

City of Appleton

Coordinated Entry System Policy & Procedure Manual



"...meeting community needs...enhancing quality of life."

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Section

1

Key Terms & Definitions

Coordinated Entry System staff need to understand several concepts and terms as part of the operating Fox Cities Housing Coalition Coordinated Entry System. Terms used throughout this document are defined below.

Access- The engagement point for persons experiencing a housing crisis. Also refers to how a person enters the Coordinated Entry System.

After Hours Plan- Outlines the process for connecting people experiencing homelessness to emergency services and the Coordinated Entry System outside of the operating hours of participating agencies in the Fox Cities.

Assessment- Progressive gathering of information at various phases in the Coordinated Entry process, for different purposes, by one or more staff.

Chronically Homeless- An individual who:

- (i) Is homeless and lives in a place not meant for human habitation, a safe haven, or in an emergency shelter; and
- (ii) Has been homeless and living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter continuously for at least one year or on at least four separate occasions totaling 12 months or more in the last three years; and
- (iii) Can be diagnosed with one or more of the following 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, or chronic physical illness or disability.

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;

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) of this definition, including a family whose composition has fluctuated while the head of household has been homeless. (24 CFR 578.3)

Client Rights & Responsibilities- A document provided to all persons accessing the Coordinated Entry System that outlines his/her rights as a participant in the Coordinated Entry System, as well as his/her responsibilities to maintain his/her placement on the Prioritization List.

Coordinated Entry- An approach to coordination and management of a crisis response system's resources that allows users to make consistent decisions from available information to efficiently and effectively connect people to interventions that will rapidly end their homelessness.

Crisis Response System- All of the services and housing available to persons who are at imminent risk of experiencing literal homelessness and those who are homeless.

Department of Housing and Urban Development (HUD)- The Federal agency that oversees the CoC and ESG programs. HUD is the principal Federal agency responsible for programs concerned with the nation's housing needs, fair housing opportunities, and improvement and development of the nation's communities.

Department of Energy, Housing, and Community Resources (DEHCR)- The recipient of ESG funds from HUD and administrator of several supportive housing program funds.

Emergency Services- Services typically accessed by a person experiencing a housing crisis, including but not limited to: homeless prevention assistance, domestic violence and emergency services hotlines, drop-in service programs, domestic violence shelters, emergency shelters, and motel voucher programs, and other short-term crisis residential programs.

Emergency Shelter- A place for people to live temporarily when they cannot live in their previous residence. This includes programs that provide motel vouchers to persons experiencing homelessness. Emergency shelters assist persons experiencing homelessness in regaining permanent housing.

Emergency Solutions Grant (ESG)- A Federal grant program that funds street outreach, homelessness prevention, emergency shelter, and rapid re-housing activities.

EHH- The combined grant programs of the Emergency Solutions Grant, State of Wisconsin Housing programs, and Homeless Prevention Program.

Fleeing Domestic Abuse or Violence (HUD Homeless Definition, Category 4)- Any individual or family who: (i) is fleeing, or is attempting to flee, domestic violence, dating violence, sexual assault, stalking, trafficking, or other dangerous or life-threatening conditions that relate to violence against the individual or a family members, including a child, that has either taken place within the individual's or family's primary nighttime residence or has made the individual or family afraid to return to their primary nighttime residence; (ii) has no other residence; and (iii) lacks the resources or support networks to obtain other permanent housing (24 CFR 587.3)

Homeless Management Information System (HMIS)- The information system designated by the Wisconsin Balance of State Continuum of Care (WIBOSCO) to

comply with the HMIS requirements prescribed by HUD. The HMIS used in Wisconsin is Service Point.

Homeless System- All of the services and housing available to persons who are literally homeless.

Household- Covers any configuration of persons in crisis, whatever their age or number (adults, youth, or children; singles, couples or multiple adults; with or without children).

HMIS Lead- The entity designated by the Fox Cities Housing Coalition to operate the Continuum's HMIS on its behalf. The City of Appleton is the HMIS Lead for the Fox Cities.

Housing Interventions- Housing programs and subsidies; these include transitional housing, rapid re-housing, and permanent supportive housing programs, as well as permanent housing subsidy programs (e.g. Housing Choice Vouchers).

Imminently at Risk of Homelessness (HUD Homeless Definition, Category 2)- Any individual or family who will imminently lose their primary nighttime residence, provided that: (i) the primary nighttime residence will be lost within 14 days of the date of application for homeless assistance, (ii) no subsequent residence has been identified; and (iii) the individual or family lacks the resources or support networks needed to obtain other permanent housing (24 CFR 587.3).

Literally Homeless (HUD Homeless Definition, Category 1)- An individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:

- (i) An individual or family with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground;
- (ii) An individual or family living in a supervised 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, or local government programs for low-income individuals); or
- (iii) An individual who is exiting an institution where he or she 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 (24 CFR 578.3).

Local Coordinated Entry Lead- The person chosen by the Fox Cities Housing Coalition to serve as the point of contact.

Local Coordinated Entry System- A geographic area represented by one or more local homeless coalitions that implements the WIBOSCOC Coordinated Entry System.

Non-HMIS List- A Prioritization List powered by Google Docs that uses anonymous, unique identifiers in order to accommodate domestic violence survivors and other households that do not consent to sharing their information in HMIS.

Non-HMIS List Holder- The person designated by the Fox Cities Housing Coalition to manage the Non-HMIS Prioritization List.

No Wrong Door- An approach to Coordinated Entry that ensures people experiencing homelessness can access services regardless of how they enter the Coordinated Entry System.

Person or Persons- Someone who access the Coordinated Entry System.

Personally Identifiable Information- Any information about an individual, maintained by an agency, which can be used to distinguish, trace, or identify an individual's identity, including personal information which is linked or linkable to an individual.

Pre-Screen Form- a WIBOSCOG-approved document that is completed at the beginning of the Coordinated Entry process that gathers the minimum information needed to make a referral to the Prioritization List.

Prevention Services- Financial assistance and supportive services designed to prevent homelessness for an otherwise housed household.

Prioritization- Ensures that those persons with the greatest need and vulnerability receive the supports they need to resolve their housing crisis.

Program Standards- A set of expectations for a project type, based on HUD guidance and best practices, and approved by the WIBOSCOG Board of Directors, that CoC-funded and EHH-funded agencies are required to follow.

Project- Housing and/or supportive services intended to help people exit homelessness.

Provider- Organizations that serve program participants in projects funded by CoC program or ESG program grants. This includes recipients and subrecipients.

Rapid Re-Housing- A housing intervention designed to help individuals and families quickly exit homelessness and return to permanent housing.

Permanent Supportive Housing- A housing intervention that combines housing assistance with voluntary support services to address the needs of chronically homeless people.

Street Outreach- A project type that meets people experiencing homelessness where they live and provides supportive services, advocacy, and access to emergency services and housing options.

Transitional Housing- A time-limited housing intervention that combines housing assistance with support services to address the needs of people experiencing homelessness.

VI-SPDAT, VI-F-SPDAT, TAY-VI-SPDAT- Vulnerability Index-Service Prioritization Decision Assistance Tool; Vulnerability Index-Service Prioritization Decision Assistance Tool for Families; and Transition-Age Youth Vulnerability Index-Service Prioritization Decision Assistance Tool are the standardized assessment tools used in the Coordinated Entry System. The VI-SPDAT series is a set of triage tools that are designed to be used by all providers within the Coordinated Entry System to quickly assess the health and social needs of people experiencing homelessness and match them with the most appropriate support and housing interventions that are available.

Wisconsin Balance of State Continuum of Care (WIBOSCOC)- A statewide coalition comprised of 21 local homeless coalitions, representing 69 counties throughout the state of Wisconsin that ensures, promotes, and provides funding to community-wide commitments to the goal of ending homelessness.

Section



Overview of the Coordinated Entry System

City of Appleton's Community Vision

The City of Appleton is dedicated to meeting the needs of the community and enhancing the quality of life. The City of Appleton's vision for Coordinated Entry is a community response to ending homelessness that accounts for the diversity of needs of people experiencing homelessness, urgently responding to these needs with permanent housing solutions, and successfully incorporating housing, healthcare, and employment systems. This community response will ensure an accessible and navigable set of entry points; a universal assessment for all persons requesting assistance; and effective and appropriate connections to housing and services for all populations and subpopulations. The City of Appleton's Coordinated Entry System will include a data-driven approach to ensure that the system is able to measure and respond to current needs with a transparent framework of collaboration.

What is Coordinated Entry

Coordinated Entry is a centralized and streamlined system for accessing housing and support services to end homelessness in a community, and is required by the U.S. Department of Housing and Urban Development for all Continuums of Care (CoC), as stated in 24 CFR 578.7(a)(8) of the CoC Interim Rule. ¹ "HUD's primary goals for Coordinated Entry Processes are that assistance be allocated as effectively as possible and that it be easily accessible no matter where or how people present." Such a system incorporates a community-wide Housing First approach to all programs and prioritizes resources for those with the most complex needs.

Coordinated Entry processes help communities prioritize assistance based on vulnerability and severity of service needs to ensure that people who need assistance the most can receive it in a timely manner. Coordinated Entry also provides vital information to communities about service needs and gaps to help communities plan their assistance and identify needed resources. ²Utilizing a standard assessment tool and practices, the goal is for the System to ensure that households experiencing homelessness have equal and fair access to resources that will end their homelessness.

Guiding Principles

The following principles are present throughout the Fox Cities Coordinated Entry Process.

Nondiscrimination

All programs receiving Federal and State funds will comply with applicable civil rights and fair housing laws and requirements, and recipients and subrecipients of CoC

¹ The Department of Housing and Urban Development, Coordinated Entry Policy Brief (2015)

² The Department of Housing and Urban Development, Coordinated Entry Policy Brief (2015)

Program and ESG Program-funded projects must comply with the nondiscrimination and equal opportunity provisions of Federal civil rights laws.

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

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

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

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

HUD's Equal Access Rule- Prohibits discriminatory eligibility determinations in HUD-assisted or HUD-insured housing programs based on actual or perceived sexual orientation, gender identity, or marital status, including any projects funded by the CoC Program or ESG Program. The CoC Program interim rule also contains fair housing provisions at 24 CFR 578.93, as does ESG at 24 CFR 576.407(a) and (b).

Affirmative Marketing and Outreach

The Coordinated Entry System and services available within it will be affirmatively marketed to “eligible persons regardless of color, race, national origin, religion, sex, age, familial status, or disability, who are least likely to apply in the absence of special outreach, and will maintain records of those marketing activities. Housing assisted by HUD and made available through the CoC must also be made available to individuals and families without regard to actual or perceived sexual orientation, gender identity, or marital status in accordance with 24 CFR 2.105(a)(2).”³

Accessibility

The City of Appleton is required to take the following steps to ensure effective communication with, and Coordinated Entry System accessibility by, individuals with disabilities:

³ HUD CPD Notice 17-01: Notice Establishing Additional Requirements for a Continuum of Care Centralized or Coordinated Assessment System, January 23, 2017.

- Advertising must be accessible by using large font, audio, and Braille;
- Including auxiliary aids and services necessary to ensure effective communication within Coordinated Entry materials, ensuring that information is provided in appropriate accessible formats as needed;
- Making available access points to individuals with disabilities, including accessible physical locations for individuals who use wheelchairs, as well as people in the Fox Cities Housing Coalition who are least likely to access homeless assistance.

The City of Appleton is required to take the following steps to ensure effective communication with, and Coordinated Entry System accessibility by, persons with Limited English Proficiency (LEP):

- The City must evaluate the extent of its obligation to provide LEP services in the community by using the following four-step process:
 - 1) The number or proportion of LEP persons served or encountered in the eligible service area;
 - 2) The frequency with which LEP individuals come in contact with the program;
 - 3) The nature and importance of the program, activity, or service provided by the program;
 - 4) The resources available and costs.
- After the four questions above have been answered and evaluated, the City of Appleton must determine and select which language services are appropriate for the needs of the community and the population served. Typical language services include, but are not limited to: oral language services through interpretive services, bilingual staff, telephone interpreter lines, and written language services through document translation.

Low Barrier

The Coordinated Entry System prohibits the “screening out” of clients “due to perceived barriers relating to housing or services, including but not limited to: too little or no income, active or a history of substance use, domestic violence history, resistance to receiving services, the type or extent of 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 records- with exceptions for state and local restrictions that prevent projects from serving people with certain convictions.”⁴

Client Choice

Clients are provided with information about the Fox Cities Coordinated Entry System, including which programs are available, so that they may make an informed decision regarding in which programs they wish to participate, if any. Clients are also free to

⁴ HUD CPD Notice 17-01: Notice Establishing Additional Requirements for a Continuum of Care Centralized or Coordinated Assessment System, published January 23, 2017.

decide what information they provide during the assessment process, and clients may not be denied services if the client refuses to provide certain pieces of information unless the information is required to establish or document program eligibility for the applicable project.

Collaboration

Coordinated Entry is a system-wide process, and therefore all providers within the Fox Cities network must collaborate to ensure the system functions smoothly and effectively. The use of weekly case conferencing meetings is intended to facilitate regular, in-person collaboration to the greatest extent possible. To have the most effective Coordinated Entry, the City of Appleton recognizes that partnerships from across sectors will help the Fox Cities to best provide services for all persons who are experiencing or at-risk of homelessness, and invite non-HUD funded programs and agencies to participate in the Homeless System Coordinated Entry process.

Data

A key function of Coordinated Entry is the collection of data regarding each client's housing crisis and needs in order to provide clients with the most appropriate housing interventions available. The data gathered is also utilized to reveal gaps in services and inform funding decisions. Clients may not be denied services if they refuse to allow their personally identifying information to be shared unless required by local, state, or federal statute as a condition of program participation.

Housing First

The Fox Cities Coordinated Entry System is based upon a Housing First approach. Providers mandated to participate in Coordinated Entry agree to prioritize housing placement over supportive services. All providers who participate in Fox Cities Coordinated Entry System, either voluntary or mandated, are required to follow the Housing First approach.

Prioritization

Coordinated Entry will ensure that those clients with the highest needs are provided with services first. A uniform assessment process is utilized for all clients experiencing housing crises to ensure needs-based access to housing interventions. Prioritization may not be based on any of the following: race, color, religion, national origin, sex, age, familial status, disability, type or amount of disability or disability-related services or supports required, actual or perceived sexual orientation, gender identity, or marital status.”⁵

Privacy Protections

The City of Appleton Coordinated Entry Specialist will only gather information that is deemed necessary to provide quality services, and assessments will not require the disclosure of specific disabilities or diagnoses unless otherwise required in order to determine eligibility.

⁵ HUD Notice CPD 17-01. While the factors may not be used to prioritize, they may be used as eligibility criteria unless otherwise prohibited by Federal, State, or local civil rights laws.

