

**Prioritization Cover Sheet**

This document outlines the steps required to refer a person to the Coordinated Entry Prioritization List.

A household MUST meet the HUD Category 1 or Category 4 definitions of homelessness to be eligible for Rapid Re-Housing or Permanent Supportive Housing programs.[[1]](#footnote-1)

**Category 1 (Literally Homeless)**

An individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:

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

**Category 4 (Fleeing/Attempting to Flee DV)**

Any individual or family who:

1. Is fleeing, or 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 of family afraid to return to their primary nighttime residence;
2. Has no other residence; and
3. Lacks the resources or support networks to obtain other permanent housing

**Procedures**

1. Complete the appropriate *VI-SPDAT Prescreen Triage Tool* with the household.
* VI-SPDAT v2.0 – Single (for single adult households)
* VI-SPDAT v2.0 – Family (for households with children)
* TAY VI-SPDAT (for youth ages 24 and younger without children)
1. If the VI-SPDAT score is four (4) or above, the household can be referred to the Prioritization List.
2. Review Rapid Re-Housing and Permanent Supportive Housing program descriptions and work with household to determine most appropriate housing option.
3. Complete the *Waiting List Application* form
* Only select the most appropriate option based on the person's needs and interests for the "Type of housing referring to" question
* Include your name and contact information along with contact information for the household you are referring, if available.
* Include as much information as would be helpful in the "Case Manager Notes" box.
* Email completed form to Heidi Markham at hmarkham@letsendhomelessness.org. Please do **NOT** submit the completed VI-SPDAT along with the application form.
1. Partners Ending Homelessness refers households to Rapid Re-Housing and Permanent Supportive Housing programs when openings become available. When a referral is made to a permanent housing provider, Partners Ending Homelessness will email the housing program and the referring agency. It is the responsibility of the referring Case/Care Manager to facilitate contact with the household, if necessary, and contact the permanent housing provider.
2. Referring Case/Care Manager is expected to maintain engagement with the household and work with them to find alternate housing in case they are not able to access housing through the Coordinated Entry Prioritization List.
3. The Prioritization List is constantly changing, and a household's position on the List is therefore changing. Please do not contact Partners Ending Homelessness to inquire about where a person may be on the List.



**Determining Homeless Status**



**Rochester/Monroe County Prioritization List Application**

\*\*Please answer all questions completely\*\*

Submit completed forms to: hmarkham@letsendhomelessness.org OR fax to 585-319-5488

**Client Information**

|  |  |
| --- | --- |
| Client Name: |  |

|  |  |
| --- | --- |
| Date of Birth: |  |

|  |  |
| --- | --- |
| Primary Race | [ ]  American Indian or Alaska Native[ ]  Asian[ ]  Black or African American[ ]  Native Hawaiian or Other Pacific Islander[ ]  White |

|  |  |
| --- | --- |
| Secondary Race (if applicable) | [ ]  American Indian or Alaska Native[ ]  Asian[ ]  Black or African American[ ]  Native Hawaiian or Other Pacific Islander[ ]  White |

|  |  |
| --- | --- |
| Ethnicity | [ ]  Non-Hispanic/Non-Latino[ ]  Hispanic/Latino |

|  |  |
| --- | --- |
| Gender | [ ]  Female[ ]  Male[ ]  Trans Female[ ]  Trans Male[ ]  Gender Non-Conforming |

|  |  |
| --- | --- |
| Social Security Number |  |

|  |  |
| --- | --- |
| Military Veteran | [ ]  Yes [ ]  No |

|  |  |
| --- | --- |
| Current Location(name of shelter/facility where staying) |  |

