic area, including people experiencing chronic homelessness, veterans, families with children, youth, and survivors/victims of domestic violence, have fair and equal access to the coordinated entry process.
- f. Access points must be accessible to individuals with disabilities, including accessible physical locations for individuals who use wheelchairs.
- g. Take reasonable steps to ensure the coordinated entry process can be accessed by persons with limited English proficiency.
- h. Make referrals based on the agreed-upon system-wide prioritization criteria and the assessment tools.

Allow the Trained Assessor to participate in CES Committee meetings and trainings to enhance skills, maintain up to date knowledge of policies and procedures, and sustain interpersonal relationships with the coordinated entry assessment team.

#### **Trained Assessor Duties:**

- a. Administer PVHSM to consumers attempting to access the coordinated entry process.
- b. Record PVHSM results in HMIS.
- c. Be knowledgeable of data confidentiality and consumer confidentiality rights and be able to explain these rights to each consumer assessed.
- d. Obtain a signed data release of information agreement from each consumer whose information is entered into HMIS.

- e. Refer consumer's ineligible for homeless assistance services to other, more appropriate community resources.

**For all agencies participating in the coordinated entry process:**

- a. Treat all consumers with respect and kindness.
- b. Collaborate to address process issues for the purpose of evaluating service efficiency and effectiveness.
- c. Participate in HMIS and enter coordinated entry information into HMIS unless they are legally prohibited from doing so.
- d. Abide by the policies and procedures of the coordinated entry process.
- e. Meet with the CES Committee when requested to discuss concerns and issues around the coordinated entry process.
- f. Discourage staff from administering system wide assessments or any program assessments that duplicate questions asked during the coordinated entry process.

**Termination of MOU**

This MOU becomes effective upon execution of all parties and will remain in effect unless sooner terminated by either of the following:

- a. Upon 180 days' written notice by one party to the other;
- b. Upon mutual consent of all parties;
- c. Upon good cause of any party if the other parties fail to comply with the terms of the MOU. However, prior to any such unilateral termination of good cause, the party wishing to terminate must give the other parties written notice of the alleged non-compliance and a 180-day opportunity to cure.
- d. Upon filing of bankruptcy or liquidation of any party.

**Miscellaneous**

- a. **Severability:** The invalidity or unenforceability of any particular provision of the Memorandum of Understanding shall not affect the provisions hereof, and the Memorandum of Understanding shall be construed in all respects as if such invalid or enforceable provision were omitted.
- b. **Amendments:** This Memorandum of Understanding may be amended only in writing signed by applicable parties. The parties agree to make a good faith effort to agree on any amendments as may be necessary to achieve the goals and commitments set forth herein.
- c. **Notices:** All notices provided herein shall be in writing and served upon the parties at the current mailing address or email address for each party.
- d. **Non-exclusive:** All parties agree that this Memorandum of Understanding is non-exclusive in that each party shall have the right to provide services to other entities and receive services from other entities independent of the coordinated entry assessment process.
- e. **Indemnification and Hold Harmless:** Each party will be responsible for its own acts or omissions and any and all claims, liabilities, injuries, suits, and demands and expenses of all kinds which may result or arise out of any alleged malfeasance or neglect caused or alleged to be caused by that party, its employees, or representatives in the performance of omission of any act or responsibility of that party under this Agreement. In the event that a claim is

made against multiple parties, it is the intent of all parties to cooperate in the defense of said claim and to cause the insurers to do likewise.

- f. **Confidentiality:** All parties hereto agree to comply with any and all applicable laws and regulations concerning the confidentiality of consumer records, files or communications in addition to the terms of this agreement. All parties agree to secure privacy, confidentiality and integrity of consumer, employee and administrative data on automated systems and install antivirus protection and a firewall

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Signature of Executive Director

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Signature of CES Committee Lead

---

Printed name of above

---

Printed name of above

---

Date

---

Date



## **Appendix B: Release of Information**

### **Heartland Continuum of Care: Client Consent-Release of Information-Servicepoint**

The Homeless Management Information System (HMIS) serves the Heartland Continuum of Care, a group of partner agencies working together to provide services to the homeless and low-income individuals and families in the community. The agencies in the Continuum of Care include shelter, housing, food, state, private, and non-profit social service agencies, and faith-based organizations.

The information that is collected in the HMIS database is protected by limiting access to the database and by limiting with who the information may be shared, in compliance with the standards set forth in the Health Insurance Portability and Accountability Act (HIPAA). Every person and agency that is authorized to read or enter information into the database has signed an agreement to maintain the security and confidentiality of the information. Any person or agency that is found to violate their agreement may have their access rights terminated and may be subject to further penalties.

#### **If you choose to share your information:**

I authorize the partner agencies and their representatives to share the following information regarding my family and me. I understand that this information is for the purpose of assessing our needs for housing, utility assistance, food, counseling, and/or other services.