Clients will be notified of their HMIS-related privacy rights in accordance with the notification requirements included in the HMIS Policies and Procedures manuals of the Wisconsin Balance of State Continuum of Care (WIBOSCOC). The Coordinated Entry Specialist will access client information only as necessary to provide services and referrals. No identifiable client information will be released to any individual, agency, organization, or government entity unless written consent is obtained from the client or is otherwise required by law. The Coordinated Entry Specialist, and all Coordinated Entry-participating staff, will adhere to the following privacy protocols:

- Participant consent will be obtained in order to share and store information for the purposes of assessing and referring through the Coordinated Entry process. Verbal or written consent is obtained through the Pre-Screen Form, the Case Conference Release of Information, the WI Service Point Release of Information, and prior to administering the VI-SPDAT/VI-F-SPDAT/TAY-VI-SPDAT.
- Records containing personally identifying information must be kept secure and confidential.
- Participants must be informed of the ability to file a nondiscrimination complaint.

Data Security Protections

The Fox Cities Housing Coalition Coordinated Entry System uses both HMIS and non-HMIS databases to operate its referral process.

HMIS Data Security Protections

HMIS is an internet-based database that is used by homeless service organizations across Wisconsin to record and store client-level information about the numbers, characteristics and needs of homeless persons and those at-risk of homelessness. The decision to use WI HMIS as the primary tool for Coordinated Entry was approved and required by the WIBOSCOC.

Along with the Coordinated Entry Policy and Procedure Manual, there are several other documents relating specifically to HMIS that must be adhered to when using HMIS for Coordinated Entry. These include:

- The WIBOSCOC Governance Charter;
- Agency Partnership Agreements;
- WISP User Agreements
- HMIS Policies and Procedures manual

Data security and privacy extends to staff who may not have an HMIS license, as well. It is the responsibility of the Coordinated Entry Specialist, and other staff with an HMIS license, to protect the data coming out of the system, including the Prioritization Lists.⁶

⁶ Institute for Community Alliances HMIS Policies and Procedures Manual regarding the protection of client data and Personally Identifiable Information.

Non-HMIS Data Security Protections

To accommodate domestic violence survivors and other households that do not consent to sharing their information in HMIS, Coordinated Entry referrals will be made to the Non-HMIS Prioritization List. This List is a Google Doc that has two parts- a link to refer a person, and the Prioritization List for the Fox Cities Housing Coalition. Any agency staff person that has signed the staff agreement and completed the required Coordinated Entry trainings can receive this link to the referral survey. The questions on the survey mirror the questions asked in HMIS, but the staff person is able to choose a unique identifier for the individual or family, thus ensuring the Non-HMIS List contains no names. Once the survey is complete, the referral is generated in the Non-HMIS Prioritization List.

The Non-HMIS List is only accessible to the WIBOSCOC Director and other entities as designated by the WIBOSCOC Board of Directors, and the City of Appleton's Coordinated Entry Specialist, who serves as the Non-HMIS List Holder for the Fox Cities. The Coordinated Entry Specialist is responsible for giving the non-HMIS survey link to the participating agency staff after training requirements have been successfully completed; the List holder is not allowed to share this link with anyone else. The City's Community Development Specialist is designated as the back-up List Holder, who can access the Non-HMIS List when the primary List Holder is unavailable for long periods of time. The back-up List Holder can only access the Non-HMIS List when the List Holder is unavailable.

When a housing provider has a program opening, the Coordinated Entry Specialist will identify the highest-prioritized individual or family for the program on the HMIS Prioritization List. The Coordinated Entry Specialist, being the Non-HMIS List Holder, will determine if there is an individual or family that is prioritized higher than the individual or family in HMIS. If the Non-HMIS List individual or family is highest prioritized, the Non-HMIS List Holder will contact the referring agency to inform them of a program opening. The referring agency will have the individual or family sign a Release of Information to share information with the housing provider in order to facilitate the move to permanent housing.

Safety Planning

When the Coordinated Entry Specialist, or other City of Appleton staff- a non-victim service provider- is providing services to an individual or family fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, stalking, human trafficking, or other life-threatening situation, they will follow the safety protections in the Violence Against Women Act (VAWA) and HUD Protections Against Survivors of Violence (16-159). The Coordinated Entry Specialist will give the safety and confidentiality rights of the survivor the highest priority and will ensure the survivor's individual autonomy, self-determination, and safety are respected.

When the Coordinated Entry Specialist is responding to a victim of domestic or sexual violence, s/he will provide a private space for data collection and referral to the Non-HMIS Prioritization List, if requested. Should a victim of violence choose to seek shelter

with a program that does not provide victim-specific services, they cannot be discriminated against due to the violence and must be offered the same confidentiality of services through victim service providers, including but not limited to: data collection, privacy, and sharing.

Fox Cities Housing Coalition housing providers have emergency transfer plans in place to allow for a survivor to move immediately to a safe and available unit if the survivor fears for their life and safety. Such plans allow a survivor to self-certify their need for the transfer, do not require the survivor to undergo an application process as a new tenant, and allow the survivor to determine what a safe unit is for purposes of the transfer.

Non-victim service providers consult and collaborate with domestic violence service providers and familiarize themselves with safety planning resources available in the community. This list is updated at least annually.

Grievance Policies

Participant Grievances

This policy refers to participant grievances regarding the City of Appleton's Coordinated Entry System only. If a participant has a grievance regarding the City of Appleton or the Coordinated Entry Specialist, they should follow that this grievance procedure.

The Coordinated Entry Specialist should address any complaints by participants as best they can in the moment. Ideally, the person and the Coordinated Entry Specialist will try to work out the problem directly as a first step in the process. If this does not resolve the issue, the person may begin the grievance procedure.

The person has the right to be assisted by an advocate of his/her choice at each step of the grievance process. The person has the right to withdraw his/her grievance at any time. Any grievance paperwork filed by a participant should note his/her name and contact information so the Coordinated Entry Specialist can contact him/her to discuss the issues.

There are two levels of review available for each grievance:

Level 1

The first person to review the grievance is the Coordinated Entry Specialist. The person with the grievance should contact the Coordinated Entry Specialist with a written statement describing the alleged violation of the Coordinated Entry System policies and procedures, and any actions taken on behalf of the person or the City of Appleton to resolve the issue. Once the Coordinated Entry Specialist has gathered relevant information about the situation, s/he will decide if the grievance is valid and determine what, if any, action needs to be taken, and prepare a response to the grievance.

If both the person and the City of Appleton agree, the process ends and the resolution is implemented.

If the person or the City of Appleton disagrees, the grievance moves to the next level.

Level 2

The Fox Cities Housing Coalition President reviews the grievance if there is dissatisfaction with the Coordinated Entry Specialist's resolution. The FCHC President may designate other members or other entities to review the situation. After gathering relevant information, the President or designated members or entities will inform the person and provide what will happen to resolve the grievance. This is the final step in the process and the decision of the Fox Cities Housing Coalition is final.

Provider Grievances

It is the responsibility of all boards, staff, and volunteers of CoC-funded and EHH-funded projects to comply with the rules and regulations of the Coordinated Entry System. Anyone filing a complaint concerning a violation or suspected violation of the policies and procedures must be acting in good faith and have reasonable grounds for believing an agency is violating the Coordinated Entry System policies and procedures.

To file a grievance regarding the actions of any agency, contact the Coordinated Entry Specialist with a written statement describing the alleged violation of the Coordinated Entry System policies and procedures, and the steps taken to resolve the issue. The Coordinated Entry Lead will contact the agency in question to request a response to the grievance. Once the Coordinated Entry Lead has received all documentation, s/he will decide if the grievance is valid and determine if further action needs to be taken. If the individual or agency filing the grievance, or the agency against whom the grievance is filed, is not satisfied with the determination they may file an appeal with the Fox Cities Housing Coalition President. This must be done by providing a written statement regarding the reasons for the appeal. The FCHC President will bring the matter to the Executive Committee for discussion and final decision.

Geographic Area

The Fox Cities Housing Coalition covers three counties, Outagamie, northern Calumet, and northern Winnebago. This geographic area includes urban, suburban areas. The FCHC is responsible for carrying out the Wisconsin Balance of State Continuum of Care Coordinated Entry System at the local level. The City of Appleton's Coordinated Entry Specialist serves as the Coordinated Entry Lead for the Fox Cities Housing Coalition.

Accessing the Coordinated Entry System

Access to the Coordinated Entry System follows a "No Wrong Door" approach. The principles of this approach are:

- All people experiencing homelessness can access the Coordinated Entry System regardless of which participating agency they initially contact;
- Each participating agency will use the same assessment tools and use the same assessment approach;

- Staff of participating agencies will connect persons experiencing homelessness to the Coordinated Entry System and provide appropriate referrals to emergency services, even if that service is not available at their agency;
- Participating providers have a responsibility to respond to the range of service needs pertaining to homelessness and housing, and the Coordinated Entry Specialist will act as the primary contact for persons who apply for assistance through projects, until another provider assumes that role;
- People will have equal access to information about the housing assistance for which they are eligible in order to assist them in making informed choices about available services that best meet their needs.

Participating housing providers will work collaboratively to achieve responsive and streamlined access to services, and cooperate to use available resources to achieve the best possible housing outcomes for people, particularly for those with high, complex, or urgent needs.

Street Outreach

All CoC-funded and EHH-funded Street Outreach projects must participate in the Fox Cities Coordinated Entry System. Street Outreach staff must ensure persons living in unsheltered locations are offered access to the Coordinated Entry system through the same process as persons who have contact with site-based programs. Fox Cities Street Outreach projects will refer all willing persons to the City's Coordinated Entry Specialist, who will act as an access point for Coordinated Entry (i.e. conducting assessments and referring to the Prioritization List).

Accessing Emergency Services

Access to emergency services, such as domestic violence and emergency services hotlines, drop-in service programs, emergency shelters, and motel voucher programs, or other short-term crisis residential programs, is not prioritized through the Coordinated Entry System. All persons in need of emergency services should be connected to those services as requested.

After Hours Plan

The Fox Cities Housing Coalition maintains an After Hours Plan that outlines the process for connecting people experiencing homelessness to emergency services and the Coordinated Entry System. This After Hours Plan covers the entire geographic area of the Fox Cities Housing Coalition, including Outagamie County, northern Winnebago County, and northern Calumet County.

The After Hours Plan is a collaboration of emergency service providers and crisis response systems, including emergency shelters, law enforcement, school districts, transit systems, healthcare providers, correctional institutions, and local motels. The Fox Cities After Hours Plan is updated annually and submitted to the Wisconsin Balance of State Continuum of Care (WIBOSCOC). Reference Appendix A for the current version of the Plan.

Prevention Services

Fox Cities Housing Coalition agencies that receive EHH funds for Homeless Prevention programming are required to participate in Coordinated Entry.⁷ Agencies that have Homeless Prevention projects that are not EHH-funded are encouraged to use the Coordinated Entry System to prioritize their prevention funding. Section four outlines the process for assessment and eligibility for homelessness prevention services.

Connection to Mainstream Resources

The City of Appleton's Coordinated Entry Specialist is required to provide referrals and assist with access to mainstream resources, health insurance, and community-based emergency assistance services. The Coordinated Entry Specialist should be aware of all mainstream benefits available in the Fox Cities in order to make appropriate referrals.

The City's Coordinated Entry Specialist encourages providers of mainstream resources to become access points for the Coordinated Entry System.

⁷ HUD Notice CPD 17-01

Section**3****Fox Cities Coordinated Entry System**

The Fox Cities Coordinated Entry System covers the same geographic footprint as the Fox Cities Housing Coalition, which includes Outagamie County, northern Winnebago County, and northern Calumet County.

Coordinated Entry Lead

The Fox Cities Housing Coalition has chosen, through a majority vote of the membership, the City of Appleton's Coordinated Entry Specialist to serve as the point of contact for the WIBOSCOC Board of Directors, the CoC Director, and other entities as designated by the Board of Directors. The Coordinated Entry Specialist will serve as the conduit of information between the WIBOSCOC and the participating agencies in the Fox Cities Housing Coalition.

Expectations of the Coordinated Entry Lead

Duties include, but are not limited to:

1. Serves as the Coordinated Entry expert in the Fox Cities;
2. Ensures a consistent and accurate flow of information between the WIBOSCOC Board of Directors, or other designated entity, and the Fox Cities Housing Coalition;
3. Reports out of HMIS;
4. Ensures all participating agency staff within the FCHC have completed the required [annual] trainings;
5. Attends all Coordinated Entry and Coordinated Entry Lead trainings;
6. Provides updates on Coordinated Entry System updates, changes, etc. to the FCHC;
7. Serves as the Non-HMIS List Holder;
8. Maintains copies of all Agency Agreements and Staff Agreements for the FCHC;
9. Updates the WIBOSCOC training spreadsheet for participating agencies in the FCHC;
10. Ensures participating staff and agencies are in compliance with WIBOSCOC Coordinated Entry System policies and procedures;
11. Ensures marketing and outreach activities are occurring within the FCHC, as required by WIBOSCOC policy;
12. Ensures the FCHC has established an After Hour Plan for access emergency services, and reviews this Plan at least annually;
13. Complies with all HMIS policies and procedures.

The Coordinated Entry Specialist is able to change data and run reports for other HMIS-using agencies under a MOU between the City of Appleton and Coordinated Entry-participating agencies. These MOU's are updated annually, and copies are forwarded to the WIBOSCOC.

Non-HMIS List Holder

The Fox Cities Housing Coalition has chosen, through a majority vote of the membership, the City of Appleton's Coordinated Entry Specialist to serve as the Non-HMIS List Holder to manage the Non-HMIS Prioritization List.

Expectations of the Non-HMIS List Holder

Duties include, but are not limited to:

1. Maintains the Non-HMIS List in Google Docs, including troubleshooting problems, identifying and communicating issues and concerns with the Google Form and Non-HMIS Prioritization List;
2. Provides the highest prioritized person's unique identifier, prioritization information (VI-SPDAT score, length of time homeless, chronic homeless status), and the referring agency contact information upon request from a housing project;
3. Responds to requests from participating agencies and staff in a timely manner;
4. Attends all Coordinated Entry and List Holder trainings;

The Coordinated Entry Specialist cannot provide access to the Non-HMIS List to other agencies, projects, or staff. S/he cannot download the Non-HMIS List to share, or email information about the individuals/ families on the List.

Section**4****The Coordinated Entry Process**

The Coordinated Entry process can be divided into two phases: placing persons on the Fox Cities' Prioritization List and removing persons from the Prioritization List. Within these phases, there are several elements. The Pre-Screen forms, assessment, and referral occur prior to placing people on the Prioritization List; follow-Ups occur while people are on the Prioritization List; and determining eligibility and program enrollment occur to remove people from the Prioritization List.

