

RACINE COC COORDINATED ENTRY WRITTEN STANDARDS

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INTRODUCTION

Coordinated Entry (CE) is a centralized system for people residing in Racine County with a housing crisis to access local housing information and referral to appropriate services. It utilizes the application of a transparent and consistent assessment process to prioritize participants with the greatest needs for Prevention, Diversion, Emergency Shelter, Transitional Housing, Rapid Rehousing, and Permanent Supportive Housing. The system assures equal, fair, and low barrier access to services and housing. It guarantees accountability for participants, service providers, and referral sources.

These written standards apply to all publicly funded housing and service providers. These standards must consistently be applied for the benefit of all project participants. The Continuum of Care for the City & County of Racine (WI-502), hereafter referred to as the CoC, is the local planning body that coordinates housing and services funding for households at risk or experiencing homelessness. These standards do not replace policies and procedures created by individual homeless services providers, but rather they provide an overall context for projects receiving federal, state and local funding. Projects that receive Continuum of Care, Emergency Solutions Grant (ESG), or State of Wisconsin Homelessness directed funding must abide by the Written Standards. Projects funded through other sources are highly encouraged to follow these standards.

The CoC Coordinated Entry Policy Oversight Committee develops these Written Standards and reviews them annually for any revisions necessary. The CoC Leadership Governance Committee upon approval sends the final document to agencies receiving CoC Program, ESG, and EHH grant funding. Programs that fail to abide by the Written Standards may not be eligible for future CoC, ESG, or EHH funding.

Timeline for future updates to the Written Standards:

2020

1. Add minimum performance benchmarks for all project types, using the HUD System Performance Measures for guidance.
2. Review and revise CE Standards as needed.

Homeless housing and service providers must coordinate and integrate activities targeted to service homeless people in the CoC system. Programs designed to serve households at risk or experiencing homelessness must provide a strategic and community-wide system plan to prevent and end homelessness.

In addition to the services provided by each agency, each program will play an active role in

connecting participants to mainstream services. Mainstream services are services not specifically designated for households at-risk or experiencing homelessness. All partner agencies agree to coordinate their services with other providers for the benefit of their participants. Examples of these programs include but are not limited to: The Department of Housing and Urban Development (HUD) public housing programs, Section 8 tenant assistance, Supportive Housing for Persons with Disabilities, HOME, Temporary Assistance for Needy Families, Medicaid, Badger Care, Head Start, Social Security, Social Security Disability, Social Security Disability Insurance, and Food Share.

A listing of terms and definitions can be found in Appendix A at the end of this document.

NON-DISCRIMINATION

All recipients of Federal and State funds are required to comply with applicable civil rights and fair housing laws and requirements. Recipients and sub-recipients of CoC Program and ESG Program funding must comply with the nondiscrimination and equal opportunity provisions of Federal Civil Rights laws as specified at 24 CFR 5.105(a), including, but not limited to, the following:

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

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

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

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

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

SECTION I: ACCESS

1. COORDINATED ENTRY ACCESS

The CoC uses a “Multisite Centralized Access” model so participants can access the system through any participating agency they initially contact. These sites are located through street outreach, at shelters, and supportive service providers. The system is well advertised in the community. Coordinated Entry is the avenue for managing the prioritization lists for Prevention, Rapid Rehousing, Transitional Housing, and Permanent Supportive Housing.

Participant assessments completed in the Homeless Management Information System (HMIS) include the client demographics, length of homelessness, chronic homelessness, youth, survivors of domestic violence, and veteran’s status. The severity of services needed is captured through the Vulnerability Index & Service Prioritization Decision Assistance Tool (VI-SPDAT), Transition Age Youth Vulnerability Index & Service Prioritization Decision Assistance Tool (TAY VI-SPDAT), Vulnerability Index & Family Service Prioritization Decision Assistance Tool (VI-F-SPDAT), Prevention Coordinated Entry Assessment (all of these hereinafter referred to as assessment tool). Agencies enter the assessment into HMIS and refer the participant to the appropriate prioritization list based on household composition. These lists are maintained in HMIS.

Participants may not be denied access to the coordinated entry process on the basis that the participant is or has been a victim of domestic violence, dating violence, sexual assault, stalking, or human trafficking. To accommodate domestic violence survivors and other households that do not consent to sharing their information in HMIS, Coordinated Entry assessments and referrals can be made to the Non-HMIS Prioritization List using the Non-HMIS referral form. The method for maintaining this list is a secured spreadsheet. The Domestic Violence Service Provider (DVSP) is the lead agency and has staff members designated as the primary and secondary holder of the Non-HMIS prioritization list. All participants, whether HMIS or Non-HMIS, are combined and prioritized by the Coordinated Entry Specialist to assure that households experiencing the longest length of time homeless and are the most vulnerable receive equal access to services and suitable housing.

ACCESSING THE COORDINATED ENTRY SYSTEM

Access to the Coordinated Entry System follows a “Multisite Centralized Access” approach. The principles of this approach are:

1. All people experiencing homelessness can access the Coordinated Entry System regardless of which participating agency they initially contact.

2. Each participating agency will use the same assessment tools and use the same assessment approach.
3. 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.
4. Participating providers have a responsibility to respond to the range of service needs pertaining to homelessness and housing, and act as the primary contact for persons who apply for assistance through their project unless or until another provider assumes that role.
5. 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.

The Coordinated Entry process consists of four steps: pre-screen and consent, assessment, referral, and follow-up. These steps are the same for all referrals to the priority list in HMIS and Non-HMIS. Staff must be trained by the Coordinated Entry Specialist on data entry in HMIS or Non-HMIS referral form. It is prohibited for any HUD-funded homelessness assistance programs to serve individuals and/or families experiencing homelessness or who are at imminent risk of homelessness, without the household first going through the Coordinated Assessment System and receiving a referral to the Prioritization List.

Pre-screen and Participant Consent

The prescreen process and consent must be completed within 30 days of engagement with participants in Emergency Shelter or Street Outreach projects. A Pre-Screen form ([Appendix B](#)) is completed to assess if referral to the Priority List is appropriate. The disclosure preference of participant determines whether referral is for HMIS or Non HMIS list. All Clients must complete a RELEASE OF CONFIDENTIAL INFORMATION (ROI) TO SECURE NECESSARY SERVICES ([Appendix C](#)) The provider reviews the CE Client Rights and Responsibilities ([Appendix D](#)) and obtains written or verbal confirmation of the participants understanding of these rights and responsibilities and consent.

Assessment and Referral

The assessment consists of completing the appropriate VI-SPDAT to prioritize individuals

and families for housing services and recording the results in HMIS or the Non-HMIS tool. For individuals and families that do not meet the eligibility components are referred to services available in the community. Individuals and households that meet the eligibility components are referred to the prioritization list.

Follow-up

Follow-up contact must occur every 90 days at a minimum. Agencies making referrals to the Prioritization Lists are responsible for following up with the pending referrals to determine whether the participants are still in need of permanent or transitional housing. If the participants are still in need of housing, the agency will update the participants contact information and verify the length of time homeless.

Accepted referrals

When a project has an opening, the responsible staff person must email the Coordinated Entry Specialist for the next prioritized referral. This email serves as written and dated documentation of compliance with the Coordinated Entry System. The email must contain the following information about the vacancy: project type, household composition, funding source, and special population, if any, specified in grant. The CE Specialist runs all prioritization lists and responds by email, including the current case manager, with the next prioritized participant.

Declined referrals

The Coordinated Assessment System is committed to respecting client choice, housing providers may not decline or reject a participant referral based on perceived barriers to housing and services. Participants receive information about the programs available to them from the project staff. Participants have some degree of choice about which projects they desire to participate in. If a participant declines a referral to a housing project, their referral remains on the Prioritization List until the next housing opportunity is available. All notes regarding declined referrals must be entered in HMIS or relayed to the Non-HMIS list holder prior to declining any referral.

Cancelled referrals

If the participant is no longer in need of housing, the agency can cancel the referral to remove the referral for the participants from the Prioritization List. Providers that contact a referral to offer services and find out the participant is no longer in need, can also cancel a referral in HMIS, even if that provider did not make the referral. All notes regarding follow-ups must be entered in HMIS or relayed to the Non-HMIS list holder

prior to cancelling any referral.

MINIMUM STANDARDS

1. **Prioritization:** Ensure that the most vulnerable participants are served first by using the assessment tool score, length of homelessness and chronic homeless status.
2. **Low Barrier:** Coordinated Entry partners with projects that have low barriers. Participants are served through Coordinated Entry regardless of income level, drug or alcohol use and criminal background.
3. **Housing First Orientation:** The purpose of the system is to house participants as quickly as possible
4. **Person-Centered:** Participants can accept or deny services from any agency without losing their spot on the prioritization list.
5. **Fair and Equal Access:** All participants in the CoC geographic area can access services through the “Multisite Centralized Access” approach. Services are offered in English and Spanish. Projects must provide appropriate auxiliary aids and services necessary to ensure effective communication, such as sign language interpreters, large type, and audio.
6. **Standardized Assessment Tool:** All agencies will use the appropriate assessment tool for purposes of prioritizing individuals for housing services.
7. **Inclusive:** All subpopulations can access Coordinated Entry the same way but will be directed to different access points for effective services.
8. **Referral to projects:** Coordinated Entry refers participants to appropriate housing services including ESG and CoC funded projects. CoC and ESG funded projects are required to fill housing vacancies using the prioritization lists in HMIS compared with the Non-HMIS prioritization list. All other projects are encouraged to use the community lists.
9. **Referral Protocols:** Programs participating in the CoC’s Coordinated Entry accept all eligible referrals. All rejected referrals require documentation to ensure that such rejections are justified and rare and that participants are able to identify and access another suitable project.
10. **Outreach:** Street outreach efforts will include conducting the assessment and ensuring that names are placed on the appropriate prioritization lists.

11. **Ongoing Planning and Stakeholders Consultation:** The CoC gathers feedback from Coordinated Entry participants and service providers through surveys, interviews, or other methods to improve the Coordinated Entry process. This planning includes evaluating and updating the Coordinated Entry Process annually.
12. **Informing local planning:** Information gathered through the Coordinated Entry process is used to guide homeless assistance planning and system change efforts in the community.
13. **Leverage local attributes and capacity:** The physical and political geography, including the capacity of partners in a community, and the opportunities unique to the community's context, inform local Coordinated Entry implementation.
14. **Safety planning:** The Coordinated Entry process has protocols in place to ensure the safety of the individuals seeking assistance. These protocols ensure that people fleeing domestic violence have safe and confidential access to the Coordinated Entry process and domestic violence services, and that any data collection adheres to the Violence Against Women Act (VAWA).
15. **Using HMIS and other systems for Coordinated Entry:** The CoC uses HMIS to collect and manage data associated with assessments and referrals. The CoC also permits the use of a non-HMIS CE tool to accommodate DV service providers for compliance with VAWA.
16. **Full Coverage:** Coordinated Entry will serve any participant experiencing homelessness or at risk of homelessness in Racine County.

2. MARKETING AND OUTREACH

All programs that receive Continuum of Care funding or Emergency Solutions Grant funding are required by their funders to participate in the Coordinated Assessment System. Other programs are encouraged and welcome to join the Coordinated Assessment System. Those programs that participate, will sign an Agency Partnership Agreement ([Appendix E](#)) agreeing to participate in the system.

The CoC is required to advertise, conduct outreach activities, and provide appropriate accommodations to ensure the Coordinated Entry process is available to all eligible persons regardless of race, color, national origin, religion, sex, age, familial status, disability, actual or perceived sexual orientation, gender identity, or marital status.

Each agency that participates in the Racine Coordinated Entry System must prominently post the “Coordinated Entry Access Point” agency sign ([Appendix F](#)) so it is visible to people accessing services.

Advertisement

Advertisement is to include a minimum of flyers posted at those places stated above (as allowed). Other forms of advertisement can include newspaper ads, radio, websites, etc. to generate referrals and applications. Advertising is to focus on people experiencing literal homelessness and will clearly state eligibility requirements in an effort to reach the target population as opposed to those who do not meet the criteria. Information about the Coordinated Assessment System will also be available on Racine CoC website at www.racinecoc.org.

Marketing

Marketing materials must be consistent across the COC. Flyers, postcards, brochures, and other written materials are available from the COC. If an agency needs additional types of marketing materials, or needs marketing materials translated into other languages, the Local Coordinated Entry Lead can contact the Coordinated Entry Committee Chair, or other entity designated by the CoC Leadership Council of Directors, to make the request. All marketing materials must be targeted to individuals and families meeting the HUD definitions of “homeless.” Marketing materials must clearly state eligibility requirements in an effort to reach the target population as opposed to those who do not meet the criteria.

Outreach

The CoC is required to contact private and public agencies including those in the local homeless coalition, 2-1-1, veteran-serving agencies, social service agencies, and state and/or local

government agencies to educate and provide information on accessing the Coordinated Entry system. Outreach activities are required to be done a minimum of twice per year. These activities can be done in conjunction with the Point In-Time Count, or at another time as determined by the CoC. The CoC is required to coordinate with existing street outreach programs as well as private and public agencies, social service organizations, etc. for referrals, so that people sleeping in unsheltered locations, and those not actively seeking services, are prioritized for assistance in the same manner as any other person assessed through the Coordinated Entry system. All outreach efforts must cover the entire geographic area of the CoC.

The CoC is required to provide resources/information about the CoC Coordinated Entry system in areas known to be frequented by people experiencing homelessness. This includes, but is not limited to, 24-hour establishments, restaurants, hospitals, meal sites/programs, food pantries, churches, grocery stores, schools, and check cashing locations. In addition, the CoC is encouraged to explore various outreach activities such as hosting a booth at local community events, resource fairs, festivals, and county fairs. The CoC is encouraged to outreach through social media as well as print media in order to provide information and resources to the broadest group of people.

All CoC-funded and EHH-funded street outreach projects must participate in the 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.

