

COORDINATED ENTRY SYSTEM (CES)

[written standards]

Pasadena Partnership to End Homelessness

Approved August 2016

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[Introduction]

In accordance with Title 24 of the Code of Federal Regulations (24 CFR) governing the Continuum of Care Program (24 CFR 578) and the Emergency Solutions Grants Program (24 CFR 576) as well as HUD’s final rule on defining chronically homeless and homeless (24 CFR 91) and HUD Notice CPD-14-012 on prioritizing persons experiencing chronic homelessness and other vulnerable homeless persons in permanent supportive housing, the City of Pasadena (City) and the Pasadena Partnership to End Homelessness (Pasadena CoC) have developed the following written standards for the Coordinated Entry System (CES). All projects that receive Pasadena Continuum of Care (CoC) and Emergency Solutions Grants (ESG) funding are required to participate in the CES system, and are therefore subject to complying with these basic minimum standards.

The goal of these standards is to synthesize key elements of the HUD regulations with the processes and priorities of the Pasadena CoC and ensure that the CES system is administered fairly and methodically. The City and the Pasadena Partnership will continue to build upon and refine this document.

PROGRAM OVERVIEW

The Coordinated Entry System (CES) is a CoC-wide process for facilitating access to all resources designated for homeless individuals and families, identifying and assessing needs in a transparent and consistent way, and referring clients to the most appropriate service strategy or housing intervention. In doing so, CES ensures the Pasadena Partnership’s limited resources are allocated to achieve the most effective results. Two integrated systems, one for families (CES-F) and one for individuals (CES), have been developed in Pasadena that together function as a community-wide coordinated entry process for everyone who is experiencing homelessness. The system ensures that people experiencing homelessness have equitable, centralized, and timely access to housing resources in a person-centered approach that preserves choice and dignity.

GUIDING PRINCIPLES

The Pasadena CES process is governed by the following guiding principles:

- **Prioritization of Most Vulnerable People.** Pasadena Partnership’s limited housing resources are directed first to individuals and families who are the most vulnerable or have the most service. Less vulnerable persons will be assisted as resources allow.
- **Low-barrier.** The CES process does not screen out people for assistance because of perceived barriers to housing or services. Barriers could include, but are not limited to, conditions such as income or sobriety as eligibility requirements for service or program enrollment.
- **Housing First Orientation.** The CES process is Housing First oriented, such that people are housed quickly without preconditions or service participation requirements.

- **Person-Centered.** Every person experiencing homelessness should be treated with dignity, offered at least minimal assistance, and participate in their own housing plan. Participants should be made aware of their options and offered choice whenever possible.
- **Standardized Access and Assessment.** All people in the Pasadena CoC can easily access the CES and are assessed using a universal assessment tool, either the Vulnerability Index Service Prioritization Decision Assistance Tool for individuals (VI-SPDAT) or the family version of the assessment, the F-VI-SPDAT.
- **Inclusive.** Through its two integrated systems, CES and CES-F, the coordinated entry process for the Pasadena CoC includes all subpopulations, including people experiencing chronic homelessness, Veterans, families, youth, survivors of domestic violence, persons with mental illness, LGBTQ persons, and disabled persons.
- **Informed by Local Planning.** The Pasadena Partnership engages in ongoing planning with all stakeholders participating in the coordinated entry process. This planning includes evaluating and updating the coordinated entry process at least annually.

ELIGIBILITY

CES serves all individuals and families who are literally homeless according to the Category 1 HUD definition of homelessness. Households that are not literally homeless are connected with homeless prevention programs and/or encouraged to reach out to family and friends as well as alternative

Exhibit 1: Literally Homeless Definition (HUD Category 1)

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

- 01** Have a primary nighttime residence that is a public or private place not meant for human habitation; or
- 02** Are living in a publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state, and local government programs); or
- 03** Are exiting an institution where (s)he has resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution

community resources, such as their places of worship, for assistance.

ASSESSMENT TOOL

CES utilizes the Vulnerability Index - Service Prioritization Decision Assistance Tool (VI-SPDAT) as the common assessment tool to screen single individuals experiencing homelessness. Families receive the family version of the assessment, the F-VI-SPDAT.

Currently utilized by more than 130 communities nationwide, the VI-SPDAT and F-VI-SPDAT allow for

prioritization based on vulnerability across five components: (a) history of housing and homelessness (b) risks (c) socialization and daily functioning (d) wellness - including chronic health conditions, substance usage, mental illness, and trauma and (e) family unit (if applicable). The assessment takes approximately 10 minutes to administer and can be conducted by any provider who has been introduced to the VI-SPDAT tool through a 30 minute video followed by a Los Angeles Homeless Services Authority (LAHSA) training on how to record its results into the LA/OC HMIS.

PARTICIPATION REQUIREMENTS

The Department of Housing and Urban Development (HUD) and Veteran's Affairs (VA) have recently established guidance that instructs all CoC projects to participate in their CoC's coordinated assessment system. Any project that receives HUD funding (CoC Program, Emergency Solutions Grant, Housing Opportunities for People with AIDS) or VA funding (Supportive Services for Veteran Families or Veterans Affairs Supportive Housing) must comply with the participation requirements as established by the corresponding CoC jurisdiction. The Pasadena Partnership is the Pasadena CoC lead agency and has developed a coordinated entry system with the following expectations for participation:

- **CoC and ESG permanent housing (PH) projects**, including Rapid Re-Housing (RRH) and Permanent Supportive Housing (PSH), must provide the CES lead agency (Union Station Homeless Services) with written standards for client eligibility and screening.
- **CoC and ESG PH projects** must submit project vacancies, including bed/unit-specific information to the lead agency's Community Matcher.
- **CoC and ESG PH projects** must enroll only those clients referred through CES except in special circumstances (as detailed below).
- **CoC and ESG PH projects** must hold turnover beds open for a period of 15 days while Community Matchers consult the existing client prioritization list (based on client prioritization guidelines below). If an individual or family who is chronically homeless cannot be found within the 15-day time period, the turnover bed may be filled by the normal agency process.
- **The CES agency lead** (Union Station Homeless Services) is responsible for keeping a single client prioritization list for individuals and families as well as an updated list of project vacancies and overseeing the match process.
- **Single households experiencing a housing crisis** must access CoC services and housing using a CES defined access point or through a CES street outreach team.
- **Families experiencing a housing crisis** must access CoC services and housing through the CES-F access point, 2-1-1 LA County, or a CES participating program.

[CES Process]

CES is a process through which the most vulnerable homeless residents within the Pasadena CoC are prioritized to be matched with the available and appropriate housing resources in a systematic and efficient manner. The CES process consists of four components: (1) assessment, (2) documentation and housing navigation, (3) housing match and prioritization, and (4) housing placement.