Participant Consent and Pre-Screen

When an individual or family contacts the Coordinated Entry Specialist for housing assistance, or an individual or family is referred, several documents are completed. First, a Pre-Screen Form is completed to gather sufficient information to determine if referral to the Prioritization List is appropriate (e.g. person or persons are homeless and unable to secure housing on their own). The Pre-Screen Form gathers the minimum information needed to make a referral to the Prioritization List. At the bottom the second page of the form is a short statement seeking to obtain the person's consent to share information for the purposes of referral. This form can be completed in-person or verbally (Appendix B).

If the individual or family is appropriate to refer to the Prioritization List, the Coordinated Entry Specialist must review the Coordinated Entry Client Rights and Responsibilities with the person(s), and obtain written or verbal confirmation of his/her understanding of these rights and responsibilities (Appendix C).

The Coordinated Entry Specialist asks the person(s) if they would like to be referred to the HMIS or Non-HMIS Prioritization List. If the person chooses to be referred to the HMIS Prioritization List, the Coordinated Entry Specialist will review the WI Service Point Release of Information and obtain written or verbal consent to share data in HMIS (Appendix D). If the person chooses to be referred to the Non-HMIS Prioritization List, no additional Release of Information is necessary.

If the person(s) declines a referral to either Prioritization List, this must be noted on the Pre-Screen Form and kept on file. The Coordinated Entry Specialist must inform the person(s) of their right to ask to be referred to the Prioritization List in the future.

The Coordinated Entry Specialist uploads the Pre-Screen Form, Client Rights and Responsibilities, and WI Service Point Release of Information into HMIS.

Assessment

The WIBOSCOC, and subsequently the FCHC, uses different assessment tools for single adults, adults with children, and unaccompanied youth (see below). The WIBOSCOC, and subsequently the FCHC, uses a different referral process for

households fleeing or attempting to flee domestic violence (Non-HMIS Prioritization List).

The Coordinated Entry Specialist is trained in using a trauma-informed approach to conducting assessments to reduce the risk of re-traumatization. The assessment space and manner of conducting the assessment utilized provide privacy, allowing people to safely reveal sensitive information and safety issues.

Standardized Assessment Tool

The Coordinated Entry System utilizes three tools for the purposes of prioritizing individuals and families for housing services. These tools are:

- Vulnerability Index-Service Prioritization Decision Assistance Tool (VI-SPDAT) (Appendix E)- This tool is used for single adults and households without children under the age of 18.
- Family Vulnerability Index-Service Prioritization Decision Assistance Tool (VI-F-SPDAT) (Appendix F)- This tool is used for households with at least one adult and one child under the age of 18.
- Transition-Age Youth Vulnerability Index-Service Prioritization Decision Assistance Tool (TAY-VI-SPDAT) (Appendix G)- This tool is used for youth aged 24 years and younger.

The VI-SPDAT series was created through a collaboration between OrgCode Consulting, creators of the SPDAT, and Community Solutions, creators of the Vulnerability Index. It is a brief survey that quickly assesses the health and social needs of persons experiencing homelessness. It assists in matching people with the most appropriate support and housing interventions that are available in the community.

The VI-SPDAT is designed and structured to only use self-report. The person being surveyed should be able to complete it with anyone, not just the staff or agency that knows his/her case history or has other information from other circumstances or sources.

Opening Script

The Coordinated Entry Specialist and City staff persons completing a VI-SPDAT must use the same introductory script.

My name is [interviewer name] and I work for [organization name]. I have a short survey that I would like to complete with you. The answers will help us determine how we can best go about supporting you and helping you with housing. Most questions only require a yes or no. Some questions require a one-word answer. Some of the questions are personal in nature, but you can choose to skip or refuse to answer any question.

For HMIS Prioritization List: The information collected will go into a database called Wisconsin Service Point. This is a secure, web-based database that is utilized by homeless providers in Wisconsin.

For Non-HMIS Prioritization List: The information collected will result in a number that will be entered into an anonymous Prioritization List, along with a unique identifier that only our agency knows. Your specific answers will not be saved in this List.

If you do not understand a question, let me know and I will be happy to clarify. If it seems to me that you don't understand a question I will also do my best to explain it to you without you needing to ask for clarification.

Finally, it is important that you are honest with your answers. You do not need to embellish or keep information from me in order to get a program. This survey is just one factor we use in figuring out how to best support you. So please answer honestly as you feel comfortable doing.

Whether the VI-SPDAT is first conducted on paper or directly inputted within HMIS, all VI-SPDAT assessments are recorded in either the HMIS Prioritization List or the Non-HMIS Prioritization List within two business days of when the information was first collected.

If the individual/family is not prioritized for any interventions, the Coordinated Entry Specialist will explain to the household why they will not be referred to the Prioritization Lists. The Coordinated Entry Specialist will refer the household to other supports/services that are available, such as emergency shelter, mainstream resources, or help connect him/her with family or friends. The Coordinated Entry Specialist will inform the person(s) that they should contact a Coordinated Entry provider if their circumstances change in order to be re-assessed. The Coordinated Entry process ends for the person(s) at this point.

Pre-Screen and Assessment of Domestic Violence Survivors

Domestic violence service providers can choose to conduct the Pre-Screen and Assessment processes for those accessing the Coordinated Entry system through their agency, or refer to the City of Appleton for these activities.

Scoring

If the VI-SPDAT is completed in HMIS, the score will automatically be calculated. If the VI-SPDAT is completed on paper to be entered into the Non-HMIS Prioritization List, the Coordinated Entry Specialist will have to calculate the score. The method for calculating the score is written into the VI-SPDAT itself. Directions for scoring can also be found on [OrgCodes](#) website.

VI-SPDAT scores are only one factor used to identify which people will be referred to specific housing interventions. Other factors include length of time homeless, presence of disabling condition, and chronic homelessness.

Referral

The Fox Cities Coordinated Entry System ensures that potential program participants are referred to all of the available resources for which they are prioritized and eligible. The Coordinated Entry System utilizes the written program standards and Orders of Priority established by the WIBOSCOC Board of Directors.

A referral to the Fox Cities' Prioritization List can be done in one of two ways- through HMIS or through the Non-HMIS Referral form. Both methods result in a household being placed on a prioritization list for housing projects. Both methods require the collection of certain information for appropriate prioritization to occur.

HMIS Prioritization List

The Institute for Community Alliances has created a "How To" Guide called, Wisconsin Balance of State CoC Coordinated Entry and Referral Process (Appendix H). This [Guide](#) provides instructions for completing the VI-SPDAT in HMIS, adding individuals and households to the prioritization List in HMIS, updating referrals, viewing the Prioritization List, cancelling referrals, and returning someone to the Priority List. The City of Appleton Coordinated Entry Specialist defers to this guide for processes related to the Prioritization List activities.

Non-HMIS Prioritization List

The Fox Cities Housing Coalition has its own link for the Non-HMIS Referral Form, a Google Form. This link can be used by anyone that wants to refer households to the Non-HMIS List, but only after the staff have completed the appropriate training. The link to the Non-HMIS Referral Form will be provided by the Coordinated Entry Specialist (the Non-HMIS Prioritization List Holder) once the staff person has satisfactorily completed the required training(s).

Multiple Referrals

Persons accessing the Coordinated Entry System can be referred to multiple Prioritization Lists throughout the WIBOSCOC. If a person or persons want to be referred to more than one Prioritization List, it is the responsibility of the Coordinated Entry Specialist to make those referrals.

If a person or persons has accepted a housing intervention with a specific housing project, it is the Coordinated Entry Specialist's responsibility to take the person off all Prioritization lists. The Coordinated Entry Specialist should have access to see what referrals to priority lists have been made in HMIS by looking on the Service Transactions tab under Referrals. The housing provider will accept the referral off all lists. There will be communication between the housing provider, the Coordinated Entry Specialist, and the referring agency staff (if different than the Coordinated Entry Specialist) to whose Prioritization List the client has been referred, to ensure all providers are aware of the person's movement throughout the Coordinated Entry System. If the household was accepted off the Non-HMIS Prioritization List, the housing provider must contact the Coordinated Entry Specialist so that the agency can ensure

the household is removed from any other Non-HMIS Prioritization Lists to which they have been referred.

If the household does not enroll in the housing opportunity, it is the responsibility of the Coordinated Entry Specialist to put the household back on any Prioritization Lists they had been placed previously, assuming they want to be placed back on the Prioritization Lists.

All households that meet the acuity threshold for housing projects should be referred to the Prioritization List if the person wants. The Coordinated Entry Specialist can decide if persons falling below the acuity threshold should also be referred to the Prioritization List. The Coordinated Entry Specialist may refer persons falling below the acuity threshold to the Prioritization List because a non-CoC or EHH-funded project is also using the Prioritization List for referrals, or to gather data on all persons experiencing homelessness within the Fox Cities.

Prioritization is a separate process from determining project eligibility. No household will be denied referral to a Prioritization List because they lack verification or documentation of eligibility for any or all projects in the Fox Cities. The Coordinated Entry Specialist will work to help persons on the Prioritization List become “document ready”. This is intended to ensure a quick and seamless move into permanent housing when it comes available.

Follow-Up

The Coordinated Entry Specialist will be responsible for following up with the persons referred to the Prioritization Lists in order to determine whether the individual or family is still in need of permanent or transitional housing. Follow-up contact will occur every 30 days at a minimum.

The Coordinated Entry Specialist will gather the following information:

1. Confirm or update contact information;
2. Confirm or update homeless situation;
3. Confirm the person(s) still need housing assistance;
4. Confirm the person(s) wish to remain on the Prioritization List.

If the household is no longer in need of housing assistance, the Coordinated Entry Specialist can close the referral to remove the individual or family from the Prioritization List.

If the Coordinated Entry Specialist is unable to contact a person on the Prioritization List after three attempts, the attempts should be documented in the follow-up assessment in HMIS. After 30 days of no contact, the referral should be cancelled from the Prioritization List. If the person makes contact with the Coordinated Entry Specialist, s/he can request to be placed back on the Prioritization List.

Prioritization

All households referred to the HMIS and Non-HMIS Prioritization Lists are automatically prioritized for each project type based on the Order of Priority for each project type. The following project types have an established Order of Priority:

Permanent Supportive Housing⁸

- 1) Individual or head of household has a disability and has been living in a place not meant for human habitation, in an emergency shelter, or in a safe haven for at least 12 months continuously or cumulatively over a period of at least four occasions in the last three years.

When no chronically homeless individuals and families are on the Prioritization Lists:

- 2) An individual or family that is eligible for CoC-funded PSH who has experienced fewer than four occasions where they have been living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter but where the cumulative time homeless is at least 12 months and has been identified as having severe service needs;
- 3) An individual or family that is eligible for COC-funded PSH who is residing in place not meant for human habitation, a safe haven, or an emergency shelter and has been identified as having severe service needs. The length of time homeless should also be considered, but there is not a minimum length of time required;
- 4) An individual or family that is eligible for COC-funded PSH who is residing in a place not meant for human habitation, a safe haven, or an emergency shelter where the individual or family has not been identified as having severe service needs. The length of time homeless should also be considered, but there is not a minimum length of time required;
- 5) An individual or family that is eligible for CoC-funded PSH who is currently residing in a transitional housing project, where prior to residing in the transitional housing had lived in a place not meant for human habitation, in an emergency shelter, or safe haven. This priority also includes individuals and families residing in transitional housing who were fleeing or attempting to flee domestic violence, dating violence, sexual assault or stalking and prior to residing in that transitional housing project even if they did not live in a place not meant for human habitation, an emergency shelter, or a safe haven prior to entry into the transitional housing.

⁸ HUD Notice CPD 16-11

Rapid Re-Housing

CoC-funded⁹

- 1) The program will screen/assess each household for barriers to obtaining housing and barriers to retaining housing.
 - a. Barriers to obtaining housing only include problems that a prospective landlord could find out during the application and screening process AND could use as a reason to deny a rental application, whether or not a landlord's manner of determination and use is legal or illegal.
 - b. Barriers to retaining housing are defined by the direct impact they have had on the on the household's previous housing history, and the potential for impacting future housing.
- 2) The program will prioritize each applicant household using the VI-SPDAT or F-VI-SPDAT Assessment Tool based on number and severity of barriers.
- 3) Service prioritization must look at all programs and services within the local CoC, not just within a single agency.

EHH-Funded¹⁰

- 1) The program will screen/assess each household for barriers to obtaining housing and barriers to retaining housing.
 - a. Barriers to obtaining housing only include problems that a prospective landlord could find out during the application and screening process AND could use as a reason to deny a rental application, whether or not the manner of determination and use is legal or illegal.
 - b. Barriers to retaining housing are defined by the direct impact they have had on the on the household's previous housing history, and the potential for affecting future housing.
- 2) The program will prioritize each applicant household using the VI-SPDAT of F-VI-SPDAT Assessment Tool based on number and severity of barriers.
- 3) Service prioritization must look at all programs and services within the local CoC, not just within a single agency.

Transitional Housing¹¹

- 1) Categories 1 & 4- Homeless individuals and families with a disability with the most severe service needs;
- 2) Categories 1 & 4- Homeless individuals and families without a disability with the most severe service needs;

⁹ WIBOSCOG COC Rapid Re-Housing Standards and Order of Priority

¹⁰ WIBOSCOG ESG Rapid Re-Housing Standards and order of Priority

¹¹ WIBOSCOG Order of Priority for CoC-Funded Transitional Housing Beds

- 3) Category 2- Homeless individuals and families with a disability and with the most severe service needs who are imminently at risk of homelessness;
- 4) Category 2- Homeless individuals and families without a disability who are imminently at risk of homelessness.

Determining Eligibility

The Coordinated Entry System is not responsible for determining project eligibility or maintaining eligibility documentation after a referral to the Prioritization List is made.

When a project has an opening, the responsible staff person will consult with the Coordinated Entry Specialist to inquire about individuals/families listed on the Prioritization List and the Non-HMIS Prioritization List. Using the Order of Priority established for the program, and program-specific requirements, the project will offer housing and supportive services to the highest prioritized person(s).

When contacting a person on the Prioritization List, the Coordinated Entry Specialist must attempt contact at least three times with a minimum of 24 hours between each attempt. If s/he is unable to contact the person in those three attempts, they may move on to the next prioritized person 24 hours after the third attempt. Details of each attempt should be detailed in the follow-up section of the VI-SPDAT.

The person(s) make the final decision of which project or project type in which to enroll. For enrollment to be final, the project must establish that the prospective participant meets its eligibility requirements. If the project has an application for entry into the project, it cannot be a barrier to enrollment and should not collect any information beyond what is necessary to ensure eligibility for the project.

If the person(s) does not meet the project's eligibility requirements, the person(s) retain his/her priority placement on the Prioritization List.

Documentation Requirements

CoC-funded and EHH-funded housing projects are required to maintain documentation showing adherence to the established Order of Priority for the project type and use of the Coordinated Entry System. In order to document this appropriately, every client that entered a project after April 1, 2016, will have a Pre-Screen Form in the file. It must be signed by both the client and the Coordinated Entry Specialist.

