



POLICY AND PROCEDURES MANUAL

BERKS COORDINATED ENTRY SYSTEM

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Contents

Coordinated Entry System.....	2
Participation Requirements.....	2-3
Coordinated Entry System Design Principles.....	3
Prioritization Standards.....	3-4
Low Barrier Policy.....	4-5
Fair and Equal Access.....	5
Emergency Services.....	6
Safety Planning.....	6
Standardized Access and Assessment.....	6
Referral Criteria for all CoC Projects.....	6
Referral Process.....	6-7
Inclusivity of Subpopulations.....	7
Privacy Protections and Participant Autonomy.....	7
Referral Rejection Policy.....	7-8
Outreach.....	8
Stakeholder Inclusion.....	9
Full Coverage.....	9
List of Resources.....	9
CES Training.....	9-10
Data Sharing.....	10
HMIS and Data Collection.....	10
Assessment Tool.....	10-11
Preassessment Screening – <i>Attachment 1</i>	A1
Client Information Release Authorization – <i>Attachment 2</i>	A2
Common Acronyms and Definitions – <i>Attachment 3</i>	A3
Coordinated Entry System Partner Agreement – <i>Attachment 4</i>	A4
Coordinated Entry Referral Denial Form – <i>Attachment 5</i>	A5
Referral Criteria for All CoC Projects – <i>Attachment 6</i>	A6

Coordinated Entry System

A Coordinated Entry System (“CES”) represents a new approach to coordination and management of a Continuum of Care’s housing crisis response system. Coordinated entry enables CoC providers and homeless assistance staff to make consistent decisions from available information to efficiently and effectively connect people in crisis to interventions that will rapidly end their homelessness. The CES approach also aligns with Berks CoC goals to transform crisis response systems to improve outcomes for people experiencing a housing crisis.

In 2009, the McKinney-Vento Homeless Assistance Act was amended by the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act. Among other actions, the HEARTH Act consolidated several of HUD’s separate homeless assistance programs into a single grant program, the Continuum of Care Program, and it codified into law the CoC planning process. The Berks Coalition to End Homelessness is the lead agency and collaborative agent for the Pa 506 Berks CoC.

The [CoC Program interim rule](#) (24 CFR 578) released by HUD in 2012 requires that CoCs establish and operate a “**centralized or coordinated assessment system**,” hereafter referred to as a coordinated entry system. The rule defines coordinated entry as

a centralized or coordinated process designed to coordinate program participant intake assessment and provision of referrals. [Such a] system covers the [CoC’s] geographic area, is easily accessed by individuals and families seeking housing or services, is well advertised, and includes a comprehensive and standardized assessment tool. (24 CFR part 578.3)

Both the CoC Program interim rule and the [Emergency Solutions Grants \(ESG\) program interim rule](#) (76 FR part 75953) released in 2011 require that projects operated by recipients and subrecipients of CoC or ESG grant funds must participate in the established coordinated entry process.

Participation Requirements

The Berks County CoC embraces a no-wrong door approach to ensure that any person who is homeless and seeking assistance has access to the Berks Coordinated Entry System. There are currently 12 points of access for the Berks Coordinated Entry System, which are located throughout the CoC geographic area and provide the same assessment approach for all persons. The 12 access points are:

Berks Coalition to End Homelessness	Mary’s Shelter
Berks Counseling Center	Opportunity House
Berks Connections Pretrial Services	SafeBerks
Easy Does It	Service Access Management
Family Promise	The Salvation Army
Human Relations Committee	YMCA of Reading and Berks County

HUD and VA have recently established guidance that instructs all CoC projects to participate in their CoC’s Coordinated Entry system. A CoC project includes any homeless prevention or homeless assistance program regardless of funding source. However, projects that receive HUD funding (CoC Program, ESG, HOPWA) or VA funding (SSVF, GPD, VASH) must further comply with the specific participation requirements as established by the Berks CoC. At a minimum the BCES participation includes the following requirements:

- ❑ CoC projects must publish written standards for client eligibility and enrollment determination
- ❑ CoC projects must communicate project vacancies (bed and/or unit) to the Coordinated Entry Manager at the Berks Coalition to End Homelessness.
- ❑ Persons experiencing a housing crisis must access CoC services and housing using CoC defined access points
- ❑ Berks CoC projects must enroll only those clients referred according to the CoC's designated referral strategy
- ❑ Berks CoC projects must participate in the CoC's Coordinated Assessment planning and management activities as established by Berks Coalition to End Homelessness.

Coordinated Entry System Design Principles

1. **Promote client-centered practices** – Every homeless person should be treated with dignity, offered at least minimal assistance, and participate in their own housing plan. Provide ongoing opportunities for client participation in the development, oversight, and evaluation of coordinated assessment. Clients should be offered choice whenever possible.
2. **Prioritize most vulnerable as the primary factor among many considerations** – Limited resources should be directed first to persons and families who are most vulnerable. Less vulnerable persons and families will be assisted as resources allow.
3. **Eliminate barriers to housing access** – Identify system practices and individual project eligibility criteria which may contribute to excluding clients from services and work to eliminate those barriers.
4. **Transparency** – Make thoughtful decisions and communicate directives openly and clearly.
5. **Exercise continuous quality improvement efforts** – Continually strive for effectiveness and efficiency and agree to make changes when those objectives are not achieved.
6. Promote **collaborative and inclusive** planning and decision making practices.
7. **Diversity** – Respect cultural, regional, programmatic, linguistic, and philosophical differences.
8. **BCES data driven** – use data to analyze local housing needs and create a diversity of housing options.
9. **Native American sovereignty** —Work individually with Tribal Nations to acknowledge and honor sovereignty.

Prioritization Standards

The matching process and eventual referral linkage process will take into account a set of prioritization criteria for each project type. The order of client priority on the prioritization list will under no circumstances be based on disability type or diagnosis. Priority will be based on the severity of the needs. Length of time homeless, or subpopulation characteristics.

The Coordinated Assessment Pre-Screening (Attachment 1) will be used prior to entry as part of the prevention/diversion process and to determine literal homelessness.

The VI-SPDAT will be the only tool used to assess acuity for individuals and families at the point of entry. The VI-SPIDAT scores will be used to sort individuals into the category of the most appropriate housing intervention. The order of client priority on the prioritization list will under no circumstances be based on disability type or diagnosis. The Berks CoC will establish priority for each project type based on the severity of the needs, length of time homeless, or subpopulation characteristics.

The Berks CoC must define a minimum VI-SPDAT score or score range associated with referrals to participating member resources such as RRH, TH, or PSH

1. Individuals and families will be referred to **Rapid Re-Housing** according to the following prioritization criteria:
 - At least **75%** of available RRH resources must be filled with individuals or families that score for RRH based on the VI-SPDAT as determined by BCEH.
2. Individuals and families will be referred to **Transitional Housing** according to the following prioritization criteria:

At least 75% of available TH units within the Berks CoC must be filled with households that score for TH based on the VI-SPDAT and meet the criteria of at least one of the priority groups identified:

Youth – All individuals between the ages of 15-24 who present as a household. This can include unaccompanied youth (household size of one), and multiple youth who are seeking assistance together.