1 | ASSESSMENT

The Coordinated Entry System (CES) uses a hybrid approach to assess persons experiencing homelessness, with a centralized 24-hour central phone system for families and a decentralized system for individuals that allows people to be assessed any trained agency within the Pasadena CoC geographic area. This method allows CES to best serve these two distinct populations.

CES for Families

Through CES-F, homeless families can access a 24-hour central phone system operated by 2-1-1 LA County, the County information and referral line. When families contact 2-1-1 they are connected to the Service Planning Area (SPA) 3 Family Solutions Center (FSC) where they are linked with a Family Response Team (FRT). Within 24 hours, the FRT completes an over-the-phone assessment of the family to determine eligibility (i.e. homeless status) and triage their immediate needs. Families who do not meet HUD's category 1 definition of homelessness are linked with prevention/diversion resources. Pasadena-based families who meet HUD's definition of homelessness are offered in-person appointments at the Pasadena FSC site within 2-3 days for a full F-VI-SPDAT assessment. Those families that have ties outside the area may be linked to an FSC site outside of Pasadena. Families who are literally homeless and have no other place to stay until their appointment are given a motel voucher when funding permits.

CES for Single Individuals

The Coordinated Entry System (CES) for single individuals uses a “no wrong door” approach, in which homeless individuals can be assessed at any agency or street outreach team within the Pasadena CoC geographic area, as long as the agency has completed training, offered through the CES lead agency, Union Station Homeless Services, on conducting the assessment and entering assessment data into the Los Angeles/Orange County Homeless Management Information System (LA/OC HMIS). This approach provides clients with a variety of avenues from which to access housing and support services.

Special Populations

CES is comprehensive and accessible to all, however special populations have unique needs that must be addressed through the system. Currently, the CES assessment screens for special populations so that they can be quickly referred to appropriate resources. These populations include survivors of domestic violence, veterans, transitional-age youth (18-24), persons with HIV/AIDS, and seniors.

Youth

Youth experiencing homelessness require developmentally appropriate outreach and services in order to successfully interact with the coordinated entry system. Youth are more likely to take advantage of CES sites that are open in the evenings and on weekends, and they may also be more comfortable accessing services via text or through phone apps. Thus, the Pasadena Partnership and Union Station Homeless Services (CES lead agency) will provide outreach and training to sites that are youth-friendly both to minors (under 18 years of age) and transition-age youth (18-24 years old). In addition, the regional CES is currently in the process of developing a Youth CES with a lead agency designated for Pasadena.

Survivors of Domestic Violence

Confidentiality and safety are of utmost concern to survivors of domestic violence. All participants who come to a CES site or who are approached through street outreach will be asked if they are attempting to flee domestic violence or experiencing intimate partner violence. If a participant indicates they are a victim of domestic violence, none of the participant's information will be entered into HMIS, and referrals will immediately be made to domestic violence-specific resources. Participants in domestic violence programs will be able to complete the VI-SPDAT or F-VI-SPDAT and become eligible to receive RRH and/or PSH through the CES system using a coded identification number.

Veterans

The VI-SPDAT or F-VI-SPDAT will identify if a participant seeking assistance is a Veteran. An interagency group that meets weekly works to create and implement action plans for veterans identified through CES. Veterans are offered Veteran-specific resources or general homeless assistance. Those who chose to be connected to Veteran-specific resources are quickly referred to a HUD VASH or Supportive Services for Veteran Families (SSVF) provider. If a Veteran chooses not to be referred to the VA or a SSVF provider, he or she will be assigned a housing navigator. CoC program-funded projects, including PSH and RRH prioritize veterans and their families who cannot be effectively assisted with VA services. Additional resources include Section 8 Housing Choice Vouchers, HOPWA, and HOME Program tenant-based rental assistance.

2 | DOCUMENTATION

Once a household has been assessed, the next step is documenting their homeless status. All clients will need to be document ready or nearly document ready in order to be matched with a permanent housing placement. In order to be document ready, the client must have one of the following types of documentation (see Appendix A for documentation forms):

- Chronic homelessness verification form and supporting documentation
- Homeless verification form and supporting documentation

In addition, clients generally also need a Birth Certificate, ID, Social Security Card and income documentation prior to housing placement.

Housing Navigation

Individuals or families with the highest priority are assigned a Housing Navigator from the lead

agency to assist them in preparing to be referred to an available housing resource and move in after a referral is made. This Housing Navigator provides support throughout the process, which may include accompanying them to all housing related appointments and other necessary social service or benefit acquisition appointments, until such time that they are permanently housed (and sometimes thereafter). Depending on the capacity of the assessment agency, the housing navigator role may alternatively be filled by an outreach worker or case manager.

3 | MATCH & PRIORITIZATION

The following represents the uniform process used across the Pasadena CoC for matching and prioritizing placement into housing through the client prioritization list based on VI-SPDAT score. It is important to note that the order of priority established below will be followed with consideration of agency goals and target populations (e.g. mental illness).

For individuals, designated Community Matchers lead the housing match process, with the help of a client prioritization list for single individuals. For families, the FSC’s Family Response Team (FRT) is responsible for making referrals through a separate client prioritization list for families.

The following represents a uniform process to be used across the Pasadena CoC for matching individuals and families with housing and service types:

Exhibit 2: Recommended Housing Intervention Based on VI-SPDAT & F-VI-SPDAT Score

VI-SPDAT or F-VI-SPDAT Score	Single Individuals	Families
≥ 8	Permanent Supportive Housing (PSH)	PSH or Medium-Term RRH
4 - 7	Rapid Re-Housing (RRH)	Short & Medium-Term RRH
≤ 3	Homeless Prevention (HP)	HP

Permanent Supportive Housing (PSH)

Individuals and families who score an 8 or above are recommended for permanent supportive housing and prioritized based on the following criteria (only go to the next level as needed to break a tie between two or more households):

PSH Beds Dedicated and Prioritized for Persons Experiencing Chronic Homelessness

All turnover beds for CoC funded PSH are prioritized for persons experiencing chronic homelessness (see Exhibit 3 for definition) and should use the following order of priority for filling vacancies:

1. Chronically homeless individuals and families with longest history of homelessness and most severe service needs (based on VI-SPDAT score)
2. Chronically homeless individuals and families with longest history of homelessness
3. Chronically homeless individuals and families with most severe service needs

4. Chronically homeless individuals and families with longest current episode of homelessness
5. All other chronically homeless individuals and families
6. If no chronically homeless individual or family is identified, follow the order of priority for beds not dedicated or prioritized for chronically homeless.