To document the person(s) enrolled in the housing program was the highest prioritized household, there should be a copy of the Prioritization List from the day assistance was offered on file, highlighting the household. If the household offered housing assistance is not the highest prioritized, there will be an explanation as to why the households who were prioritized higher were not given the housing opportunity. The Prioritization Lists should not have any Personally Identifying Information on them when they go into the client file. If there is Personally Identifying Information in the Notes section for any household on the list, it must be redacted before adding to the client file.

If the client is on multiple lists, the housing provider does not need to include the Priority List for the other Housing Coalition's Prioritization Lists they may be on.

If the potential participant was prioritized on the Non-HMIS List, there should be a statement in the client file, signed by the Coordinated Entry Specialist as the Non-HMIS List Holder that states the household came from the Non-HMIS List and explains if there were others prioritized higher and what the circumstances were that they were not given the housing opportunity.

Rejected Referrals

If a housing project does not take the highest prioritized person or persons from the Prioritization List to fill an available spot, that project must document the reason for not accepting that referral in either the HMIS client file, or by providing a written explanation to the Coordinated Entry Specialist as the Non-HMIS List Holder. It is the responsibility of the Coordinated Entry Specialist to ensure that the household has a new referral to the Prioritization List, if needed.

Declined Referrals

The Coordinated Entry Specialist and other Coordinated Entry staff should inform the person(s) about the housing project that has the opening, other project types for which the person(s) are eligible, and other relevant factors of each housing project, assisting the person(s) in making an informed and careful decision about where to enroll. If a person declines a referral to a housing project, their name remains on the Prioritization List until the next housing opportunity is available.

Project Enrollment

It is prohibited for any CoC-funded or EHH-funded housing project to serve individuals and/or families experiencing homelessness or who are at imminent-risk of homelessness, without the household first going through the Coordinated Entry System and receiving a referral to the Prioritization List. Once the Coordinated Entry Specialist has verified and documented a household's eligibility, and the person(s) has accepted the offer of housing assistance and supportive services, the project can enroll the household.

Standardized Assessment Tool

The WIBOSCOC, in collaboration with ICA, developed an assessment tool for the purposes of prioritizing individuals and families for Homelessness Prevention services (Appendix I). The WIBOS Coordinated Entry Prevention Prioritization Assessment was created by comparing national prevention screening tools, prevention screening tools already in use, SSVF prevention models, and nationally recognized best practices regarding homelessness prevention prioritization.

Scoring

The Prevention Assessment is completed in HMIS. If it is completed on paper, the responses must be entered into HMIS. The Prevention Prioritization Report will

calculate the points and determine a score. The provider does not need to calculate the score manually, as the report will do the scoring for the user. Agency staff will be able to see the points available per question, total points, and the thresholds for who should be served with EHH Homeless Prevention funds on the paper assessment.

Referral

Once the Prevention Assessment is complete, a referral to the Prevention Prioritization List will be completed in HMIS.

Follow-Up

Agencies making referrals to the Prioritization List will be responsible for following up with the persons they refer in order to determine whether the individual or family is still in need of Homeless Prevention services. Follow-up contact must occur every 90 days at a minimum. The staff should gather the following information:

1. Confirm or update contact information;
2. Confirm or update housing situation;
3. Confirm the person(s) still need housing assistance;
4. Confirm the person(s) desire to remain on the Prevention Prioritization List.

If the household no longer is in need of homeless prevention assistance, the agency can close the referral to remove the individual or family from the Prioritization List. Providers that contact a referral to offer services and find out the household is no longer in need, should close the referral in HMIS, even if that provider did not make the original referral.

If the referring agency or housing provider is unable to contact a person on the Prevention Prioritization List after three attempts, this should be documented in the follow-up assessment in HMIS. After 90 days of no contact, the referral should be cancelled from the Prioritization List. If the person makes contact with a participating agency, s/he can request to be placed back on the Prioritization List. This should be done by the agency that receives the request from the person.

Determining Eligibility

When a project has an opening, the responsible staff person must consult the HMIS Prioritization List. Using the Order of Priority established, and any program-specific requirements, the project will offer homeless prevention assistance to the highest prioritized person(s).

When contacting a person on the Prioritization List, the provider must attempt contact at least three times with a minimum of 24 hours between each attempt. If the provider is unable to contact the person in those three attempts, they may move on to the next prioritized person 24 hours after the third attempt.

The Coordinated Entry System is not responsible for determining project eligibility or maintaining eligibility documentation after a referral to the Prevention Prioritization List

is made. Individual projects have the ultimate responsibility for determining the eligibility of prospective participants, and collecting and maintaining eligibility documentation.

The following has been established by the WIBOSCO in collaboration with DEHCR as basic criteria for Homeless Prevention services eligibility:

- Score of 10 or higher on the Prevention Prioritization Assessment;
- The person or persons served meet the criteria in paragraph (2), (3), or (4) of the homeless definition in 24 CFR 576.2. This includes people who will imminently lose their primary nighttime residence, unaccompanied youth under 25 years of age who do not otherwise qualify as homeless, families with children and youth who do not otherwise qualify as homeless, and people fleeing or attempting to flee domestic violence, dating violence, sexual assault, stalking or other dangers our life-threatening conditions which relate to violence. There must also be documentation of an annual income below 30 percent county median income for the household at admission for both ESG and HPP funds, as well as documentation of a lack of sufficient resources or support networks to sustain housing without assistance;
- The unit to be assisted must pass Habitability Standards and meet Fair Market Rent and Rent Reasonableness Standards;
- There must be a legally binding, written lease between the tenant and landlord;
- The unit must be affordable for the person(s) requesting assistance. An affordable unit is one in which the rent is no more than 50 percent of the household's adjusted gross income. However, if the rent is more than 50 percent of the household's adjusted gross income, the agency can still determine the unit is affordable after completing a detailed budget with the person(s) demonstrating they are able to maintain the monthly housing expenses.

If the person(s) does not meet the project's eligibility requirements, the person(s) retain his/her priority placement on the Prevention Prioritization List. Once the project has verified and documented a household's eligibility, and the person(s) has accepted the offer of housing assistance and supportive services, the project can enroll the household.

Documentation Requirements

ETH-funded homeless prevention projects are required to maintain documentation showing adherence to the established Order of Priority for the project type and use of the Coordinated Entry System. In order to document this appropriately, every client that entered a project after January 1, 2018 will have a Pre-Screen Form in the file. The form needs to be signed by both the client and the intake worker from the agency.

To document the person(s) enrolled in the program was the highest prioritized household, there will be a copy of the Prevention Prioritization List from the day assistance was offered in the file, highlighting the household. If the household offered prevention assistance is not the highest prioritized, there will be an explanation as to why the households who were prioritized higher were not given the housing opportunity.

The prioritization lists should not have any Personally Identifying Information on them when they go into the participant's file. If there is Personally Identifying Information in the notes section for any household on the list, this must be redacted before adding to the client file.

Additionally, all files must contain documentation that the assisted unit meets Fair Market Rent and Rent Reasonableness Standards, the household income is at or below 30 percent county median income, and the unit is affordable for the household.

Rejected Referrals

If a project does not take the highest prioritized person or persons from the Prevention Prioritization List to fill an available spot, that project must document the reason for not accepting that referral in the HMIS client file. It is the responsibility of the project not taking the highest prioritized person or persons to ensure that the household has a new referral to the Prevention Prioritization List, if needed. The household remains on the Prevention Prioritization List in order to access the next available program spot, as long as the household is in need of homeless prevention assistance.

Declined Referrals

Coordinated Entry staff should inform the person(s) about the homeless prevention project that has the opening, other project types for which the person(s) are eligible, and other relevant factors of each project, assisting the person(s) in making an informed and careful decision about whether or not to accept assistance. If a person declines a referral to a homeless prevention project, s/he name remains on the Prevention Prioritization List until the next housing opportunity is available.

Project Enrollment

It is prohibited for any CoC-funded or ESG-funded housing project to serve individuals and/or families experiencing homelessness or who are at imminent risk of homelessness, without the household first going through the Coordinated Entry System and receiving a referral to the Prioritization List.

Once the project has verified and documented a household's eligibility, and the person(s) has accepted the offer of homeless prevention assistance, the project can enroll the household.

Section 5 Training

5

Initial Training

All staff new to the Coordinated Entry System are required to successfully complete several trainings prior to conducting assessments, making referrals to the Prioritization Lists, and accepting referrals from the Prioritization Lists. The specific trainings are listed in Appendix J; however, topics covered in the series include:

- Overview of the WIBOSCOC Coordinated Entry System;
- How to conduct Coordinated Entry assessments to fidelity;
- Prioritization standards for each project type;
- Making referrals to the HMIS and Non-HMIS Prioritization Lists;
- Conducting follow-up with referrals;
- Accepting referrals from the Prioritization Lists.

Upon successful completion of the initial training series, the Coordinated Entry Specialist will supply the staff person with the Participating Staff Agreement. This will be kept on file with the participating agency and a copy will be sent to the Coordinated Entry Lead.

On-Going Training

The WIBOSOC will provide training at least annually that reviews any updates or changes to the Coordinated Entry System. The Coordinated Entry Specialist is required to successfully complete the annual training, in addition to any other trainings required by the WIBOSCOC Board of Directors.

The Fox Cities Coordinated Entry Specialist will also provide training at least annually, which will be based on recent updates or changes, clarification of process, or technical assistance to a specific HMIS agency.

HMIS-Specific Training

Since HMIS is the primary tool of the Coordinated Entry System, there are several trainings regarding workflow for Coordinated Entry offered by the Institute for Community Alliances. There are recorded trainings that can be found on ICA's [website](#), and [How-To Guides](#) for Coordinated Entry in HMIS.

Section**6****Evaluation of the Coordinated Entry System**

Evaluation of the Fox Cities Coordinated Entry System will be completed using objective data reported on by the Coordinated Entry Specialist, and information gathered from users and staff of the Coordinated Entry System.

HMIS Component

The Coordinated Entry evaluation will utilize HMIS to determine if Coordinated Entry is meeting the goals of moving persons experiencing homelessness into housing quickly, and matching households with the best housing intervention for their needs. The HMIS component will consist of three parts: (1) Point in Time review of the Prioritization Lists; (2) VI-SPDAT score reports; and (3) System Performance Measures. All of the data will be evaluated annually, with the Prioritization reports being reviewed quarterly as well. The evaluation will look at each participating agency individually, and the Fox Cities Coordinated Entry System as a whole. Each agency will be compared to itself to evaluate change over time.

Point in Time Prioritization Lists

The Coordinated Entry Specialist will run both Prioritization Lists (households without children and households with children) on a quarterly basis. This will coincide with the collection of the Point in Time data. The reports will be reviewed by the Coordinated Entry Specialist annually to evaluate patterns over time. In addition, the Prioritization reports will be reviewed quarterly to determine if Coordinated Entry is having an impact on matching households with the appropriate project type and reducing the length of time people are homeless. The quarterly reports will be accessible to the participating agencies, as well as the WIBOSCOC Director and ICA staff.

The Summary page of the Prioritization Report contains key information that will be used for the review of the Prioritization Lists, including:

- Total referrals to the Lists;
- Count of current referrals to the Lists;
- Average length of time on the Lists;
- Longest length of time on the Lists;
- Count of households accepted off of the Lists;
- Clients who were removed from the Lists;
- Basic demographic information

VI-SPDAT Score Information Reports

In order to determine appropriate matching of housing interventions with a household's level of need, the VI-SPDAT score and housing placement information will be reviewed. There are two reports that provide information on the VI-SPDAT score for the Fox Cities and housing placements:

1. The Fox Cities Housing Coalition Housing Placement Assessment;
2. The Fox Cities Housing Coalition Acuity Assessment by Provider

These reports contain information for the Fox Cities Housing Coalition and the participating providers about the acuity of those being accepted into each project type, and if those who are the most vulnerable and have the highest acuity are prioritized. These reports will be reviewed by the Coordinated Entry Specialist to determine if the Coordinated Entry System is effectively matching households with the appropriate housing intervention.

These reports will be run annually. The information gathered will be used to determine the acuity of those households experiencing homelessness in the Fox Cities and they are being housed. This will assist in determining if households are being matched to the most appropriate housing intervention, and can help identify service gaps.

System Performance Measures

System Performance Measures help the Fox Cities Housing Coalition understand how our system works, and if we are moving in the right direction to end homelessness. The following System Performance Measures will be included in reporting:

- Measure 1.* Length of time persons remain homeless;
- Measure 2.* The extent to which persons who exit homelessness to permanent housing destinations return to homelessness (Reoccurrence);
- Measure 3.* Number of homeless persons;
- Measure 4.* Number of persons who become homeless for the first time;
- Measure 5.* Successful housing placement.

These reports will be run by the Coordinated Entry Specialist on an annual basis. Each participating agency will be compared to itself to evaluate change over time.

Stakeholder Information

The Coordinated Entry Specialist will solicit feedback from participating agencies and persons who participated in the Coordinated Entry System during the period of time being evaluated. Information will be gathered through surveys and/or individual interviews.

Specific information to be gathered from stakeholders may vary from year to year, but at a minimum, will include information about the quality and effectiveness of the Coordinated Entry experience.

Ongoing Planning

All information gathered from the evaluation process will be provided to the WIBOSCOG and used as a guide to review and update the Coordinated Entry System Policies and Procedures annually.

Section**7****Appendices**

A change to the Appendices may be approved separately and does not necessitate a full review or approval of the Coordinated Entry System Policies and Procedures. The Appendices will otherwise be updated annually.

Fox Cities Housing Coalition After Hour Plan	Appendix A
WIBOSCOC Pre-Screen Form	Appendix B
Coordinated Entry Client Rights & Responsibilities	Appendix C
Wisconsin Service Point Release of Information	Appendix D
VI-SPDAT Assessment Tool	Appendix E
VI-F-SPDAT Assessment Tool	Appendix F
TAY-VI-SPDAT Assessment Tool	Appendix G
Institute for Community Alliances “How To” Guide	Appendix H
Homelessness Prevention Assessment Tool	Appendix I
Coordinated Entry Training List	Appendix J
WIBOSCOC No Wrong Door Flyer	Appendix K
Fox Cities Coordinated Entry Marketing Materials	Appendix L

Appendix A



After Hours Plan

The Fox Cities Housing Coalition's After Hours Plan is intended to serve as a guide to connecting individuals and families experiencing homelessness in the Fox Cities to emergency services and the Coordinated Entry system after typical business hours. For the purposes of this Plan, 'after hours' is defined as the period of time between 4:30PM and 8:00AM, Monday through Friday, as well as at all times on weekends. This Plan covers the entire FCHC and includes Outagamie, northern Winnebago, and northern Calumet counties.

If an individual or family is in need of shelter after hours, they should be referred to the emergency shelter appropriate for their demographic. Referring individuals can include, but are not limited to: agency staff, police officers, school social workers, and street outreach workers.