- Youth Parents** – Women and men between the ages of 15-24 who are the parent of at least one child and are seeking assistance with that child(ren).
- Domestic Violence survivors** – Individuals and families with at least one person who identifies a domestic violence experience as the primary reason causing their housing crisis.
- Persons being released from correctional facilities** and were homeless before entering prison/jail
- Pregnant women** - Women who are pregnant, regardless of their age or whether they have any additional children.
- Persons in the early stages of AOD addiction recovery** - Individuals and families with at least one person who recently began receiving services to assist in their recovery from alcohol or other drug addiction. This can include (but is not limited to) people who were recently released from a treatment center or other institution.
- Veterans (choosing Grant and Per Diem - GPD)**

3. Individuals and families will be referred to **Permanent Supportive Housing** according to specific prioritization protocols as defined by BCEH which must include the following attributes:
 - Chronic homelessness as defined by HUD
 - Long-Term-Homeless
 - longest history of homelessness
 - most severe service needs as determined by the VI-SPDAT score

Low Barrier Policy

The term “low barrier” refers to minimal eligibility and enrollment obstacles resulting in homeless persons being engaged and enrolled in homeless assistance projects regardless of perceived barriers such as lack of income, lack of sobriety, presence of criminal records, or historical non-compliance with program requirements. No client may be turned away from crisis response services or homeless designated housing due to lack of income, lack of employment, disability status, domestic violence status, or substance use unless the project’s primary funder or local government jurisdiction requires the exclusion or a previously existing and documented neighborhood covenant/good neighbor agreement has explicitly limited enrollment to clients with a specific set of attributes or characteristics. Funders restricting access to projects based on specific client attributes or characteristics will need to provide

documentation to the BCEH providing a justification for their enrollment policy.

CoC projects offering Prevention and/or Short-Term Rapid Rehousing assistance (i.e. 0 – 6 months of financial assistance) may choose to apply some income standards for their enrollment determinations.

Fair and Equal Access

All participating members will ensure fair and equal access to BCES system programs and services for all clients regardless of actual or perceived race, color, religion, national origin, age, gender identity or expression, pregnancy, citizenship, familial status, household composition, disability, Veteran status, sexual orientation, or domestic violence status. To ensure fair access by individuals with disabilities, physical and communication accessibility barriers must be addressed by appropriate accommodation within the Coordinated Entry System. The Berks CoC written policies and procedures must establish protocols for fair and equal access to member housing and services.

All participating members will ensure that individuals are placed, served, and accommodated in accordance with their gender identity. This includes programs that have shared sleeping and/or bathing facilities. Programs may not make housing assignments or reassignments based solely on the complaints of another person, when the sole complaint is a client's gender identity, gender expression, or non-conformance with gender stereotypes. If an individual's gender identity, gender expression, or household composition creates challenging dynamics among residents within a facility, the host program should make every effort to accommodate the individual or assist in locating alternative accommodation that is appropriate and responsive to the individual's needs. Programs must take reasonable nondiscriminatory steps to address privacy and safety concerns and must ensure that their policies do not isolate or segregate individuals based on gender identity. Referrals should never be made solely on the basis of the complaints of other clients/residents.

The Berks County CoC requires service providers to practice a person-centered model that incorporates participant choice and inclusion of all homes subpopulations present in Berks County, including homeless veterans, youth, families with children, individual adults, seniors, victims of domestic and sexual violence, and Lesbian, Gay, Bisexual, Transgender, Queer or Questioning, and Intersex (LGBTQI) individuals and families. All CoC and ESG funded service providers must ensure that all people have fair and equal access to the coordinated entry process and all forms of assistance regardless of race, ethnicity, national origin, age, sex, familial status, religious preference, disability, type or amount of disability, gender identity, perceived gender identity, marital status, sexual orientation, or perceived sexual orientation.

The Berks County CoC ensures that persons with disabilities have equal access to the Berks Coordinated Entry System through compliance with the requirement of Title II and Title III of the Americans with Disabilities Act. Berks County does not discriminate against individuals with disabilities on the basis of disability in the county's services, programs or activities. The CoC Written Standards require all CoC and ESG service providers have written non-discrimination policies in place. All coordinated entry access points must be accessible for persons with disabilities, including those who use wheelchairs and those who are least likely to access homeless assistance. Upon request all agencies must provide appropriate and reasonable accommodations for persons with disabilities and/or Limited English Proficiency so they can participate equally in the coordinated entry process, including qualified language interpreters, and other ways of making information and communications those with Limited English Proficiency.

Emergency Services

Anyone will be able to access emergency services, such as an emergency shelter, domestic violence safehouse, and emergency service hotlines independent of the CoC's coordinated entry process. These services are 24/7 and are staffed to assist anyone seeking services day or night. Contact will be made with any client referred by 2-1-1 for coordinated entry assessment within 48 hours. 90% of the emergency shelters are access points in the CoC. If a client accesses emergency services during an off time and there is not a trained staff person to administer the assessment it will be done during the normal business hours of that facility. The non-participating shelters will be visited by trained BCES staff to work on engaging clients and administering the assessment tool. It will remain a goal of the BCES to encourage the non-participating shelters to fully join the BCES through demonstrating the benefits of the process.

Safety Planning

Berks CoC must provide necessary safety and security protections for persons fleeing or attempting to flee family violence, stalking, dating violence, or other domestic violence situations. Safety planning guidelines and examples of trauma-informed approaches to care coordination have been developed via a partnership with SafeBerks. SafeBerks is the local service provider for anyone who is a victim/survivor. All participating agencies are aware of their services and will ensure that a confidential and safe referral is made to the client seeking services. If the client does not choose the services offered by SafeBerks they will have safe and confidential access to the coordinated entry process through any access point.

Standardized Access and Assessment

All defined access point providers will administer the VI-SPDAT assessment tool as part of the coordinated entry process. The assessment process must be standardized across the Berks CoC, with uniform decision-making across all assessment locations and staff. BCES will operate using a client-centered approach, allowing clients to freely refuse to answer assessment questions and/or refuse referrals.

To ensure transparency in client care coordination and decision making, all BCES participants receiving a comprehensive assessment and referral to a Berks CoC project must be offered written documentation of the assessment results and referral. This "receipt" of CES assessment and referral process should include a description of the CES screening and assessment results and indicate the CES participant's prioritization for the referral intervention being offered.