PSH Beds Not Dedicated or Prioritized for Persons Experiencing Chronic Homelessness

All PSH beds not dedicated or prioritized for persons experiencing chronic homelessness should use the following order of priority for filling vacancies:

1. Homeless individuals and families with a disability and most severe service needs
2. Homeless individuals and families with a disability and longest continuous or episodic homelessness
3. Homeless individuals and families with a disability and coming from a place not meant for human habitation, safe haven, or emergency shelter
4. Homeless individuals and families with a disability and coming from transitional housing

Rapid Re-Housing (RRH)

Individuals that score between a 4 and 7 on the VI-SPDAT and families that score a 4 or above on the F-VI-SPDAT may be recommended for rapid re-housing (RRH). Households that are recommended for rapid re-housing will be prioritized based on the following criteria (only going to the next level as needed to break a tie between two or more households):

1. Date of VI-SPDAT or F-VI-SPDAT Assessment: The first prioritization criteria will be the date of the household's assessment, giving priority to the most recent date of assessment.
2. Unsheltered sleeping location: the second prioritization criteria is the location where the household sleeps, based on question 1 for individuals and question 5 for families.
3. Length of time homeless: the third prioritization factor is the length of time a household has experienced homelessness, giving priority to the household that has experienced homelessness the longest, based on question 2 for individuals and question 6 for families.

Based on the quantity of available units, rapid re-housing will be targeted through an equal distribution of VI-SPDAT or F-VI-SPDAT scores recommending that intervention.

Homeless Prevention (HP)

Individuals and families who score a 3 or below on the VI-SPDAT or F-VI-SPDAT are recommended for Homeless Prevention (HP) programs. Because households are prescreened for meeting HUD's Category 1 definition of homelessness, very few score a 3 or below. Because of the limited homeless prevention funding, CES assessors are encouraged to divert households at risk of homelessness, including those who score a 3 or below, by encouraging them to reach out to family and friends as well as alternative community resources, such as their places of worship, for assistance.

Review Panel

The CES Team, as part of its regular Case Conferencing meetings, will periodically review cases of households that cannot complete the assessment due to their level of vulnerability, or whose responses

do not reflect what an assessor observes. This case conferencing process provides a safety net for households whose level of vulnerability may not be accurately reflected through the assessment process. Case conferencing allows for further review while maintaining an equitable, consistent, and transparent process. The case conferencing process seeks to ensure equity and ensure a swift process without additional assessment or screening.

If there are extenuating circumstances, assessors can advocate at a case conferencing meeting and a review panel will vote. Discretion will be exercised in a nondiscriminatory manner consistent with fair housing and civil rights laws and should be subject to appropriate review and documentation.

Review Panel Membership

The review panel will be comprised of a regular group of members who will serve in the role for a specified term (one or two years). The team will include a minimum of three members, including representatives from the City of Pasadena Housing Department, the CES Lead, and at least one provider representative.

Information Sources

Case conferencing may consider the following sources of information: description of why the client has been recommended for review, current case manager perspective, VI-SPDAT or F-VI-SPDAT score above 8 (when there is an existing score available), length of time homeless, tri-morbidity, and utilization data from other systems.

Decision Making Process

The case conference will review the information presenting from a person-centered focus in order to support housing referrals for households with high vulnerability. The review panel will maintain a regular meeting a minimum of once per month to review clients with extenuating circumstances and identify next steps for referral. The only guarantee related to the review panel process is that the household will receive a review. Not all cases will receive a placement, or an immediate placement. In some instances, the case conferencing committee may determine that the initial score and position on the client prioritization list is correct given the severity of other cases. In other situations, the case conferencing committee may determine that a higher score is warranted, though immediate placement is still not feasible.

Case conferencing is not intended to provide a side door to CES housing resources. Assessors must demonstrate professional judgement in this process; those who repeatedly refer a large percentage of individuals to the review panel may be subject to additional training and/or other follow-up by the lead agency.

No more than 10% of housing placements can be made through the case conferencing process.

4 | HOUSING REFERRAL

The CES makes referrals to all projects receiving ESG and CoC Program funds within the Pasadena CoC geographic area. Designated Community Matchers lead the housing referral process, with the help of the client prioritization list for individuals or the client prioritization list for families. When a permanent housing unit becomes available, Community Matchers identify the next eligible households on the client prioritization list and make up to three (3) referrals for that opening based on:

1. Appropriate / best match – unit eligibility and available services are the right fit to client need

Referrals will be made by the lead agency based on standardized eligibility criteria and contract requirements. For example, programs that serve only male-identified single adults will only receive referrals for male-identified single adults. The CES will follow eligibility and screening criteria based on agreed upon requirements with the agency and funder(s). Agencies participating in CES must submit all of their eligibility criteria to the lead agency and the Pasadena Partnership. If the Pasadena Partnership has a concern that a program's requirements may be contributing to "screening out" or excluding households from services, it may request to meet with the provider to discuss their criteria. If a provider is unwilling to modify the criteria, the Pasadena Partnership may de-prioritize the provider for CoC or ESG funding.

2. Client availability - not in jail, able to contact, document ready / nearly ready to move in so as to reduce vacancy times

3. Client choice

When appropriate and not without including client choice, clients are referred to the most restrictive or most abundant housing resource that they are eligible for. For example, a Veterans Affairs Supportive Housing (VASH) eligible Veteran would be unlikely to be prioritized for Shelter Plus Care.

Interim or Bridge Housing

Individuals and families that are linked to rental vouchers may also be connected with interim or bridge housing that provides temporary housing while they actively work to identify a permanent housing (PH) unit. Households that are identified as chronically homeless will only retain their chronically homeless status if placed in temporary housing if the program meets the following requirements:

- **Housing First.** Since the program participant has been accepted into a CoC-PH program, the temporary housing provider cannot place any requirements on the program participant, including requiring a program participant to participate in additional services as a condition of occupancy or requiring the program participant to meet sobriety requirements.
- **Active Housing Search.** The CoC-PH provider must be actively assisting the program participant to identify a unit as quickly as possible and must be able to document attempts at locating a unit in the case file. Under no circumstance, should the placement in temporary housing slow down placement into permanent housing. This means that placing a program participant into a permanent housing unit should not take any longer than the time it would normally take to place someone in permanent housing who is residing on the streets or in an emergency shelter.
- **No Duplication of Services.** There cannot be duplication in billing for the program participant. For example, both programs cannot provide and then seek reimbursement from HUD for housing search or other services. The CoC-PH provider and the temporary housing provider must coordinate to ensure that the appropriate services are provided and the same services are not being paid for out of both grants.