#### **This information may consist of the following:**

- a. My name, date of birth, race, ethnicity, gender, veteran status, Social Security number and the same information from any other family members of my family who are being served with me at this time.
- b. Identifying and/or historical information regarding myself and members of my household.
- c. Housing information (may include type of housing prior, reason for homelessness)
- d. Income Information (sources and amount of household income, employment information)
- e. Legal History/information
- f. Medical and Health Insurance information
- g. Services needed and provided; outcome of services provided

#### **I understand that:**

- a. Details of your physical or mental health issues will NEVER be shared with other partner agencies.
- b. The partner agencies have signed agreements to treat my information in a professional and confidential manner. I have the right to view the client confidentiality policies used by the HMIS.
- c. Staff members of the partner agencies who will see my information have signed agreements to maintain confidentiality regarding my information.

- d. Notes may be shared amongst street outreach and case conferencing teams to coordinate services for you and will be available to your housing agency.
- e. The partner agencies may share non-identifying information about the people they serve with other parties working to end homelessness.
- f. The release of my information does not guarantee that I will receive assistance, and my refusal to authorize the use of my information does not disqualify me from receiving assistance.
- g. This authorization will remain in effect for 24 months (2 Years) unless I revoke it in writing, and I may revoke authorization at any time by signing written statement available at my partner agency.
- h. If I revoke my authorization, all information about me already in the database will remain, but it will become invisible to all of the partner agencies.
- i. If I refuse this authorization, my information will still be entered into the HMIS however it will be invisible to all of the partner agencies.
- j. I have the right to request information about who has accessed my information.
- k. A listing of the partner agencies within the Heartland Continuum of Care may be viewed prior to signing this agreement

PLEASE CHECK ONE BOX:  OK TO SHARE  DO NOT SHARE

\_\_\_\_\_  
Client Name (Please Print)      Client Signature      Date

\_\_\_\_\_  
Agency Name      Agency Personnel Signature      Date

## **Appendix C: Consumer Grievance Policy and Procedures**

### **Heartland Continuum of Care Consumer Grievance Policy and Procedures**

#### **Mission**

The Heartland Continuum of Care serves as the primary HUD designated body designated to develop, coordinate, and implement long range plans meeting the needs of homeless persons within Sangamon County, Illinois.

#### **The purpose of Heartland will be accomplished by**

- a. Promoting the goal of ending homelessness throughout Sangamon County, Illinois
- b. Securing funding for Springfield nonprofit organizations along with State and local governments to re-house homeless individuals and families rapidly while minimizing the trauma and dislocation caused by homelessness and minimizing the trauma homelessness causes the individual, families, and communities
- c. Promote the access and effective utilization of mainstream programs by the homeless living in Springfield to facilitate individual and family stability
- d. Optimizing self-sufficiency among the homeless living in the Heartland

#### **Introduction**

The vision of the CoC is to end homelessness in the CoC service area (Sangamon County, IL) by ensuring access to permanent, safe, decent and affordable housing for persons and families facing homelessness. We believe that to accomplish this, we must provide forums for those we serve to give feedback. We strongly encourage open discussion and positive conflict resolution. However, there may be times when differences cannot be resolved through such methods. This document explains a procedure that can be used to address those differences.

#### **Definitions**

A “Consumer” is anyone served by CoC sponsored organizations.

A “Sponsored Agency” is any homeless service provider who receives funding resulting from an endorsement or recommendation of the CoC Governing Board.

A “Grievance” is a complaint by a consumer about any issue thought to be unjust or unfair as a direct result of a policy implemented by the CoC Governing Board. Participants should, to the best of their abilities, document in writing the events that created the Grievance. It is the responsibility of CoC

sponsored organizations to help consumers read, understand, and follow through the grievance procedure.

### **Policy**

It is the policy of the CoC to provide consumers (or if consumers are minors, their parents or legal guardians) an opportunity to express concerns about services provided or denied to them as a result of a CoC implemented policy. Consumers have the right to file a grievance at any time without fear of retaliation or threat of reprisal. Consumers who feel they have been treated unfairly by a sponsored agency will be directed to that sponsored agencies grievance procedures.

### **Procedures**

In the event consumers are dissatisfied with the provision of or denial of services as a direct result of a policy implemented by the CoC, grievances must be resolved in the following manner:

- a. **Step 1:** All questions, concerns, and issues regarding the grievance should first be directed to the staff member who is most directly involved with the consumer. The staff member will explain the CoC grievance procedures and assist consumer to complete the CoC Consumer Grievance Form. This should be done within 30 days from the date of the act giving rise to the grievance. The staff member will submit the CoC Consumer Grievance Form and the Acknowledgement Form to the CES Committee for review.
- b. **Step 2:** Within 15 working days of the date the grievance is received, the task group will consider the grievance and provide a written decision to the consumer.
- c. **Step 3:** If the consumer is dissatisfied with the decision of the task group, or the task group has not responded to the consumer within the appropriate time frame, s/he may forward the task group's decision, to the chair of the HCoC Board. Contact information for the Board Chair may be obtained from [www.heartlandhoused.org](http://www.heartlandhoused.org)
- d. **Step 4:** The CoC Board Chair will consider the grievance, which may include undertaking additional investigations s/he deems necessary to resolve the matter. Every effort shall be made to protect the privacy and confidentiality of the consumer. Within 15 working days of the date of the grievance being received, the CoC Board Chair will provide a written decision to the consumer. This decision by the CoC Board Chair will be considered the CoC's final action