Emergency Shelters

- Pillars Adult & Family Shelter
400 N Division St, Appleton, WI 54911
(920) 734-9192
- Pillars Adult Shelter
1928 W College Ave, Appleton, WI 54914
(920) 734-9192
- Harbor House (Domestic Violence)
720 W Fifth St, Appleton, WI 54914
(920) 832-1666

Shelter Intake

Shelter staff will discuss natural supports for housing to divert from shelter. If diversion is not possible and a bed(s) is available, an intake is completed for the individual or family and they are sheltered. The individual or family will be connected to the Coordinated Entry system by shelter staff within the next five business days. If diversion is not possible and a bed(s) is not available, staff will contact other shelters [as listed above] to determine if there is vacancy.

Motel Vouchers

If emergency shelter is not available, the individual or family is referred to agencies with motel voucher programming (until funding is depleted). The individual or family will be asked to complete a Pre-Screen form, and an informational brochure will be provided to connect them to the Coordinated Entry system the next business day. The informational brochure also includes contact information for agencies in the community that are able to make referrals to the Coordinated Entry system.

Agencies providing motel vouchers:

- Appleton Police Department (City of Appleton)

If shelter options are available, but the individual or family refuses, they are still asked to complete a Pre-Screen form and given the informational brochure to connect them to the Coordinated Entry system the next business day.

Updates

The After Hours Plan is reviewed and approved annually by the Fox Cities Housing Coalition. The approved Plan is distributed to Coalition members, and is communicated to others in the community that encounter individuals and families in need of shelter.

Approved by the FCHC: 06/17/2020
Submitted to the WIBOSCOC: 06/17/2020

Appendix B

WI BALANCE OF STATE CoC Pre-Screen Form



- Are you a domestic violence victim or survivor? Yes No
 If yes, would you like a referral to a local DV agency? Yes No
 If yes, when last experience occurred? _____
 If yes, are you currently fleeing a domestic violence situation? Yes No

Do you have a disability or need reasonable accommodations for us to provide services to you, including filling out this form? (this question is voluntary and does not affect your eligibility for services) Yes No

List Accommodations needed:

Do you need an interpreter? Yes No Language? _____

Household members (List everyone living in your household, related & unrelated)

Head of Household								
Last	First	Middle	Gender	<input type="checkbox"/> Disabled	Race	Ethnicity	Date of birth	
_____	_____	_____	_____	<input type="checkbox"/>	_____	_____	____/____/____	_____
Last Name	First Name	Middle	Relationship to HH	Gender	<input type="checkbox"/> Disabled	Race	Ethnicity	Date of birth
_____	_____	_____	_____	_____	<input type="checkbox"/>	_____	_____	____/____/____
_____	_____	_____	_____	_____	<input type="checkbox"/>	_____	_____	____/____/____
_____	_____	_____	_____	_____	<input type="checkbox"/>	_____	_____	____/____/____
_____	_____	_____	_____	_____	<input type="checkbox"/>	_____	_____	____/____/____

Current Address: _____
 Street Apt. # City State Zip Code

Telephone No: _____ Email: _____

Living situation last night

- Emergency shelter, including hotel or motel paid for with emergency shelter voucher
- Place not meant for habitation inclusive of "non-housing service site (outreach programs only)"
- Safe haven

When did this homelessness experience start (not necessarily when you entered shelter)? ____/____/____

- Hotel or motel paid for without emergency shelter voucher
- Staying or living in a family member's room, apartment or house
- Staying or living in a friend's room, apartment or house
- Rental by client, no housing subsidy
- Rental by client, with VASH housing subsidy
- Rental by client, with other housing subsidy (including RRH)
- Jail, prison, or juvenile detention facility
- Transitional housing for homeless persons (including homeless youth)
- Permanent housing (other than RRH) for formerly homeless persons
- Psychiatric hospital or other psychiatric facility
- Substance abuse treatment facility or detox center
- Other _____
- Residential project or halfway house with no homeless criteria
- Long term care facility or nursing home
- Rental by client with GPD or TIP subsidy
- Foster care home or foster care group home
- Hospital (non-psychiatric)
- Owned by client, no housing subsidy
- Owned by client, with housing subsidy

WI BALANCE OF STATE CoC Pre-Screen Form



Length of living situation in place marked above.

- | | |
|---|---|
| <input type="checkbox"/> One night or less | <input type="checkbox"/> More than three months, but less than one year |
| <input type="checkbox"/> 2-6 nights | <input type="checkbox"/> One year or longer |
| <input type="checkbox"/> One week but less than a month | |
| <input type="checkbox"/> One to three months | |

Estimate how much longer you expect to reside there.

- | | |
|---|--|
| <input type="checkbox"/> Can't go back | <input type="checkbox"/> Until shelter/housing is received |
| <input type="checkbox"/> More than a year | <input type="checkbox"/> Less than 3 months |
| | <input type="checkbox"/> 3 months to a year |

Number of times you have been on the Street, in an Emergency Shelter, on a motel voucher, or in a Safe Haven in the past three years including today: _____ times

Number of months homeless on the Street, in an Emergency Shelter, on a motel voucher, or in a Safe Haven in the past three years: _____ (not exceeding 36 months)

Veteran Status Never in the Service Currently in the Service Veteran
Veteran Benefit Status Currently receiving Currently not receiving Never received

Cause of homelessness (check all that apply).

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Divorce/Separation | <input type="checkbox"/> Domestic Violence | <input type="checkbox"/> Eviction | <input type="checkbox"/> Thrown out |
| <input type="checkbox"/> Loss of job | <input type="checkbox"/> Low income | <input type="checkbox"/> Mental illness | <input type="checkbox"/> Substance abuse |
| <input type="checkbox"/> Parole/incarceration | <input type="checkbox"/> Ran Away | <input type="checkbox"/> Exiting Foster care | <input type="checkbox"/> Rent increase |
| <input type="checkbox"/> Other _____ | | | |

FUP Eligible Family _____ **FUP Eligible Youth** _____
**For public child welfare agencies only, FUP eligibility must be determined by the PCWA in your county*

INCOME: (Please list all sources of income)

Source: _____ Gross monthly amount \$ _____
 Source: _____ Gross monthly amount \$ _____
 Source: _____ Gross monthly amount \$ _____

NO INCOME – Do you certify that you do not have any income from any source at this time?
 Yes No **VERBAL**

Do you give consent that this agency may share information with other agencies such as, but not limited to, your situation, household demographics, and any questions asked during this assessment for the purpose of providing a referral to Coordinated Entry Prioritization Lists?
 Yes No **VERBAL**

I understand that the information contained on this form is provided voluntarily. The information is true and correct to the best of my knowledge. I am aware that providing false information or not reporting pertinent information is fraud. If I provide any false information, I understand that services may be denied. I understand that completion of this form does not guarantee that I will receive assistance.

VERBAL

Signature of Applicant _____ Date: _____

Signature of CoC Agency Rep _____ Date: _____

v. 3 Approved by WI BOS CE Committee 4/2020

Appendix C



Wisconsin Balance of State Coordinated Entry System

Client Rights & Responsibilities

Please read the following notice and authorization (or ask to have it read to you) before signing.

This agency _____ participates in the Wisconsin Balance of State Continuum of Care (BOSCO) Coordinated Entry System. Agencies that participate in the Coordinated Entry System have agreed to follow a standard set of policies and procedures. Because you are requesting homelessness assistance, you have rights and responsibilities with respect to the BOSCO Coordinated Entry system.

Your rights include:

1. Being treated with respect.
2. Having the Coordinated Entry process explained to you.
3. Placement on the prioritization list no matter which participating agency you contact.
4. Being served as a family (if requesting services as a family). Your gender identity, marital status, sexual orientation will be accepted as you present them. (24 CFR part 576.102(b))
 - a. Female-headed households with children and male-headed households with children will be treated equally.
 - b. Programs will not send you to other services or agencies in order to not serve you based on your gender identity, marital status, family make-up or sexual orientation.
5. You and your family members will not be asked to provide proof related to your family status, gender identification and/or sexual orientation.
 - a. We will ask about your or your family member's gender only for the purpose of determining placement in temporary, emergency shelters.
 - b. If there are shared bedrooms or bathrooms in temporary or emergency shelters, we will ask about your or your family member's gender.
 - c. When determining the number of bedrooms your household is eligible for, we will ask about your or your family member's gender and/or age.
6. Referral to appropriate services for your individual situation.
7. Having your personal information kept confidential. You may ask to keep your name off the Coordinated Entry Prioritization List, and therefore not seen by other agencies.
8. Staying on the Prioritization List even if you choose to decline offered services or programs.
9. Removing your name from the Prioritization List for any reason.
10. Refusing to complete the VI-SPDAT/VI-F-SPDAT/TAY-VI-SPDAT screening assessment.
11. The option to file a grievance regarding the Coordinated Entry System (see next page for the Grievance Policy and Process).

Your responsibilities include:

1. Keeping your contact information up to date.
 - You should provide us with current email addresses, message numbers, and places you stay so we can let you know about housing and program that come available.
 - You should provide updated information about who is in your household.
2. Letting us know where you are staying or sleeping when that changes.
3. Connecting with staff within four (4) business days after you receive a call, email, or message from us.
4. Letting us know if you no longer need housing assistance.



Grievance Policy and Process

You have the right to file a grievance if you have a complaint about the services you receive in the BOSCOOC Coordinated Entry System. We encourage you to try to work out the problem directly with the other person/program as a first step in the process. If you cannot do that or are unsatisfied with that outcome then you may begin the grievance procedure.

You have the right to be assisted by an advocate of your choice (e.g., agency staff person, co-worker, friend, family member, etc.) at each step of the grievance process. You have the right to withdraw your grievance at any time.

Policy

This policy refers to client grievances regarding the Coordinated Entry System only. If a client has a grievance regarding a particular agency or representative of that agency, they should follow that agency's grievance procedure.

The agency completing the screening should address any complaints by clients as best as they can in the moment.

Complaints that should be addressed directly by the agency staff member or agency staff supervisor include complaints about how they were treated by agency staff, agency conditions, or violation of confidentiality agreements. Any other complaints should be referred to the CoC Director. Any complaints filed by a client should note their name and contact information so the CoC Director can contact him/her to discuss the issues.

Process

There are two levels of review available for each grievance:

Level 1 The first person to review the grievance is the CoC Director. You can obtain a Grievance Form from any Coordinated Entry Partner Agency or from the BOSCOOC website at wiboscoc.org. After gathering relevant information about the situation, including but not limited to communicating with you and the agency in question, the CoC Director will inform you and the agency in question what s/he thinks should happen.

- If both you and the agency agree, the process ends and the resolution is implemented.
- If you or the agency disagrees, the grievance moves to the next level.

Level 2 The BOSCOOC Board of Directors President reviews the grievance if there is dissatisfaction with the Director's resolution. The Board President may designate one or more Board members to review the situation. After gathering relevant information, the Board President or designated Board member(s) will tell you what will happen to resolve the grievance. This is the final step in the process and the decision of the Board of Directors is final.

Acknowledgment of Receipt:

I have been informed of my rights and responsibilities related to the BOSCOOC Coordinated Entry System. I understand that it is my right as a service recipient to file a grievance if I have a complaint about the services I receive from participating agency in the Coordinated Entry System if it cannot be resolved through other means.

Service Recipient Signature: _____ Date: _____

Verbal Consent Given? Yes No Date: _____

Agency Staff Signature: _____ Date: _____

Service Recipient Copy Agency Copy

Approved by BOS Board of Directors, 2.28.17

Appendix D



Wisconsin HMIS Client Informed Consent and Release of Information

PERMISSION TO SHARE CONFIDENTIAL INFORMATION TO SECURE NECESSARY SERVICES

Please read the following notice and authorization (or ask to have it read to you) before signing.

This agency _____ participates in the Wisconsin statewide Homeless Management and Information System. Agencies that participate in the Wisconsin HMIS belong to an internet-based network. This network is administered by the Institute for Community Alliances. The name of the software that stores this data is called WellSky Community Services, formerly known as ServicePoint.

Benefits to Data Sharing for the Consumer	
Eliminates Duplicate intakes	Faster access to the Coordinated Entry System, resulting in receiving services more quickly
Reduces the amount of time spent answering basic questions regarding your situation	Allows agencies to focus on meeting your unique service needs
Reduces the amount of times you have to tell your story to service providers	Multiple Services can be easily coordinated and streamlined

**WellSky ensures the security of its system. Please see below for detailed information on security measures.*

Because this network is made up of many service providers in Wisconsin, you have the option to share your information with other service providers from whom you might be seeking services. Your identity and information collected in the WI HMIS will be shared, with your written consent, in the network. WI HMIS includes your demographic information and other essential personal information needed to best determine your service needs.

The computer program used for this purpose has industry standard security protocols and is updated regularly to meet these security requirements. The information you provide will only be shared with this agency, the network, and limited staff of the Institute for Community Alliances. No personally identifying information will be shared by our network with any department in the Federal Government, other than Federal departments that are providing services within our network (for example, Veterans Affairs). Personally identifying information will not be shared with any State or Federal department for the purposes of determining your eligibility in other State or Federal programs (for example, Food Share). Information collected is housed in a secure server owned and hosted by WellSky in Arizona. Limited WellSky staff have access to this server and the data for the purposes of network support and maintenance. Data collected for the network will be maintained for at least seven years from the last date of service.

The list of agencies participating in the network can be accessed on the ICA website here, [HMIS Release of Information](#). This list may change.

Please note if you grant permission for your information to be shared, that agreement will be in effect until you revoke it in writing. You may end your agreement in writing and your personal and service information will no longer be shared from that date going forward. If you do not give permission for this agency to release your information, no other agency in the network will have access to it.

Maintaining the privacy and the safety of those using our services is very important. Your record will only be shared if you give permission. You cannot be denied services that you would otherwise qualify for if you choose not to share information. However, even if you choose not to share your information with other agencies, federal and state regulations may require limited data collection for funding purposes.



Wisconsin HMIS Client Informed Consent and Release of Information

Type of Information to be shared:

- Personal Identifying Information: Name (First, Middle and Last), Social Security Number, Date of Birth, Gender, Race Ethnicity, Last Residence Information, Military Status
- Housing/Program Specific: Program Eligibility, Entry/Exits, Agency Assessments, Services, Coordinated Entry, Case Notes, Referrals
- Assessment Specific: Income, Non-cash Benefits, Disability, Domestic Violence

Please indicate your choice regarding data sharing

Option 1: Verbal Consent

- _____ By initialing here, I agree to share my and my child/children's above specified information and coordinate services with all participating agencies in the network.

Option 2: Verbal Consent

- _____ By initialing here, I agree to limit sharing of my and my child/children's above specified information and coordination of services with this agency and the agencies listed below:

Option 3: Verbal Consent

- _____ By initialing here, I agree I do not want to share my and my child/children's above specified information and coordinate services with other agencies.