Accessibility

The CoC is required to take the following steps to ensure effective communication with, and Coordinated Entry system accessibility by, individuals with disabilities:

Advertising must be accessible by using large font, audio, and Braille;

Coordinated Entry materials must include auxiliary aids and services necessary to ensure effective communication, which includes ensuring that information is provided in appropriate accessible formats as needed, e.g., Braille, audio, large type, assistive listening devices, and sign language interpreters;

Access points must be made accessible to individuals with disabilities, including accessible physical locations for individuals who use wheelchairs, as well as people in the CoC who are least likely to access homeless assistance.

The CoC is required to take the following steps to ensure effective communication with, and

Coordinated Entry System accessibility by, persons with Limited English Proficiency (LEP):

1. Evaluate the extent of its obligation to provide LEP services in their community by using the following four-step process:
 - a. The number or proportion of LEP persons served or encountered in the eligible service area
 - b. The frequency with which LEP individuals come in contact with the program
 - c. The nature and importance of the program, activity, or service provided by the program
 - d. The resources available to the recipient and costs
2. After the four questions above have been answered and evaluated in accordance with the HUD Guidance to Federal Financial Assistance Recipients: Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons, the CoC 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.

Safety Planning

All providers, including non-victim service providers, must provide safe and confidential access to the Coordinated Entry System for all people, including those who are fleeing, or attempting to flee, domestic violence (including dating violence, sexual assault, trafficking, and/or stalking). This includes providing a private space for data collection and referral to the Non-HMIS Prioritization List if requested.

All persons accessing the Coordinated Entry System are asked, via the Pre-Screen Form, if they are fleeing or attempting to flee domestic violence. If a person or persons are identified as fleeing or attempting to flee domestic violence, the provider, including non-victim service providers, must provide immediate referral to, and assistance accessing, emergency services, such as domestic violence hotlines and shelters. The person or persons has the right to decline any and all referrals to, or assistance with access to, emergency services. Declining referrals or assistance with access will not negatively impact the person's access to the Coordinated Entry System.

The CoC will maintain a resource list of domestic violence resources in the community, including, but not limited to, contact information for hotlines, advocates, and shelters. This

resource list will be made available to all persons accessing the Coordinated Entry System, regardless of whether they identify as a survivor of domestic violence. The resource list must be updated, at minimum, annually.

Accessing Emergency/After Hours Services

Access to emergency services, such as domestic violence emergency services hotlines, emergency shelters, and motel voucher programs or other short-term crisis residential programs are addressed by the provider of first contact or by calling 2-1-1. Emergency services such as immediate need for shelter, will not be prioritized based on severity of service need or vulnerability, allowing for immediate crisis response.

Prevention Services

Agencies that receive ESG funds for a Homeless Prevention project are required to participate in Coordinated Entry (HUD Notice CPD-17-01). Agencies that have Homeless Prevention projects that are not ESG-funded are encouraged to use the Coordinated Entry System to prioritize their Prevention funding. There is a separate process for assessment and determining eligibility for homelessness prevention services, which is outlined in Section II.

Connection to Mainstream Resources

Providers are encouraged to provide referrals and assist with access to mainstream resources, health insurance, and community-based emergency assistance services, such as Food Shares, Emergency Assistance, and applications for income assistance. Staff should be aware of all mainstream benefits available in the community in order to make appropriate referrals.

The Coordinated Entry Systems should encourage providers of mainstream resources to become access points for the Coordinated Entry System.

3. PRIVACY AND SECURITY PROTECTIONS

Maintaining the confidentiality of a person's sensitive information is an important way of gaining the trust of those accessing the Coordinated Entry System, and ensuring vulnerable populations are protected from potential harm resulting from the collection and disclosure of sensitive information about their lives. All participating agencies and staff are expected to adhere to the following privacy protocols:

1. 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 HMIS Release of Information, and prior to administering the VISPDAT/VI-F-SPDAT/TAY-VI-SPDAT.
2. Participants are free to decide what information they provide during the Coordinated Entry process.
3. Providers and projects are prohibited from denying assessment or services to a participant if s/he refuses to provide certain pieces of information, unless that information is necessary to establish or document program eligibility per the applicable program regulation.
4. Providers and projects are prohibited from denying services if the person refuses to allow their data to be shared unless Federal statute requires collection, use, storage, and reporting of personally identifying information as a condition of program participation.
5. A person may not be denied access to the Coordinated Entry process on the basis of the person's status or history as a victim of domestic violence.
6. Records containing personally identifying information must be kept secure and confidential. The address of any family violence project must not be made public.
7. The Racine COC Coordinated Entry System does not require disclosure of specific disabilities or diagnoses. Specific diagnosis or disability information may only be obtained for purposes of determining program eligibility.
8. Participants must be informed of the ability to file a nondiscrimination complaint.

HMIS Data Security Protections

The Wisconsin HMIS is a collaborative project of the four Wisconsin Continua of Care (CoC) – Balance of State (BOS), Dane, Milwaukee, and Racine – the Institute for Community Alliances (ICA), and participating Partner Agencies. 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 by Racine COC. The “By Name” or “Prioritization” List that is generated and reported from HMIS, and in order to access that list, a license is required.

Along with this Coordinated Entry Policy and Procedure Manual, there are several other documents relating specifically to HMIS that also must be adhered to when using HMIS for Coordinated Entry. These include the Governance Charter, Agency Partnership Agreement, WISP User Agreement and the most recently updated version of the HMIS Policies and Procedures Manual, with particular attention paid to any sections relating to data privacy and security. The Data Security and Privacy extends to those who may not have an HMIS license as well. It is the responsibility of those with an HMIS license to protect the data coming out of the system and not share any personally identifying information (PII) with those who do not have an HMIS license. This includes information from the Prioritization Lists. See the *Data Security Policy in the HMIS Policies and Procedures Manual* for more detailed information regarding the protection of client data and PII.

To see the entire data security and privacy policies for HMIS, please refer to the Institute for Community Alliances HMIS Policies and Procedures Manual. This manual is updated annually and approved by the HMIS Advisory Board. Any individual who consents to have his or her information shared in HMIS must sign the most recently updated version of the HMIS Release of 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 can be made to the Non-HMIS Prioritization List.

The Non-HMIS Prioritization List is a Google Doc that has two parts, a link to refer a person, and the prioritization list. Any agency staff person that has signed the staff agreement and completed required Coordinated Entry trainings can receive the link to the referral form. The questions on the form mirror the questions asked in HMIS, and the staff person will choose a unique identifier for the individual or family, ensuring the Non-HMIS list contains personally identifiable information. Once the form is complete, the referral is generated in the Non-HMIS Prioritization List. The referring agency will not have access to the Non-HMIS Prioritization List to maintain the privacy of all persons on the list.

The Non-HMIS list is only accessible to the CoC Director or other entity designated by the Racine CoC Leadership Council and the Non-HMIS List Holder. The CoC can designate a back-up

List Holder who can also access the non-HMIS list when the List Holder is unavailable for long periods of time. The List Holder and back-up List Holder must attend all required trainings and complete any homework that is assigned by the trainer. The List Holder is responsible for giving the link to the non-HMIS form to participating agency staff after training requirements have been successfully completed. The List Holder is not allowed to give the link to the non-HMIS list to anyone else. The back-up List Holder can only access the non-HMIS list when the List Holder is unavailable.

When a housing provider has an opening, the appropriate staff person will contact the Coordinated Entry Specialist by email requesting the highest-prioritized individual or family for the program on the Prioritization List. The Coordinated Entry Specialist will determine whether there is an individual or family that is prioritized higher than the individual or family in HMIS. If the individual or family on the Non-HMIS List is highest prioritized, the Coordinated Entry Specialist will notify both the Non-HMIS List Holder and housing provider by email. The List Holder will contact the referring agency to inform them of the 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.

4. TRAINING

Initial Training

Staff who are new to the Racine CoC Coordinated Entry System are required to successfully complete several trainings prior to conducting assessments, making referrals to the prioritization list, and accepting referrals from the prioritization List. The trainings, are located on the website at www.racinecoc.org and include: 1) review of CoC's written Coordinated Entry Policies and Procedures including any adopted variations for specific subpopulations, 2) requirements for use of assessment information to determine prioritization, and 3) the criteria for uniform decision-making and referrals.

Upon completion of the initial training series, the staff person will sign the Participating Staff Agreement ([Appendix G](#)). This will be kept on file with the participating agency and a copy will be sent to the Coordinated Entry Lead.

The Local Coordinated Entry Lead and Non-HMIS List Holder for the CoC is required to successfully complete additional training in order to perform the expected duties of these positions.

On-going Training

The Racine CoC will provide training at least annually that reviews any updates or changes to the Racine CoC Coordinated Entry System. All Coordinated Entry Staff are required to successfully complete the annual training, in addition to any other training required by the Racine CoC Leadership Council or designated entity.

HMIS Specific Training

Since HMIS is the primary tool for the Racine CoC Coordinated Entry System, there are several trainings regarding the workflow for Coordinated Entry. All of these trainings can be found at the Institute for Community Alliances (ICA) website, www@icalliances.org/wisconsin. There are recorded trainings that can be found on the website, and this is where users can register for these training. The ICA website also is home to the How-To-Guides for Coordinated Entry in HMIS, which can be found under How to Guides.

5. PARTICIPATING AGENCY PROGRAM STANDARDS

1. Participating agency programs must align with the community goals for the Racine CoC and current Department of Housing and Urban Development priorities, including priorities for ending homelessness among specified sub-populations.
2. Participating agency programs consider the needs of the individual or family experiencing homelessness when assisting with access to suitable housing and/or services.
3. The Vulnerability Index & Service Prioritization Decision Assistance Tool (VI-SPDAT), Transition Age Youth Vulnerability Index & Service Prioritization Decision Assistance Tool (TAY VI-SPDAT), or Vulnerability Index & Family Service Prioritization Decision Assistance Tool (VI-F-SPDAT) will be used when screening households for Permanent Supportive Housing, Transitional Housing, and Rapid Re-housing programs. The latest version will be posted on the Racine City and County CoC website.
4. Participating agencies acknowledge that the CoC referral process is informed by Federal, State and local fair housing laws and regulations and ensures that participants are not “steered” toward any particular housing facility or neighborhood because of race, color, national origin, religion, sex, disability, or the presence of children.
5. Each housing and housing case management program must be aware of and inform households of the educational rights of children and unaccompanied youth in their programs. Materials explaining rights should be provided to applicable households. Program staff will collaborate with the Transition Education Program (TEP) or other school officials to coordinate educational services. Program staff will highly encourage school attendance and will work with households to address any barriers to regular attendance. If attendance and truancy concerns are noted, program staff will communicate/coordinate with school staff.
6. Each program in the CoC will provide accurate and up-to-date information on eligibility criteria for the program; e.g. – gender specific, individuals/families. Each agency will provide information to Coordinated Entry Committee.
7. Each housing and housing case management program in the CoC will use the Mainstream Benefits Checklist. This checklist should be kept in the file for each household and updated annually.
8. Each program will make language translation service available for clients when needed by utilizing available services, such as a language line.

6. PERSONNEL

All programs shall be adequately staffed by qualified personnel to ensure quality service delivery, effective program management, and the safety of program participants. The primary personnel involved in Coordinated Entry are: CoC Leadership Council, Standards Committee, HMIS System Administrator, Coordinated Entry Workgroup, Provider Agency Personnel, Coordinated Entry Specialist, and the Non-HMIS list holder.

CoC Leadership Council: Responsible for authorizing the annual Coordinated Entry evaluation, collecting data, evaluating Coordinated Entry implementation process for effectiveness and efficiency, and identifying policy and process improvements.

HMIS System Administrator Role: Responsible for HMIS training, oversight of data entry quality, and system security.

Standards Committee Role: Provides guidance and oversight of standards workgroups. Make final policy and procedures recommendations for Coordinated Entry to the CoC Leadership Council.

Coordinated Entry Workgroup Role: Develop and recommend policies and procedures for Coordinated Entry. Implements policies and procedures for Coordinated Entry approved by the CoC Leadership Council.

Provider Agency Personnel Role: Complete assessments, make referrals, attend case conferencing meetings, referral follow up.

Coordinated Entry Specialist Role: Act as the liaison between provider agencies, promote standardized screening, encourage inclusion of mainstream providers, establish clear and accessible communication plan, develop training, and monitor grievance and complaints.

PROVIDER AGENCY PERSONNEL MINIMUM STANDARDS

1. The provider agency selects, for its service staff, only those employees and/or volunteers with appropriate knowledge, or experience, for working with individuals and families experiencing homelessness and/or other issues that put individuals or families at risk of housing instability.
2. The provider agency provides training to all paid and volunteer staff on both the policies and procedures employed by the program and on specific skill areas as determined by the program.
3. All paid and volunteer service staff participate in ongoing and/or external training, and

development to further enhance their knowledge and ability to work with individuals and families experiencing homelessness and/or other issues that put individuals or families at risk of housing instability. Examples of training topics include, but are not limited to, harm reduction, trauma informed care, housing first, and racial justice.

4. For programs that use HMIS, all HMIS users must abide by the standard operating procedures found in the HMIS Policies and Procedures manual. Additionally, users must adhere to the privacy and confidentiality terms set forth in the User Agreement.
5. All staff has a written job description that, at a minimum, addresses the major tasks to be performed and the qualifications required for the position.
6. The program operates under affirmative action and civil rights compliance plans or letters of assurance.

7. HOUSING FIRST

Housing First is a proven method of ending all types of homelessness and is the most effective approach to ending chronic homelessness. Housing First offers individuals and families experiencing homelessness immediate access to permanent affordable, or supportive housing, without clinical prerequisites like completion of a course of treatment or evidence of sobriety and with a low threshold for entry. Housing First permanent supportive housing models are typically designed for individuals or families who have complex service needs, who are often turned away from other affordable housing settings, and/or who are the least likely to be able to proactively seek and obtain housing on their own. Housing First approaches for rapid re-housing provide quick access to permanent housing through interim rental assistance and supportive services on a time-limited basis. Rapid re-housing programs are designed to have low barriers for program admission, and to serve individuals and families without consideration of past rental, credit or financial history. The Housing First approach has also evolved to encompass a community-level orientation to ending homelessness in which barriers to housing entry are removed and efforts are in place to prioritize the most vulnerable and high-need people for housing assistance.