Exhibit 3: Chronically Homeless Definition

Who Can be Chronically Homeless

- 01** An individual who meets all three conditions of chronic homelessness (see below)
- 02** An individual who has been residing in an institutional care facility for fewer than 90 days (including a jail, substance abuse or mental health treatment facility, hospital, or other similar facility) and met all three conditions of chronic homelessness before entering that facility
- 03** 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 three conditions of chronic homelessness (including a family whose composition has fluctuated while the head of household has been homeless)

Three Conditions of Chronic Homelessness

Currently Homeless

Currently homeless and lives in one of the following:

- An emergency shelter
- A safe haven
- A place not meant for human habitation*

Individuals residing in institutional care facilities <90 days who were homeless (as described above) immediately prior to entering that facility are considered homeless.

*A place not meant for human habitation is defined as a place not designated for or ordinarily used as a regular sleeping accommodation for human beings, including car, park, abandoned building, bus/train station, airport, or camping ground. This does not include persons living in housing that is substandard and in need of repair or housing is crowded.

12 Months Continuous or Cumulative Homelessness

Is currently homeless and has been either:

- Continuously homeless for at least 12 months; or
- Homeless on at least four (4) separate occasions in the last three (3) years, as long as the combined occasions equal at least twelve (12) months and each break in homelessness separating the occasions included at least 7 consecutive nights of not living in an emergency shelter, safe haven, or place not meant for human habitation.

Stays in institutional care facilities for fewer than 90 days do 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.

Disabling Condition

Can be diagnosed with one or more of the following disabilities which is of long, continued, and indefinite duration; substantially impedes the individual's ability to live independently; and could be improved by more suitable housing conditions:

- Substance use disorder
- Serious mental illness
- Developmental disability (as defined in section 102 of the Developmental Disabilities Assistance Bill of Rights Act of 2000 (42 U.S.C. 15002))
- Post-traumatic stress disorder
- Cognitive impairments resulting from brain injury
- Chronic physical illness or disability

[CES Policies]

HMIS

CES is a system that operates within the Homeless Management Information System (HMIS). As such, all VI-SPDAT and F-VI-SPDAT assessments must be recorded into the LA/OC HMIS. If the VI-SPDAT is conducted on paper, Union Station Homeless Services can offer assistance to agencies that need help inputting the information into the LA/OC HMIS.

RELEASE OF INFORMATION

Any household who agrees to participate in the CES process is asked to sign a consent form before proceeding with the assessment (Appendix B). The consent form informs individuals that assessment information will be shared with housing and service providers through a HIPAA compliant secure database (HMIS) so that s/he does not need to complete the assessment multiple times. Clients are also informed that they may be removed from the database at any time in writing or by completing a Client Revocation of Consent to Provide and Disclose Information form. Households that do not sign the consent are entered into HMIS using only an identifier number

LOW BARRIER POLICY

CES participating programs will make enrollment determinations on the basis of limiting barriers to enrollment in services and housing. No client may be turned away from homeless designated housing due to lack of income, lack of employment, disability status, or substance use.

CONFLICTS OF INTEREST

In the event that a conflict of interest occurs between a household and CES staff or housing provider staff, the staff must inform their supervisor, who will assign another staff to work with the household as appropriate or refer the client to another provider.

AGENCY DENIALS

A housing provider can deny a referral that is ineligible for the program based on program eligibility requirements. Any denial must be documented and reported to the CES lead. The CES lead may follow-up with the housing program and the household referred in order to understand the circumstances of the returned referral. Housing providers are responsible for assuring that a household meets the contractually required eligibility requirements for their program.

EXTERNAL FILL

The External Fill Policy allows a housing provider to fill available housing units external of a CES referral when CES is unable to identify an eligible household. Housing providers must hold turnover beds open

for a period of 15 days while Community Matchers consult the existing client prioritization list. If an individual or family cannot be found within the 15-day time period, the turnover bed may be filled by the normal agency process. This policy is intended to be the last effort to ensure CES is making the best use of available housing resources. Communication during an external fill request is required to allow CES and housing providers to work together to understand challenges of the CES referral process and support continuous system improvement.

GRIEVANCE POLICY

Client concerns and grievances should be resolved promptly and fairly. Grievances about experience(s) with homeless housing programs should be directed to the program and follow the grievance policies and procedures of that organization. Agencies should maintain internal documentation of all complaints received. Grievances about CES policies and procedures or a participating program's screening or program participation practices which appear to have a discriminatory impact should be directed to the Pasadena Partnership.

A first-person written and/or documented complaint will be considered a grievance. A verbal, second-hand or hearsay complaint will be considered a complaint. Each situation will be treated seriously and with sensitivity, and will be documented for the record with date, time, program name, and nature of the complaint, as well as with any action taken towards resolution. All complaints or grievances involving vulnerable adults or children will be immediately turned over to the appropriate authorities.

HOUSEHOLD REFUSAL

The Coordinated Entry System (CES) values client choice in the housing process. CES also strives to maintain low vacancy rates for the variety of housing programs available. In an effort to balance these values, the Refusal Policy, while flexible, has specific constraints to maintain the CES system. Eligible households are not limited in the number of resources they can refuse, but will not be considered for a program that is outside of their recommended housing type match based on their VI-SPDAT or F-VI-SPDAT score. The CES lead will document refusals in order to better understand why eligible households refuse resources and identify changes that would support the needs of our community.

INACTIVE HOUSEHOLDS

To ensure the client prioritization list reflects the most current information regarding eligible households who are in need of housing, eligible households may be made inactive after they have been contacted for two (2) unique attempts to make a housing referral with no response from the household or gone 90 days without contact/service provision. If a household is made inactive and later reestablished contact with CES and are still eligible for CES, they will be given the opportunity to make updates to their assessment and be referred to the client prioritization list again.

MOBILITY REQUESTS

Eligible households are prioritized for transfer to another housing program if they experience an imminent safety issue, require a geographic change, have a change in service need, are aging out of their current program with no other housing options, or if their household size changes. Mobility requests should be sent through the housing provider to the CES lead.

[Evaluation]

The CES process will be evaluated based on HUD's Systems Performance Measures and reported on quarterly to ensure it is operating efficiently. Evaluation efforts will be led by the Pasadena Partnership, with guidance from the Homeless Planning & Research Committee.