**Heartland Continuum of Care  
Consumer Grievance Form**

**Date** \_\_\_\_\_

**Consumer Name** \_\_\_\_\_

**Consumer Contact information:**

**Address** \_\_\_\_\_  
\_\_\_\_\_

**Phone** \_\_\_\_\_

**Alternate Phone** \_\_\_\_\_

**Agency Name of Complaint**  
\_\_\_\_\_

**Agency Staff Name of Complaint**  
\_\_\_\_\_

**Please describe your complaint. Include as much detail as possible, including dates and locations:**

**What results would you like to see come of this complaint?**

**Participant Signature** \_\_\_\_\_

<b>Office Use only</b>
Date Received _____
Date to Respond By _____
Person Responsible to respond to consumer _____
CES Committee Members in attendance on this grievance
_____
_____
_____

## Procedures Acknowledgement Form

**This is to certify that I, \_\_\_\_\_  
have received a copy of the Consumer Grievance Policy and Procedures  
and have had it explained to me. I am satisfied with the explanation and  
understand the content of this policy.**

**Date \_\_\_\_\_**

**Consumer/guardian Signature \_\_\_\_\_**

**Staff Signature \_\_\_\_\_**

## **Appendix D: Emergency Transfer Plan and Form**

### **Emergency Transfer Plan for Victims of Domestic Violence, Dating Violence, Sexual Assault, or Stalking**

#### **Emergency Transfers**

The Heartland Continuum of Care (HCoC) is concerned about the safety of its tenants, and such concern extends to tenants who are victims of domestic violence, dating violence, sexual assault, or stalking. In accordance with the Violence Against Women Act (VAWA), HCoC allows<sup>1</sup> tenants who are victims of domestic violence, dating violence, sexual assault, or stalking to request an emergency transfer from the tenant's current unit to another unit. The ability to request a transfer is available regardless of sex, gender identity, or sexual orientation. The<sup>2</sup> ability of HCoC to honor such request for tenants currently receiving assistance, however, may depend upon a preliminary determination that the tenant is or has been a victim of domestic violence, dating violence, sexual assault, or stalking, and on whether supportive housing providers within the HCoC have another dwelling unit that is available and is safe to offer the tenant for temporary or more permanent occupancy.

This plan identifies tenants who are eligible for an emergency transfer, the documentation needed to request an emergency transfer, confidentiality protections, how an emergency transfer may occur, and guidance to tenants on safety and security. This plan is based on a model emergency transfer plan published by the U.S. Department of Housing and Urban Development (HUD), the Federal agency that oversees that the HCoC and HCoC-funded providers, is in compliance with VAWA.

#### **Eligibility for Emergency Transfers**

A tenant who is a victim of domestic violence, dating violence, sexual assault, or stalking, as provided in HUD's regulations at 24 CFR part 5, subpart L is eligible for an emergency transfer, if: the tenant reasonably believes that there is a threat of imminent harm from further violence if the tenant remains within the same unit. If the tenant is a victim of sexual assault, the tenant may also be eligible to transfer if the sexual assault occurred on the premises within the 90-calendar day period preceding a request for an emergency transfer. A tenant requesting an emergency transfer must expressly request the transfer in accordance with the procedures described in this plan. Tenants who are not in good standing may still request an emergency transfer if they meet the eligibility requirements in this section.

Despite the name of this law, VAWA protection is available to all victims of domestic violence,

dating violence,<sup>1</sup> sexual assault, and stalking, regardless of sex, gender identity, or sexual orientation.

Housing providers cannot discriminate on the basis of any protected characteristic, including race, color, national<sup>2</sup> origin, religion, sex, familial status, disability, or age. HUD-assisted and HUD-insured housing must be made available to all otherwise eligible individuals regardless of actual or perceived sexual orientation, gender identity, or marital status.

### **Emergency Transfer Request Documentation**

To request an emergency transfer, the tenant shall notify the housing provider's administrator and submit a written request for a transfer. The housing provider will provide reasonable accommodations to this policy for individuals with disabilities. The tenant's written request for an emergency transfer should include either:

- a. A statement expressing that the tenant reasonably believes that there is a threat of imminent harm from further violence if the tenant were to remain in the same dwelling unit assisted under housing program;  
OR
- b. A statement that the tenant was a sexual assault victim and that the sexual assault occurred on the premises during the 90-calendar-day period preceding the tenant's request for an emergency transfer.