I understand that signing below relates only to data sharing within the WI HMIS and does not guarantee I will receive assistance. Alternatively, I understand that I will NOT be denied services if I refuse to consent to data sharing.

Print Name: _____

Client Signature: _____ Date: _____

Adult #2 Print Name: _____

Adult #2 Client Signature: _____ Date: _____

Agency Witness Signature: _____ Date: _____

Verbal Consent obtained by phone (Agency Staff Initials): _____ Date: _____

Appendix E

VULNERABILITY INDEX - SERVICE PRIORITIZATION DECISION ASSISTANCE TOOL (VI-SPDAT)

SINGLE ADULTS

AMERICAN VERSION 2.0

Administration

Interviewer's Name _____	Agency _____	<input type="checkbox"/> Team <input type="checkbox"/> Staff <input type="checkbox"/> Volunteer
Survey Date DD/MM/YYYY ___/___/____	Survey Time ___:___ AM/PM	Survey Location _____

Opening Script

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

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

Basic Information

First Name _____	Nickname _____	Last Name _____
In what language do you feel best able to express yourself? _____		
Date of Birth DD/MM/YYYY ___/___/____	Age _____	Social Security Number _____
		Consent to participate <input type="checkbox"/> Yes <input type="checkbox"/> No

IF THE PERSON IS 60 YEARS OF AGE OR OLDER, THEN SCORE 1.

SCORE:

VULNERABILITY INDEX - SERVICE PRIORITIZATION DECISION ASSISTANCE TOOL (VI-SPDAT)

SINGLE ADULTS

AMERICAN VERSION 2.0

A. History of Housing and Homelessness

1. Where do you sleep most frequently? (check one)
- Shelters
 Transitional Housing
 Safe Haven
 Outdoors
 Other (specify): _____
 Refused

IF THE PERSON ANSWERS ANYTHING OTHER THAN "SHELTER", "TRANSITIONAL HOUSING", OR "SAFE HAVEN", THEN SCORE 1. **SCORE:** _____

2. How long has it been since you lived in permanent stable housing? _____ Refused
3. In the last three years, how many times have you been homeless? _____ Refused

IF THE PERSON HAS EXPERIENCED 1 OR MORE CONSECUTIVE YEARS OF HOMELESSNESS, AND/OR 4+ EPISODES OF HOMELESSNESS, THEN SCORE 1. **SCORE:** _____

B. Risks

4. In the past six months, how many times have you...
- a) Received health care at an emergency department/room? _____ Refused
- b) Taken an ambulance to the hospital? _____ Refused
- c) Been hospitalized as an inpatient? _____ Refused
- d) Used a crisis service, including sexual assault crisis, mental health crisis, family/intimate violence, distress centers and suicide prevention hotlines? _____ Refused
- e) Talked to police because you witnessed a crime, were the victim of a crime, or the alleged perpetrator of a crime or because the police told you that you must move along? _____ Refused
- f) Stayed one or more nights in a holding cell, jail or prison, whether that was a short-term stay like the drunk tank, a longer stay for a more serious offence, or anything in between? _____ Refused

IF THE TOTAL NUMBER OF INTERACTIONS EQUALS 4 OR MORE, THEN SCORE 1 FOR EMERGENCY SERVICE USE. **SCORE:** _____

5. Have you been attacked or beaten up since you've become homeless? Y N Refused
6. Have you threatened to or tried to harm yourself or anyone else in the last year? Y N Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR RISK OF HARM. **SCORE:** _____

VULNERABILITY INDEX - SERVICE PRIORITIZATION DECISION ASSISTANCE TOOL (VI-SPDAT)

SINGLE ADULTS

AMERICAN VERSION 2.0

7. Do you have any legal stuff going on right now that may result in you being locked up, having to pay fines, or that make it more difficult to rent a place to live? Y N Refused

IF "YES," THEN SCORE 1 FOR **LEGAL ISSUES**.

SCORE:

8. Does anybody force or trick you to do things that you do not want to do? Y N Refused

9. Do you ever do things that may be considered to be risky like exchange sex for money, run drugs for someone, have unprotected sex with someone you don't know, share a needle, or anything like that? Y N Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **RISK OF EXPLOITATION**.

SCORE:

C. Socialization & Daily Functioning

10. Is there any person, past landlord, business, bookie, dealer, or government group like the IRS that thinks you owe them money? Y N Refused

11. Do you get any money from the government, a pension, an inheritance, working under the table, a regular job, or anything like that? Y N Refused

IF "YES" TO QUESTION 10 OR "NO" TO QUESTION 11, THEN SCORE 1 FOR **MONEY MANAGEMENT**.

SCORE:

12. Do you have planned activities, other than just surviving, that make you feel happy and fulfilled? Y N Refused

IF "NO," THEN SCORE 1 FOR **MEANINGFUL DAILY ACTIVITY**.

SCORE:

13. Are you currently able to take care of basic needs like bathing, changing clothes, using a restroom, getting food and clean water and other things like that? Y N Refused

IF "NO," THEN SCORE 1 FOR **SELF-CARE**.

SCORE:

14. Is your current homelessness in any way caused by a relationship that broke down, an unhealthy or abusive relationship, or because family or friends caused you to become evicted? Y N Refused

IF "YES," THEN SCORE 1 FOR **SOCIAL RELATIONSHIPS**.

SCORE:

VULNERABILITY INDEX - SERVICE PRIORITIZATION DECISION ASSISTANCE TOOL (VI-SPDAT)

SINGLE ADULTS

AMERICAN VERSION 2.0

D. Wellness

15. Have you ever had to leave an apartment, shelter program, or other place you were staying because of your physical health? Y N Refused
16. Do you have any chronic health issues with your liver, kidneys, stomach, lungs or heart? Y N Refused
17. If there was space available in a program that specifically assists people that live with HIV or AIDS, would that be of interest to you? Y N Refused
18. Do you have any physical disabilities that would limit the type of housing you could access, or would make it hard to live independently because you'd need help? Y N Refused
19. When you are sick or not feeling well, do you avoid getting help? Y N Refused
20. **FOR FEMALE RESPONDENTS ONLY:** Are you currently pregnant? Y N N/A or Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR PHYSICAL HEALTH.

SCORE:

21. Has your drinking or drug use led you to being kicked out of an apartment or program where you were staying in the past? Y N Refused
22. Will drinking or drug use make it difficult for you to stay housed or afford your housing? Y N Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR SUBSTANCE USE.

SCORE:

23. Have you ever had trouble maintaining your housing, or been kicked out of an apartment, shelter program or other place you were staying, because of:
- a) A mental health issue or concern? Y N Refused
- b) A past head injury? Y N Refused
- c) A learning disability, developmental disability, or other impairment? Y N Refused
24. Do you have any mental health or brain issues that would make it hard for you to live independently because you'd need help? Y N Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR MENTAL HEALTH.

SCORE:

IF THE RESPONENT SCORED 1 FOR PHYSICAL HEALTH AND 1 FOR SUBSTANCE USE AND 1 FOR MENTAL HEALTH, SCORE 1 FOR TRI-MORBIDITY.

SCORE:

VULNERABILITY INDEX - SERVICE PRIORITIZATION DECISION ASSISTANCE TOOL (VI-SPDAT)

SINGLE ADULTS

AMERICAN VERSION 2.0

25. Are there any medications that a doctor said you should be taking that, for whatever reason, you are not taking? Y N Refused

26. Are there any medications like painkillers that you don't take the way the doctor prescribed or where you sell the medication? Y N Refused

IF "YES" TO ANY OF THE ABOVE, SCORE 1 FOR MEDICATIONS.

SCORE:

27. **YES OR NO:** Has your current period of homelessness been caused by an experience of emotional, physical, psychological, sexual, or other type of abuse, or by any other trauma you have experienced? Y N Refused

IF "YES", SCORE 1 FOR ABUSE AND TRAUMA.

SCORE:

Scoring Summary

DOMAIN	SUBTOTAL	RESULTS
PRE-SURVEY	/1	Score: Recommendation: 0-3: no housing intervention 4-7: an assessment for Rapid Re-Housing 8+: an assessment for Permanent Supportive Housing/Housing First
A. HISTORY OF HOUSING & HOMELESSNESS	/2	
B. RISKS	/4	
C. SOCIALIZATION & DAILY FUNCTIONS	/4	
D. WELLNESS	/6	
GRAND TOTAL:	/17	

Follow-Up Questions

On a regular day, where is it easiest to find you and what time of day is easiest to do so?	place: _____ time: __ : __ or Morning/Afternoon/Evening/Night
Is there a phone number and/or email where someone can safely get in touch with you or leave you a message?	phone: (____) _____ - _____ email: _____
Ok, now I'd like to take your picture so that it is easier to find you and confirm your identity in the future. May I do so?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused

Communities are encouraged to think of additional questions that may be relevant to the programs being operated or your specific local context. This may include questions related to:

- military service and nature of discharge
- ageing out of care
- mobility issues
- legal status in country
- income and source of it
- current restrictions on where a person can legally reside
- children that may reside with the adult at some point in the future
- safety planning

Appendix F

VULNERABILITY INDEX - SERVICE PRIORITIZATION DECISION ASSISTANCE TOOL (VI-SPDAT)

FAMILIES

AMERICAN VERSION 2.0

Administration

Interviewer's Name _____	Agency _____	<input type="checkbox"/> Team <input type="checkbox"/> Staff <input type="checkbox"/> Volunteer
Survey Date DD/MM/YYYY ___/___/____	Survey Time ___:___ AM/PM	Survey Location _____

Opening Script

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

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- the purpose of the VI-SPDAT being completed
- that it usually takes less than 7 minutes to complete
- that only "Yes," "No," or one-word answers are being sought
- that any question can be skipped or refused
- where the information is going to be stored
- that if the participant does not understand a question that clarification can be provided
- the importance of relaying accurate information to the assessor and not feeling that there is a correct or preferred answer that they need to provide, nor information they need to conceal

Basic Information

PARENT 1	First Name _____	Nickname _____	Last Name _____
	In what language do you feel best able to express yourself? _____		
	Date of Birth DD/MM/YYYY ___/___/____	Age _____	Social Security Number _____
			Consent to participate <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> No second parent currently part of the household			
PARENT 2	First Name _____	Nickname _____	Last Name _____
	In what language do you feel best able to express yourself? _____		
	Date of Birth DD/MM/YYYY ___/___/____	Age _____	Social Security Number _____
			Consent to participate <input type="checkbox"/> Yes <input type="checkbox"/> No
IF EITHER HEAD OF HOUSEHOLD IS 60 YEARS OF AGE OR OLDER, THEN SCORE 1.			SCORE: _____

VULNERABILITY INDEX - SERVICE PRIORITIZATION DECISION ASSISTANCE TOOL (VI-SPDAT)

FAMILIES

AMERICAN VERSION 2.0

Children

1. How many children under the age of 18 are currently with you? _____ Refused
2. How many children under the age of 18 are not currently with your family, but you have reason to believe they will be joining you when you get housed? _____ Refused
3. **IF HOUSEHOLD INCLUDES A FEMALE:** Is any member of the family currently pregnant? Y N Refused
4. Please provide a list of children’s names and ages:

First Name	Last Name	Age	Date of Birth
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

IF THERE IS A SINGLE PARENT WITH 2+ CHILDREN, AND/OR A CHILD AGED 11 OR YOUNGER, AND/OR A CURRENT PREGNANCY, THEN SCORE 1 FOR FAMILY SIZE. SCORE:

IF THERE ARE TWO PARENTS WITH 3+ CHILDREN, AND/OR A CHILD AGED 6 OR YOUNGER, AND/OR A CURRENT PREGNANCY, THEN SCORE 1 FOR FAMILY SIZE.

A. History of Housing and Homelessness

5. Where do you and your family sleep most frequently? (check one)
 - Shelters
 - Transitional Housing
 - Safe Haven
 - Outdoors**
 - Other (specify):** _____
 - Refused**

IF THE PERSON ANSWERS ANYTHING OTHER THAN “SHELTER”, “TRANSITIONAL HOUSING”, OR “SAFE HAVEN”, THEN SCORE 1. SCORE:

6. How long has it been since you and your family lived in permanent stable housing? _____ Refused
7. In the last three years, how many times have you and your family been homeless? _____ Refused

IF THE FAMILY HAS EXPERIENCED 1 OR MORE CONSECUTIVE YEARS OF HOMELESSNESS, AND/OR 4+ EPISODES OF HOMELESSNESS, THEN SCORE 1. SCORE:

VULNERABILITY INDEX - SERVICE PRIORITIZATION DECISION ASSISTANCE TOOL (VI-SPDAT)

FAMILIES

AMERICAN VERSION 2.0

B. Risks

8. In the past six months, how many times have you or anyone in your family...

- a) Received health care at an emergency department/room? Refused
- b) Taken an ambulance to the hospital? Refused
- c) Been hospitalized as an inpatient? Refused
- d) Used a crisis service, including sexual assault crisis, mental health crisis, family/intimate violence, distress centers and suicide prevention hotlines? Refused
- e) Talked to police because they witnessed a crime, were the victim of a crime, or the alleged perpetrator of a crime or because the police told them that they must move along? Refused
- f) Stayed one or more nights in a holding cell, jail or prison, whether that was a short-term stay like the drunk tank, a longer stay for a more serious offence, or anything in between? Refused

IF THE TOTAL NUMBER OF INTERACTIONS EQUALS 4 OR MORE, THEN SCORE 1 FOR EMERGENCY SERVICE USE.

SCORE:

9. Have you or anyone in your family been attacked or beaten up since they've become homeless? Y N Refused
10. Have you or anyone in your family threatened to or tried to harm themselves or anyone else in the last year? Y N Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR RISK OF HARM.

SCORE:

11. Do you or anyone in your family have any legal stuff going on right now that may result in them being locked up, having to pay fines, or that make it more difficult to rent a place to live? Y N Refused

IF "YES," THEN SCORE 1 FOR LEGAL ISSUES.

SCORE:

12. Does anybody force or trick you or anyone in your family to do things that you do not want to do? Y N Refused
13. Do you or anyone in your family ever do things that may be considered to be risky like exchange sex for money, run drugs for someone, have unprotected sex with someone they don't know, share a needle, or anything like that? Y N Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR RISK OF EXPLOITATION.