Specific systems performance measures reported on will include:

- Measure 1: Length of time persons remain homeless
- Measure 2: The extent to which persons who exit homelessness from street outreach to permanent housing destination return to homelessness
- Measure 7: Successful placements from street outreach to acceptable destinations

To learn more about HUD's system performance measures, please visit:

<https://www.hudexchange.info/programs/coc/system-performance-measures/>

[Glossary]

Coordinated Entry System (CES): The process whereby any single individual or family experiencing homelessness received coordinated entry into the homeless serves system through a common assessment (the VI-SPDAT), followed by targeted assistance through Housing Navigators and Case Managers who obtain essential documentation for housing in order to facilitate the coordinated exit to permanent housing through either Permanent Supportive Housing or Rapid Rehousing.

CES Lead Agency: The Pasadena CES lead agency is Union Station Homeless Services.

CES Participating Program: Any program that is required by its funding source to participate in coordinated entry, or has opted into the system to receive its referrals through coordinated entry.

Community Matcher: Community Matchers are responsible for cataloging available permanent supportive housing (PSH) and confirming the LA/OC HMIS match recommendations.

Eligible Household: CES serves all individuals and families who are literally homeless according to Category 1 HUD definition of homelessness. See “eligibility” section for details.

Emergency Solutions Grant (ESG): A program grant operated by HUD’s Office of Community Planning and Development that is designed to help improve the quality of existing emergency shelters for the homeless, to make additional shelters available, to meet the costs of operating shelters, to provide essential social services to homeless individuals, and to help prevent homelessness. ESG also provides short-term homeless prevention assistance to persons at imminent risk of losing their own housing due to eviction, foreclosure, or utility shutoffs.

Homeless Management Information System (HMIS): A Homeless Management Information System is a web-based software application designed to record and store person-level information on the characteristics and service needs of homeless persons through a Continuum of Care (CoC) jurisdiction. Usage of the HMIS is mandated by the U.S. Department of Housing and Urban Development (HUD).

Housing Opportunities for Persons With AIDS (HOPWA): A Federal program dedicated to the housing needs of people living with HIV/AIDS.

Housing Navigator: A Housing Navigator serves as the primary point of contact for an individual or family after they have been assessed, and provides assistance in obtaining the documents needed for that individual or family to enter housing. The housing navigator role may alternatively be filled by an outreach worker or case manager.

Family Solutions Center (FSC): Regionally-based Family Solutions Centers (FSC) are the primary point of entry for homeless families. The FSC conducts the F-VI-SPDAT to determine the most appropriate housing intervention for a family.

Family Response Team (FRT): The Family Response Team conducts an initial screening to help triage families to the most appropriate housing intervention and coordinates a crisis housing plan to ensure that no family goes unsheltered while they are seeking permanent housing.

Family Vulnerability Index and Service Prioritization Decision Assistance Tool (F-VI-SPDAT): The Family Vulnerability Index and Service Prioritization Decision Assistance Tool (F-VI-SPDAT) developed and owned by OrgCode is utilized for families (and not single individuals) to recommend the level of housing supports necessary to resolve the presenting crisis of homelessness. Within those recommended housing interventions, the F-VI-SPDAT allows for prioritization based on presence of vulnerability across five components: (a) history of housing and homelessness (b) risks (c) socialization and daily functioning (d) wellness - including chronic health conditions, substance usage, mental illness, and trauma and (e) family unit. Version 2 of the F-VI-SPDAT, released May 2015 is currently being utilized by CES-F.

Rapid Re-Housing (RRH): A type of intervention, informed by a Housing First approach, that connects families and individuals experiencing homelessness to permanent housing through a tailored package of assistance that may include the use of time-limited financial assistance and targeted supportive services.

Service Planning Area (SPA) 3: Service Planning Area (SPA) 3 is a sub-region of Los Angeles County that includes the communities of Alhambra, Altadena, Arcadia, Azusa, Baldwin Park, Claremont, Covina, Diamond Bar, Duarte, El Monte, Glendora, Irwindale, Monrovia, Monterey Park, Pasadena, Pomona, San Dimas, San Gabriel, San Marino, Temple City, Walnut, West Covina, and others. The boundary is one used for many years by government departments for public planning and while not perfect, community leaders implementing CES countywide decided to use the long-established SPA geography.

Street Outreach Teams: Teams that can provide assessment of individuals who are unable or unwilling to visit a CES assessment site.

Supportive Services for Veteran Families (SSVF): Rapid rehousing assistance for veterans, including single individuals and families.

Veterans Administration Housing Support (VASH): The HUD-VASH program combines Housing Choice Voucher rental assistance for homeless veterans with case management and clinical services provided by the VA.

Vulnerability Index and Service Prioritization Decision Assistance Tool (VI-SPDAT): The Vulnerability Index and Service Prioritization Decision Assistance Tool (VI-SPDAT) developed and owned by OrgCode and Community Solutions is utilized for single individuals (and not families) to recommend the level of housing supports necessary to resolve the presenting crisis of homelessness. Within those recommended housing interventions, the VI-SPDAT allows for prioritization based on presence of vulnerability across four components: (a) history of housing and homelessness (b) risks (c) socialization and daily functioning and (d) wellness - including chronic health conditions, substance usage, mental illness, and trauma. Version 2 of the VI-SPDAT, released May 2015 is currently being utilized by CES.

[Appendix A: Homeless Verification Forms]

- 20 Certification of Chronic Homeless Status (PSH)
- 21 RRH Households Eligibility Evaluation Form
- 22 Greater Los Angeles and Orange County Interagency Data Sharing Consent Form
- 23 Written Third Party Verification of Homeless Status
- 24 Observation of Homeless Status by Outreach Worker
- 25 Self-Declaration of Homeless Status
- 26 Certification of Disability form
- 27 Written Third Party Verification of Income
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- 29 Self-Declaration of Income

Certification of Chronic Homelessness

This checklist may be used for staff persons to assess a client's chronic homeless status. It should be accompanied by supporting documentation of both disability and time homeless. Together, these documents must be maintained in the client's file.

APPLICANT NAME:

DIAGNOSIS WITH DISABILITY

Individual or adult head of household (or if there is no adult, a minor head of household) has been diagnosed with one (or more) of the following disabilities (check all that apply). Disability is of long, continued, and indefinite duration, substantially impedes the individual's ability to live independently, and could be improved by more suitable housing conditions:

- Substance use disorder
- Serious mental illness
- Developmental disability (as defined in section 102 of the Developmental Disabilities Assistance Bill of Rights Act of 2000)
- Post-traumatic stress disorder
- Cognitive impairments resulting from brain injury
- Chronic physical illness or disability

Evidence of Disability

- Certification of Disability form; or
- Written verification from the Social Security Administration; or
- Copies of a disability check (e.g. Social Security Disability Insurance or Veterans Disability Compensation); or
- Outreach Worker observation confirmed by a Certification of Disability form < 45 days after application for assistance

12 MONTHS CONTINUOUS OR CUMULATIVE HOMELESSNESS

Individual or adult head of household (or if there is no adult, a minor head of household) is homeless and has been living in a place not meant for human habitation, a safe haven, or an emergency shelter:

- Continuously for at least 12 months; or
- On at least 4 separate occasions in the last 3 years, where the combined occasions equal to at least 12 months and each break in homelessness separating the occasions included at least 7 consecutive nights of not living as described above.