The housing program may use the HUD forms 5382 and 5383 (attached) to document requests for an emergency transfer and to document incidents of domestic violence.

### **Confidentiality**

The housing program will keep confidential any information that the tenant submits in requesting an emergency transfer, and information about the emergency transfer, unless the tenant gives the housing program written permission to release the information on a time limited basis, or disclosure of the information is required by law or required for use in an eviction proceeding or hearing regarding termination of assistance from the covered program. This includes keeping confidential the new location of the dwelling unit of the tenant, if one is provided, from the person(s) that committed an act(s) of domestic violence, dating violence, sexual assault, or stalking against the tenant. See the Notice of Occupancy Rights under the Violence Against Women Act For All Tenants for more information about HP's responsibility to maintain the confidentiality of information related to incidents of domestic violence, dating violence, sexual assault, or stalking.



### **Emergency Transfer Timing and Availability**

The housing provider cannot guarantee that a transfer request will be approved or how long it will take to process a transfer request. However, the housing program, will act as quickly as possible to move a tenant who is a victim of domestic violence, dating violence, sexual assault, or stalking to another unit, subject to availability and safety of a unit. If a tenant reasonably believes a proposed transfer would not be safe, the tenant may request a transfer to a different unit. If a unit is available, the transferred tenant must agree to abide by the terms and conditions that govern occupancy in the unit to which the tenant has been transferred. The housing program may be unable to transfer a tenant to a particular unit if the tenant has not or cannot establish eligibility for that unit. If the housing program has no safe and available units for which a tenant who needs an emergency is eligible, the housing provider will assist the tenant in identifying other housing providers who may have safe and available units to which the tenant could move. At the tenant's request, housing provider will also assist tenants in contacting the local organizations offering assistance to victims of domestic violence, dating violence, sexual assault, or stalking that are attached to this plan.

### **Safety and Security of Tenants**

Pending processing of the transfer and the actual transfer, if it is approved and occurs, the tenant is urged to take all reasonable precautions to be safe. Tenants who are or have been victims of domestic violence are encouraged to contact the National Domestic Violence Hotline at 1-800-799-7233, or a local domestic violence shelter, for assistance in creating a safety plan. For persons with hearing impairments, that hotline can be accessed by calling 1-800-787-3224 (TTY).

Tenants who have been victims of sexual assault may call the Rape, Abuse & Incest National Network's National Sexual Assault Hotline at 800-656-HOPE, or visit the online hotline at <https://ohl.rainn.org/online/>.

Tenants who are or have been victims of stalking seeking help may visit the National Center for Victims of Crime's Stalking Resource Center at <https://www.victimsofcrime.org/our-programs/stalking-resource-center>.

**Attachment A:** HUD Form 5383

**Attachment B:** HUD Form 5382

**Attachment C:** Local organizations offering assistance to victims of domestic violence, dating violence, sexual assault, or stalking.

Form HUD-5381  
(12/2016)

**Attachment A:** HUD Form 5383

**EMERGENCY TRANSFER U.S. Department of Housing** OMB Approval No. 2577-0286 **REQUEST FOR CERTAIN and Urban Development** Exp. 06/30/2017 **VICTIMS OF DOMESTIC VIOLENCE, DATING VIOLENCE, SEXUAL ASSAULT, OR STALKING**

**Purpose of Form:** If you are a victim of domestic violence, dating violence, sexual assault, or stalking, and you are seeking an emergency transfer, you may use this form to request an emergency transfer and certify that you meet the requirements of eligibility for an emergency transfer under the Violence Against Women Act (VAWA). Although the statutory name references women, VAWA rights and protections apply to all victims of domestic violence, dating violence, sexual assault or stalking. Using this form does not necessarily mean that you will receive an emergency transfer. See your housing provider's emergency transfer plan for more information about the availability of emergency transfers. The requirements you must meet are:

1. **You are a victim of domestic violence, dating violence, sexual assault, or stalking.** If your housing provider does not already have documentation that you are a victim of domestic violence, dating violence, sexual assault, or stalking, your housing provider may ask you for such documentation. In response, you may submit Form HUD-5382, or any one of the other types of documentation listed on that Form.
2. **You expressly request the emergency transfer.** Submission of this form confirms that you have expressly requested a transfer. Your housing provider may choose to require that you submit this form, or may accept another written or oral request. Please see your housing provider's emergency transfer plan for more details.
3. **You reasonably believe you are threatened with imminent harm from further violence if you remain in your current unit.** This means you have a reason to fear that if you do not receive a transfer you would suffer violence in the very near future.

OR

**You are a victim of sexual assault and the assault occurred on the premises during the 90-calendar-day period before you request a transfer.** If you are a victim of sexual assault, then in addition to qualifying for an emergency transfer because you reasonably believe you are threatened with imminent harm from further violence if you remain in your unit, you may qualify for an emergency transfer if the sexual assault occurred on the premises of the property from which you are seeking your transfer, and that assault happened within the 90-calendar-day period before you submit this form or otherwise expressly request the transfer.