SCORE:

VULNERABILITY INDEX - SERVICE PRIORITIZATION DECISION ASSISTANCE TOOL (VI-SPDAT)

FAMILIES

AMERICAN VERSION 2.0

C. Socialization & Daily Functioning

14. Is there any person, past landlord, business, bookie, dealer, or government group like the IRS that thinks you or anyone in your family owe them money? Y N Refused

15. Do you or anyone in your family get any money from the government, a pension, an inheritance, working under the table, a regular job, or anything like that? Y N Refused

IF "YES" TO QUESTION 14 OR "NO" TO QUESTION 15, THEN SCORE 1 FOR **MONEY MANAGEMENT.**

SCORE:

16. Does everyone in your family have planned activities, other than just surviving, that make them feel happy and fulfilled? Y N Refused

IF "NO," THEN SCORE 1 FOR **MEANINGFUL DAILY ACTIVITY.**

SCORE:

17. Is everyone in your family currently able to take care of basic needs like bathing, changing clothes, using a restroom, getting food and clean water and other things like that? Y N Refused

IF "NO," THEN SCORE 1 FOR **SELF-CARE.**

SCORE:

18. Is your family's current homelessness in any way caused by a relationship that broke down, an unhealthy or abusive relationship, or because other family or friends caused your family to become evicted? Y N Refused

IF "YES," THEN SCORE 1 FOR **SOCIAL RELATIONSHIPS.**

SCORE:

D. Wellness

19. Has your family ever had to leave an apartment, shelter program, or other place you were staying because of the physical health of you or anyone in your family? Y N Refused

20. Do you or anyone in your family have any chronic health issues with your liver, kidneys, stomach, lungs or heart? Y N Refused

21. If there was space available in a program that specifically assists people that live with HIV or AIDS, would that be of interest to you or anyone in your family? Y N Refused

22. Does anyone in your family have any physical disabilities that would limit the type of housing you could access, or would make it hard to live independently because you'd need help? Y N Refused

23. When someone in your family is sick or not feeling well, does your family avoid getting medical help? Y N Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **PHYSICAL HEALTH.**

SCORE:

VULNERABILITY INDEX - SERVICE PRIORITIZATION DECISION ASSISTANCE TOOL (VI-SPDAT)

FAMILIES

AMERICAN VERSION 2.0

24. Has drinking or drug use by you or anyone in your family led your family to being kicked out of an apartment or program where you were staying in the past? Y N Refused
25. Will drinking or drug use make it difficult for your family to stay housed or afford your housing? Y N Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR SUBSTANCE USE.

SCORE:

26. Has your family ever had trouble maintaining your housing, or been kicked out of an apartment, shelter program or other place you were staying, because of:

- a) A mental health issue or concern? Y N Refused
- b) A past head injury? Y N Refused
- c) A learning disability, developmental disability, or other impairment? Y N Refused

27. Do you or anyone in your family have any mental health or brain issues that would make it hard for your family to live independently because help would be needed? Y N Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR MENTAL HEALTH.

SCORE:

28. **IF THE FAMILY SCORED 1 EACH FOR PHYSICAL HEALTH, SUBSTANCE USE, AND MENTAL HEALTH:** Does any single member of your household have a medical condition, mental health concerns, **and** experience with problematic substance use? Y N N/A or Refused

IF "YES", SCORE 1 FOR TRI-MORBIDITY.

SCORE:

29. Are there any medications that a doctor said you or anyone in your family should be taking that, for whatever reason, they are not taking? Y N Refused
30. Are there any medications like painkillers that you or anyone in your family don't take the way the doctor prescribed or where they sell the medication? Y N Refused

IF "YES" TO ANY OF THE ABOVE, SCORE 1 FOR MEDICATIONS.

SCORE:

31. **YES OR NO:** Has your family's current period of homelessness been caused by an experience of emotional, physical, psychological, sexual, or other type of abuse, or by any other trauma you or anyone in your family have experienced? Y N Refused

IF "YES", SCORE 1 FOR ABUSE AND TRAUMA.

SCORE:

VULNERABILITY INDEX - SERVICE PRIORITIZATION DECISION ASSISTANCE TOOL (VI-SPDAT)

FAMILIES

AMERICAN VERSION 2.0

E. Family Unit

32. Are there any children that have been removed from the family by a child protection service within the last 180 days? Y N Refused

33. Do you have any family legal issues that are being resolved in court or need to be resolved in court that would impact your housing or who may live within your housing? Y N Refused

IF "YES" TO ANY OF THE ABOVE, SCORE 1 FOR FAMILY LEGAL ISSUES.

SCORE:

34. In the last 180 days have any children lived with family or friends because of your homelessness or housing situation? Y N Refused

35. Has any child in the family experienced abuse or trauma in the last 180 days? Y N Refused

36. *IF THERE ARE SCHOOL-AGED CHILDREN:* Do your children attend school more often than not each week? Y N N/A or Refused

IF "YES" TO ANY OF QUESTIONS 34 OR 35, OR "NO" TO QUESTION 36, SCORE 1 FOR NEEDS OF CHILDREN.

SCORE:

37. Have the members of your family changed in the last 180 days, due to things like divorce, your kids coming back to live with you, someone leaving for military service or incarceration, a relative moving in, or anything like that? Y N Refused

38. Do you anticipate any other adults or children coming to live with you within the first 180 days of being housed? Y N Refused

IF "YES" TO ANY OF THE ABOVE, SCORE 1 FOR FAMILY STABILITY.

SCORE:

39. Do you have two or more planned activities each week as a family such as outings to the park, going to the library, visiting other family, watching a family movie, or anything like that? Y N Refused

40. After school, or on weekends or days when there isn't school, is the total time children spend each day where there is no interaction with you or another responsible adult...

a) 3 or more hours per day for children aged 13 or older? Y N Refused

b) 2 or more hours per day for children aged 12 or younger? Y N Refused

41. *IF THERE ARE CHILDREN BOTH 12 AND UNDER & 13 AND OVER:* Do your older kids spend 2 or more hours on a typical day helping their younger sibling(s) with things like getting ready for school, helping with homework, making them dinner, bathing them, or anything like that? Y N N/A or Refused

IF "NO" TO QUESTION 39, OR "YES" TO ANY OF QUESTIONS 40 OR 41, SCORE 1 FOR PARENTAL ENGAGEMENT.

SCORE:

VULNERABILITY INDEX - SERVICE PRIORITIZATION DECISION ASSISTANCE TOOL (VI-SPDAT)

FAMILIES

AMERICAN VERSION 2.0

Scoring Summary

DOMAIN	SUBTOTAL	RESULTS
PRE-SURVEY	/2	Score: Recommendation: 0-3 no housing intervention 4-8 an assessment for Rapid Re-Housing 9+ an assessment for Permanent Supportive Housing/Housing First
A. HISTORY OF HOUSING & HOMELESSNESS	/2	
B. RISKS	/4	
C. SOCIALIZATION & DAILY FUNCTIONS	/4	
D. WELLNESS	/6	
E. FAMILY UNIT	/4	
GRAND TOTAL:	/22	

Follow-Up Questions

On a regular day, where is it easiest to find you and what time of day is easiest to do so?	place: _____
	time: ___ : ___ or Morning/Afternoon/Evening/Night
Is there a phone number and/or email where someone can safely get in touch with you or leave you a message?	phone: (____) _____ - _____
	email: _____
Ok, now I'd like to take your picture so that it is easier to find you and confirm your identity in the future. May I do so?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused

Communities are encouraged to think of additional questions that may be relevant to the programs being operated or your specific local context. This may include questions related to:

- military service and nature of discharge
- ageing out of care
- mobility issues
- legal status in country
- income and source of it
- current restrictions on where a person can legally reside
- children that may reside with the adult at some point in the future
- safety planning

Appendix G

NEXT STEP TOOL FOR HOMELESS YOUTH

SINGLE YOUTH

AMERICAN VERSION 1.0

Administration

Interviewer's Name _____	Agency _____	<input type="radio"/> Team <input type="radio"/> Staff <input type="radio"/> Volunteer
Survey Date DD/MM/YYYY ____/____/____	Survey Time ____:____	Survey Location _____

Opening Script

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

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

Basic Information

First Name _____	Nickname _____	Last Name _____
In what language do you feel best able to express yourself? _____		
Date of Birth DD/MM/YYYY ____/____/____	Age ____	Social Security Number _____
		Consent to participate <input type="radio"/> Yes <input type="radio"/> No

IF THE PERSON IS 17 YEARS OF AGE OR LESS, THEN SCORE 1.

SCORE:

--

NEXT STEP TOOL FOR HOMELESS YOUTH

SINGLE YOUTH

AMERICAN VERSION 1.0

A. History of Housing and Homelessness

1. Where do you sleep most frequently? (check one)

- Shelters Couch surfing Other (specify): _____
 Transitional Housing Outdoors
 Safe Haven Refused

IF THE PERSON ANSWERS ANYTHING OTHER THAN "SHELTER", "TRANSITIONAL HOUSING", OR "SAFE HAVEN", THEN SCORE 1. **SCORE:** 0

2. How long has it been since you lived in permanent stable housing? _____ Years Refused

3. In the last three years, how many times have you been homeless? _____ Refused

IF THE PERSON HAS EXPERIENCED 1 OR MORE CONSECUTIVE YEARS OF HOMELESSNESS, AND/OR 4+ EPISODES OF HOMELESSNESS, THEN SCORE 1. **SCORE:** 0

B. Risks

4. In the past six months, how many times have you...

- a) Received health care at an emergency department/room? _____ Refused
- b) Taken an ambulance to the hospital? _____ Refused
- c) Been hospitalized as an inpatient? _____ Refused
- d) Used a crisis service, including sexual assault crisis, mental health crisis, family/intimate violence, distress centers and suicide prevention hotlines? _____ Refused
- e) Talked to police because you witnessed a crime, were the victim of a crime, or the alleged perpetrator of a crime or because the police told you that you must move along? _____ Refused
- f) Stayed one or more nights in a holding cell, jail, prison or juvenile detention, whether it was a short-term stay like the drunk tank, a longer stay for a more serious offence, or anything in between? _____ Refused

IF THE TOTAL NUMBER OF INTERACTIONS EQUALS 4 OR MORE, THEN SCORE 1 FOR EMERGENCY SERVICE USE. **SCORE:** 0

5. Have you been attacked or beaten up since you've become homeless? Y N Refused

6. Have you threatened to or tried to harm yourself or anyone else in the last year? Y N Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR RISK OF HARM. **SCORE:** 0

NEXT STEP TOOL FOR HOMELESS YOUTH

SINGLE YOUTH

AMERICAN VERSION 1.0

7. Do you have any legal stuff going on right now that may result in you being locked up, having to pay fines, or that make it more difficult to rent a place to live? Y N Refused

8. Were you ever incarcerated when younger than age 18? Y N Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR LEGAL ISSUES.

SCORE:

0

9. Does anybody force or trick you to do things that you do not want to do? Y N Refused

10. Do you ever do things that may be considered to be risky like exchange sex for money, food, drugs, or a place to stay, run drugs for someone, have unprotected sex with someone you don't know, share a needle, or anything like that? Y N Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR RISK OF EXPLOITATION.

SCORE:

0

C. Socialization & Daily Functioning

11. Is there any person, past landlord, business, bookie, dealer, or government group like the IRS that thinks you owe them money? Y N Refused

12. Do you get any money from the government, an inheritance, an allowance, working under the table, a regular job, or anything like that? Y N Refused

IF "YES" TO QUESTION 11 OR "NO" TO QUESTION 12, THEN SCORE 1 FOR MONEY MANAGEMENT.

SCORE:

0

13. Do you have planned activities, other than just surviving, that make you feel happy and fulfilled? Y N Refused

IF "NO," THEN SCORE 1 FOR MEANINGFUL DAILY ACTIVITY.

SCORE:

0

14. Are you currently able to take care of basic needs like bathing, changing clothes, using a restroom, getting food and clean water and other things like that? Y N Refused

IF "NO," THEN SCORE 1 FOR SELF-CARE.

SCORE:

0

NEXT STEP TOOL FOR HOMELESS YOUTH

SINGLE YOUTH

AMERICAN VERSION 1.0

15. Is your current lack of stable housing...

- a) Because you ran away from your family home, a group home or a foster home? Y N Refused
- b) Because of a difference in religious or cultural beliefs from your parents, guardians or caregivers? Y N Refused
- c) Because your family or friends caused you to become homeless? Y N Refused
- d) Because of conflicts around gender identity or sexual orientation? Y N Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR SOCIAL RELATIONSHIPS.

SCORE:

0

- e) Because of violence at home between family members? Y N Refused
- f) Because of an unhealthy or abusive relationship, either at home or elsewhere? Y N Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR ABUSE/TRAUMA.

SCORE:

0

D. Wellness

16. Have you ever had to leave an apartment, shelter program, or other place you were staying because of your physical health? Y N Refused
17. Do you have any chronic health issues with your liver, kidneys, stomach, lungs or heart? Y N Refused
18. If there was space available in a program that specifically assists people that live with HIV or AIDS, would that be of interest to you? Y N Refused
19. Do you have any physical disabilities that would limit the type of housing you could access, or would make it hard to live independently because you'd need help? Y N Refused
20. When you are sick or not feeling well, do you avoid getting medical help? Y N Refused
21. Are you currently pregnant, have you ever been pregnant, or have you ever gotten someone pregnant? Y N Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR PHYSICAL HEALTH.

SCORE:

0

NEXT STEP TOOL FOR HOMELESS YOUTH

SINGLE YOUTH

AMERICAN VERSION 1.0

- 22. Has your drinking or drug use led you to being kicked out of an apartment or program where you were staying in the past? Y N Refused
- 23. Will drinking or drug use make it difficult for you to stay housed or afford your housing? Y N Refused
- 24. If you've ever used marijuana, did you ever try it at age 12 or younger? Y N Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR SUBSTANCE USE. **SCORE:**
0

- 25. Have you ever had trouble maintaining your housing, or been kicked out of an apartment, shelter program or other place you were staying, because of:
 - a) A mental health issue or concern? Y N Refused
 - b) A past head injury? Y N Refused
 - c) A learning disability, developmental disability, or other impairment? Y N Refused
- 26. Do you have any mental health or brain issues that would make it hard for you to live independently because you'd need help? Y N Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR MENTAL HEALTH. **SCORE:**
0

IF THE RESPONENT SCORED 1 FOR PHYSICAL HEALTH AND 1 FOR SUBSTANCE USE AND 1 FOR MENTAL HEALTH, SCORE 1 FOR TRI-MORBIDITY. **SCORE:**
0

- 27. Are there any medications that a doctor said you should be taking that, for whatever reason, you are not taking? Y N Refused
- 28. Are there any medications like painkillers that you don't take the way the doctor prescribed or where you sell the medication? Y N Refused

IF "YES" TO ANY OF THE ABOVE, SCORE 1 FOR MEDICATIONS. **SCORE:**
0

Scoring Summary

DOMAIN	SUBTOTAL	RESULTS
PRE-SURVEY	1 /1	Score: Recommendation: 0-3: no moderate or high intensity services be provided at this time 4-7: assessment for time-limited supports with moderate intensity 8+: assessment for long-term housing with high service intensity
A. HISTORY OF HOUSING & HOMELESSNESS	0 /2	
B. RISKS	0 /4	
C. SOCIALIZATION & DAILY FUNCTIONS	0 /4	
D. WELLNESS	0 /6	
GRAND TOTAL:	1 /17	

NEXT STEP TOOL FOR HOMELESS YOUTH

SINGLE YOUTH

AMERICAN VERSION 1.0

Follow-Up Questions

On a regular day, where is it easiest to find you and what time of day is easiest to do so?	place: _____
	time: ____ : ____ or Night _____
Is there a phone number and/or email where someone can get in touch with you or leave you a message?	phone: (____) _____ - _____
	email: _____
Ok, now I'd like to take your picture so that it is easier to find you and confirm your identity in the future. May I do so?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused

Communities are encouraged to think of additional questions that may be relevant to the programs being operated or your specific local context. This may include questions related to:

- military service and nature of discharge
- ageing out of care
- mobility issues
- legal status in country
- income and source of it
- current restrictions on where a person can legally reside
- children that may reside with the youth at some point in the future
- safety planning

Appendix H

Coordinated Entry: BoS, Dane, and Racine How to: Referral to Homeless Priority List (▶)



Homeless Prioritization List Referral Workflow

This workflow and training is for users who are required to make referrals to the Coordinated Entry Homeless Priority List. This training covers the HMIS related workflow to make a referral to the Priority List.