Notes:

Individuals residing in institutional care facilities < 90 days who were homeless (as described above) immediately prior to entering that facility are considered homeless. Institutional care facilities include jails, substance abuse or mental health treatment facilities, hospitals, or other similar facilities. Stays in these facilities for < 90 days do not constitute as a break in homelessness, and are included in the 12-month total, as long as the individual was homeless immediately before entering the facility.

A place not meant for human habitation is defined as a place not designated for or ordinarily used as a regular sleeping accommodation for human beings, including car, park, abandoned building, bus/train station, airport, or camping ground. This does not include persons living in housing that is substandard and in need of repair or housing is crowded.

Evidence of Homeless Status

To certify duration of homelessness, please complete the table below and attach documentation, which may include: HMIS records; a Written 3rd Party Verification form (institutional stays may also be documented through an Oral 3rd Party Verification Form or discharge paperwork that includes the dates of stay); or an Outreach Worker Observation form. In addition, 3 of the 12 months of continuous or cumulative homelessness, as well as all of the breaks, may be documented with a Self-Certification form.

Location of Stay (Breaks >7 days must be documented)	Verification Type (HMIS/3 rd Party/Observation/Self-Cert.)	Begin Date	End Date	Duration
Total Months Homeless (must be >12 months)				

Note: A single encounter with a homeless service provider on a single day within 1 month that is documented through third-party documentation is sufficient to consider an individual or family as homeless for the entire month unless there is any evidence that the household has had a break in homeless status during that month (e.g. evidence in HMIS of a stay in transitional housing).

EVIDENCE OF SEVERITY OF SERVICE NEEDS

- To establish prioritization due to severe service needs, needs must be identified and verified through VI-SPDAT

STAFF CERTIFICATION

I certify that the above applicant meets **both** of the criteria above (diagnosis with disability and 12 months continuous homelessness or 4 or more episodes of homelessness in the past 3 years that cumulatively totals 12+ months) on his or her own.

Printed Name: _____ Title: _____
 Signature: _____ Date: _____



Updated 2/11/16

RRH Household Eligibility Evaluation Form

Grantees may use this worksheet to evaluate program eligibility at entry and annual re-evaluation. At the end of each evaluation, the case manager must attach the evidence to this form demonstrating the household is still eligible for the program. It is not acceptable to re-attach the evidence from previous eligibility decisions.

Applicant Name: _____

Program Information:

- Initial eligibility evaluation (must demonstrate homeless status and need)
- CoC-RRH re-evaluation (must demonstrate continued need and lack of resources)
- ESG-RRH re-evaluation (must have a household income at or below 30% AMI and demonstrate continued need and lack of resources)

Date of entry into program: _____ Case Manager: _____

Number of months household has received assistance: _____ (Re-)Certification Date: _____

Homeless Status

Please enter the household's current housing status AND attach the appropriate documentation. Eligible documentation (in order of preference) is as follows: HIMS records, written referral, outreach worker observation, or self-declaration of homeless status):

- Literally homeless
 - Fleeing/attempting to flee domestic violence
 - Coming from the streets or emergency shelter
- Documentation List:
1. _____
 2. _____

Household Information:

Please list the member(s) of this household—to be eligible for RRH, a household must have minor-aged children:

- | | |
|-----------|----------------------|
| Adult(s): | Children (under 18): |
| 1. _____ | 1. _____ |
| 2. _____ | 2. _____ |
| 3. _____ | 3. _____ |
| 4. _____ | 4. _____ |
| 5. _____ | 5. _____ |

Income (ESG Annual Re-Evaluation Only)

Please update the household's current income status reflected in the ESG Income Eligibility Worksheet AND attach the appropriate documentation. Eligible documentation (in order of preference) is as follows: source documents (such as wage statement, unemployment compensation statement, public benefits statement, or bank statement), third party verification (written or oral) or self-certification.

- Household income meets AMI requirements for program
 - Household income does not meet AMI requirements for program
- Documentation List:
1. _____
 2. _____
 3. _____

Need

F-VI-SPDAT Scores between 4 and 7 are recommended for Rapid Re-Housing. Scores that are below 4 are not recommended for the program but should be referred to diversion or homeless prevention assistance.

- Recommended for rapid re-housing
- NOT recommended for rapid re-housing

Resources

For clients who are receiving ongoing financial assistance, staff must document their inability to pay for the item BUT FOR the assistance (example: bank/savings statements, medical bills, etc).

- Household HAS NO other housing options, financial resources, or support networks identified.
 - Household HAS other housing options, financial resources, or support networks identified.
- Documentation List: _____

Staff Certification

By signing below, I certify that to the best of my knowledge, the program participant named above:

- Meets all of the requirements to receive rapid re-housing assistance
- DOES NOT meet the requirements to receive rapid re-housing assistance

I further certify all of the following: (1) to the best of my knowledge and ability, all of the information used in making this eligibility determination is true and complete. (2) I am not related to the program participant through family, business or other personal ties. (3) To the best of my knowledge, neither I nor anyone related to me has received or will receive any financial benefit for this eligibility determination. (4) I understand that fraud is investigated by the Department of Housing and Urban Development, Office of Inspector General, and may be punished under Federal laws. (5) I understand that if any of these certifications is found to be false, I will be subject to criminal, civil and administrative penalties and sanctions.

Staff Signature: _____ Date: _____



Los Angeles & Orange County Homeless Management Information System (LA/OC HMIS)
Greater Los Angeles and Orange County
Interagency Data Sharing Consent Form

Client Name: _____

SSN/Client ID: _____

Date of Birth: _____

Name of Originating Organization: _____

Name of Organization with which to extend Client Data Sharing:

Client Information to Share (**Client: please INITIAL all forms you want to share**):

- Program Entry Required Questions
- Services Provided
- Case Notes
- Assessment (Client Profile)
- Savings Record
- Program Exit Information
- Group Meetings
- Any information as necessary

Client Signature

Date

Written Third Party Verification of Homeless Status

This document may be used by housing and service providers (such as emergency shelters, institutional care facilities, police officers, business owners, etc.) to document the housing status of a homeless applicant.