**Submission of Documentation:** If you have third-party documentation that demonstrates why you are eligible for an emergency transfer, you should submit that documentation to your housing provider if it is safe for you to do so. Examples of third party documentation include, but are not limited to: a letter or other documentation from a victim service provider, social worker, legal assistance provider, pastoral counselor, mental health provider, or other professional from whom you have sought assistance; a current restraining order; a recent court order or other court records; a law enforcement report or records; communication records from the perpetrator of the violence or family members or friends of the perpetrator of the violence, including emails, voicemails, text messages, and social media posts.

**Confidentiality:** All information provided to your housing provider concerning the incident(s) of domestic violence, dating violence, sexual assault, or stalking, and concerning your request for an emergency transfer shall be kept confidential. Such details shall not be entered into any shared database. Employees of your housing provider are not to have access to these details unless to grant or deny VAWA protections or an emergency transfer to you. Such employees may not disclose this information to any other entity or individual, except to the extent that disclosure is: (i) consented to by you in writing in a time-limited release; (ii) required for use in an eviction proceeding or hearing regarding termination of assistance; or (iii) otherwise required by applicable law.

Form HUD-5383  
(12/2016)

**TO BE COMPLETED BY OR ON BEHALF OF THE PERSON REQUESTING A TRANSFER**

**1. Name of victim requesting an emergency transfer:** \_\_\_\_\_

**2. Your name (if different from victim's)** \_\_\_\_\_

**3. Name(s) of other family member(s) listed on the lease:** \_\_\_\_\_

**4. Name(s) of other family member(s) who would transfer with the victim:** \_\_\_\_\_

**5. Address of location from which the victim seeks to transfer:** \_\_\_\_\_

**6. Address or phone number for contacting the victim:** \_\_\_\_\_

**7. Name of the accused perpetrator (if known and can be safely disclosed):** \_\_\_\_\_

**8. Relationship of the accused perpetrator to the victim:** \_\_\_\_\_

**9. Date(s), Time(s) and location(s) of incident(s):** \_\_\_\_\_

**10. Is the person requesting the transfer a victim of a sexual assault that occurred in the past 90 days on the premises of the property from which the victim is seeking a transfer? If yes, skip question 11. If no, fill out question 11.** \_\_\_\_\_

**11. Describe why the victim believes they are threatened with imminent harm from further violence if they remain in their current unit.**

**12. If voluntarily provided, list any third-party documentation you are providing along with this notice:** \_\_\_\_\_

This is to certify that the information provided on this form is true and correct to the best of my knowledge, and that the individual named above in Item 1 meets the requirement laid out on this form for an emergency transfer. I acknowledge that submission of false information could jeopardize program eligibility and could be the basis for denial of admission, termination of assistance, or eviction.

Signature \_\_\_\_\_

Signed on (Date) \_\_\_\_\_

## **Attachment B:** HUD Form 5382

### **CERTIFICATION OF U.S. Department of Housing** OMB Approval No. 2577-0286 **DOMESTIC VIOLENCE, and Urban Development** Exp. 06/30/2017 **DATING VIOLENCE, SEXUAL ASSAULT, OR STALKING, AND ALTERNATE DOCUMENTATION**

**Purpose of Form:** The Violence Against Women Act (“VAWA”) protects applicants, tenants, and program participants in certain HUD programs from being evicted, denied housing assistance, or terminated from housing assistance based on acts of domestic violence, dating violence, sexual assault, or stalking against them. Despite the name of this law, VAWA protection is available to victims of domestic violence, dating violence, sexual assault, and stalking, regardless of sex, gender identity, or sexual orientation.

**Use of This Optional Form:** If you are seeking VAWA protections from your housing provider, your housing provider may give you a written request that asks you to submit documentation about the incident or incidents of domestic violence, dating violence, sexual assault, or stalking. In response to this request, you or someone on your behalf may complete this optional form and submit it to your housing provider, or you may submit one of the following types of third-party documentation:

1. A document signed by you and an employee, agent, or volunteer of a victim service provider, an attorney, or medical professional, or a mental health professional (collectively, “professional”) from whom you have sought assistance relating to domestic violence, dating violence, sexual assault, or stalking, or the effects of abuse. The document must specify, under penalty of perjury, that the professional believes the incident or incidents of domestic violence, dating violence, sexual assault, or stalking occurred and meet the definition of “domestic violence,” “dating violence,” “sexual assault,” or “stalking” in HUD’s regulations at 24 CFR 5.2003.
2. A record of a Federal, State, tribal, territorial or local law enforcement agency, court, or administrative agency; or
3. At the discretion of the housing provider, a statement or other evidence provided by the applicant or tenant.