Referral criteria for all CoC projects

BCEH must define referral criteria for all projects within the Berks CoC's geographic area. Referral criteria must identify all the eligibility and exclusionary criteria used by program staff to make enrollment determinations for referred persons or households. Established guidelines must describe acceptable time frames for reviewing and communicating referral decisions (i.e. whether the potential program participant is either accepted or denied enrollment). If a potential client is not offered enrollment, the reason for rejection must be clearly communicated and documented in HMIS. The referral criteria must be published at least annually and support the identification of and connection to appropriate housing and services for all assessed clients. See Attachment

Referral Process

The Berks CoC must establish written protocols in accordance with HUD guidelines for referrals that explicitly identify the VI-SPDAT score or score range associated with referrals to each CoC participating member program including PSH, TH, RRH, and self-resolve strategies. Berks CoC shall adopt locally specific

prioritization criteria and referral protocols based on local CoC capacity, inventory and availability of CoC housing and services. The referral process shall be standardized and consistently administered; however, the prioritization of housing and services will vary over time due to fluctuating participant demand, changes in availability of CoC housing and services, and dynamic client needs and preferences.

Clients must be provided the ability to enroll in participating member programs that are less intensive than the BCES referral choice offered. The applicability and accuracy of VI-SPDAT score ranges may vary based on resource availability, and funder requirements. Prioritization processes and tools will be assessed and updated annually by the Berks CoC based on analysis of actual score prevalence rates and available Berks CoC openings.

When offering referral options to clients, the following information shall be provided:

- information about the referred housing providers and housing types using resources such as web pages and printed pamphlets
 - Referral Rejection Policy
 - Right to choose options less intensive than the BCES referral offered
- Guidance about possible impact associated with accepting, rejecting, or changing the project type recommended for the household by the BCES assessment and prioritization process

Inclusivity of subpopulations

All subpopulations including chronically homeless individuals and families, Veterans, youth, persons and households fleeing domestic violence, transgender persons, and refugees and new immigrants must be provided equal access to the BCEH regardless of the characteristics and attributes of their specific subpopulations.

Privacy protections and participant autonomy

The BCES must abide by all privacy protections as defined by the HMIS Advisory Committee. Client consent protocols, data use agreements, data disclosure policies, and other privacy protections offered to participants as a result of each client's participation in HMIS will be the same as CES. Individuals are free to decide what information they provide during the assessment process and agencies are prohibited from denying assessment or services to individuals who refuse to provide specific information unless that information is necessary to establish program eligibility according to the program regulation. Individuals shall be allowed to refuse to answer assessment questions and refuse housing and service options without retribution or limitations on the access to assistance. Should an individual reject a housing or service option they will maintain their prioritization for the next available housing or service option. The housing or service option that was rejected shall be provided to the next individual according to the prioritizations in the CoC Written Standards. Individuals who do not sign the release of information will not have a Coordinated Entry assessment completed and shall not be denied services unless Federal statute requires collection, use, storage, and reporting of the individuals personally identifiable information as a condition of program participation.

Referral Rejection Policy

Both Berks CoC providers and program participants may deny or reject referrals from the defined BCES access point, although service denials should be infrequent and must be documented in HMIS or other comparable system with specific justification as prescribed by the CoC. The specific allowable criteria for denying a referral must be established by the CoC, must be shared with each project and client, and be

reviewed and updated annually. All participating projects and client must provide the reason for service denial, and may be subject to a limit on number of service denials. Aggregate counts of service denials, categorized by reason for denial, must be reported by the BCEH annually.

At a minimum, project's referral rejection/denial reasons must include the following:

- Client/household refused further participation (or client moved out of CoC area)
- Client/household does not meet required criteria for program eligibility
- Client/household unresponsive to multiple communication attempts
- Client resolved crisis without assistance
- Client/household safety concerns. The client's/household's health or well-being or the safety of current program participants would be negatively impacted due to staffing, location, or other programmatic issues.
- Client/household needs cannot be addressed by the program. The program does not offer the services and/or housing supports necessary to successfully serve the household.
- Program at bed/unit/service capacity at time of referral
- Property management denial (include specific reason cited by property manager)
- Conflict of interest.

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

1. Any referral provisionally reviewed by participating agencies and a preliminary enrollment determination made must be communicated back to the BCES manager, assessment and referral provider, or client advocate within **3 business days**.
2. All referral requests that result in a denial must be reviewed by the BCES manager, assessment and referral provider, or client advocate designated by the Berks CoC.
3. If a referral is returned to the housing referral coordinator or designee, the HMIS record must be updated to reflect the reason for the denial.
4. The CoC project denying the referral must notify the BCES manager, assessment and referral provider, or client advocate within a specified amount of time determined by the CoC. Further communication must include a detailed written justification of the referral denial provided within **3 business days**. The written justification of service denial must also be shared with the client.
5. A provider who denies three sequential referrals will be required to participate in a case conferencing meeting with the BCES manager, assessment and referral provider, or client advocate designated by the CoC.
6. A client who denies three sequential referrals will be required to participate in a case conferencing meeting with the BCES manager and the assessment and referral provider, or client advocate designated by the CoC.

Outreach

All CoC outreach activities, projects, initiatives must be integrated with the BCES design, serving as an engagement resource or designated access points for CoC resources, services, and housing. Street outreach efforts funded with ESG or CoC funds must be linked to the BCES. The Berks Coalition to End Homelessness has ensured that their outreach workers are trained to give the VI-SPDAT assessment and to have adequate access to both paper and electronic methods of administering the survey with the same standardized processes offered at site-based access points. All referrals made by 2-1-1 or emergency shelters that are not access points will be responded to by BCEH Street Outreach.

Stakeholder Inclusion

BCEH will support the implementation, expansion, and ongoing operation and evaluation of the Berks Coordinated Entry System by regularly convening stakeholder input and feedback opportunities. The Berks CoC must develop a plan to collect stakeholder feedback at least annually and will engage participants from participating programs, referral sources, residents and participants of homeless services and programs, funders of homeless response systems, and mainstream system providers.

Full Coverage

The full geography of the CoC must be covered by BCES services including access to crisis response services, assessment of clients, and referral options. Most of the coordinated entry access points are located within the city of Reading. They are all accessible either by walking within the city or by the bus service which serves the county. A person experiencing homelessness will also be able to access 2-1-1 which will send all referrals for a VI-SPDAT to BCEH. BCEH will respond by contacting the client as part of their street outreach. Street outreach will also respond to persons living outside of centralized services to be sure they are able to participate in coordinated entry.

List of Resources

The BCES manager will maintain a list of all available CoC resources, including each project's eligibility criteria. The list of resources must be updated annually and be made publicly available.

CES Training

BCEH will present trainings according to need and requests at the monthly Coordinated Entry Team meetings. These trainings will be designed to ensure all participating BCES partners are knowledgeable in BCES participation and performance expectations, are following guidelines and protocols for BCES operations, and strive to achieve national best practices and promising approaches for the most effective coordinated entry system. Needs or gaps in training effectiveness will be assessed annually as part of the Berks CoC evaluation of CES processes.