Applicant Name:			
Applicant/Tenant Release Authorization:			
I hereby authorize release to _____ the specific information requested below. (name of organization)			
Signature of Applicant: _____		Date: _____	
Verifying Agency or Person:			
Agency Name: _____		Contact Name: _____	
Agency Address: _____		Telephone: _____	
Facility Type:			
This facility is classified as one of the following types of institutions:			
<input type="checkbox"/> Emergency shelter			
<input type="checkbox"/> Transitional housing			
<input type="checkbox"/> Institutional care facility (e.g. a jail, substance abuse or mental health treatment facility, hospital, or other similar facility; stay must be less than 90 days)			
<input type="checkbox"/> Other (describe): _____			

Dates of Stay:			
I certify that the applicant above resided at our facility for the following time period(s) of time within the last (3) years:			
Location of Stay	Begin Date	End Date	Number of Days
Total Days			
Prior Residence:			
I further certify that immediately prior to entering this facility the person named above was residing at/in: _____			
Verifying Agency/Person Certification			
I certify that the timeline documented above is true and accurate.			
Name: _____		Signature: _____	
Title: _____		Date: _____	

Observation of Homeless Status by Outreach Worker or Intake Staff

This document may be used by outreach workers to certify that the below named individual or household is currently homeless based on the check mark, other indicated information, and signature indicating their current living situation.

<p>Applicant Name</p>
<p>Family Type</p> <p><input type="checkbox"/> Individual</p> <p><input type="checkbox"/> Family with an adult head of household (or if there is no adult in the family, a minor head of household), including a family whose composition has fluctuated while the head of household has been homeless</p> <p>Number of persons in the household: _____</p>
<p>Living Situation</p> <p>The person(s) named above is/are currently living in a public or private place not designed for, or ordinarily used as a regular sleeping accommodation, including a car, park, abandoned building, streets/sidewalks or bus station.</p> <p>Description of current living situation: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>Duration of Homelessness</p> <p>The person(s) named has been observed living in the above living situation during the following time period:</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>Outreach Worker Certification</p> <p>I certify that the above applicant was observed as homeless and living in a place not designed for, or ordinarily used as a regular sleeping accommodation.</p> <p>Name: _____ Signature: _____</p> <p>Title: _____ Date: _____</p> <p>Agency Name: _____ Phone: _____</p> <p>Address: _____ City, State, Zip: _____</p>

Self-Declaration of Homeless Status

When a written observation by an outreach worker or written referral by housing or service provider is not available, an applicant may submit this signed statement verifying his or her situation.

Applicant Information

Applicant Name: _____ Number of persons in household: _____

Family Type:

- Individual
 Family

Self-Declaration of Literally Homeless Status (Category 1) (Check only one)

- I am currently living in a place not meant for human habitation; or
 I am currently living in a privately operated shelter providing temporary living arrangements (including emergency shelters, transitional housing, and hotels and motels paid for by charitable organizations or by government programs); or
 I am currently living in an institution where I have resided for 90 days or less and resided in an emergency shelter or place not meant for human habitation before entering that institution

Housing History Summary (Current & Prior)

To certify duration of homelessness, please complete the table below, indicating time homeless (in a place not meant for human habitation such as living on the streets or a homeless emergency shelter) as well as any breaks in homelessness:

Location of Stay & Location Type (e.g. a car, shelter, etc.)	Begin Date	End Date	Number of Days
Total Days			

Self-Declaration of Imminent Risk of Homelessness Status (Category 2) (Check all)

I am at imminent risk of losing my primary nighttime residence homelessness and have all of the following circumstances:

- My residence will be lost within 14 days of the date of this notice; and
 No subsequent residence has been identified; and
 I (and my children) lack the resources or support networks needed to obtain permanent housing

Self-Declaration of Fleeing/Attempting to Flee Domestic Violence (Category 4) (Check all)

- I am fleeing, or attempting to flee, domestic violence (where the safety of the individual or family is not jeopardized this statement must be verified for non-victim service providers); and
 I have no other residence; and
 I lack the resources or support networks to obtain permanent housing

Additional Details

What else would you like to share about your housing history, victim status or available resources? For example, "I cannot remember the name of the place where I was living during the fall of 2013 but I believe that it was an emergency shelter. I have problems with my memory from that time due to an illness."

Applicant Certification

I certify that the above information is correct Applicant Signature: _____ Date: _____

Staff Certification

I understand that 3rd party verification is the preferred method of certifying homelessness for an individual or family who is applying for assistance and self-declaration is only permitted when I have attempted but cannot obtain such verification.

Documentation of attempts made for third-party verification:

I certify that the above information is correct. Staff Signature: _____ Date: _____



Written Third Party Verification of Income

This document is to certify the income received by the below named individual for purposes of participating in the ESG program. This information will be used only to determine the eligibility status and level of household benefit. Complete only the applicable section (employment income or payments and/or benefits).

Applicant Release:

I hereby authorize the release of the following employment or payment and/or benefit information.

Applicant Name: _____

Applicant Signature: _____ Date: _____

Employment Income

The person(s) named above is/are currently living in a public or private place not designed for, or ordinarily used as a regular sleeping accommodation, including a car, park, abandoned building, streets/sidewalks or bus station.

The person named above is employed by _____ since _____. He/she is paid \$_____ on a _____ basis and is currently working an average of _____ hours per _____.

Please specify any additional compensation: _____

Probability of continued employment: _____

Authorized Employer Representative Signature: _____ Date: _____

Name: _____ Title: _____

Address: _____ Phone: _____

Payment and/or Benefit Income

Complete one form for each distinct source of income for each adult member of household and attach supporting evidence to this form in case file.

Type of Payment or Benefit:

Social Security/SSI

Pension/Retirement

TANF

Public Assistance

Unemployment Compensation

Workers Compensation

Alimony Payments

Foster Care Payments

Child Support Payments

Armed Forces Income

Other (please specify): _____

Payments or benefits in the amount of \$_____ are paid on a _____ basis. The expected duration of the payments or benefits is: _____.

Authorized Payment Source Representative Signature: _____ Date: _____

Name: _____ Title: _____

Address: _____ Phone: _____

Please return this form to:

Name: _____ Phone: _____

Title: _____ Fax: _____

Address: _____ Email: _____

Oral Third Party Verification of Income

Income (need name of employer, client name, pay amount and frequency, average hours worked per week, amount of any additional compensation)

Applicant Name	
Third Party Verifier Information	
Name: _____	Position/Title: _____
Agency Name: _____	Phone: _____
Address: _____	City, State, Zip: _____
Verification Type	
<input type="checkbox"/> Over the phone <input type="checkbox"/> In person	
Income Information	
Pay Amount _____	Pay frequency _____
Average hours worked per week _____	Amount of any additional compensation _____
Additional Details	
Please provide any additional details discussed about the client's income.	