**Submission of Documentation:** The time period to submit documentation is 14 business days from the date that you receive a written request from your housing provider asking that you provide documentation of the occurrence of domestic violence, dating violence, sexual assault, or stalking. Your housing provider may, but is not required to, extend the time period to submit the documentation, if you request an extension of the time period. If the requested information is not received within 14 business days of when you

received the request for the documentation, or any extension of the date provided by your housing provider, your housing provider does not need to grant you any of the VAWA protections. Distribution or issuance of this form **does not serve as a written request for certification.**

**Confidentiality:** All information provided to your housing provider concerning the incident(s) of domestic violence, dating violence, sexual assault, or stalking shall be kept confidential and such details shall not be entered into any shared database. Employees of your housing provider are not to have access to these details unless to grant or deny VAWA protections to you, and such employees may not disclose this information to any other entity or individual, except to the extent that disclosure is: (i) consented to by you in writing in a time-limited release; (ii) required for use in an eviction proceeding or hearing regarding termination of assistance; or (iii) otherwise required by applicable law.

**Attachment B:** HUD Form 5382

**TO BE COMPLETED BY OR ON BEHALF OF THE VICTIM OF DOMESTIC VIOLENCE, DATING VIOLENCE, SEXUAL ASSAULT, OR STALKING**

**1. Date the written request is received by victim:** \_\_\_\_\_

**2. Name of victim:** \_\_\_\_\_

**3. Your name (if different from victim's):** \_\_\_\_\_

**4. Name(s) of other family member(s) listed on the lease:** \_\_\_\_\_

**5. Residence of victim:** \_\_\_\_\_

**6. Name of the accused perpetrator (if known and can be safely disclosed):** \_\_\_\_\_

**7. Relationship of the accused perpetrator to the victim:** \_\_\_\_\_

**8. Date(s) and times(s) of incident(s) (if known):** \_\_\_\_\_

**10. Location of incident (s):** \_\_\_\_\_

**In your own words, briefly describe the incident(s):**

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

This is to certify that the information provided on this form is true and correct to the best of my knowledge and recollection, and that the individual named above in Item 2 is or has been a victim of domestic violence, dating violence, sexual assault, or stalking. I acknowledge that submission of false information could jeopardize program eligibility and could be the basis for denial of admission, termination of assistance, or eviction.

Signature \_\_\_\_\_

Signed on (Date) \_\_\_\_\_

**Public Reporting Burden:** The public reporting burden for this collection of information is estimated to average 1 hour per response. This includes the time for collecting, reviewing, and reporting the data. The information provided is to be used by the housing provider to request certification that the applicant or tenant is a victim of domestic violence, dating violence, sexual assault, or stalking. The information is subject to the confidentiality requirements of VAWA. This agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid Office of Management and Budget control number.

## **Attachment C: Local Resources**

### **Sojourn Shelter and Services, Inc.**

Sojourn provides domestic violence services in Sangamon County. Sojourn's services include emergency shelter, a 24-hour hotline, individual and group counseling for adults and children, community referrals and advocacy, court and legal advocacy, pro bono legal representation, and economic empowerment including job seeking skills and assistance.

**Address:** 1800 Westchester Blvd. Springfield, IL 62704

**Phone:** 217-726-5100

### **Prairie Center Against Sexual Assault**

Prairie Center has a two-fold purpose: to alleviate the suffering of sexual assault victims and to prevent sexual violence. We assist men, women, children, and families through the trauma of sexual violence by providing crisis intervention, medical advocacy, and trauma counseling. Prairie Center advocates for victim rights in the law enforcement and criminal justice systems. Our prevention education programs focus on reducing the likelihood of sexual victimization, particularly in the lives of children and adolescents. Diversity, equity, and social justice are core values of our organization. PCASA is committed to advancing racial justice.

**Address:** 3 West Old State Capital Plaza Springfield, IL 62701

**24-Hour Hotline:** 217-753-8081

**Phone:** 217-744-2560



## Appendix E: Coordinated Entry Request Referral Form

# HCoC Coordinated Entry Referral Request

The Heartland Continuum of Care Coordinated Entry System matches households in our community experiencing homelessness with programs they are eligible for.

Please fill out the following form to inform the Coordinated Entry task group that your organization has a housing opportunity available. At the next task group meeting, a referral will be made and shared with you.

\* Indicates required question

1. Email \*

2. Name \*

3. Organization \*

4. Please describe your housing opportunities and include: \*

- Program Name(s)
- Program Type: RRH, PSH, TH, etc...
- Number of Referrals needed for each Program Name & Type:

5. Are there any other notes you would like to share? \*

## **Appendix F: RRH to PSH Transfer Form**

### **HCoC RRH to PSH Transfer Request**

The HCoC acknowledges that there are some RRH participants that even after stabilization services will require longer-term or permanent support to maintain their housing. The HCoC supports the transfer of program participants who may need specific services or accommodations to support long-term housing stability. Requests may be used in rare instances when all other options have been exhausted to prevent returns to homelessness. In the case of transfer requests submitted to prevent program termination, documents that show the reason for termination and due diligence of explored options, attempts at resolution and reasons for lack of resolution may be requested.