Elements of **locally-specific training** shall include the following:

- CES access points and access protocols
- CES assessment tool (VI-SPDAT), processes and uses of assessment information to coordinate client care
- General eligibility requirements for all CoC projects
- Prioritization standards and protocols for how client's placement on prioritization lists (i.e. waiting lists) will be managed
- Referral processes and protocols
- Data collection, data management, data sharing and reporting requirements and responsibilities

Other training and capacity building opportunities could include but not be limited to the following:

- Effective strategies for VI-SPADT assessment, score analysis, and referral determinations
- Effective client engagement techniques for challenging, difficult to engage clients (e.g. motivational interviewing, trauma-informed care, Housing First approaches)
- Trauma-informed care throughout the CES system
- Assessment practices and approaches that honor the lived experience of the specific culture or subpopulation accessing emergency services

- ❑ Co-occurring issues of substance use disorders, mental illness, physical disability, chronic health conditions, and sexual assault and family violence.

Domestic and sexual violence 101, exploring dynamics of violence and how violence impacts a person's executive decision making and functioning

- ❑ Information specific to working and immigrant/refugee and undocumented people and families as it relates to domestic and sexual violence
- ❑ Strategies for culturally competent CES practices and mitigating historical inequities among racial, ethnic, and cultural minorities
- ❑ Maintaining high quality data collection and reporting practices
- ❑ Strategies for maintaining client confidentiality and privacy while coordinating care among multiple CoC partners
- ❑ Linkage of CES practices to achieving HUD's CoC system performance measures

Training on topics related to culturally appropriate engagement, assessment practices and programming should be designed and conducted by members of the community representing the specific culture or subpopulation impacted.

Data Sharing

The Berks CoC shall comply with the data sharing policies developed by the HMIS Advisory Task Force and Data Sharing planning group.

Some participating BCES providers will need to opt out of data sharing practices to comply with the explicitly expressed requests of clients who wish not to share their information or in cases where providers are prohibited from participating in HMIS or sharing client information (e.g. victim service providers serving households fleeing domestic violence). In these instances coordinated entry protocols will need to accommodate management of prioritization lists using masked or encoded identifiers of applicable households.

HMIS and Data Collection

BCEH will use the HMIS to manage data related to coordinated entry operations. This will ensure adequate privacy protections for all participant information. When beginning an assessment the client will be informed that their information will remain confidential and will be asked for consent to proceed. The same Release of Information is utilized by all providers to input all Vulnerability Index/Service Prioritization Decision Assistance Tool (VI-SPDAT) within the HMIS. This document is part of the HMIS process and is required prior to entry of any client information being entered into the system. Individuals who do not sign the release of information or give verbal consent do not complete the assessment.

Assessment Tool

Anyone who has been trained to utilize Homeless Management Information System (HMIS) and conduct acuity assessments for the BCES may enter that score into the HMIS. Providers utilize the Vulnerability Index and the Service Prioritization Decision Assistance Tool (VI-SPDAT) as the common acuity assessment in Berks County to screen any single individual experiencing homelessness. Persons experiencing a homeless crisis often present with co-occurring medical and social factors that predispose them to homelessness and prevent them from finding stable housing. The VI-SPDAT is a street outreach tool that determines the initial needs of the individual based upon both medical and social risk factors. The

VI-SPDAT offers recommendations for three categories along the spectrum of housing interventions: Permanent Supportive Housing, Rapid Re-Housing, or Affordable Housing.

There are 3 variations of this tool to better assess the needs of specific household dynamics. The VI-SPDAT will be used to assess the needs of individuals and households without children under the age of 18, the F-VI-SPDAT will be utilized for families with children under the age of 18, and the TAY-VI-SPDAT will be used with unaccompanied youth under the age of 25. Upon assessing the needs and vulnerability of the client the tool provides a score that is used for placing the most vulnerable at the top of the waiting list for housing services. Clients will be pulled off the cue according to their scores as space becomes available in the program that will best serve their needs.

Individuals and families who do not meet HUD's definition for literal homelessness or imminent risk of homelessness do not receive an assessment and will be referred to more appropriate services.

Individuals that are determined to be a homeless veteran will be referred to SSVF for assessment and possible housing options. Individuals who are chronically homeless or homeless households with children should complete a VI-SPDAT assessment. The vulnerability analysis score will determine the clients and/or household's needs and eligibility for permanent supportive housing and/or rapid re-housing.

Whether the coordinated entry tool, VI-SPDAT is first conducted on paper or directly input in HMIS, all assessments must be recorded in HMIS within 48 hours of when the information was first collected. The results will be provided and reviewed at each Coordinated Entry Team meeting.

BCES clients are freely allowed to decide what information they provide during the assessment process, to refuse to answer assessment questions, and to refuse housing and service options without retribution or limiting their access to other forms of assistance.

Attachment 1
**COORDINATED ASSESSMENT PRE-SCREENING
INITIAL SCREENING**

PLEASE ASK WHERE THE CLIENT RESIDES:

City of Reading Resident Berks County Resident Out of County Resident

1. **Have you or any adult currently living in your household ever served in any branch of the US military? For this purpose the National Guard is not considered military service.**

YES – Please tell the client: “Please call Opportunity House Supportive Services for Veteran Families at (610) 374-4696 ext. 6

NO – Go to Question 2

2. **Are you a victim of domestic or sexual violence?**

YES – Refer to SafeBerks at (610) 373-2053

NO – Go to question 3

3. **Where did you sleep last night?**

**The three scenarios below meet the definition for literal homelessness*

Emergency Shelter

A Place not designed as regular sleeping accommodations, such as a car, park, abandoned building, bus or train station

Living in a motel, hotel, or trailer park paid for by an agency in lieu of shelter

**The scenarios below do not meet the definition of homelessness – go to question 4.*

Living in a motel, hotel, or trailer park paid for by another source including self pay

Temporarily living with family or friends due to loss of housing, economic hardship, or similar reason (double up)

Couch surfing

Rent or own apartment, house, or condo

4. **Can you remain at that location tonight?**

YES – Does not qualify for coordinated entry – provide referrals

NO – Refer to prevention services

5. Are you in danger of losing your housing?

YES – If in a hotel (client will be homeless after their current paid up date), transitional shelter, being discharged from a hospital, released from prison...Go to question 6.

YES – If doubled-up, client is not eligible for services at this time (unless they have no place to sleep tonight-see above). Please tell the client *“The program is not able to serve individuals/families who are doubled-up at this time”*.

NO – Client is not eligible for services at this time. Please tell the client: *“If your housing is at risk in the future, please call us back to see if you are eligible for services at that time.”*
*Please make other referrals.

6. When will you lose your housing? (Let the client tell you their timeline.)

1-14 Days – Refer to prevention services

15+ Days – Client is not eligible for services at this time.

Attachment 2
CLIENT INFORMATION RELEASE AUTHORIZATION

I, _____, give my permission to this agency of Reading and Berks County, its Director, and Case Manager(s) to release information on myself and my dependent children, as specified below, to member agencies of the ServicePoint Information system.

1. A portion of the information that you provide may be shared between agencies that use this system. If you consent, we have the ability to share your information with the agencies that you have indicated below, to be used for an initial intake assessment.
2. This consent expires on ____/____/____ (no later than three years). I may withdraw this consent at any time by verbal or written notice to this agency of Reading and Berks County. If withdrawn, my information will be secured to prevent access by all other agencies.
3. I permit this agency of Reading and Berks County to *allow* the following ServicePoint agencies access to my demographic information for intake assessment and/or provision of services.