**Referring Case/Care Manager Information**

|  |  |
| --- | --- |
| Name |  |
| Phone Number |  |
| Email |  |

**Is the client chronically homeless?**

|  |  |
| --- | --- |
| Does the client have a disabling condition? | [ ]  Yes [ ]  No |
| Where did the client sleep the night before their current location? | [ ]  Place not meant for habitation/on the street[ ]  Emergency shelter[ ]  Hotel/motel paid by DHS[ ]  Safe Haven[ ]  Foster care/group home[ ]  Hospital[ ]  Psychiatric hospital/facility[ ]  Jail/prison/juvenile detention[ ]  Long-term care facility[ ]  Substance abuse treatment/detox[ ]  Hotel/motel paid by client[ ]  Owned by client[ ]  Rental by client[ ]  Staying with family[ ]  Staying with friends[ ]  Transitional housing |
| Number of times homeless in the past three (3) years |  |
| Total number of months homeless in the past three (3) years |  |
| Is the client currently unsheltered? | [ ]  Yes [ ]  No |

|  |  |
| --- | --- |
| Released from jail/prison in the past 12 months | [ ]  Yes [ ]  No |

|  |  |
| --- | --- |
| Is the client a registered sex offender? | [ ]  Yes [ ]  No |

|  |  |
| --- | --- |
| Currently fleeing domestic violence? | [ ]  Yes [ ]  No |

|  |  |
| --- | --- |
| Does the client have another housing subsidy at this time (i.e. Emergency Housing Voucher [EHV], Housing Choice Voucher [Section 8], public housing voucher, etc.)? If so, please indicate which in the case manager notes section. | [ ]  Yes [ ]  No |

|  |  |
| --- | --- |
| Does the client have income? | [ ]  Yes [ ]  No |

|  |  |
| --- | --- |
| If the client does not currently have income, are they actively working to obtain income? | [ ]  Yes [ ]  No |

|  |  |
| --- | --- |
| Does the client need assistance with 2 or more of the following Daily Living Skills: personal hygiene, dressing, climbing stairs, eating, walking, shopping, cooking, managing medications, using the phone, housework, laundry, managing finances? | [ ]  Yes [ ]  No |

|  |  |
| --- | --- |
| Does the client have an active Medicaid case open? | [ ]  Yes [ ]  No |

|  |  |
| --- | --- |
| If no, is the client Medicaid eligible and are they willing to complete the Medicaid process? | [ ]  Yes [ ]  No |

|  |  |
| --- | --- |
| Most recent VI-SPDAT score |  |

**Type of housing referring to**

(Do not select multiple boxes but only the most appropriate option based on client needs and interests)

|  |  |
| --- | --- |
| Transitional Housing (Spiritus Christi use ONLY) | [ ]  Yes [ ]  No |
| PSH: Single Site (project based - apartment) | [ ]  Yes [ ]  No |
| PSH: Single Site (project based – single room, shared living space) | [ ]  Yes [ ]  No |
| PSH: Scattered Site (voucher) | [ ]  Yes [ ]  No |
| Rapid Re-Housing | [ ]  Yes [ ]  No |

**Household Composition**

|  |  |  |
| --- | --- | --- |
| Females | # Age 18+ |  |
| # Under Age 18 |  |
| Males | # Age 18+ |  |
| # Under Age 18 |  |

**Who should be contacted when client is reached on the Prioritization List?**

|  |  |
| --- | --- |
| Name |  |
| Relationship to client | [ ]  Self[ ]  Case Manager[ ]  Family member[ ]  Friend |
| Phone Number |  |

|  |  |
| --- | --- |
| Does client have phone? | [ ]  Yes [ ]  No |
| Phone Number |  |

**Back-up contact if client should leave your program and needs to be contacted (i.e. family, friend)**

|  |  |
| --- | --- |
| Name |  |
| Relationship to client | [ ]  Case Manager[ ]  Family member[ ]  Friend |
| Phone Number |  |

**Case Manager Notes** (the more details, the better chance for a successful referral. i.e. evictions, special medical needs, family reunification, pets, unique situations))

|  |
| --- |
|  |

1. <https://www.govinfo.gov/content/pkg/CFR-2017-title24-vol3/xml/CFR-2017-title24-vol3-part578.xml#seqnum578.3> [↑](#footnote-ref-1)