#### **Transfers from RRH to PSH are appropriate when the following criteria are met:**

1. The housing provider has diligently met and worked with the client to search for/obtain housing, provided case management services, and done everything possible to stabilize the household in housing while in the RRH program.
2. Despite best efforts, the housing provider and household identify needs impacting housing stability that will not be met within 24 months of RRH services and/or the household will exit to homelessness once RRH services end.

#### **At least one of the two criteria below must be met:**

1. Client was housed through RRH, has reached at least 12 months of RRH services, and will need additional assistance with housing and services to remain in housing.
2. Housing provider has been working with household to find housing for at least 5 months and identified other barriers supporting the need for more intensive PSH services.
  - a. The household must have a disability and have met the length of time homeless requirement (last 12 consecutive months homeless or 4 instances within the last 3 years, totaling 12 months) prior to entering the RRH program, to qualify for PSH.
  - b. The household must have all required Permanent Supportive Housing documents ready and uploaded onto HMIS.
  - c. The current housing provider has tried to find another provider/program of the appropriate typology that is willing to accept the household and all coordination. However, if another appropriate provider/program cannot be found, the CES team

will add the approved household to a transfer list and wait for the next appropriate vacancy.

The [RRH to PSH Transfer Request Form](#) is used to request for a program participant to be transferred from an eligible rapid rehousing (RRH) program to a permanent supportive housing program (PSH). This form is to be filled out after all other options to stabilize the household in the RRH program have been exhausted. <https://forms.gle/FReVPeqo3nZN5Luh9>

Please read the RRH and PSH Transfer Policy and Procedure prior to filling out this form. This form is valid for up to 6 months.

Please complete the form below to initiate the transfer request and send an email to [office@heartlandhoused.org](mailto:office@heartlandhoused.org) acknowledging that you have completed the Transfer Request Form.

\* Indicates required question

1. Email \*

2. Date \*

3. Requestor Name/Contact Information \*

4. Current Agency and Program \*

5. Type of Transfer \*

Mark only one oval.

Internal

External

6. Which new agency and/or program are you requesting transfer to? \*

7. Transfer Reason(s): \*

Check all that apply.

Conflict and safety concerns

Reasonable accommodations

Client needs longer term or permanent support to maintain housing

Current program project is closing

8. Please include additional details and incidences on the transfer reason(s). Include date(s), time(s), and location(s). \*

9. Please describe current program barriers that require the program participant to be transferred to a new program. \*

## Section Two: Client Housing Preference Questionnaire

10. Which areas would you prefer to live in? \*

11. Which areas are you not willing to accept housing?\*

12. How many household members including yourself are there? \*

13. Is the client self sufficient? - Does **NOT** need assistance with activities of daily living (ADLs). Examples: bathing, feeding, medication, administration, getting up on their own, etc.

Mark only one oval.

Yes

No

14. If they are not self-sufficient, is there a caretaker who will be assisting the client with their ADL's? \*

Mark only one oval.

Yes

No

15. Do you have a pet or companion/service animal? \*

Mark only one oval.

Yes

No

16. If yes, what type of animal and how many? \*

17. Do you require or request a ground floor unit? \*

Mark only one oval.

Yes

No

18. Do you require or request parking accommodations? \*

Mark only one oval.

Yes

No

19. Are you open to shared housing? (Shared Housing is a space that has a common areas, such as a living room and bathroom, but has a private bedroom)\*

Mark only one oval.

Yes

No

21. Are there other requirements or requests around housing that we need to be aware of? (ADA Unit, assistance with activities of daily living, clean and sober living, etc.) \*

**Permanent Supportive Housing (PSH) Document Ready Checklist - Required Please ensure all the following is uploaded onto HMIS to proceed with the transfer request:**

- a. PVHSM Assessment within the last year
- b. Valid Identification Document (ID)
- c. Social Security Card
- d. Homeless Certification (expires after 90 days)
- e. Disability Certification (Never expires)
- f. 12 months of verified homelessness within the last three years

**Fill out only ONE section of the form:**

- a. Section One: Any staff member can fill this section out. Must upload proof of disability by written verification from the Social Security Administration (i.e. SSI, SSDI) or receipt of a disability check (e.g. Veteran Disability Compensation) onto HMIS
- b. Section Two: Must be signed by a license profession and include license number.

Please indicate the type of verification used to prove chronicity:

- a. Third Party Homelessness History Verification Form / Third Party Verification Letter
- b. Self-Certification: Within the last 3 years; only up to 3 months can be self-certified
- c. Chronic Homelessness Certification (never expires)

**Section Three: To be completed by Coordinated Entry System (CES) Department**

22. Date \*

23. Transfer Request Status: \*

Mark only one oval.

Approved  
Denied

24. Denial Reason: (see full description of each category below) \*

Mark only one oval.