ALL(Initial here for all the agencies listed below): _____ Initial: _____

SOME(Initial below for permission to specific agencies listed below):

- | | |
|---|--|
| _____ Berks Coalition to End Homelessness | _____ Family Promise |
| _____ Berks Counseling Center | _____ Hope Rescue Mission |
| _____ BCAP | _____ Mary's Shelter |
| _____ BCPS | _____ MidPenn Legal Services |
| _____ Catholic Charities | _____ Opportunity House |
| _____ City of Reading Community Development | _____ Service Access Management |
| _____ Council on Chemical Abuse | _____ The Salvation Army in Reading |
| _____ Easy Does It | _____ The YMCA of Reading and Berks County |

NONE(Initial here for none the agencies listed above): Initial: _____

I have received information contained in the ServicePoint Privacy Notice; it has been explained to me and I have had the opportunity to ask questions about it.

If applicable, I also consent to participation in the assessment process using the VI-SPDAT. The VI-SPDAT (Vulnerability Index - Service Prioritization Decision Assistance Tool) is a survey administered both to individuals and families to determine risk and prioritization when providing assistance to homeless and at-risk of homelessness persons. I understand that participation in the VI-SPDAT and the services match initiation is completely voluntary. I understand that if I feel uncomfortable or upset during the interview, I can ask the interviewer to take a break, skip any of the questions, ask for clarification of a question, or can ask to stop the survey.

***Client Signature**

Date

For Staff Use only

I, _____, certify that I have conveyed the information contained in the ServicePoint Privacy Notice to the individual named above; I have given the individual an opportunity to ask questions about the information and the VI-SPDAT assessment tool and have provided clarifications as needed.

Staff/Witness

Date

**If no selection is made, client signature will provide release for All agencies mentioned on this form.*

Attachment 3

Common Acronyms and Definitions

Annual Homeless Assessment Report (AHAR) – Annual report to Congress on the extent and nature of homelessness

Annual Progress Report (APR) – Report that tracks program progress and accomplishments in HUD's competitive homeless assistance programs. The APR provides the grantee and HUD with information necessary to assess each grantee's performance.

BCEH – Berks Coalition to End Homelessness

BCES – Berks Coordinated Entry System

Bed Utilization - An indicator of whether shelter beds are occupied on a particular night or over a period of time.

Chronic homelessness - HUD defines a chronically homeless person as an unaccompanied homeless individual with a disabling condition who has either been continuously homeless for a year or more, or has had at least four episodes of homelessness in the past three years. To be considered chronically homeless, persons must have been sleeping in a place not meant for human habitation (e.g., living on the streets) and/or in an emergency homeless shelter during that time.

Community Development Block Grant (CDBG) – A flexible program that provides communities with resources to address a wide range of unique community development needs. Beginning in 1974, the CDBG program is one of the longest continuously run programs at HUD. The CDBG program provides annual grants on a formula basis to 1,180 general units of local and State governments.

Coordinated Entry (CE) - A process that ensures that all people experiencing a housing crisis in a defined geographic area have fair and equal access, and are quickly identified, assessed for, referred, and connected to housing and homeless assistance based on their needs and strengths.

CES – Coordinated Entry System

Continuum of Care (CoC) – A community with a unified plan to organize and deliver housing and services to meet the specific needs of people who are homeless as they move to stable housing and maximize self-sufficiency. HUD funds many homeless programs and HMIS implementations through Continuums of Care grants.

Date of Birth (DOB) – the date a person was born

Dedicated HMIS - the cost of the HMIS implementation is its own component in the SuperNOFA project exhibit

Disabling Condition - A disabling condition in reference to chronic homelessness is defined by HUD as a diagnosable substance use disorder, serious mental illness, developmental disability, or chronic physical illness or disability, including the co-occurrence of two or more of these conditions. A disabling condition limits an individual's ability to work or perform one or more activities of daily living.

Domestic Violence (DV) - Occurs when a family member, partner or ex-partner attempts to physically or psychologically dominate another. Includes physical violence, sexual abuse, emotional abuse, intimidation, economic deprivation, and threats of violence. Violence can be criminal and includes physical assault (hitting, pushing, shoving, etc.), sexual abuse (unwanted or forced sexual activity), and stalking. Although emotional,

psychological and financial abuse are not criminal behaviors, they are forms of abuse and can lead to criminal violence. There are a number of dimensions of DV including: mode - physical, psychological, sexual and/or social; frequency - on/off, occasional, chronic, and severity – in terms of both psychological or physical harm and the need for treatment, including transitory or permanent injury, mild, moderate, and severe up to homicide.

Emergency Shelter (ES) – Any facility whose primary purpose is to provide temporary shelter for the homeless in general or for specific populations of the homeless.

Emergency Solution Grants (ESG) – The ESG program provides funding to: rapidly rehouse homeless individuals and families, and prevent families/individuals from becoming homeless.

ES –Emergency Shelter

Ethnicity - Identity with or membership in a particular racial, national, or cultural group and observance of that group's customs, beliefs, and language.

Expansion Grant – additional funds to an existing grant by proposing a new expansion project within the implementation.

Homeless Management Information System (HMIS) – Computerized data collection tool designed to capture client-level information over time on the characteristics and service needs of men, women, and children experiencing homelessness.

HUD –U.S. Department of Housing and Urban Development

Inferred Consent – Once clients receive an oral explanation of HMIS, consent is assumed for data entry into HMIS. The client must be a person of age and in possession of all his/her faculties (for example, not mentally ill).

Information and Referral (I&R) – A process for obtaining information about programs and services available and linking individuals to these services. These services can include emergency food pantries, rental assistance, public health clinics, childcare resources, support groups, legal aid, and a variety of nonprofit and governmental agencies. An HMIS usually includes features to facilitate information and referral.

Informed Consent - A client is informed of options of participating in an HMIS system and then specifically asked to consent. The individual needs to be of age and in possession of all of his faculties (for example, not mentally ill), and his/her judgment not impaired at the time of consenting (by sleep, illness, intoxication, alcohol, drugs or other health problems, etc.).

McKinney-Vento Act - The McKinney-Vento Homeless Assistance Act was signed into law by President Ronald Reagan on July 22, 1987. The McKinney-Vento Act funds numerous programs providing a range of services to homeless people, including the Continuum of Care programs: the Supportive Housing Program, the Shelter Plus Care Program, and the Single Room Occupancy Program, as well as the Emergency Shelter Grant Program.

Mental Health – (MH) - State of emotional and psychological well-being in which an individual is able to use his or her cognitive and emotional capabilities, function in society, and meet the ordinary demands of everyday life.

Notice of Funding Availability (NOFA) – An announcement of funding available for a particular program or activity.

Permanent Supportive Housing (PSH) – Long-term, community-based housing that has supportive services for homeless persons with disabilities. This type of supportive housing enables the special needs populations to live independently as possible in a permanent setting. Permanent housing can be provided in one structure or in several structures at one site or in multiple structures at scattered sites.