Efforts to Obtain Third Party Verification	
I understand that obtaining third party verification of eligibility or risk factors is the preferred method of certifying eligibility for an individual who is applying for assistance, but cannot meet this standard. I made the following efforts to obtain third party verification:	

Staff Certification	
I understand that securing written third party documentation is the preferred method of certifying homelessness or risk for homelessness for an individual who is applying for assistance, but cannot obtain source documents. Above, I am providing details of oral third party verification of eligibility or risk factors and certifying all statements to be true, accurate and complete.	
Name _____	Title/Position: _____
Staff Signature _____	Date: _____

Self-Declaration of Income

This is to certify the income status for the above named individual. Income includes but is not limited to:

- The full amount of gross income earned before taxes and deductions
- The net income earned from the operation of a business, i.e., total revenue minus business operating expenses. This includes any withdrawals of cash from the business or profession for your personal use.
- Monthly interest and dividend income credited to an applicant's bank account and available for use.
- The monthly payment amount received from Social Security, annuities, retirement funds, pensions, disability and other similar types of periodic payments.
- Any monthly payments in lieu of earnings, such as unemployment, disability compensation, SSI, SSDI, and worker's compensation.
- Monthly income from government agencies excluding amounts designated for shelter, utilities, WIC, food stamps, and childcare.
- Alimony, child support and foster care payments received from organizations or from persons not residing in the dwelling.
- All basic pay, special day and allowances of a member of the Armed Forces excluding special pay for exposure to hostile fire.

Staff Verification must be completed

<p>Applicant Name:</p> <p>_____</p>
<p><input type="checkbox"/> I certify, under penalty of perjury, that I currently receive the following income:</p> <p>Source: _____ Amount: _____ Frequency: _____</p> <p>Source: _____ Amount: _____ Frequency: _____</p> <p>Source: _____ Amount: _____ Frequency: _____</p>
<p><input type="checkbox"/> I certify, under penalty of perjury, that I do not have any income from any source at this time.</p>
<p>Applicant Verification</p> <p>I understand that the information on this form will be used to determine income eligibility. I do not possess acceptable verification of current annual income and request that this form serve as sufficient certification. I understand that false, misleading or incomplete information may result in the termination of assistance.</p> <p>Applicant Signature: _____ Date: _____</p>
<p>Staff Verification</p> <p>I understand that third-party verification is the preferred method of certifying income for assistance. I understand self declaration is only permitted when I have attempted to but cannot obtain third-party verification.</p> <p>Documentation of attempt made for thid-party verification:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Staff Signature: _____ Date: _____</p>

[Appendix B: HMIS Consent to Share Protected Personal Information]

GREATER LOS ANGELES & ORANGE COUNTY HOMELESS MANAGEMENT INFORMATION SYSTEM (LA/OC HMIS)

CONSENT TO SHARE PROTECTED PERSONAL INFORMATION

The LA/OC HMIS is a local electronic database that securely record information (data) about clients accessing housing and homeless services within the Greater Los Angeles and Orange Counties. This organization participates in the HMIS database and shares information with other organizations that use this database. This information is utilized to provide supportive services to you and your household members.

What information is shared in the HMIS database?

We share both Protected Personal Information (PPI) and general information obtained during your intake and assessment, which may include but is not limited to:

- Your name and your contact information
- Your social security number
- Your birthdate
- Your basic demographic information such as gender and race/ethnicity
- Your history of homelessness and housing (including your current housing status, and where and when you have accessed services)
- Your self-reported medical history, including any mental health and substance abuse issues
- Your case notes and services
- Your case manager's contact information
- Your income sources and amounts; and non-cash benefits
- Your veteran status
- Your disability status
- Your household composition
- Your emergency contact information
- Any history of domestic violence
- Your photo (optional)

How do you benefit from providing your information?

The information you provide for the HMIS database helps us coordinate the most effective services for you and your household members. By sharing your information, you may be able to avoid being screened more than once, get faster services, and minimize how many times you tell your 'story.' Collecting this information also gives us a better understanding of homelessness and the effectiveness of services in your local area.

Who can have access to your information?

Organizations that participate in the HMIS database can have access to your data. These organizations may include homeless service providers, housing groups, healthcare providers, and other appropriate service providers.

How is your personal information protected?

Your information is protected by the federal HMIS Privacy Standards and is secured by passwords and encryption technology. In addition, each participating organization has signed an agreement to maintain the security and confidentiality of the information. In some instances, when the participating organization is a health care organization, your information may be protected by the privacy standards of the Health Insurance Portability and Accountability Act (HIPAA).

By signing below, you understand and agree that:

- You have the right to receive services, even if you do not sign this consent form.
- You have the right to receive a copy of this consent form.
- Your consent permits any participating organization to add to or update your information in HMIS, without asking you to sign another consent form.
- This consent is valid for seven (7) years from the date the PPI was created or last changed.
- You may revoke your consent at any time, but your revocation must be provided either in writing or by completing the *Revocation of Consent* form. Upon receipt of your revocation, we will remove your PPI from the shared HMIS database and prevent further PPI from being added. The PPI that you previously authorized to be shared cannot be entirely removed from the HMIS database and will remain accessible to the limited number of organization(s) that provided you with direct services.
- The Privacy Notice for the LA/OC HMIS contains more detailed information about how your information may be used and disclosed. A copy of this notice is available upon request.
- No later than five (5) business days of your written request, we will provide you with:
 - A correction of inaccurate or incomplete PPI
 - A copy of your consent form
 - A copy of your HMIS records; and
 - A current list of participating organizations that have access to your HMIS data.
- Aggregate or statistical data that is released from the HMIS database will not disclose any of your PPI.
- You have the right to file a grievance against any organization whether or not you sign this consent.
- You are not waiving any rights protected under Federal and/or California law.

SIGNATURE AND ACKNOWLEDGEMENT

Your signature below indicates that you have read (or been read) this client consent form, have received answers to your questions, and you freely consent to have your information, and that of your minor children (if any), entered into the HMIS database. You also consent to share your information with other participating organizations as described in this consent form.

I consent to sharing my photograph. (Check here)

Client Name: _____ DOB: _____ Last 4 digits of SS _____

Signature _____ Date _____

Head of Household (Check here)

Minor Children (if any):

Client Name: _____ DOB: _____ Last 4 digits of SS _____ Living with you? (Y/N)

Client Name: _____ DOB: _____ Last 4 digits of SS _____ Living with you? (Y/N)

Client Name: _____ DOB: _____ Last 4 digits of SS _____ Living with you? (Y/N)

Print Name of Organization Staff

Print Name of Organization

Signature of Organization Staff

Date