Things to Remember:

Each HUD recognized CoC has distinct policies and procedures related to making referrals to the Priority List. Please contact the Coordinated Entry representative in your area for information on the CE Policy and Procedures for your CoC.

Workflow:

1. Enter Data As to the Project your agency uses for Coordinated Entry referrals
2. Backdate to the date of the referral
3. Search for and enter the Head of Household's file
 - a. If client does not exist in HMIS, follow the HMIS rules related to creating a New Client in the system
4. Click the Assessments Tab
5. Select the correct Coordinated Entry Assessment
6. Enter the Coordinated Entry Assessment information, including the associated VI SPDAT
7. Click Service Transactions
8. Add Referral
 - a. Add Term from Service Code Quicklist
 - b. Add Provider from Referral Provider Quicklist
 - c. Add corresponding VI SPDAT Score
 - d. Add Projected Follow Up Date
 - e. Add Follow Up User
 - f. Ensure Referral box is selected
 - g. Click "Save All"

Appendix I

WI BOS Coordinated Entry Prevention Prioritization Assessment

Please answer these questions for the Head of Household, or if it is 2 or more adults without dependent children, do the assessment with each and do a referral for each person. This assessment must be completed in ServicePoint. See an example of how to fill the assessment out below:

Example:

1. Annual HH Gross income amount?	<input type="checkbox"/> 0-14% AMI	<input type="checkbox"/> 2
	<input checked="" type="checkbox"/> 15-30% AMI	<input type="checkbox"/> 1
	<input type="checkbox"/> More than 30% AMI	<input type="checkbox"/> 0

Prevention Prioritization Assessment

Interviewer's Name		
Agency's Full Name		
Job Title at Agency		
Today's Date (Date of Interview)		
Prioritization Assessment Questions	Prioritization Assessment Answers	Points/Scoring
1. Annual HH Gross income amount?	<input type="checkbox"/> 0-14% AMI <input checked="" type="checkbox"/> 15-30% AMI <input type="checkbox"/> More than 30% AMI	<input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 0
2. What is the last grade of school you completed?	<input type="checkbox"/> Less than high school <input type="checkbox"/> Some high school <input type="checkbox"/> High school diploma/GED <input type="checkbox"/> Some College <input type="checkbox"/> Technical degree <input type="checkbox"/> College Degree 2 yrs <input type="checkbox"/> College degree 4 yrs <input type="checkbox"/> Post graduate <input type="checkbox"/> Other	<input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 0 <input type="checkbox"/> 0 <input type="checkbox"/> 0 <input type="checkbox"/> 0 <input type="checkbox"/> 0 <input type="checkbox"/> 0
3. At least one dependent child under age 6	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 3 <input type="checkbox"/> 0
4. Single Parent with minor child(ren)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 3 <input type="checkbox"/> 0
5. Household size of 5 or more?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 3 <input type="checkbox"/> 0

1

6. Pregnant?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 0
7. Does Client have disabling condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 3 <input type="checkbox"/> 0
8. Number of times the client has been on the streets, in Emergency Shelter or Safe Haven in the past 3 years including today?	<input type="checkbox"/> 4+ <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> Never	<input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 0
9. Total number of months homeless in the past 3 years	<input type="checkbox"/> Less than a month <input type="checkbox"/> 1 month <input type="checkbox"/> 2-5 months <input type="checkbox"/> 6+	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
10. Number of time you have had to move because of economic factors in the last 2 years?	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4+	<input type="checkbox"/> 0 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
11. Court ordered rental evictions on your record within the past 3 years?	<input type="checkbox"/> 4 or more <input type="checkbox"/> 2-3 <input type="checkbox"/> 1 <input type="checkbox"/> No prior evictions	<input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 0
12. Domestic violence victim/survivor	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 0
13. If Yes, Currently fleeing	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 2 0
14. Criminal record for arson, drug dealing or manufacture, or felony offense against persons or property?* <i>*Convictions</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 3 <input type="checkbox"/> 0
15. Registered Sex Offender	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 3 <input type="checkbox"/> 0
16. Means of Transportation	<input type="checkbox"/> Automobile <input type="checkbox"/> Bus <input type="checkbox"/> Bicycle <input type="checkbox"/> Friend/Family <input type="checkbox"/> Scooter/motorcycle <input type="checkbox"/> Taxi <input type="checkbox"/> Other <input type="checkbox"/> No transportation	<input type="checkbox"/> 0 <input type="checkbox"/> 0 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 0 <input type="checkbox"/> 0 <input type="checkbox"/> 0 <input type="checkbox"/> 2
Total Points (Sum of questions answered above)		

Appendix J



SSO for CE staff Getting Started

Step 1

If you are new to the position, please do the following as soon as possible:

- Connect with Ryan Graham the WI BOSCOC Coordinated Entry System Specialist to make sure he has all of your contact information and can add you to all SSO for CE group correspondences.
Phone: (715) 225-0164
Email: Ryan.graham@wibos.org
- Take HMIS trainings and do assigned homework in order to receive your HMIS license and ART license.
 - 1) **[Complete the New User Training Series to obtain your HMIS user license \(found here\)](#)**
 - 2) **[Watch the “ART: Basic How To” training video to obtain your ART license \(found here\)](#)**
- Take the VI-SPDAT training located on the wiboscoc.org website under the Coordinated Entry page. (The end of the training will take you to a link to take a quiz. That link is no longer active. Please send Ryan Graham an email seeking confirmation of your attendance of this training to ryan.graham@wibos.org. Once confirmation is received, you are all set to begin administering the VI-SPDAT.)
VI-SPDAT Version 2 Training
- Most of you will be the Non-HMIS list holder for your coalition. In order for this to occur, you must attend the following trainings located on the wiboscoc.org website under the Coordinated Entry page:
 - 1) **DLA & LH training**
 - 2) **List holder/DLA Training: Managing the Non-WISP list**
 - 3) **Non-WISP referral form training**
 - 4) **Working Together: WISP & Non-WISP Prioritization List**
 - 5) **Managing the Non-WISP prioritization list**
- After all the Non-HMIS trainings have been completed, be sure to connect with Ryan Graham to get access to the Non-HMIS prioritization list. He will need an email. (preferably a gmail email as this is a google doc and will often help to load faster.)
This has already been set up. Please utilize the following login and password to gain access to the non-WISP list:

**Login: COA.CoordinatedEntry@gmail.com
Password: FoxCitiesCE123!**

- Read and become familiar with the WI BOS CE policy and Procedure manual 2.0 and its appendixes located on the wiboscoc.org website under the Coordinated Entry page.
 - 1) **Coordinated Entry Policies & Procedures 2.0 manual**
 - 2) **Appendices A through S**
 - 3) **Grievance Policies & Procedures (as well as waiver checklist, application, policy)**
 - 4) **Coordinated Entry Process Documents, including**
 - a. **BOS Pre-Screen Form**
 - b. **Prevention Prioritization assessment**
 - c. **VI SPDAT score report**
 - d. **VI-F-SPDAT 2.0**
 - e. **TAY-VISPDAT**
 - f. **VI SPDAT 2.0**
 - 5) **Marketing Materials (No Wrong Door business cards, flyers, and brochures)**
 - 6) **PSH, RRH, TH Program Standards**

- Please read and sign the Staff Participation Agreement located on the wiboscoc.org website under the coordinated entry page. Once signed email a copy to ryan.graham@wibos.org.
This can be found under Appendix B of the Coordinated Entry Policies & Procedures 2.0

The above items should be done immediately as it will provide context for everything we will be discussing here on out.

Step 2

- Take the CE 101 training series located on the wiboscoc.org website under the Coordinated Entry page. This training consists of 6 trainings divided up into smaller components.
 - Introduction to Coordinated Entry**
 - CE 101- Access**
 - CE 101- Assessment**
 - CE 101- Referral**
 - Watch the “Coordinated Entry: BoS, Dane, and Racine How to: Referral to Homeless Priority List” video on ICA’s website (found [here](#))
 - CE 101- Follow Up**
 - CE 101- Prioritization & Project Enrollment**

- Take the Coordinated Entry Prevention training located on the wiboscoc.org website under the Coordinated Entry page.
 - PPT slides are also available**
 - Watch the “Coordinated Entry: BoS Prevention” video on ICA’s website (found [here](#))

- Take the ICA Balance of State PSH Prioritization List training located on the wiboscoc.org website under the Coordinated Entry page.

PPT slides are also available

- Take the Coordinated Entry – Shelter Implementation training located on the wiboscoc.org website under the Coordinated Entry page.

PPT slides are also available

- Additional ICA trainings to watch:
[Watch the “Coordinated Entry: List Clean Up BoS and Racine” video on ICA’s website \(found here\)](#)

[Watch the “BoS CE SSO Workflow” video on ICA’s website \(found here\)](#)

- Connect with all the homeless service providers in your coalition to introduce yourself and get to know who you will be working with in your coalition.
- Contact the CE committee chair and get put on the email list to start attending CE committee meetings and join whatever work group you may be interested in.

This is currently co-chaired by both Wendy Schneider (wendys@cwcac.org) and Dana Baumgartner (dana.baumgartner@usc.salvationarmy.org).

Step 3

At this point you have the proper foundation to be able to begin further training. Please contact Ryan Graham to schedule either an in person or over the phone training. This training will include but not limited to the following:

- Training tracking form
- DLA tracking form
- After Hours plans
- WI BOS grievance procedure
- PL review – understanding prioritization
- Non-HMIS review
- Local coalition CE evaluation
- Common problems and concerns
- Housing program requirements
- Agency and staff participation agreements
- Marketing
- Other Systems of Care
- Prevention
- Diversion
- DV, VETS, YOUTH, - Special populations

Appendix K

Homeless?

Let Us Help!



No Wrong Door

Coordinated Entry is a way people experiencing homelessness or at risk of homelessness may find housing and get connected to resources in their community. In most counties in Wisconsin, you can get help at agencies that assist homeless people and/or people in poverty.

Are you eligible? You might be eligible if your primary nighttime residence is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for people, including a car, park, abandoned building, bus or train station, airport, camping ground; OR living in a emergency or domestic violence shelter.

*Watch for the “No Wrong Door” at the entrance of the agency.
Come on in and let us help!*

COORDINATED ENTRY AGENCIES IN THIS AREA:



Appendix L




(Note: Material below is a tri-fold brochure on cardstock with matte finish)

What is Coordinated Entry?

Coordinated Entry is a way that people who are experiencing homelessness, or at risk of homelessness, may find housing and get connected to resources in their community.

What resources can I get connected to through Coordinated Entry?

Coordinated Entry Fox Cities connects individuals and families to housing resources offered through the following agencies:

-  **ADVOCAP**
-  **Salvation Army Fox Cities**
-  **Pillars**

Am I eligible?

You might be eligible if your primary nighttime residence is a place not designed for regular sleeping accommodation for people (including a car, park, abandoned building, etc.); OR living in an emergency shelter or domestic violence shelter.

The Coordinated Entry Process

The Coordinated Entry Specialist completes a brief housing needs assessment with you (over the phone or in person).



The Coordinated Entry Specialist adds you to a prioritization list for housing assistance. This is not a waiting list, but a list that prioritizes households with the highest need for assistance.



The Coordinated Entry Specialist checks in with you every 30 days that you are on the list to make sure you are still eligible for and in need of homeless housing assistance.



If a supportive housing program has an opening in one of their programs and you are at the top of the prioritization list, the housing program staff will contact you to determine your eligibility and offer you services.

In Need of Housing Resources?

Let Us Help



Coordinated Entry Specialist

920.832.6460
COA.CoordinatedEntry@gmail.com

Fox Cities Supportive Housing Programs

Rapid Re-housing

Tenant Based Rental Assistance (TBRA)

Permanent Supportive Housing



Pillars Housing Solutions

- Provides a maximum of 24 months of rental assistance.
- The participant either is offered an agency-owned unit or finds a private landlord to rent to them.
- A case manager meets with the participant weekly.
- Pillars Housing Solutions will pay the first month's rent and security deposit.
- Income is not required to enroll in the program.



Pillars Housing Solutions

- Provides a maximum of 24 months of rental assistance.
- A case manager meets with the participant weekly.
- The participant is offered an agency-owned unit that is inspected monthly by the agency.
- The participant is offered an agency-owned unit if one is available or will be assisted in securing a unit with a third-party landlord



Pillars Housing Solutions – It Takes A Village

- Provides housing assistance for a duration based on the participant's need, but with a focus that alternative housing is secured when Supportive Services are no longer needed.
- A case manager meets with the participant weekly.
- The participant moves into a partially furnished apartment in the private rental market. Pillars Housing Solutions holds the lease.
- Income is not required to enroll in the program.



Salvation Army Fox Cities

- Provides a maximum of 24 months of rental assistance.
- A case manager and life skills coordinator meet with the participant weekly.
- Furnished onsite efficiency units for singles or scattered site third-party landlord units for singles and families.



Salvation Army Fox Cities

- Provides a maximum of 24 months of rental assistance.
- A case manager and life skills coordinator meet with the participant weekly.
- The participant finds a private landlord to rent to them.
- Income is not required to enroll in the program.



ADVOCAP

- Provides anywhere from 6 to 24 months of rental assistance.
- The participant finds a private landlord to rent to the them.
- A Case Manager meets with the participant weekly.
- ADVOCAP will pay the first month's rent and security deposit.
- Income is not required to enroll in the program.

(Note: Information below is a vertical business card with a glossy finish)

Coordinated

Entry

Fox Cities

...meeting community needs...enhancing quality of life

Living outside?
Sleeping in a car?
Staying in a shelter?
Fleeing violence?

In need of housing resources?

Let us help.

Coordinated Entry Specialist
920.832.6460 |
COA.CoordinatedEntry@gmail.com