Race – Identification within five racial categories: American Indian or Alaska Native, Asian, Black or African American, Native Hawaiian or Other Pacific Islander, and White.

Runaway and Homeless Youth Management Information System (RHYMIS) – An automated information tool designed to capture data on the runaway and homeless youth being served by FYSB’s Basic Center Program and Transitional Living Program for Older Homeless Youth (TLP). RHYMIS also captures information on the contacts made by the Street Outreach Program grantees and the brief service contacts made with youth or families calling the FYSB programs.

Rapid Rehousing - short-term rental assistance and services. The goals are to help people obtain housing quickly, increase self- sufficiency, and stay housed.

ROI – Release of Information

SA – Substance Abuse

Shelter Plus Care (S+C) – A program that provides grants for rental assistance for homeless persons with disabilities through four component programs: Tenant, Sponsor, Project, and Single Room Occupancy (SRO) Rental Assistance.

Single Room Occupancy (SRO) – A residential property that includes multiple single room dwelling units. Each unit is for occupancy by a single eligible individual. The unit need not, but may, contain food preparation or sanitary facilities, or both. It provides rental assistance on behalf of homeless individuals in connection with moderate rehabilitation of SRO dwellings.

Social Security Number (SSN) – A 9-digit number issued by the Social Security Administration to individuals who are citizens, permanent residents, and temporary (working) residents.

SNAP - Special Needs Assistance Program

Supplemental Security Income (SSI) – A monthly stipend provided to aged (legally deemed to be 65 or older), blind, or disabled persons based on need, paid by the U.S. Government.

TH – Transitional Housing

VI-SPDAT – Vulnerability Index – Service Prioritization Decision Assistance Tool

Coordinated Entry System Partner Agreement

PURPOSE

The purpose of this Partner Agreement is to document and communicate guidelines for agency participation in the Berks Coordinated Entry System (BCES). The Coordinated Entry System is a collaborative initiative designed to create a more effective and efficient homeless response system, as well as assure compliance with HUD mandates. By signing this Agreement, participating organizations formally acknowledge the guidelines, roles, and responsibilities outlined in this Agreement and the BCES Policy and Procedures Manual. Further, the undersigned organizations agree to adopt and comply with the Agreement in order to participate in Coordinated Entry System.

By agreeing to be a Coordinated Entry System (CES) Partner, your agency agrees to:

- Utilize the Berks Coordinated Entry System (BCES) process and tools
- Provide your program preferences and eligibility criteria in writing to the BCES Committee
- Accept referrals based on the eligibility criteria and program preferences your agency provides to the BCES Committee
- Participate in the evaluation of BCES
- Attempt to reduce barriers to housing access
- Maintain timely access to housing and services

Partner agency maintains the right to:

- Determine eligibility criteria and program preference based on your agency mission, community needs and funding requirements
- Provide input to the development and implementation of the coordinated entry system
- Receive support and training from the CoC and BCES Committee
- Access CoC aggregate data collected through BCES (except where data would identify a specific agency, person or household, or affect the safety of participants)

CONTINUUM OF CARE ROLES

Berks CoC agrees to the following, as well as roles and responsibilities laid out in the BCES Policy and Procedures:

Planning:

- Represent the BerksCoC at BCES (Berks Coordinated Entry System) Governing Board meetings, and provide regular updates on the BCES efforts to Berks CoC

Coordinate with Emergency Solutions Grant (ESG) recipients in Berks CoC on coordinated entry, performance measurement, written standards, and other related topics.

- Coordinate, integrate, and leverage resources to maximize impact of services for individuals who are experiencing homelessness.
- Identify the Berks Coalition to End Homelessness as the BCES lead entity within the Berks CoC charged with managing daily activities associated with CES planning, implementation, operations, and evaluation.
- Develop written standards for Berks CoC, as required by the CoC Program interim rule, which include descriptions of program components that are in alignment with the definitions provided in the BCES Strategic Plan.
- Develop and implement written policies and procedures on how the BCES will be operated;
- Provide at least annual training to all staff dedicated to the BCES.
- Provide guidance and feedback to BCES participating programs.
- Oversee the client grievance and any case conferencing process as necessary.

Access:

- Identify access points for BCES that cover the full geographic area of Berks County and can be accessed by all households in need of assistance.
- Develop an affirmative marketing plan that communicates how stakeholders can access their Coordinated Entry System.
- Provide marketing materials to providers to ensure consistent communication about the CES.

Assessment:

- Incorporate the Vulnerability Index-Service Prioritization Decision Assistance Tool (VI-SPDAT) and variations to the VI-SPDAT as appropriate per sub-population, as a component of the Comprehensive Assessment phase of the CES.
- Ensure that the defined assessment process includes an assessment tool that is publicly available, well-crafted, comprehensive, and results in an explicit score or referral result for all households that complete it.

Referral:

- In concert with the VI-SPDAT referral scores, publish standards for prioritization and referral, and ensure that all participating providers are following these expectations.
- Ensure that the Berks CoC agencies are providing participants with the opportunity to enroll in Berks CoC component types that are less intensive, but not more intensive, than the BCES referral choice offered.

Data and Evaluation:

- Work with the Homeless Management Information System (HMIS) staff and Local System Administrators to maintain the Berks CoC's implementation of HMIS, including the BCES Workflow.
- BCEH will maintain a non-HMIS Priority List for BCES in a separate database from ServicePoint.

- Report CES data quarterly to the BCES Committee.
- Provide open HMIS access to the BCES staff.
- Provide regular performance reports to agencies participating in CES.
- Evaluate at least annually Berks CoC's CES performance and progress of the CES. Implement quality improvement adjustments to the CES as necessary

PARTNER ROLES

Partners agree to the following, as well as specific Partner roles and responsibilities laid out in the BCES Policy and Procedures:

Responsibilities for All Coordinated Entry Partners

Planning:

- Participate in the CoC's Coordinated Entry planning and management activities as established by CoC leadership.
- Publish written standards for client eligibility and enrollment determination.
- Notify the CoC of any changes to staffing that impact CES.
- Ensure that all staff participating in CES receive at least annual training from the CoC on the system.
- Provide regular supervision of staff participating in CES.

Access:

- Ensure that persons experiencing a housing crisis access CoC services and housing using CoC defined access points.
- Communicate project vacancies (bed and/or unit) to the CES administrative entity established by CoC leadership.
- Limit project eligibility requirements to those that are required by funders.

Assessment:

- Utilize the locally defined assessment tool for coordinated entry when assessing for client eligibility and referrals.

Referral:

- Only enroll those clients referred according to the CoC's designated referral strategy.
- Provide participants with the opportunity to enroll in CoC component types that are less intensive, but not more intensive, than the CES referral choice offered.

Data and Evaluation:

- Ensure compliance with all data privacy policies and procedures.
- Enter all data on clients in HMIS, as required by HMIS data timeliness, completeness, and quality standards, unless Partner agency is a non-HMIS provider.
- Review any reports from the CoC on the performance of the agency in CES.
- Ensure that the agency is meeting local performance standards for CES.