Insufficient transfer reasoning

No community capacity currently

Current existing resources are not able to meet the requested needs

Not eligible for PSH/insufficient PSH documentation

**Reason & Definition:**

**Insufficient Transfer Reasoning:** The documentation submitted does not meet the threshold criteria demonstrating the need for a transfer to be approved.

**No Community Capacity Currently:** There are currently no projects within the CoC, which has capacity or is expected to have capacity within the near future which could meet the needs outlined in the transfer request.

**Current existing resources are not able to meet the request needs:** There are currently no projects within the CoC which could meet the participants identified needs.

**Not eligible for PSH/insufficient PSH documentation:** Client does not meet the eligibility requirements to be enrolled into a Permanent Supportive Housing program or lacks the documentation to prove eligibility

**CES Department Statement:**

**CES Staff Member Reviewing the Request: \***

**CES Staff Member Signature**

**CES Title: \***

**Appendix G: Emergency Housing Request Form**



**IL-513 Heartland Continuum of Care Coordinated Entry  
Emergency Housing Request Form**

Date \_\_\_\_\_  
Agency Requesting emergency housing \_\_\_\_\_  
Case worker \_\_\_\_\_  
Contact Info for case worker \_\_\_\_\_  
What housing project name would be accepting the emergency  
housing? \_\_\_\_\_  
Client number \_\_\_\_\_

**Please explain the circumstance in detail as to why this client should  
receive emergency housing assistance? Please attach any supporting  
documentaton**

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

**This area reserved for Coordinated Entry Task Group only:**

**Received in committee on this date** \_\_\_\_\_

**Received by** \_\_\_\_\_

**Committee determination & reasoning:** \_\_\_\_\_

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

## Appendix H: HCoC Coordinated Entry System Skilled Assessor Agreement

### HCoC Coordinated Entry System Skilled Assessor Agreement

Skilled assessors are qualified to engage people experiencing homelessness, observe symptoms that indicate an individual’s experience of a disabling condition, and complete the Place Value Housing Scoring Model (PVHSM). All Skilled Assessors use the Homeless Management Information System (HMIS) to administer the assessment and conduct necessary follow-up. Skilled Assessors are expected to understand and comply with the following objectives:

Category	Standards
Confidentiality	<ul style="list-style-type: none"> <li>● As a Skilled Assessor, I have access to privileged information shared by a consenting participant. Serving in this capacity, I am committed to maintaining the confidentiality of applicants, in line with HMIS data standards.</li> <li>● I understand that I can share information with providers within the collaborative solely for the purposes of coordinating housing, and that I may only share the minimum necessary information to promote the household’s housing success.</li> <li>● I agree, when adding notes in the scoring section to only include information related to housing and will not include health-related or personal information.</li> <li>● I will explain the data sharing consent form in full to each household with whom I intend to complete an assessment. I will not push consent, regardless of how it might positively affect the household’s housing options. If a client does not consent, I will put a note in HMIS reflecting this.</li> </ul>
Access	<ul style="list-style-type: none"> <li>● If I am part of a street outreach team, I will participate in assessment surges when requested and when my team has capacity to do so.</li> <li>● I am committed to providing fair and nondiscriminatory service delivery.</li> </ul>
Quality	<ul style="list-style-type: none"> <li>● I recognize that providing complete, correct information in the Coordinated Entry Assessment directly impacts the likelihood of a successful housing match for participating households.</li> <li>● I am committed to fully completing all assessments I begin. I recognize that in some instances this will require</li> </ul>



	<p>repeat engagement.</p> <ul style="list-style-type: none"> <li>● I will follow the diversion protocol and will only assess households that are eligible for CES.</li> <li>● If I am unable to complete an assessment, I will make note of this in the Case Notes section of a client's profile.</li> <li>● I will respond and pursue corrective action within 7 days of notification, or reasonable time frame due to vacations/holidays/sick/etc., if one of my assessments requires Special Action. I recognize that when I have 3 assessments that require Special Action I have to pause doing new assessments until those are corrected.</li> </ul>
Training	<ul style="list-style-type: none"> <li>● Every year, I will participate in Coordinated Entry training opportunities that promote professional development related to the process of assessing households and screening for disabilities.</li> <li>● I will participate in a minimum of 66% of Coordinated Entry Case Conferencing Task Group meetings each quarter.</li> <li>● I will participate in quarterly Skilled Assessor meetings hosted by Heartland HOUSED to ensure that I am up-to-date on system changes and Coordinated Entry developments</li> </ul>

### Skilled Assessor Agreement

I understand and agree to the standards set above and the requirements associated with being a Skilled Assessor for the Coordinated Entry System in the Heartland Continuum of Care. I understand that if I am not able to adhere to the above expectations, I will be removed from the Skilled Assessor Project. I understand that I can contact Heartland HOUSED staff with questions, concerns and for support anytime with regards to my tenure as a Skilled Assessor.

Name (printed): \_\_\_\_\_

Agency: \_\_\_\_\_

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

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

Supervisor's Name (printed): \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_

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