SYSTEM-WIDE HOUSING FIRST ORIENTATION FOR THE RACINE COC

- Emergency shelter, street outreach providers, and other parts of crisis response system are aligned with Housing First and recognize their roles to encompass housing advocacy and rapid connection to permanent housing. Staff in crisis response system services operate under the philosophy that all people experiencing homelessness are housing ready.
- Strong and direct referral linkages and relationships exist between crisis response system (emergency shelters, street outreach, etc.) and rapid re-housing and permanent supportive housing. Crisis response providers are aware and trained in how to assist people experiencing homelessness to apply for and obtain permanent housing.
- The RACINE COC has a unified, streamlined, and user-friendly community-wide process for accessing rapid re-housing, permanent supportive housing, transitional housing, and/or other housing interventions.
- The RACINE COC has a coordinated assessment system for matching people experiencing homelessness to the most appropriate housing and services, and where individuals and families experiencing chronic homelessness and extremely high needs are matched to permanent supportive housing services.
- The RACINE COC has a data-driven approach to prioritizing highest need cases for

housing assistance whether through analysis of lengths of stay in Homeless Management Information Systems, vulnerability indices, or data on utilization of crisis services.

- Policymakers, funders, and providers collaboratively conduct planning and raise and align resources to increase the availability of affordable and supportive housing and to ensure that a range of affordable and supportive housing options and models are available to maximize housing choice among people experiencing homelessness. The RACINE COC will recommend a resolution for the City of Racine and Racine County to adopt the Racine County Coordinated Entry Written Standards.
- Policies and regulations related to permanent supportive housing, social and health services, benefit and entitlement programs, and other essential services, support and do not inhibit the implementation of the Housing First approach. For instance, eligibility and screening policies for benefit and entitlement programs or housing do not require the completion of treatment or achievement of sobriety as a prerequisite.

MINIMUM STANDARDS¹

1. Program admission/tenant screening and selection practices promote the acceptance of applicants regardless of their sobriety or use of substances, completion of treatment, and participation in services.
2. Applicants are not rejected on the basis of poor credit or financial history, poor or lack of rental history, minor criminal convictions, or behaviors that indicate a lack of “housing readiness.” Agencies will make all effort possible to remove barriers to program enrollment. A rejection is only appropriate when an applicant presents a direct threat to the health and safety of program staff and residents and that threat cannot be ameliorated.
3. Housing First accepts referrals directly from shelters, street outreach, drop-in centers, and other parts of crisis response system frequented by vulnerable people experiencing homelessness.
4. Supportive services emphasize engagement and problem-solving over therapeutic goals. Services plans are highly tenant-driven without predetermined goals. Participation in services or program compliance is not a condition of permanent supportive housing

¹ Housing First requirements taken from *Housing First Checklist Assessing Projects and Systems for a Housing First Orientation*
https://www.usich.gov/resources/uploads/asset_library/Housing_First_Checklist_FINAL.pdf.

tenancy. Rapid re-housing programs may require case management as condition of receiving rental assistance as required by state or federal funding.

5. Use of alcohol or drugs in and of itself (without other lease violations) is not considered a reason for eviction.

RECOMMENDED PROGRAM PRACTICES

- If a participant tenancy is in jeopardy, every effort is made to offer a transfer to a tenant from one housing situation to another. Whenever possible, eviction back into homelessness is avoided. If unavoidable, every effort is made to identify outreach or other service providers to maintain contact with the participant until another unit is available.
- Tenant selection plan for permanent housing includes a prioritization of eligible tenants based on criteria other than “first come/first serve” such as duration/chronicity of homelessness, vulnerability, or high utilization of crisis services.
- Tenants cannot be required to have income for program eligibility, except in cases in which program funding and operation is dependent upon participant income paid for rent.
- Tenants in permanent housing are given reasonable flexibility in paying their tenant share of rent (after subsidy) on time and are offered special payment arrangements (e.g. a payment plan) for rent arrears and/or assistance with financial management (including representative payee arrangements).
- Case managers/service coordinators are trained in and actively employ evidence-based practices for client/tenant engagement such as motivational interviewing and client-centered counseling.
- Services are informed by a harm reduction philosophy that recognizes that drug and alcohol use and addiction are a part of tenants’ lives, where tenants are engaged in non-judgmental communication regarding drug and alcohol use, and where tenants are offered education regarding how to avoid risky behaviors and engage in safer practices.
- Building and apartment units may include special physical features that accommodate disabilities, reduce harm, and promote health among tenants. These may include elevators, stovetops with automatic shutoffs, wall-mounted emergency pull-cords, ADA wheelchair compliant showers, sound-proofing cushions, etc.
- In the event a provider seeks to terminate services and/or evict a program participant, a

notice of termination shall include information of local legal services providers.

PROGRAM EVALUATION FOR HOUSING FIRST²

In an effort to move to a system-wide orientation to ending homelessness through the use of Housing First principles, the RACINE COC has included the following section to review agency and program adoption of Housing First. Agencies and programs should follow the guidelines below. The guidelines have been created to minimize as many barriers to housing as possible, recognizing that this may not be feasible under all circumstances. In some cases, there may be other entities, including, but not limited to, private landlords, the criminal justice system, and funders, that place additional tenant requirements upon program participants.

RACINE COC GUIDELINES FOR HOUSING FIRST

The guidelines set forth under this section have been created by the RACINE COC in an effort to promote agency-to-agency review and technical assistance within the RACINE COC for all community programs. All review conducted under this section will be conducted internally by the RACINE COC.

- Does the project provide and explain the written eligibility criteria, which are in line with the Housing First philosophy, to participants?
- Does the project have admission/tenant screening and selection practices that promote the acceptance of applicants regardless of their sobriety, use of substances, completion of treatment, or participation in services?
- Does the project accept participants who are diagnosed with or show symptoms of a mental illness?
- Does the project have and follow a written policy for the following?
 - a. Stating that taking psychiatric medication and/or treatment compliance for mental illness is not a requirement for entry into or continued participation in the project?
 - b. Not rejecting participants based on previous criminal history that is not relevant

² Program Evaluation taken from:

<http://www.allchicago.org/sites/allchicago.org/files/2015%20Project%20Component%20-%20FINAL.pdf>

- to participation in the program, and accepting participants regardless of minor criminal convictions to the project?
- c. Not rejecting participants based on prior rental history or past evictions to the project?
 - d. Accepting participants regardless of lack of financial resources to the project, unless program operation is dependent upon participant income?
 - e. Accepting participants regardless of past non-violent rule infractions within the agency's own program and/or in other previous housing programs to the project?
- Upon entry to the project, the project agrees to allow participants to remain in the project even if they require an absence of 90 days or less due to the reasons outlined below, unless otherwise prohibited by law or funder policy:
 - a. Substance use treatment intervention
 - b. Mental health treatment intervention
 - c. Hospitalization and short-term rehabilitation
 - d. Incarceration
 - e. Or other reason approved by the program supervisor

8. TERMINATION AND GRIEVANCE PROCEDURE

MINIMUM STANDARDS

1. Programs should terminate assistance only in the most severe cases, utilizing the housing first philosophy. (See [Housing First – Recommended Practices](#))
2. All agencies providing services with CoC and ESG funds shall be required to have a termination and grievance policy. Policies must allow an applicant to formally dispute an agency decision on *eligibility to receive assistance*. The policy must include the method an applicant would be made aware of the agency's grievance procedure and the formal process for review and resolution of the grievance.
3. All agencies must have policies that allow a program participant to formally dispute an agency decision to *terminate assistance* and the ability to file a nondiscrimination complaint. The policy must include the method that a written notice would be provided containing clear statement of reason(s) for termination, which shall include a detailed statement of facts, the source of the information upon which it was based, and the participant's right to advance review of the agency's file and all evidence upon which the decision was based; a review of the decision in which the program participant is given the opportunity to present evidence (written or orally) before a person other than the person who made or approved the termination decision; and a prompt written notice of the final decision to the program participant. The agency has the burden to prove the basis for their decision by a preponderance of the evidence. The decision shall not be based solely on hearsay.
4. If an agency has a website, they must publicly post their termination and grievance procedures.
5. See [Appendix H](#) for details on how these programs should handle termination and grievances.
6. Nothing in this section shall prevent an agency from reinstating services pursuant to applicable law.

9. RECORD KEEPING REQUIREMENTS

Agencies are responsible for knowing the reporting requirements for each funder and program. Documentation for the effective delivery and tracking of service will be kept up to date and the confidentiality of program participants will be maintained.

MINIMUM STANDARDS

1. Each participant file should contain, at a minimum, information required by funders, participation agreements and/or signed lease agreements, service plans, case notes, information on services provided both directly and through referral and any follow-up and evaluation data that are compiled.
2. When required by funders, client information must be entered into HMIS in accordance with the data quality, timeliness, and additional requirements found in the HMIS Policies and Procedures manual. At a minimum, programs must record the date the client enters and exits the program, and update the client's information as changes occur.
3. Financial recordkeeping requirements include documentation of: all costs charged to the grant, funds being spent on allowable costs, the receipt and use of program income, compliance with expenditure limits and deadlines and match contributions.
4. The program will maintain each participant file in a secure place and shall not disclose information from the file without the written permission of the participant as appropriate except to project staff and other agencies as required by law. Participants must give informed consent to release any client identifying data to be utilized for research, teaching and public interpretation.
5. Files must be saved for a minimum of six years.

SECTION II: COORDINATED ENTRY PROGRAM REQUIREMENTS

1. PREVENTION PRIORITIZATION

Homelessness prevention assistance includes rental assistance and housing relocation and stabilization services necessary to prevent an individual or family from moving into an emergency shelter, the streets, or a place not meant for human habitation.

- All individuals and families must meet the minimum HUD requirements for eligibility for homeless prevention. Further, all participants must meet one of the following:
 1. Experienced homelessness in an emergency shelter, safe haven or place not meant for habitation within the past five years; or
 2. Have a household of five or more; or
 3. Live in or need an accessible housing unit; or
 4. Live in subsidized unit; or
 5. Have a criminal background; or
 6. Have prior eviction.
- The RACINE COC will use a shared prioritization screening and scoring tool available in HMIS (below) that will target participants with the most barriers to housing. This tool will be used for individuals and households that meet the initial eligibility requirements listed above.
- Participants with the highest score at the end of an agency's intake period will be prioritized to receive financial assistance.

PARTICIPANT PRIORITIZATION REQUIREMENTS

For all participants who have experienced homelessness in an emergency shelter, safe haven or place not meant for habitation within the past five years, have a household of five or more, or live in or need an accessible unit, live in subsidized unit, have a criminal background, or have prior evictions:

| Barrier | Scoring | Participant Score |
|--|--------------------|-------------------|
| Eviction history in last two years | 1 point | |
| Currently lives in subsidized housing | 1 point | |
| Currently lives in or needs an accessible unit | 1 point | |
| Large family of five or more | 1 point | |
| Criminal history | 1 point | |
| Attempting to flee current domestic violence | 1 point | |
| Experienced homelessness in Emergency Shelter, Safe Haven, or place not meant for human habitation in last 5 years | 1 point | |
| | Total Score | |

2. TRANSITIONAL HOUSING PRIORITIZATION

Transitional Housing (TH) facilitates the movement of homeless individuals and families to permanent housing within 24 months of entering TH. Programs will provide safe, affordable housing that meets participants' needs.

ELIGIBILITY CRITERIA

- Participants must meet categories 1- Literally Homeless, 2- Imminent Risk of Homeless, or 4 – Fleeing/Attempting to flee Domestic Violence as outlined by the HUD definition of homelessness
- Referrals for TH will be generated through the CoC Coordinated Entry process and the CoC-wide TH priority lists for families and individuals.

PARTICIPANT PRIORITIZATION REQUIREMENTS³

1. Category 1 or 4 homeless with a disability with the most severe service needs
2. Category 1 or 4 homeless without a disability with the most severe service needs
3. Category 2 homeless with a disability with the most severe service needs
4. Category 2 homeless without a disability with the most severe service needs

* Tie breaker is the length of time of this episode of homelessness

MINIMUM PERFORMANCE BENCHMARKS FOR TH PROJECTS

3. PERMANENT SUPPORTIVE HOUSING PRIORITIZATION

Permanent supportive housing (PSH) is safe, affordable housing, the purpose of which is to provide housing without a designated length of stay.

ELIGIBILITY CRITERIA

- Participants must meet categories 1- Literally Homeless or 4 – Fleeing/Attempting to flee Domestic Violence as outlined by the HUD definition of homelessness.
- PSH can only aid individuals with disabilities and families in which at least one adult or child has a disability
- Referrals for PSH will be generated through the CoC Coordinated Entry process and the CoC-wide PSH priority lists for families and individuals.

³ The order of priority follows CPD-16-11, Notice on Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in Permanent Supportive Housing, U.S. Department of Housing and Urban Development, July 25, 2016 <https://www.hudexchange.info/resources/documents/notice-cpd-16-11-prioritizing-persons-experiencing-chronic-homelessness-and-other-vulnerable-homeless-persons-in-psh.pdf>

PARTICIPANT PRIORITIZATION REQUIREMENTS⁴

- Participants will be prioritized for eligibility based on their chronic homeless status, length of time homeless, and Severity of Service Needs score using the assessment tool.

Prioritization for CoC Program-funded Permanent Supportive Housing Beds Dedicated or Prioritized for Occupancy by Persons Experiencing Chronic Homelessness.

Dedicated Chronic Homeless beds are those which are required through the project's grant agreement to only be used to house persons experiencing chronic homelessness unless there are no persons within the CoC that meet that criteria.

- If there are no persons within the CoC's geographic area that meet the definition of chronically homeless at a point in which a dedicated PSH bed is vacant, the recipient may then follow the order of priority for non-dedicated PSH established in this Notice, if it has been adopted into the CoC's written standards.
- The bed will continue to be a dedicated bed, however, so when that bed becomes vacant again it must be used to house a chronically homeless person unless there are still no persons who meet that criterion within the CoC's geographic area at that time.
- These PSH beds are also reported as "CH Beds" on a CoC's Housing Inventory Count (HIC).

Prioritized Chronic Homeless PSH Beds means implementing an admissions preference for chronically homeless persons for CoC Program-funded PSH beds.

- During the CoC Program competition project applicants for CoC Program-funded PSH indicate the number of non-dedicated beds that will be prioritized for use by persons experiencing chronic homelessness during the operating year of that grant, when awarded.
- These projects are then required to prioritize chronically homeless persons in their non-dedicated CoC Program-funded PSH beds for the applicable operating year as the project application is incorporated into the grant agreement.
- The number of non-dedicated beds designated as being prioritized for the chronically homeless may be increased at any time during the operating year and may occur without an amendment to the grant agreement.

FIRST CH PRIORITY - Chronically Homeless Individuals and Families with the Longest History of Homelessness and with the Most Severe Service Needs.

A chronically homeless individual or head of household as defined in 24 CFR 578.3 for whom both of the following are true:

- i. The chronically homeless individual or head of household of a family has been homeless and living in a place not meant for human habitation, a safe haven, or in an emergency shelter for at least 12 months either continuously or on at least four separate occasions in the last 3 years, where the cumulative total length of the four occasions equals at least 12 months; and

⁴ The order of priority follows CPD-16-11, Notice on Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in Permanent Supportive Housing, U.S. Department of Housing and Urban Development, July 25, 2016 <https://www.hudexchange.info/resources/documents/notice-cpd-16-11-prioritizing-persons-experiencing-chronic-homelessness-and-other-vulnerable-homeless-persons-in-psh.pdf>

- ii. The CoC or CoC Program recipient has identified the chronically homeless individual or head of household, who meets all of the criteria in paragraph (1) of the definition for chronically homeless, of the family as having severe service needs⁵.

SECOND CH PRIORITY – Chronically Homeless Individuals and Families with the Longest History of Homelessness.

A chronically homeless individual or head of household, as defined in 24 CFR 578.3, for which both of the following are true:

- i. The chronically homeless individual or head of household of a family has been homeless and living in a place not meant for human habitation, a safe haven, or in an emergency shelter for at least 12 months either continuously or on at least four separate occasions in the last 3 years, where the cumulative total length of the four occasions equals at least 12 months; and,
- ii. The CoC or CoC program recipient has **not** identified the chronically homeless individual or the head of household, who meets all of the criteria in paragraph (1) of the definition for chronically homeless, of the family as having severe service needs.

THIRD CH PRIORITY - Chronically Homeless Individuals and Families with the Most Severe Service Needs.

A chronically homeless individual or head of household as defined in 24 CFR 578.3 for whom both of the following are true:

- i. The chronically homeless individual or head of household of a family has been homeless and living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter on at least four separate occasions in the last 3 years, where the total length of those separate occasions equals less than one year; and
- ii. The CoC or CoC program recipient has identified the chronically homeless individual or the head of household, who meets all of the criteria in paragraph (1) of the definition for chronically homeless, of the family as having severe service needs.

FOURTH CH PRIORITY - All Other Chronically Homeless Individuals and Families.

A chronically homeless individual or head of household as defined in 24 CFR 578.3 for whom both of the following are true:

- i. The chronically homeless individual or head of household of a family has been homeless and living in a place not meant for human habitation, a safe haven, or in an emergency shelter for at least four separate occasions in the last 3 years, where the cumulative total length the four 8 occasions is less than 12 months; and
- ii. The CoC or CoC program recipient has not identified the chronically homeless individual or the head of household, who meets all of the criteria in paragraph (1) of the definition for chronically homeless, of the family as having severe service needs.

⁵ See Section I.D.3. of the HUD Notice for definition of severe service needs.

FIRST NON-CHRONIC PRIORITY – Homeless Individuals and Families with a Disability with Long Periods of Episodic Homelessness and Severe Service Needs.

- i. An individual or family that is eligible for CoC Program-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.

SECOND NON-CHRONIC PRIORITY- Homeless Individuals and Families with a Disability with Severe Service Needs.

- i. An individual or family that is eligible for CoC Program-funded PSH who is residing in a place not meant for human habitation, a safe haven, or in an emergency shelter and has been identified as having severe service needs.
- ii. The length of time in which households have been homeless should also be considered when prioritizing households that meet this order of priority, but there is not a minimum length of time required.

THIRD NON-CHRONIC PRIORITY – Homeless Individuals and Families with a Disability Coming from Places Not Meant for Human Habitation, Safe Haven, or Emergency Shelter Without Severe Service Needs.

- i. An individual or family that is eligible for CoC Program-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.
- ii. The length of time in which households have been homeless should be considered when prioritizing households that meet this order of priority, but there is not a minimum length of time required.

FOURTH NON-CHRONIC PRIORITY- Homeless Individuals with a Disability Coming from Transitional Housing.

- i. An individual or family that is eligible for CoC Program-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.
- ii. 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 in the transitional housing.

COMMUNITY-WIDE PRIORITIZATION REPORT

Following the above prioritization requirements, the community-wide prioritization report will rank potential participants by chronic homeless status, length of time homeless and assessment score.

ACCESS TO PSH PROJECTS

- All referrals for PSH projects will come through the Coordinated Entry system and the CoC-wide PSH priority lists for families and individuals.
- Exceptions to the priority list will be made in rare circumstances for persons who are extremely vulnerable. This includes participants who are unable to complete the VI-assessment tool due to a mental health barrier, severe cognitive disabilities, or traumatic brain injury. A majority of those present at the housing placement meeting must agree to the exception. The following will be taken into consideration:
 - Following the Housing First model, RACINE COC programs will collaborate to ensure that program participants facing possible eviction from their unit, and termination from a program, remain in permanent housing. Exceptions to the priority list may be made to transfer current program participants, who were chronically homeless at the time of program entry, from RRH to PSH programs, or from PSH-to-PSH programs. The transfer process is as follows:
 - Prior to initiating program termination, PSH program staff will complete a Transfer Request Form (**APPENDIX L**), CE ROI, and HMIS referral.
 - Submit documents to the Coordinated Entry Administrator for discussion at the next CE Case Conferencing/Staffing meeting.
 - Discussion of housing options will be participant centered.
 - PSH/RRH program staff at the meeting will discuss the situation and housing options, including keeping the participant in the current program and possibly transferring the participant to another program.
 - Transfers may be made from PSH-to-PSH program if the participant has chronic homeless documentation in place prior to program entry.
 - Transfers may be made from RRH to PSH if the participant needs more intensive support services. There must be documentation of chronic homeless status prior to RRH program entry. Transfers from RRH to PSH should not be made only for affordability reasons.
 - Adequate supportive services would not be available to the participant if not in a PSH program
 - Transfers will be granted based on consensus of those present at the CE Case Conferencing/Staffing Meeting

MINIMUM PERFORMANCE BENCHMARKS FOR PSH PROJECTS

4. RAPID RE-HOUSING PRIORITIZATION

Rapid rehousing is an intervention designed to help individuals and families exit homelessness as quickly as possible, return to permanent housing, and achieve stability in that housing. Rapid re-housing

assistance is offered without preconditions (such as employment, income, absence of criminal record, or sobriety) and the resources and services provided are typically tailored to the unique needs of the household.

The core components of a rapid re-housing program are housing identification and relocation, short- and/or medium-term rental assistance and move-in (financial) assistance, and case management and housing stabilization services.

Program staff are expected to remain engaged with the households from first contact to program exit (no more than 24 months of rental assistance, in addition to up to 6 months of continued case management), using a progressive engagement approach and tailoring services to the needs of the household in order to assist the household to maintain permanent housing. (24 CFR 578.37 and *Core Components of Rapid Re-Housing*, National Alliance to End Homelessness) According to the National Alliance to End Homelessness, progressive engagement is “a strategy of providing a small amount of assistance to everyone entering the homelessness system. For most households, a small amount of assistance is enough to stabilize, but for those who need more, more assistance is provided. This flexible, individualized approach maximizes resources by only providing the most assistance to the households who truly need it. This approach is supported by research that household characteristics such as income, employment, substance use, etc., cannot predict what level of assistance a household will need.”

ELIGIBILITY CRITERIA

- Participants must meet categories 1- Literally Homeless or 4 – Fleeing/Attempting to flee Domestic Violence as outlined by the HUD definition of homelessness.
- If the household meets category 4, they must also reside in one of the places set forth in category 1 at the time eligibility is determined. Homeless Verification form must be retained in the household’s file.
- The participant’s household annual income must be at or below 30% CMI.
- To qualify for RRH, a participant must have a VI-SPDAT, VI-F-SDAT, or TAY-VI-SPDAT assessment completed.
- Participants must lack sufficient resources and support networks necessary to retain housing without rapid rehousing assistance (24 CFR 578.37(E)).
- Participants will be prioritized based on VI-SPDAT or VI-F-SPDAT score and length of time homeless. Youth ages 18-24 will be prioritized using the TAY-VI-SPDAT score.

COMMUNITY-WIDE PRIORITIZATION REPORT

The community-wide prioritization report will rank potential participants by homeless status and total assessment points.

ACCESS TO RAPID RE-HOUSING

- All referrals for RRH projects will come through the Coordinated Entry system and referred to the Racine CoC Coordinated Entry Priority lists for families and individuals.

- If a transfer is requested by one RRH program to another RRH program after eligibility but before housing move in a request to the CE System Admin can be made by email to identify if another program has opening and willing to swap CE referrals to best serve the client needs with client consent. Both agencies must agree to the transfer.

MINIMUM PERFORMANCE BENCHMARKS FOR RRH PROJECTS

5. EMERGENCY TRANSFER PLAN

The Continuum of Care is required to have an Emergency Transfer Plan in place in cases of domestic violence, dating violence, sexual assault, or stalking where a household deems their current unit an unsafe living situation. A victim may request an emergency transfer from their current unit to another unit. The ability to request a transfer is available regardless of sex, gender identity, or sexual orientation. Providers shall publicly post the Emergency Transfer Plan on their website and in a conspicuous location on its premises.

ELIGIBILITY CRITERIA

- A victim of domestic violence, dating violence, sexual assault, or stalking qualifies for an emergency transfer if:
 - The tenant requests the transfer; and
 - The tenant believes there is a threat of imminent harm from further violence if the tenant remains within the same dwelling unit that the tenant is currently occupying; or
 - In cases of sexual assault
 - the tenant reasonably believes there is a threat of imminent harm from further violence if the tenant remains in their current unit, or
 - the sexual assault occurred on the premises during the 90-calendar-day period preceding the date of the request for transfer.
- Requests for an emergency transfer can be either written or verbal. If a verbal request is made, staff shall document the request in writing.
- In cases of two adult households where the participant asked to leave was the eligible participant for the housing program, the remaining participant(s) that were not already eligible will have a period of 90 calendar days from the date of the eligible participant leaving to:
 - Establish eligibility for the housing program
 - Establish eligibility for another housing program
 - If not eligible for a housing program, assist with finding alternative housing.

Agencies may extend this period up to an additional 60 calendar days if needed. Case management staff will help to obtain documentation. The provider shall give written notice to the remaining participant of the remaining participant's rights under this section, including the right to an extension. Denials of extensions shall be subject to the provider's grievance process.

- Although every effort will be made to keep the person requesting the emergency transfer in the program, there is no guarantee that continued assistance will be available in the current program or in other program housing.

MINIMUM STANDARDS

1. Upon request for an emergency transfer, the housing provider must establish an individualized plan within 24 hours to the tenant and provide a copy of the plan to the tenant in writing.
2. Program staff must complete an immediate initial emergency transfer if a safe unit can be identified. The participant will move to the new unit without having to undergo an application process.
3. If a participant must move outside of the current project to locate a safe unit, the program staff must communicate with other projects within the CoC's Coordinated Entry System to complete an external emergency transfer. The participant will move to another unit as soon as a unit is identified as available, and on its face, it appears that the tenant is eligible. The applicant will subsequently undergo an application process in order to establish permanent residency in the new unit.
4. Program participants requesting an emergency transfer will be prioritized above any other households for open units.
5. The program participant will decide on whether or not a unit qualifies as a safe unit.
6. Program participants may request an external emergency transfer. Participants may also request both an internal and external transfer at the same time in order to speed up the process of identifying a new unit.
7. Agencies participating in Coordinated Entry must accept emergency transfers as they have available units that are deemed safe.
8. Program staff will work together to ensure an immediate transfer to a new safe unit. If needed, the participant may seek shelter while a permanent safe unit is being secured.
9. For families receiving tenant-based rental assistance, if the family separates in order to affect an emergency transfer, the housing provider must work with the family members exiting from the program on housing stability. This may include working with the landlord so the family can stay in the unit or work towards a mutual lease termination. The housing provider will conduct a housing search with the family members for 90 days and if not housed, connect to another provider for ongoing assistance.
10. The housing provider, at its discretion, may make a written request for documentation from the tenant of the occurrence of domestic violence, dating violence, sexual assault, or stalking for which the emergency transfer is requested. **Housing providers are NOT required to request documentation.** Housing provider's policies must include their policy for requesting documentation, if they choose to request documentation. The policy must be consistent with these standards and equally applied to all participants. Should the housing provider exercise its discretion to request documentation, it shall do so in writing. The written request shall inform the tenant of the types of additional documentation that may be provided, any one of which would be acceptable, and the period of time by which the documentation is to be provided. The period of time shall be no less than 14 days and may be extended by the provider. This documentation may include:

- Certification Form (see [Appendix I](#))
- A document:
 - Signed by an employee, agent, or volunteer of a victim service provider, an attorney, or medical professional, or a mental health professional from whom the victim has sought assistance relating to domestic violence, dating violence, sexual assault, or stalking or the effects of abuse;
 - Signed by the applicant or tenant; and
 - That specifies, under penalty of perjury, that the professional believes in the occurrence of the incident of domestic violence, dating violence, sexual assault, or stalking that is the ground for protection and that the incident meets the applicable definition of domestic violence, dating violence, sexual assault, or stalking (Appendix J)
- A record of a Federal, State, tribal or territorial or local law enforcement agency, court or administrative agency; or
- A statement or other evidence provided by the applicant or tenant.

If the housing provider receives documentation that contains conflicting information, the housing provider may require third-party documentation be obtained within thirty days of the request for third-party documentation. Conflicting information cannot be the result of the housing provider's own personal biases or stereotypes about survivors. **Housing providers are NOT required to obtain the above documentation.** The housing provider may deny the emergency transfer request if documentation has not been provided. Participants are entitled to written notice of denials of emergency transfer requests that include specific grounds for denial, information on their right to grieve the denial and, a copy of the grievance process.

11. Housing providers must keep a record of all emergency transfers requested under this plan and the outcomes of such requests and retain these records for a period of three years, or for a period of time specified in program regulations. ***Requests and outcomes of such requests must be reported to HUD and the CoC Leadership Council annually.***

SECTION III: EVALUATION

Evaluation of the Racine CoC Coordinated Entry System will be completed using objective data reported on by the HMIS Lead, 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, including (1) Point in Time review of the Prioritization Lists, (2) The VI-SPDAT Score Reports, and (3) the System Performance Measures. All of the data will be evaluated annually, with the Prioritization Reports being reviewed quarterly as well. The evaluation by the Racine CoC Leadership Council, or other designated entity, will take place take place annually. The evaluation will look at the Coordinated Entry System as a whole.

Point in Time Prioritization Lists

Institute for Community Alliances (ICA) staff will run both Prioritization Lists (households without children and households with children) on a quarterly basis, or the last Wednesday in January, April, July and October. This will coincide with collection of the Point in Time data. The reports will be reviewed by the Racine CoC Leadership Council of Directors, or other designated entity, 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. Reviewing the trends in the lists four times a year is necessary due to the dynamic nature of the Prioritization Lists. The quarterly reports will be accessible to the CoC 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 but not limited to:

1. Total referrals to the list
2. Count of current referrals to the list
3. Average length of time on the list
4. Longest length of time on the list
5. Count of households accepted off the list
6. Clients who were removed from the list
7. Basic demographic information

A copy of the Summary Page of the Prioritization Report can be found in ([Appendix K](#)).

System Performance Measures

System Performance measures help CoCs understand how their system works, and if they are moving in the right direction to end homelessness. As Coordinated Entry is a key component to getting households quickly out of homelessness and matching those households with the right housing intervention, it is logical to use System Performance Measures to evaluate how Coordinated Entry is working in the Racine CoC. 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

Measure 3. Number of homeless persons

Measure 5. Number of persons who become homeless for the first time

Measure 7. Successful housing placement

These reports will be run by ICA staff on an annual basis coinciding with the Federal Fiscal Year October 1 through September 30, and will be provided annually to the Racine CoC Leadership Council of Directors, or other designated entity for review.

Stakeholder Information

The Racine CoC will solicit feedback from participating agencies, Coordinated Entry Lead, Non-HMIS List Holders, 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. CoC ensures adequate privacy protections of all participant information collected in the course of the annual Coordinated Entry Evaluation.

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.

The Coordinated Entry Lead and Non-HMIS List Holders will be asked to provide feedback. A sample of staff of participating agencies and persons who participated in Coordinated Entry will be selected to provide feedback. The sample size will be determined based on the number of persons utilizing the Coordinated Entry System and the number of staff participating.

Ongoing Planning

All information gathered from the evaluation process will be used to guide the review and updating of the Racine COC Coordinated Entry System Policies and Procedures on an annual basis.

APPENDIXES

APPENDIX A: TERMS AND DEFINITION

24 CFR §583.5 HUD HOMELESS DEFINITION

- (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, camping ground;
 - (ii) An individual or family living in a supervised publicly or privately-operated shelter designated to provide temporary living arrangement (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;
- (2) An 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, e.g., family, friends, faith-based or other social networks, needed to obtain other permanent housing;
- (3) Unaccompanied youth under 25 years of age, or families with children and youth, who do not otherwise qualify as homeless under this definition, but who:
 - (i) Are defined as homeless under section 387 of the Runaway and Homeless Youth Act (42 U.S.C. 5732a), section 637 of the Head Start Act (42 U.S.C. 9832), section 41403 of the Violence Against Women Act of 1994 (42 U.S.C. 14043e-2), section 330(h) of the Public Health Service Act (42 U.S.C. 254b(h)), section 3 of the Food and Nutrition Act of 2008 (7 U.S.C.2012), section 17(b) of the Child Nutrition Act of 1966 (42 U.S.C. 1786(b)), or section 725 of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11434a);

- (ii) Have not had a lease, ownership interest, or occupancy agreement in permanent housing at any time during the 60 days immediately preceding the date of application for homeless assistance;
- (iii) Have experienced persistent instability as measured by two moves or more during the 60-day period immediately preceding the date of applying for homeless assistance; and
- (iv) Can be expected to continue in such status for an extended period of time because of chronic disabilities, chronic physical health or mental health conditions, substance addiction, histories of domestic violence or childhood abuse (including neglect), the presence of a child or youth with a disability, or two or more barriers to employment, which include the lack of a high school degree or General Education Development (GED), illiteracy, low English proficiency, a history of incarceration or detention for criminal activity, and a history of unstable employment;

Or

(4) Any individual or family who:

- (i) Is fleeing, or is attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against the individual or a family member, 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, e.g., family, friends, and faith-based or other social networks, to obtain other permanent housing.

| Terms & Definitions | HUD’s definition: |
|-----------------------------|--|
| Chronically Homeless | <p><i>Chronically homeless</i> means: 1. A “homeless individual with a disability,” as defined in Section 401(9) of the McKinney-Vento Homeless Assistance Act, who:</p> <ul style="list-style-type: none"> i. Lives in a place not meant for human habitation, a Safe Haven, or an emergency shelter; AND ii. Has been homeless continuously for at least 12 months or on at least four separate occasions in the last 3 years, as long as the combined occasions equal at least 12 months and each break in homelessness separating the occasions included at least 7 consecutive nights of not living as described above. |

| | |
|---|---|
| Case Conferencing | Local process for CE staff to coordinate and discuss ongoing work with persons experiencing homelessness in the community, including the prioritization or active list. The goal of case conferencing is to provide holistic, coordinated, and integrated services across providers, and to reduce duplication. |
| Continuum of Care (CoC) | Group responsible for the implementation of the requirements of HUD’s CoC Program interim rule. The CoC is composed of representatives of organizations, including nonprofit homeless providers, victim service providers, faith-based organizations, governments, businesses, advocates, public housing agencies, school districts, social service providers, mental health agencies, hospitals, universities, affordable housing developers, law enforcement, organizations that serve homeless and formerly homeless veterans, and homeless and formerly homeless persons. |
| Continuum of Care (CoC) Program | HUD funding source to (1) promote communitywide commitment to the goal of ending homelessness; (2) provide funding for efforts by nonprofit providers, and state and local governments to quickly rehouse homeless individuals and families while minimizing the trauma and dislocation caused to homeless individuals, families, and communities by homelessness; (3) promote access to and effect utilization of mainstream programs by homeless individuals and families; and (4) optimize self-sufficiency among individuals and families experiencing homelessness. |
| Program | Refers to federal funding sources. <i>Source:</i> HUD HMIS data standards |
| Project | Refers to a distinct unit of an organization providing services. <i>Source:</i> HUD HMIS data standards |
| Emergency Shelter | Short-term emergency housing available to persons experiencing homelessness. |
| Emergency Solutions Grant (ESG) Program | HUD funding source to (1) engage homeless individuals and families living on the street; (2) improve the quantity and quality of emergency shelters for homeless individuals and families; (3) help operate these shelters; (4) provide essential services to shelter residents; (5) rapidly rehouse homeless individuals and families; and (6) prevent families and individuals from becoming homeless. |
| Homeless Management Information System (HMIS) | Local information technology system used by a CoC to collect participant-level data and data on the provision of housing and services to homeless individuals and families and to persons at risk of homelessness. Each CoC is responsible for selecting an HMIS software solution that complies with HUD’s data collection, management, and reporting standards. |
| Projects for Assistance in Transition from Homelessness (PATH) | Substance Abuse and Mental Health Services Administration (SAMHSA)–funded program to provide outreach and services to people with serious mental illness (SMI) who are homeless, in shelter or on the street, or at imminent risk of homelessness. |
| Public Housing | Local entity that administers public housing and Housing Choice Vouchers |

| | |
|---|---|
| Authority (PHA) | (HCV) (aka Section 8 vouchers). |
| Permanent Supportive Housing (PSH) | Permanent housing with indefinite leasing or rental assistance paired with supportive services to assist homeless persons with a disability or families with an adult or child member with a disability achieve housing stability. |
| Rapid Re-housing (RRH) | Program emphasizing housing search and relocation services and short- and medium-term rental assistance to move homeless persons and families (with or without a disability) as rapidly as possible into permanent housing |
| Release of Information (ROI) | Written documentation signed by a participant to release his/her personal information to authorized partners. |
| Transitional housing (TH) | Program providing homeless individuals and families with the interim stability and support to successfully move to and maintain permanent housing. Transitional housing funds may be used to cover the costs of up to 24 months of housing with accompanying supportive services. Program participants must have a lease (or sublease) or occupancy agreement in place when residing in transitional housing. |

24 CFR §578.3 HUD CHRONICALLY HOMELESS DEFINITION

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

(i) Lives in a place not meant for human habitation, a safe haven, or in an emergency shelter;

and

(ii) Has been homeless and living as described in paragraph (1)(i) of this definition continuously for at least 12 months or on at least 4 separate occasions in the last 3 years, as long as the combined occasions equal at least 12 months and each break in homelessness separating the occasions included at least 7 consecutive nights of not living as described in paragraph (1)(i). Stays in institutional care facilities for fewer than 90 days will not constitute as a break in homelessness, but rather such stays are included in the 12-month total, as long as the individual was living or residing in a place not meant for human habitation, a safe haven, or an emergency shelter immediately before entering the institutional care facility;

(2) An individual who has been residing in an institutional care facility, including a jail, substance abuse or mental health treatment facility, hospital, or other similar facility, for fewer than 90 days and met all of the criteria in paragraph (1) of this definition, before entering that facility; or

(3) A family with an adult head of household (or if there is no adult in the family, a minor head of household) who meets all of the criteria in paragraph (1) or (2) of this definition, including a family whose composition has fluctuated while the head of household has been homeless.

24 CFR §576.2 HUD AT RISK OF HOMELESSNESS DEFINITION

At risk of homelessness means:

(1) An individual or family who:

(i) Has an annual income below 30 percent of median family income for the area, as determined by HUD;

(ii) Does not have sufficient resources or support networks, e.g., family, friends, faith-based or other social networks, immediately available to prevent them from moving to an emergency shelter or another place described in paragraph (1) of the “homeless” definition in this section; and

(iii) Meets one of the following conditions:

(A) Has moved because of economic reasons two or more times during the 60 days immediately preceding the application for homelessness prevention assistance;

(B) Is living in the home of another because of economic hardship;

(C) Has been notified in writing that their right to occupy their current housing or living situation will be terminated within 21 days after the date of application for assistance;

(D) Lives in a hotel or motel and the cost of the hotel or motel stay is not paid by charitable organizations or by Federal, State, or local government programs for low-income individuals;

(E) Lives in a single-room occupancy or efficiency apartment unit in which there reside more than two persons or lives in a larger housing unit in which there reside more than 1.5 persons reside per room, as defined by the U.S. Census Bureau;

(F) Is exiting a publicly funded institution, or system of care (such as a health-care facility, a mental health facility, foster care or other youth facility, or correction program or institution); or

(G) Otherwise lives in housing that has characteristics associated with instability and an increased risk of homelessness, as identified in the recipient’s approved consolidated plan;

(2) A child or youth who does not qualify as “homeless” under this section, but qualifies as “homeless” under section 387(3) of the Runaway and Homeless Youth Act (42 U.S.C. 5732a(3)), section 637(11) of the Head Start Act (42 U.S.C. 9832(11)), section 41403(6) of the Violence Against Women Act of 1994 (42 U.S.C. 14043e– 2(6)), section 330(h)(5)(A) of the Public Health Service Act (42 U.S.C. 254b(h)(5)(A)), section 3(m) of the Food and Nutrition Act of 2008 (7 U.S.C. 2012(m)), or section 17(b)(15) of the Child Nutrition Act of 1966 (42 U.S.C. 1786(b)(15)); or

(3) A child or youth who does not qualify as “homeless” under this section, but qualifies as “homeless” under section 725(2) of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11434a(2)), and the parent(s) or guardian(s) of that child or youth if living with her or him.

APPENDIX B: PRESCREEN FORM

The Continuum of Care for the City and County of Racine

Coordinated Entry System

Pre-Screen Form

Are you currently fleeing a domestic violence situation? Yes (*referral to a local DV agency needed*) 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

Do you need an interpreter? Yes No Language? _____

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

| | | | | | | |
|-----------------------|------------|--------|--------------------|-------------------------------|--------------------------|---------------|
| Head of Household(HH) | | | | Male <input type="checkbox"/> | | |
| | Last | First | Middle I | Gender | Disabled | Date of birth |
| | | | | | <input type="checkbox"/> | / / |
| Last Name | First Name | Middle | Relationship to HH | Gender | Disabled | Date of birth |
| | | | | | <input type="checkbox"/> | / / |
| Last Name | First Name | Middle | Relationship to HH | Gender | Disabled | Date of birth |
| | | | | | <input type="checkbox"/> | / / |
| Last Name | First Name | Middle | Relationship to HH | Gender | Disabled | Date of birth |
| | | | | | <input type="checkbox"/> | / / |
| Last Name | First Name | Middle | Relationship to HH | Gender | Disabled | Date of birth |
| | | | | | <input type="checkbox"/> | / / |

Address: _____

| Street | Apt.# | City | State | Zip Code |
|--------|-------|------|-------|----------|
|--------|-------|------|-------|----------|

Telephone No: _____

Email: _____

| | | | |
|-------------------------------|---|---|---|
| Veteran Status | <input type="checkbox"/> Never in the Service | <input type="checkbox"/> Currently in the Service | <input type="checkbox"/> Veteran |
| Veteran Benefit Status | <input type="checkbox"/> Currently receiving | <input type="checkbox"/> Currently not receiving | <input type="checkbox"/> Never received |

Living situation last night

- Emergency shelter, including hotel or motel paid for with emergency shelter voucher
- Hotel or motel paid for without emergency shelter voucher
- Place not meant for habitation inclusive of “non-housing service site (outreach programs only)”
- Safe Haven

| | |
|--|--|
| <p>If any of the above 4 are checked, approximate date started</p> <ul style="list-style-type: none"> <input type="checkbox"/> Staying or living in a family member’s rom, apartment or house <input type="checkbox"/> Staying or living in a friend’s room, apartment or house <input type="checkbox"/> Rental by client, no housing subsidy <input type="checkbox"/> Rental by client, with VASH housing subsidy <input type="checkbox"/> Rental by client, with other (non- VASH) housing subsidy <input type="checkbox"/> Jail, prison, or juvenile detention facility <input type="checkbox"/> Transitional housing for homeless persons (including homeless youth) <input type="checkbox"/> Permanent housing for formerly homeless persons (such as SHP, S+C, or SRO Mod Rehab) | <p>**Required for housing placement</p> <p>_____</p> <ul style="list-style-type: none"> <input type="checkbox"/> Psychiatric hospital or other psychiatric facility center <input type="checkbox"/> Hospital (non-psychiatric) <input type="checkbox"/> Other _____ <input type="checkbox"/> Owned by client, no housing subsidy <input type="checkbox"/> Owned by client, with housing subsidy <input type="checkbox"/> Foster care home or foster care group home <input type="checkbox"/> Substance abuse treatment facility or detox |
|--|--|

Length of living situation in place marked above

- | | |
|--|---|
| <input type="checkbox"/> One week or less | <input type="checkbox"/> More than three months, but less than one year |
| <input type="checkbox"/> More than one week, but less than one month | <input type="checkbox"/> One year or longer |
| <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"/> It’s a day-by-day arrangement | <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: _____

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:

- 0-12 months (if 0-12, list number of months) More than 12 months

Cause of homelessness (check all that apply)

- Divorce/Separation Domestic Violence Eviction Thrown Out
 Loss of Job Low Income Mental illness Substance Abuse
 Parole Ran Away Rent Increase Other _____

| | |
|--|--|
| HOUSING STATUS | STAFF USE ONLY |
| <input type="checkbox"/> Literally homeless | <input type="checkbox"/> Unstably housed and at risk of losing housing (high risk) |
| <input type="checkbox"/> Imminently losing their housing | <input type="checkbox"/> Stably housed |

| Income Source | Gross Monthly Amt. | Income Source | Gross Monthly Amt. |
|-----------------------|--|---------------------------------|---|
| Child Support | <input type="checkbox"/> Yes \$ _____ <input type="checkbox"/> No | Self-employment Wages | <input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____ |
| TANF (W2 or W2T) | <input type="checkbox"/> Yes \$ _____ <input type="checkbox"/> No | Worker's Compensation | <input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____ |
| Employment Wages | <input type="checkbox"/> Yes \$ _____ <input type="checkbox"/> No | Social Security | <input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____ |
| SSDI | <input type="checkbox"/> Yes \$ _____ <input type="checkbox"/> No | General Assistance | <input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____ |
| SSI | <input type="checkbox"/> Yes \$ _____ <input type="checkbox"/> No | Alimony | <input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____ |
| Unemployment Benefits | <input type="checkbox"/> Yes \$ _____ <input type="checkbox"/> No | Veteran Non-Svc Conn Disability | <input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____ |
| Pension / Retirement | <input type="checkbox"/> Yes \$ _____ <input type="checkbox"/> No | Veteran Service Conn Disability | <input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____ |
| Retirement Disability | <input type="checkbox"/> Yes \$ _____ <input type="checkbox"/> No | Other | _____ |
| | | TOTAL | _____ |

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 in order to provide referral to other services?
 Yes No **VERBAL**

I understand that I can revoke this Authorization at any time, except for action already taken, by sending written notice to the authorized agent.
 This authorization expires (*specified date/one year/two years from date of the signature below*). _____

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 Agency
Rep**

Date:

APPENDIX C: ROI



RELEASE OF CONFIDENTIAL INFORMATION TO SECURE NECESSARY SERVICES

The Coordinated Entry System is part of a network of services through the Racine Continuum of Care with the purpose of working with you to solve your housing situation. By signing this release, you agree that the Coordinated Entry System providers, may freely exchange information with other providers within the Continuum (including shelters, housing, prevention, outreach, transitional, and permanent housing programs) about your family makeup, history, medical/mental health/substance abuse information and the results of your criminal background check in order to provide you with the appropriate referrals and coordination of services. You also understand that you may request to know what information was shared.

Part of the Coordinated Entry System includes a housing staffing where information about your particular situation, including your needs and desires as they relate to housing, will be discussed for the purpose of finding the best fit for you. All agencies involved will abide by a strict confidentiality policy meaning that they will not discuss you or your information outside of the staffing, except for the purposes related to housing.

The agencies involved in the Coordinated Entry System are:

The Racine Continuum of Care, Veterans Assistance Foundation, Legal Action of Wisconsin, Inc., Burlington Transitional Living Center, Lutheran Social Services, Homeless Assistance Leadership Organization (H.A.L.O), HOPES Center of Racine, Racine Vocational Ministries, Center for Veteran Issues, Catherine Marian Bethany Apartments, Women's Resource Center, Hospitality Center of Racine, Safe Haven of Racine, Love, Inc., Institute for Community Alliances, Wisconsin Department of Veteran Affairs, and US Department of Veterans Affairs.

Please note if you grant permission for your information to be shared, that agreement will be in effect for the duration of your participation in the program unless 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. If you have questions or wish to revoke this release, contact the Coordinated Entry Specialist at Iraida.Vazquez@icalliances.org

I have read the above, or it has been read and explained to me. I have asked any questions I have and understand the implications of signing below. I understand that this release is in addition to the HMIS release of information. I agree to release my information to the Coordinated Entry System for the purposes of solving my housing situation.

(optional) Furthermore, I authorize that my information be released to and from with the following agencies, not mentioned above:

Client Signature

Date

Witness

Date

APPENDIX D: CLIENT RIGHTS & RESPONSIBILITIES

The Continuum of Care for the City and County of Racine

Coordinated Entry System

Client Rights and Responsibilities

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

This agency _____ participates in the Continuum of Care for the City and County of Racine (RACINE COC) 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 COC 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.
 - a. You should provide us with current email addresses, message numbers, and places you stay we can let you know about housing and program that come available.
 - b. 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 (3) 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 Racine COC 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 Racine COC website at racinecoc.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.

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

Level 2

The Racine COC 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 Racine COC 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.

Version May 13, 2021

Service Recipient Signature: _____ Date: _____

Verbal Consent Given? Yes No Date: _____

Agency Staff Signature: _____ Date: _____

APPENDIX E: AGENCY PARTNERSHIP AGREEMENT

The Continuum of Care for the City and County of Racine

Coordinated Entry System

Agency Partnership Agreement

I. Purpose

The purpose of this Agreement is to specify what Agency Partners agree to as members of the Racine Coordinated Entry System. _____ (“Partner”) agrees to participate in the Racine Coordinated Entry System. Coordinated Entry is intended to increase and streamline access to housing and services for households experiencing homelessness, match appropriate levels of housing and services based on their needs, and prioritize persons with severe service needs for the most intensive interventions.

The Continuum of Care for the City and County of Racine (RACINE COC) achieves these goals through a set of processes developed and adopted by the RACINE COC membership, known as the Coordinated Entry System. The RACINE COC is responsible for planning, implementing and evaluating the Coordinated Entry System.

II. Guiding Principles & Strategies

- A. Coordinated Entry will be easy for the client, by providing quick and seamless entry into homeless services.
- B. Individuals and families will be referred to the most appropriate resources for their individual situation.
- C. Coordinated Entry will prevent duplication of services.
- D. Coordinated Entry will reduce the length of homelessness for individuals and families.
- E. Coordinated Entry will improve communication among agencies.

III. Core Components of Coordinated Entry

The RACINE COC Coordinated Entry System includes the following:

- A. The RACINE COC Pre-Screen Form to obtain basic information related to homeless/housing status;
- B. The VI-SPDAT/VI-F-SPDAT/TAY-VI-SPDAT triage tools used to assess the health and social needs of people experiencing homelessness and match them with the most appropriate

support and housing interventions that are available;

C. Screening for safety issues related to domestic/sexual violence or abuse, and appropriate referrals according to the client's wishes;

D. Screening for chronic homelessness and priority need for Permanent Supportive Housing. Referral and project enrollment according to the agreed protocol;

E. The RACINE COC Coordinated Entry User Agreement for Partner staff;

F. Use of HMIS, according to funder requirements and in compliance with Wisconsin HMIS Policies and Procedures;

G. Use of the Non-WISP Referral Form for people requesting an anonymous referral to the Prioritization List &/or for agencies without access to HMIS;

H. Initial and ongoing training of Partner staff to ensure uniform application of screening, assessment and referral protocols;

I. A local inventory of homeless assistance resources;

J. Regular Coordinated Entry meetings to evaluate the success of the Coordinated Entry System in achieving goals, analyzing data, and assessing gaps in services, as needed. A commitment by Partners to engage in problem solving with mutual respect;

K. By-name prioritization lists for individuals/adult-only households and for families that are homeless and/or at-risk of homelessness for the purpose of referral and enrollment in appropriate Partner projects and programs;

L. Anonymous prioritization lists for individuals/adult-only households and for families that are homeless and/or at-risk of homelessness for the purpose of referral and enrollment in appropriate Partner projects and programs;

M. Agreement to only accept clients into CoC and EHH funded programs or projects through the processes established by the RACINE COC Coordinated Entry System; and

N. RACINE COC Coordinated Entry Committee and Implementation Team planning, oversight and evaluation of Coordinated Entry policies and protocols.

IV. Description of Coordinated Entry

A. Access: The RACINE COC Coordinated Entry System follows a “Multisite Centralized Access” approach. A client can seek housing assistance through any of the Partners and will receive integrated services. Partners have a responsibility to respond to the range of client needs pertaining to homelessness and housing, and act as the primary contact for clients who apply for assistance through their agency unless or until another Partner assumes that role. Partners will complete the Prescreen Form, identify immediate housing or shelter needs, and assist clients with accessing services for these immediate needs.

B. Assessment: One of the triage tools (VI-SPDAT/VI-F-SPDAT/TAY-VI-SPDAT) will be completed for all households in order to facilitate connection to an appropriate housing intervention (Transitional Housing, Rapid Re-Housing, Permanent Supportive Housing, or other Permanent Housing). All triage tools will be completed by a trained Partner staff.

C. Referrals: Partners refer households to the appropriate Prioritization List (Individual or Family/HMIS or Non-WISP) based on household composition and client preference. Connection to appropriate services will be based on assessment, prioritization, eligibility and written programs standards. The Coordinated Entry Policies and Procedures and written program standards provide transparent, planned and fair processes for prioritization and housing linkage.

D. Evaluation: The RACINE COC Coordinated Entry System will include evaluation of consumer outcomes and system performance in order to: increase effective use of resources, improve quality of service to consumers, and to proactively identify and plan services. Partners will promote and review system-wide performance standards. Additionally, an annual review of Coordinated Entry tools and processes will be conducted with feedback from consumers, Partners, and RACINE COC members.

V. Term of the Agreement

The effective date of this Agreement shall be the date it is signed and shall continue in effect for one year, or until modified or terminated by the Local Coordinated Entry System or the RACINE COC.

VI. Shared Responsibilities

A. Make Coordinated Entry System processes, including those related to access, assessment and referral to homeless programs and services, well-known to all clients.

B. Agree to make appropriate staff available for training on policies and procedures to follow for Coordinated Entry in their agency. To the extent possible, the training will focus on

standardizing the level of information and understanding that Partners' staff have, in order to give consistent and accurate information through Coordinated Entry.

C. Agree to distribute information to the public regarding how to access homelessness assistance. Brochures, fliers, websites, public services announcements may be created by the RACINE COC for this purpose.

D. Agree to have a representative to provide input into the operations and evaluation of the Coordinated Entry processes. When issues arise, agree to joint problem solving with individual Partners, the Designated Lead Agency, and the Coordinated Entry committee.

E. Partners shall agree to follow guidelines for referring clients in a manner that is compliant with the RACINE COC Coordinated Entry System Policies and Procedures. This includes informing households that they are receiving screening and referral services under the RACINE COC Coordinated Entry System, signing compliant releases of information, and sharing any information with Partners in a compliant manner.

F. Agree to use established Coordinated Entry policies and processes to refer and accept clients into projects and programs. Agree to communicate with Partners, the Designated Lead Agency, and/or the List Holder when/if a referred household is not accepted into a project/program.

VII. Designated Lead Agency Responsibilities

A. Provide leadership, coordination and oversight of the local implementation of Coordinated Entry.

B. Ensure that all Partners are involved in and informed of evaluation and reporting aspects of this Agreement.

C. Promote the process and outcomes of Coordinated Entry to the public, local officials, state and federal agencies, officials and other interested parties.

D. Attend CoC meetings.

E. Ensure the evaluation of the Coordinated Entry System.

F. Liaison with the RACINE COC Coordinated Entry Committee and Implementation Team.

G. With CoC support, maintain a local inventory of homeless assistance resources.

VIII. List Holder Responsibilities

A. Manage the Non-WISP Prioritization List by ensuring referrals have all required information to be prioritized appropriately and deleting duplicate referrals.

- B. Respond to inquiries from housing providers seeking referrals to their programs. This includes indicating whether or not there is an individual or family prioritized higher than the highest prioritized in HMIS.
- C. Update the Non-WISP Prioritization List when a housing provider accepts or declines a referral.
- D. Maintain high level of communication and coordination with the Designated Lead Agency and other Partners.
- E. Maintain a working knowledge of various technologies, including Google Drive, and Microsoft Excel.
- F. Attend all required trainings to ensure consistent and competent management of the Non-WISP Prioritization List.
- G. Share the link to the Local Non-WISP Referral Form only after confirming the Partner staff has completed the required training.
- H. Submit reports to the Coordinated Entry Committee, CoC Director, and/or RACINE CoC Leadership Council of Directors as requested.

IX. Coordinated Entry Partner Responsibilities

A Coordinated Entry Partner may be a homeless service provider, school, or human services organization that provides services to residents, and who has elected to become a part of the RACINE COC Coordinated Entry System, and has agreed to the following provisions:

- A. Complete the RACINE COC Pre-Screen form for all households experiencing homelessness or at-risk of homelessness that present at your agency.
- B. Ensure the appropriate triage tool has been completed (based on household composition).

If you are a DV agency or provider, check the appropriate box:

- C. DV Agencies only: Our agency elects to refer all households experiencing homelessness to complete the appropriate triage tool and referral to the Prioritization List.
- D. Ensure the household has been referred to the appropriate Prioritization List (HMIS or Non-WISP).
- E. Follow-up with all households referred by your agency at least every 90 days. Follow-up will include confirming/updating the following information: housing/homeless status, contact information, household composition, new information that may impact placement on the

Prioritization List.

F. Maintain high level of communication and coordination with the Designated Lead Agency, the List Holder, and other Partners.

X. Data Sharing

In respect to data sharing, each Partner agrees to:

A. Ensure that all staff understand and agree to HUD, State and HMIS data privacy, data rights, and data quality requirements.

B. Ensure that any staff entering data into HMIS is properly trained on HMIS, assessment tools, and data sharing.

C. Ensure that all staff understand and sign the Coordinated Entry User Agreement.

D. At least quarterly review Partners' data quality and completeness and performance as it pertains to Coordinated Entry.

E. Make sure that clients know their data will be shared and have the ability to refuse to provide information or opt out of data sharing.

F. Use the Non-WISP Referral Form for any client that requests their information remain anonymous until housing is offered.

G. Receive Client Release of Information prior to sharing information about a client's household, services, shelter or housing with another Partner, including prior to entering data into HMIS when such data will be shared in HMIS. Partners can obtain verbal consent to share this information, which must be documented on the Client Release of Information.

XI. Grievance Policy and Rights

Coordinated Entry includes a Client Grievance Policy. Each Partner agrees to the following:

A. The Partner will explain the RACINE COC Coordinated Entry process to clients so that they are empowered to make an informed choice about available services that best meet their needs.

B. The Partner will provide each client with a copy of their Rights and Responsibilities so that they understand their responsibilities and those of the Coordinated Entry System Partners.

C. The Partner will inform clients of both their agency and the RACINE COC Coordinated Entry grievance process at intake.

XIV. Confidentiality

The Partner agrees that by entering into this Agreement they will have access to certain confidential information regarding each other's operations. The Partners agree that they will not disclose confidential information and/or material without consent of the affected party unless such disclosure is authorized by this Agreement or required by law. Unauthorized disclosure of confidential information shall be considered a breach of this agreement. At all times client Releases of Information will be secured before confidential client information is exchanged. Confidential client information will be handled with the utmost discretion and judgment.

XV. Non-discrimination

There shall be no discrimination of any person or group of persons on account of race, ethnicity, national origin, disability status, religion, marital status, sex, sexual orientation, actual or perceived gender identity, or age.

All individuals or groups of individuals, regardless of age, actual or perceived gender identification, actual or perceived sexual orientation, and marital status, identifying as a family at a program or project that serves families, must be served as a family and must not be separated when entering the program or project. There will be no inquiry, documentation requirement, or "proof" related to family status, gender identification and/or sexual orientation. The prohibition on inquiries or documentation does not prohibit inquiries related to an individual's sex and/or age for the purposes of determining the number of bedrooms to which a household may be entitled.

ESG and CoC funded programs are not permitted to limit assistance to female-headed households with children. If the program serves families, it is unacceptable to exclude male-headed households with children. Programs cannot enter into an MOU or agreement with another service provider in the community, or provide motel/hotel vouchers, as an alternative to complying with this rule.

The definition of "family" can be found under the Equal Access Rule at 24 CFR part 5.403. The involuntary family separation requirement can be found at section 576.102(b) of the ESG Interim Rule.

XVI. Termination of Agreement

Any party may terminate their participation in this agreement with written notification to the Designated Lead Agency Contact and the RACINE COC Coordinated Entry Committee Chairperson.

Participation in the RACINE COC Coordinated Entry System is a requirement of certain funders,

including HUD's CoC and ESG programs. Termination of this agreement may negatively impact the Partner's ability to obtain and/or retain funding.

XVII. Costs

Unless otherwise specified by grant funds that may become available during the duration of this Agreement, any and all expenses incurred by the participants of the RACINE COC Coordinated Entry System are the responsibility of the Partner.

XVIII. Conformance

If any provision of this Agreement violates any statute or rule of law of the State of Wisconsin, or Federal statutes, it is considered modified to conform to that statute or rule of law.

XIX. Approval

The signature of the Executive Director or designated signee of the Partner Agency indicates agreement with the terms set forth in this Agreement.

By signing this Agreement, I understand and agree with the terms within.

Name

Title

Signature

Date

APPENDIX F: COORDINATED ENTRY ACCESS POINT SIGN

COORDINATED ENTRY ACCESS POINT

Do you spend the night in a shelter or place not meant for human habitation?

Ask about the Housing Prioritization List.



**The Continuum of Care
For the City and County of Racine**

APPENDIX G: PARTICIPATING STAFF AGREEMENT

The Continuum of Care for the City and County of Racine

Coordinated Entry System

Participating Staff Agreement

I. Purpose

The purpose of this Agreement is to specify your responsibilities in implementing the Continuum of Care for the City and County of Racine (RACINE COC) Coordinated Entry System. Your agency has agreed to participate in the RACINE COC Coordinated Entry System. Coordinated Entry is intended to increase and streamline access to housing and services for households experiencing homelessness, match appropriate levels of housing and services based on their needs, and prioritize persons with severe service needs for the most intensive interventions.

The RACINE COC achieves these goals through a set of processes developed and adopted by the RACINE COC membership, known as the Coordinated Entry System. The RACINE COC is responsible for planning, implementing and evaluating the Coordinated Entry System.

II. Guiding Principles & Strategies

Coordinated Entry will be easy for the client, by providing quick and seamless entry into homeless services.

- Individuals and families will be referred to the most appropriate resources for their individual situation.
- Coordinated Entry will prevent duplication of services.
- Coordinated Entry will reduce the length of homelessness for individuals and families.
- Coordinated Entry will improve communication among agencies.

III. Description of Coordinated Entry

“Coordinated Entry Staff” includes anyone who:

- Completes intake paperwork and/or services,
- Administers the Coordinated Entry triage tools (VI-SPDAT/VI-F-SPDAT/TAY-VI-SPDAT),
- Enters referrals into HMIS or the Non-WISP Referral Form, and/or
- Contacts individuals to offer housing programs.

“Designated Lead Agency Contact” is the person who provides leadership, coordination, and oversight of the local implementation of the RACINE COC Coordinated Entry System.

“List Holder” is the person who manages the Non-WISP Prioritization List and responds to inquiries from housing providers seeking referrals to their programs.

A. Access: The RACINE COC Coordinated Entry System follows a “Multisite Centralized Access” approach. A client can seek housing assistance through any of the Partners and will receive integrated services. Staff will complete the Pre-Screen Form, identify immediate housing or shelter needs, and assist clients with accessing services for these immediate needs. Staff have a responsibility to respond to the range of client needs pertaining to homelessness and housing, and act as the primary contact for clients who apply for assistance through their agency unless or until another Partner Agency assumes that role. This includes guiding the client in applying for assistance or accessing services from another provider regardless of whether your agency provides the specific housing services required by the presenting client.

B. Assessment: One of the triage tools (VI-SPDAT/VI-F-SPDAT/TAY-VI-SPDAT) will be completed for all households to facilitate connection to an appropriate housing intervention (Transitional Housing, Rapid Re-Housing, Permanent Supportive Housing, or other Permanent Housing). Do not administer any of the triage tools until you have completed the appropriate training. Staff must complete training on how to input results in HMIS or in the Non-WISP Referral Form.

C. Referrals: Partner agencies refer households to the appropriate Prioritization List (Individual or Family/HMIS or Non-WISP) based on household composition and client preference. The Coordinated Entry Policies and Procedures and written program standards provide transparent, planned and fair processes for prioritization and housing linkage.

Coordinated Entry Staff who accept referrals from the Prioritization Lists must report entries into permanent housing either in HMIS or to the List Holder. When referrals do not result in housing placement, the staff must enter notes into the referral in HMIS or inform the List Holder of each instance and provide explanation. If a provider does not take the highest prioritized individual or family from the Prioritization List, the Staff must document the reason in the HMIS client file or provide written explanation to the Designated Lead Agency Contact and List Holder. It is the responsibility of the Coordinated Entry Staff to ensure that the individual or family has a new referral to the Prioritization List, if needed.

If an individual or family declines a referral to a housing program, their name remains on the Prioritization List until the next housing opportunity is available. This must be documented in the HMIS client file or provided in writing to the List Holder.

IV. Coordinated Entry Staff Responsibilities

- A. Explain the RACINE COC Coordinated Entry process to clients so that they are empowered to make an informed choice about available services that best meet their needs.
- B. Provide each client with a copy of their Rights and Responsibilities so that they understand their responsibilities and those of the Coordinated Entry System Partners.
- C. Inform clients of both their agency and the RACINE COC Coordinated Entry grievance process at intake.
- D. Complete the RACINE COC Pre-Screen form for all households experiencing homelessness or at-risk of homelessness that present at your agency.
- E. Complete the appropriate triage tool (based on household composition).
- F. Ensure that clients are made aware that their personally identifying information will be entered into the Wisconsin HMIS. Your agency may require clients to provide explicit or implicit client consent. Staff must follow the consent requirements of their agency. Staff must allow clients to decide what personally identifying information, if any, can be entered into the HMIS and shared with Partner Agencies. Client consent may be revoked by that client at any time by a

written notice.

G. Clients that refuse to share personally identifying information in HMIS should be referred to the Non-WISP Prioritization List with an anonymous unique identifier.

H. Refer all households experiencing homelessness to the Prioritization List even if they are not eligible for services at your agency.

I. Clients will not be removed from the Prioritization List because they declined a referral.

J. Follow-up with all households referred by you at least every 90 days. Follow-up will include confirming/updating the following information: housing/homeless status, contact information, household composition, new information that may impact placement on the Prioritization List.

K. Do not share information about a client's household, services, shelter or housing with another Partner, including data that will be entered into HMIS, without a Client Release of Information. Agencies can obtain verbal consent to share this information, which must be documented on the Client Release of Information.

V. Non-discrimination

Coordinated Entry System Partner Agencies shall not discriminate against any person or group of persons because of race, ethnicity, national origin, disability status, religion, marital status, sex, sexual orientation, actual or perceived gender identity, or age. The relevant federal statutes are:

24 CFR 5.403 Family includes, but is not limited to, the following, regardless of actual or perceived sexual orientation, gender identity, or marital status:

(1) A single person, who may be an elderly person, displaced person, disabled person, near-elderly person, or any other single person; or

(2) A group of persons residing together, and such group includes, but is not limited to:

(i) A family with or without children (a child who is temporarily away from the

home because of placement in foster care is considered a member of the family);

(ii) An elderly family;

(iii) A near-elderly family;

(iv) A disabled family;

(v) A displaced family; and

(vi) The remaining member of a tenant family.

24 CFR 576.102(b) any project receiving ESG or CoC funds to provide emergency shelter, transitional housing, or permanent housing to families with children under age 18 shall not deny admission to any family based on the age of any child under age 18.

1. There will be no inquiry, documentation requirement, or “proof” related to family status, gender identification and/or sexual orientation of any household member
 - a. The prohibition on inquiries or documentation does not prohibit inquiries related to an individual’s sex for the limited purpose of determining placement in temporary, emergency shelters which are limited to one sex because they have shared bedrooms or bathrooms
 - b. The prohibition on inquiries or documentation does not prohibit inquiries related to an individual’s sex and/or age for the purposes of determining the number of bedrooms to which a household may be entitled
2. All individuals or groups of individuals identifying as a family will be served as a family regardless of any member’s age, actual or perceived gender identification, actual or perceived sexual orientation, and/or marital status (24 CFR part 576.102(b))
 - ESG and CoC funded programs are not permitted to limit assistance to female-headed households with children. If the program serves families, it is unacceptable to exclude male-headed households with children
 - ESG and CoC funded programs cannot offer an alternative arrangement (i.e. send

you to another provider in the community, provide a hotel/motel voucher) instead of serving your family due to its makeup.

VI. COORDINATED ENTRY RESOURCES Policy & Procedures:

<http://www.RacineCoC.org>

Grievance Policy and Forms: <http://www.RacineCoC.org>

Institute for Community Alliances: <http://www.icalliances.org/Wisconsin>

VII. AFFIRM THE FOLLOWING:

A. I have read and will abide by all policies and procedures in RACINE COC Coordinated Entry Policies and Procedures Manual.

B. I have received training from the Coordinated Entry Committee on how to participate in the Coordinated Entry System. This training may be via recorded webinar.

C. I agree to the Coordinated Entry training requirements as required by my agency and the RACINE COC. This includes attending future trainings related to Coordinated Entry, Program Standards, and Prioritization.

D. I will only collect, enter and extract data in the Coordinated Entry System (HMIS and Non-WISP Prioritization List) relevant to the delivery of services for the clients with whom I work.

E. I agree to maintain the confidentiality of all clients' personal information and to refer households to the Non-WISP Prioritization List as requested.

F. I agree to explain the Coordinated Entry process to all clients being entered into the system, including the client's rights and responsibilities.

G. I agree to refer clients to any and all services that are appropriate to their individual situation.

H. I understand that I have a right to file a grievance against an agency participating in the Coordinated Entry System if I believe it is not following the RACINE COC Coordinated Entry Policy and Procedures.

First Name _____ Last Name _____

Email _____ Job Title _____
Agency Full Name _____

Signature _____ Date _____

APPENDIX H: COORDINATED ENTRY GRIEVANCE POLICY

Coordinated Entry Grievance Policies and Procedures

RACINE COC Coordinated Entry grievance policy:

This policy refers to complaints and grievances regarding the Coordinated Entry System only and provides additional details to the grievance policies in the Coordinated Entry Policies and Procedures manual, the Agency Participation Agreement, and the Coordinator Participation Agreement.

Definitions

Complaint is defined as a verbal expression of dissatisfaction by the participant, agency, or community member regarding Coordinated Entry services provided by RACINE COC member agencies which can be resolved at the point at which it occurs by the staff present. Complaints are considered resolved when the participant, agency, or community member is satisfied with the action taken by the agency in question.

Grievance is defined as a written expression of dissatisfaction with some aspect of Coordinated Entry service that has not been resolved despite attempts to do so by participants, agencies, or community members at the point of service. Any such written expression sent to the RACINE COC will be considered a grievance.

Types of Grievances

Participant/Community Member grievances:

If an individual has a complaint or grievance regarding a particular agency or representative of that agency, it is recommended they follow that agency's procedure for collecting and resolving complaints or grievances.

An effort to resolve complaints locally should be made before filing a formal grievance with the RACINE COC. This can be done by contacting the Coordinated Entry Lead for RACINE CoC Coordinated Entry System. The contact information for the Coordinated Entry Lead can be

found on the RACINE COC web site at: <https://www.racinecoc.org/>

The provider completing the Pre-Screen, assessment, and referral shall address any complaints by the individual at the time they are made aware of the complaint or client dissatisfaction.

The individual and the provider will try to work out the problem directly as a first step in the process. If the complaint is not resolved, the individual may initiate the RACINE COC Grievance Procedure.

The individual has the right to be assisted by an advocate of his/her choice (e.g., agency Coordinator person, coworker, friend, family member, etc.) at each step of the grievance process. Any grievance paperwork filed by an individual shall note his/her name and contact information so Racine COC Director can contact him/her to discuss the issues. Consent to have an agency or advocate work on an individual's behalf must be submitted in writing to the RACINE COC. The individual has the right to withdraw his/her grievance at any time.

Provider Grievances:

It is the responsibility of all boards, Coordinator, and volunteers of COC-funded and EHH-funded projects to comply with the policies and procedures of the Racine COC Coordinated Entry System. Anyone filing a grievance 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.

An effort to resolve complaints locally should be made before filing a grievance with the Racine COC. This can be done by contacting the Coordinated Entry Lead for the Coordinated Entry System. If this does not resolve the issue, the provider may begin the grievance procedure.

Procedure for filing a grievance with the RACINE COC

Any person or agency wishing to file a grievance should submit a written statement to the CoC Coordinator describing the alleged violation of the Coordinated Entry System policies and procedures; and any actions taken on behalf of the person or agency to resolve the issue. The statement should be as specific as possible and contain the name and location of the agency,

date and time of incident, and any other details that may be helpful to the Racine COC Director to investigate the incident. Grievance paperwork filed with the Racine CoC Director must provide name and contact information of the individual(s)/agency filing the complaint, so Racine COC Director can contact them to discuss the grievance. Identifiable information of the reporting person will be considered confidential and is only collected to enable further investigation of the grievance. Grievances that do not contain the contact information of the person filing the grievances, or grievances filed by a third party, will not be considered and no further action will be taken.

Grievances must be submitted by the person experiencing the grievance or their stated representative. Third party submissions, or grievances filed by a person or agency alleging an act between original parties, will not be considered. The exception are complaints or grievances filed by the Division of Energy, Housing and Community Resources (DEHCR), Institute for Community Alliances (ICA), or U.S. Department of Housing and Urban Development (HUD).

Grievances must be filed with the Continuum of Care for city and county of Racine within 60 calendar days from the date of the incident. Grievances filed after 60 calendar days from the date of the incident will not be reviewed by the RACINE COC Coordinator.

Reasonable accommodations are available upon request from the CoC Coordinator.

Grievance Review Procedure

The first person to review the grievance is the CoC Director. Racine COC Director will notify the agency stated in the grievance within 14 calendar days of receiving the grievance. This notification will be sent to the Coordinator member listed on the Agency Participation Agreement. The notification will contain as much information as possible regarding the complaint without disclosing personally identifiable information of the individual and/or provider filing the grievance to ensure confidentiality. Agencies have 7 calendar days from receiving the grievance notification to provide a response if they would like it to be included in the grievance review by Racine COC Coordinator.

Racine COC Director will review all information, conduct interviews with the reporting person

and agency stated in the grievance, and gather relevant information about the situation. This can include but is not limited to reviewing agency client files, Service Point records, interviewing agency Coordinator, or interviewing witnesses or other involved parties. The review process will be completed within 14 calendar days from the date the agency stated in the grievance was provided notification of the grievance.

Following the grievance review process, Racine COC Director shall determine as to whether the grievance has been substantiated as a violation of the Coordinated Entry system policies and procedures. Racine COC Director will provide written documentation to the agency in violation of the determination, the corrective action required, and timeline to complete corrective actions. A written statement summarizes the outcome of the grievance review will be provided to the reporting individual or agency. In the interest of transparency, the Racine COC reserves the right to notify the Coordinated Entry System participants, Coordinated Entry Lead, coalition Lead(s), or other parties impacted or potentially affected by the violation.

The agency issued corrective actions may request a meeting, in person or via telephone, to discuss the implementation of corrective actions. Racine COC Director may provide training and reasonable assistance in the agency's effort to comply.

All efforts shall be made to resolve grievances in a timely manner. The time frames provided indicate a maximum number of days for each step in the process.

Grievance Appeal Procedure

An appeal may be filed with the Racine CoC Leadership Council if either party believes Racine COC Director failed to comply with the Coordinated Entry policies and procedures for investigating a grievance, acted in an unreasonable manner, would like to have new information considered that was not previously available, or do not agree with the findings based on the evidence presented. An appeal must be submitted in writing within 7 calendar days from the date marked on the determination letter from the Racine COC. Appeals received after 7 calendar days from the date of the letter will not be reviewed.

The Racine CoC Leadership Council will review the appeal and may designate one or more

Board members or other assigned committee to review the appeal, supporting documentation, and collect additional information necessary to consider the appeal. After gathering relevant information, the review of all collected information and determine as to whether Racine COC Director followed Coordinated Entry grievance procedure and the corrective action was reasonable based on the evidence presented. The Leadership Council or designated Board member(s) or other assigned committee will inform the appealing party in writing of their determination within 14 calendar days from the date of the appeal letter. The decision of the Racine CoC Leadership Council is final.

Approved by _____ on _____

Coordinated Entry Grievance Timeline

Step 1: Incident occurs

A grievance can be filed within 60 calendar days from the date of the incident.

Step 2: Grievance filed

Racine COC Director will notify the agency stated in the grievances within 14 calendar days.

Step 3: Agency Response

Agencies have 7 calendar days from receiving the notification to provide a response.

Step 4: Review and Decision

Racine COC Director will review the grievance and decide within 14 calendar days of the date the agency was notified of the grievance.

Step 5: Appeal

An agency can submit an appeal within 7 calendar days from the date marked on the determination letter.

Step 6: Response to Appeal

The Racine CoC Leadership Council shall review and make a final decision within 14 calendar days from the date of the appeal letter.

APPENDIX I: CERTIFICATION FOR EMERGENCY TRANSFER

EMERGENCY TRANSFER REQUEST FOR CERTAIN VICTIMS OF DOMESTIC VIOLENCE, DATING VIOLENCE, SEXUAL ASSAULT, OR STALKING

U.S. Department of Housing
and Urban Development

OMB Approval No. 2577-0286
Exp. 06/30/2017

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

The requirements you must meet are:

(1) You are a victim of domestic violence, dating violence, sexual assault, or stalking.

If your housing provider does not already have documentation that you are a victim of domestic violence, dating violence, sexual assault, or stalking, your housing provider may ask you for such documentation. In response, you may submit Form HUD-5382, or any one of the other types of documentation listed on that Form.

(2) You expressly request the emergency transfer. Submission of this form confirms that you have expressly requested a transfer. Your housing provider may choose to require that you submit this form or may accept another written or oral request. Please see your housing provider's emergency transfer plan for more details.

(3) You reasonably believe you are threatened with imminent harm from further violence if you remain in your current unit. This means you have a reason to fear that if you do not receive a transfer, you would suffer violence in the very near future.

OR

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

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

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

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

1. Name of victim requesting an emergency transfer: _____

2. Your name (if different from victim's) _____

3. Name(s) of other family member(s) listed on the lease: _____

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

5. Address of location from which the victim seeks to transfer: _____

6. Address or phone number for contacting the victim: _____

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

8. Relationship of the accused perpetrator to the victim: _____

9. Date(s), Time(s) and location(s) of incident(s): _____

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

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

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

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

Signature _____ Signed on (Date) _____

APPENDIX J: DEFINITIONS FOR EMERGENCY TRANSFER PLAN

Domestic Violence

Domestic violence includes felony or misdemeanor crimes of violence committed by a current or former spouse or intimate partner of the victim, by a person with whom the victim shares a child in common, by a person who is cohabitating with or has cohabitated with the victim as a spouse or intimate partner, by a person similarly situated to a spouse of the victim under the domestic or family violence laws of the jurisdiction receiving grant monies, or by any other person against an adult or youth victim who is protected from that person's acts under the domestic or family violence laws of the jurisdiction. The term spouse or intimate partner of the victim includes a person who is or has been in a social relationship of a romantic or intimate nature with the victim, as determined by the length of the relationship, the type of the relationship, and the frequency of interaction between the persons involved in the relationship.

Dating violence

Dating violence means violence committed by a person:

- (1) Who is or has been in a social relationship of a romantic or intimate nature with the victim; and
- (2) Where the existence of such a relationship shall be determined based on a consideration of the following factors:
 - (i) The length of the relationship;
 - (ii) The type of relationship; and
 - (iii) The frequency of interaction between the persons involved in the relationship.

Sexual Assault

Sexual assault means any nonconsensual sexual act proscribed by Federal, tribal, or State law, including when the victim lacks capacity to consent.

Stalking

Stalking means engaging in a course of conduct directed at a specific person that would cause a reasonable person to:

- (1) Fear for the person's individual safety or the safety of others; or
- (2) Suffer substantial emotional distress.

APPENDIX K: COORDINATED ENTRY EVALUATION

2019.11.19 Racine Coordinated Entry Prioritization for Families v2019.10.16

Summary

Effective As of 11/19/2019 For Racine County Priority List – Families (9624)

Confidentiality Statement: All personally identifiable information contained in this report is considered privileged and confidential information. By accessing or downloading this report, you are accepting responsibility for the privacy and security of all information contained within this report. All personally identifiable information contained in this report is considered privileged and confidential information. By accessing or downloading this report, you are accepting responsibility for the privacy and security of all information contained within this report.

| | |
|-------------------------------------|--------|
| Households on List | 24 |
| Chronic Households on List | 2 |
| Veteran Households on List | 0 |
| Youth Households on List | 7 |
| Households with Duplicate Referrals | 1 |
| Average length of time on list | 117.25 |
| Longest LOT on priority list | 298 |

| | |
|----------------------------|-----|
| Total Clients Ever on List | 197 |
|----------------------------|-----|

| Outcome | Clients |
|----------|---------|
| Accepted | 56 |
| Canceled | 119 |
| Open | 25 |

Accepted Referrals

| | |
|-------------------------------|----|
| Households Accepted From List | 50 |
|-------------------------------|----|

| Accepted By | Clients |
|---|---------|
| Other (HUD) | 2 |
| PH - Permanent Supportive Housing (disability required for entry) (HUD) | 5 |
| PH - Rapid Re-Housing (HUD) | 43 |

Clients Removed from List (Cancelled or Declined)

| | |
|-------------------------------|----|
| Households Accepted From List | 98 |
|-------------------------------|----|

| Reason Cancelled or Declined | Clients |
|--|---------|
| Client asked to be removed from list | 1 |
| Client living with family/friends - permanent tenure | 9 |
| Client not Category 1 homeless - Dane CoC only | 1 |
| Client Not Eligible - Milwaukee CoC only | 1 |
| Client secured housing on their own | 36 |
| Moved out of state | 1 |
| Not Homeless | 2 |
| Unable to Contact Client | 48 |

Clients Missing Data Elements

| | |
|-----------------------|---|
| Disability | 0 |
| Chronic Status | 0 |
| Veteran Status | 0 |
| Gender | 0 |

Basic Demographics

| Race | Clients |
|---|----------------|
| American Indian or Alaska Native (HUD) | 0 |
| Black or African American (HUD) | 12 |
| Missing | 0 |
| Native Hawaiian or Other Pacific Islander (HUD) | 1 |
| Other Multi-Racial | 0 |
| White (HUD) | 12 |

| Gender | Clients |
|----------------|----------------|
| Female | 22 |
| Male | 3 |
| Missing | 0 |

| Ethnicity | Clients |
|-------------------------------|----------------|
| Hispanic/Latino (HUD) | 1 |
| Missing | 0 |
| Non-Hispanic/Non-Latino (HUD) | 24 |

| Veteran Status | Clients |
|-----------------------|----------------|
| Missing | 0 |
| No (HUD) | 25 |
| Yes (HUD) | 0 |

| Age Ranges | Clients |
|------------------------------|----------------|
| 02-03: Toddlers | 0 |
| 04-06: Early School Aged | 0 |
| 07-12: Middle Childhood Aged | 0 |
| 13-17: Teenagers | 0 |
| 18-24: Young Adults | 7 |
| 25-34: Early Adults | 6 |
| 35-59: Middle Adults | 11 |
| 60-74: Late Adults | 1 |

| | |
|--|--------|
| Average length of time on list | 117.25 |
| Average length of time to Housing Move-In | 153.68 |

APPENDIX ZZ: WEBSITES FOR ADDITIONAL INFORMATION

Continuum of Care for the City and County of Racine

<http://www.racinecoc.org>

National Alliance to End Homelessness

<http://www.endhomelessness.org/>

U.S. Department of Housing and Urban Development, HUD Exchange

<https://www.hudexchange.info/>

U.S. Interagency Council on Homelessness

<https://www.usich.gov/>

Original version of this Standard's document was approved by the Racine CoC Leadership Council of Directors.