Responsibilities for Access Sites:

Access Sites will complete the CES Diversion/Prevention Screen to help determine if the household can be diverted from entering the homeless response system by utilizing mainstream resources. Access sites will make referrals to mainstream services and assist in navigating services to the extent possible.

If the household is unable to be diverted, the household will be referred to prevention or emergency shelter services (shelter, domestic violence shelter, safe house, or motel voucher). Access sites will make referral or assignment to emergency shelter if necessary and available.

Access Sites are expected to do the following:

1. Assure compliance with data privacy and policies.
2. Assure that no referrals for homeless services are made without first completing the VI-SPDAT screening tool.
3. Provide Prevention/Diversion Screen through on-site or phone interview for all households who request entry into the homeless response system.
4. If entry into the homeless response system is necessary, link directly to Emergency Shelter, or to Assessment site.
5. If entry is diverted, provide information or referrals to prevention and diversion resources.
6. Track and share documentation of screenings as outlined in the Berks Coordinated Entry System Policies & Procedures manual.
7. Attend required HMIS, CoC, and CES trainings.
8. Provide feedback for annual CES evaluation.

Responsibilities for Housing Assessment Sites:

A trained and approved assessor will conduct the Housing Assessment (VI-SPDAT) in order to identify linkage to appropriate housing intervention (Prevention, Transitional Housing, Rapid-Rehousing, Permanent Housing or Permanent Supportive Housing).

Housing Assessment Sites are expected to:

1. Assure compliance with data privacy and policies.
2. Follow CES Process to complete VI-SPDAT to determine appropriate service connections, linkages, and referrals.
3. Enter VI-SPDAT Score and eligibility criteria into the Berks CES Prioritization List.
4. Follow CES process to update the Priority List until the household is linked to an appropriate housing intervention, or until services are no longer needed.
5. Enter data and updates into HMIS per instructions, unless Partner agency is a non-HMIS provider.
6. Attend required HMIS, CoC, and CES trainings.
7. Provide feedback for annual CES evaluation.
8. Agree to make all referrals to homeless services through the CES Process

Responsibilities for Housing Providers:

Housing Providers will collaborate with designated Access and Assessment sites to streamline access to **ALL homeless dedicated housing programs and beds**. Housing Providers are expected to:

1. Assure compliance with data privacy and policies.
2. Provide program preferences and eligibility criteria in writing to CES.
3. Utilize the CES process to fill all program vacancies based on priority scoring, eligibility criteria, and program preferences.
4. When appropriate, follow-up with Assessor to ensure a smooth transition to the program and to coordinate notifying and offering housing to household.
5. If denied, follow the CES process for denials including follow-up with CES Assessor.
6. Keep household information updated in HMIS according to the CES Process (ex. entry date, program openings, service transactions, and exit date).
7. Provide feedback for annual CES evaluation.
8. Attend required HMIS, CoC, and CES trainings.

DATA QUALITY & SHARING

By signing this agreement, partner agency agrees to:

1. Participate in required HMIS, CoC, and CES data sharing trainings as applicable.
2. Agree to HUD, state, HMIS and CES data privacy, data rights, and data quality requirements as applicable.
3. Assure data is accurate and up-to-date, responding to any data quality, completeness or privacy concerns addressed by HMIS Administrator, CES, or CoC.
4. Allow CES participants to opt-out of data sharing in HMIS as requested by participant.
5. Follow CES process to ensure Client Privacy Rights are followed.
6. Enter data into non-HMIS Priority List if Partner Agency is a non-HMIS provider, Domestic Violence provider, or participant elects not to have data shared.
7. Data collection and reporting of tribal specific information must be done with the permission and under the supervision of Tribal Nations.

CLIENTS RIGHTS

The CES process is based on a client centered model and strives to give clients the opportunity to be empowered about the services they choose to receive. By signing this agreement partner agency agrees to adhere to the Berks CES Policies and Procedures outlining client's rights including:

1. Right to be informed of the CES process and how they can use it to meet their needs.
2. Right to privacy and confidentiality.
3. Right to be informed of how their data will be used and with whom it could be shared.
4. Right to self-determination and to work with service providers who honor that right.
5. Right to Housing First.

6. Right to be informed of agency and CES grievance policies prior to assessment.

GENERAL TERMS

Terms. This Partnership Agreement will begin upon execution. This Agreement will be reviewed annually and updated to incorporate changes and clarification of roles and responsibilities. Any party must provide written notice of change ninety (90) days before the annual termination date or it will be automatically renewed. Otherwise, this Agreement may be terminated in accordance with the section on Termination below.

Termination. Any party may terminate this Agreement for any reason or no reason by giving the other party ninety (90) days prior written notice. The party wishing to terminate this agreement for cause must provide a written intent to terminate notice to the party in breach or default. The notice will provide thirty (30) days for the party in breach or default to respond to said notice with an acceptable plan to cure cause for termination. Termination for cause decisions will be made jointly between agency and the CoC. Note that termination of this Agreement may result in removal from CES and could affect both State and Federal funding opportunities for homeless programs, housing and services.

Confidentiality. As a CES Partner and by virtue of entering into this Agreement partner agency will have access to certain confidential information. CES partners (including staff, volunteers and board members) will not at any time disclose confidential information and/or material without consent unless such disclosure is authorized by this Agreement, the Berks CES Policies & Procedures Manual, or required by law. Unauthorized disclosure of confidential information shall be considered a material breach of this agreement. At all times client releases will be secured before confidential client information is exchanged. Confidential client information will be handled with the utmost discretion and judgment.

Code of Conduct. CES has adopted the CoC Code of Conduct to guide Partner agencies and their staff when participating in the system. The Code contains broad principals reflecting the types of behavior CES expects Partners to exhibit towards constituents, other Partners, CES governance, funders, employees, peers and the public. This policy does not stand alone, but embodies other ethical standards set by individual agencies, states, funders, and licensures. Rather, it is one element of a broader effort to create and maintain a quality system that gives ethical conduct the highest priority.

Non-discrimination. There shall be no discrimination of any person or group of persons on account of race, color, creed, religion, sex, marital status, sexual orientation, age, handicap, ancestry or national origin in the operation of CES.

Severability. In the event any provision of this Agreement shall be found to be invalid, illegal, or unenforceable in any respect, such invalidity, illegality or unenforceability shall not affect the validity, legality and enforceability of the remainder of the Agreement.

Amendments. This Agreement may be amended only in writing and as authorized by the designated representatives of the respective agencies.

IN WITNESS WHEREOF, the undersigned, duly authorized representatives of the respective Partner Agency, have signed this Partnership Agreement:

Please print clearly and sign and date in ink. Scan and email to Tracey York, Coordinated Entry Manager, tracey@bceh.org

Agency or Organization:	
Authorized Representative:	Title:
Email:	Phone:
Mailing Address:	

Authorized Representative Signature

Date

Role(s). Check all that apply:

- Access Site
- Housing Assessment Site
- Housing Provider - Eligibility Criteria Addendum REQUIRED

Primary CES contact:

Name	Title	Email Address	HMIS user (Yes or No)

Berks Coordinated Entry System (BCES)

Coordinated Entry Referral Denial Form

This form should be completed by clients, whenever they are denying a referral that has been made by a CES agency. Forms should be returned to the coordinated entry manager at BCEH.

Date _____

Referral Date _____

Agency Name _____ Program name ____

Staff contact _____ Email _____ Phone _____ Client ServicePoint
Number _____

Reason for denial (please check a box, and you must explain in detail below)

- Client/household refused further participation (or client moved out of CoC area)
- Client/household does not meet required criteria for program eligibility
- Client/household unresponsive to multiple communication attempts
- Client resolved crisis without assistance
- Client/household safety concerns. The client's/household's health or well-being or the safety of current program participants would be negatively impacted due to staffing, location, or other programmatic issues.
- Client/household needs cannot be addressed by the program. The program does not offer the services and/or housing supports necessary to successfully serve the household.
- Program at bed/unit/service capacity at time of referral
- Property management denial (include specific reason cited by property manager)
- Conflict of interest.

Please describe why you are unable to accept this referral.

Is this due to policy or procedure created by a funder, board, staff, property management, landlord or other entity?

Please explain:

If you were unable to contact client regarding this referral, please indicate the dates of attempted communication, to whom, and in what form (phone, email, etc).

The Program Eligibility Addendum was developed in order for the Berks Coordinated Entry System (BCES) to collect accurate information on eligibility criteria for families, singles, and youth housing programs in the Berks Continuum of Care (BCoC) Region. In order for a BCES participant to successfully move into a housing opening, we must make sure they meet the eligibility criteria specific to the individual program.

The Program Eligibility Addendum will also assist the Berks CoC with the annual Housing Inventory Count (HIC). Please fill out one Program Eligibility Addendum for each individual housing program.

It is strongly recommended to read through these instructions and the Program Eligibility Addendum before filling it out.

Instructions

Contact Information:

Fill out your agencies contact information starting with agency name and the name of the program. Enter the address of the agency, *not the address of the housing project*. Continue filling out agency and contact information and HMIS information for the program.

Program Type:

From the list of program types, check off all categories that apply to your program. Then select which definition(s) of homeless your program uses.

Program Criteria:

Under program criteria, list who the program predominately serves.

Funder Criteria:

Under funder criteria, list any criteria the funder has placed on the program.

Additional Agency Criteria:

If your agency has developed any additional criteria for the program, list that in this section.

Describe how you measure “capacity or ability to serve” within your program:

Check off and fill in the appropriate space on how you are able to serve people

Average length of time in program/Maximum time in program:

Put in either months or years what the average length of time that participants stay in your program and the maximum time that participants can stay in your program.

List current program funding sources:

List all sources of funding for this program.

What services are offered with your program?

List what services you offer with the program, for example; first month’s rent, deposit, or client support dollars. Check yes or no whether or not case management services are offered with this program and what agency provides them?

List other programs or services provided by your agency within Berks CoC:

If your agency provides any other services, for example; transportation, energy assistance, home improvement loans, etc., list that in this area.

Questions 11-20- Eligibility Criteria:

Fill out each section as needed for eligibility criteria that your program may have.

Contact Information

Agency Name	
Program Name	
Agency Address	
Phone	
Website	
Contact Name	
Email Address	
Geographic Region that Program Serves	
HMIS Provider Name(s) and Number(s) for Program	

1. Program Type

<p>Program Type: (check all that apply for this program)</p> <p><input type="checkbox"/> Chronic</p> <p><input type="checkbox"/> Emergency Shelter</p> <p><input type="checkbox"/> Information and Referral Only</p> <p><input type="checkbox"/> Long-Term Homeless</p> <p><input type="checkbox"/> Market Rate Housing</p> <p><input type="checkbox"/> Outreach</p> <p><input type="checkbox"/> Permanent Supportive</p> <p><input type="checkbox"/> Permanent Supportive Housing (scattered site)</p> <p><input type="checkbox"/> Permanent Supportive Housing (site based)</p> <p><input type="checkbox"/> Prevention</p> <p><input type="checkbox"/> Rapid Re-Housing</p> <p><input type="checkbox"/> Safe Home</p> <p><input type="checkbox"/> Subsidized Housing (type: _____)</p> <p><input type="checkbox"/> Transitional Housing (scattered site)</p> <p><input type="checkbox"/> Transitional Housing (site based)</p>	<p>What definition of homeless does this program use? (check all that apply for this program)</p> <p><input type="checkbox"/> Federal</p> <p><input type="checkbox"/> HUD</p> <p><input type="checkbox"/> HUD Chronic Homeless</p>
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Complete Information below for Program Named above

<p>3. Program Criteria: <i>Example: This program serves veteran/homeless/disabled.</i></p>
<p>4. Funder Criteria: <i>Example: Participant household income must be below 200% Federal Poverty Guidelines.</i></p>
<p>5. Additional Agency Criteria: <i>Example: Participant household income must be below 150% Federal Poverty Guidelines.</i></p>

6. Describe how you measure "capacity or ability to serve" within your program:

- Beds Available #Singles _____ #Families _____
- Apartments Available Chronic Bed Spaces #Singles _____ #Families _____ Studio _____ 1 Bdr _____
- A Certain # of Families Identified via Grants Dollars Awarded to Program
- Other:

7. Average length of time in program: _____ **Maximum time in program:** _____

8. List current program funding sources:

9. What services are offered with this program?

Case management services offered? Yes No

If yes, who provides:

10. List other programs or services provided by your agency within the Berks CoC

Name	Description

11. Does your program have any eligibility criteria regarding documentation? Yes or No. If yes, explain.
Example: Participant must have a copy of their birth certificate or social security card...

12. Does your program have any eligibility criteria regarding geographic location?
Example: Participant must reside within Berks County a minimum of 90 days

13. Does your program have any eligibility criteria regarding homeless status?
Example: Participant must be HUD homeless...

14. Does your program have any eligibility criteria regarding veteran status?
Example: Participant must have served in the US Armed Forces and has been honorably discharged...

15. Does your program have any eligibility criteria regarding criminal history?

Example: Participant cannot have committed a felony in the last ten years or have any history of violent crimes...

16. Does your program have any eligibility criteria regarding unlawful detainers, evictions, notice to vacate, or others related to rental or housing history?

Example: Participant cannot have any evictions on their record for the last two years or have been previously terminated by the program.

17. Does your program have any eligibility criteria regarding education levels or enrollment status?

Example: Must be enrolled in an accredited college program or must have graduated high school or have a GED equivalent?

18. Does your program have any eligibility criteria regarding disability or chemical dependency status?

Example: Participant must have a mental health disability...

19. Does your program have any eligibility criteria regarding income or employment status?

Example: Participant's total monthly income can be no more than 50% of the Area Median Income (AMI) or participant must maintain employment.

20. Any additional eligibility criteria that we need to know about: