

Appendix J

Coordinated Entry Referral Denial Form (Program)

This form should be completed by Receiving Program whenever they are denying a referral that has been made by a Coordinated Entry System. Forms should be returned to the Coordinated Entry Administrator.

Date _____

Referral Date _____

Program Name _____

Staff contact _____ Email _____

Phone _____

Client ClientTrack Number _____

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

- there is no actual vacancy available
- the household cannot be physically located by the CoC Outreach team
- the Receiving Program has been unable to make contact with the household for three (3) consecutive business days
- the household presents with more people than referred by the Coordinated Entry Administrator and the Receiving Program cannot accommodate the increase;
- the household was denied by independent property owner/landlord due to certain criminal behaviors
- based on their individual program policies and procedures as outlined in program mapping, the Receiving Program has determined that the household cannot be safely accommodated or cannot meet tenancy obligations with the supports provided by the program.

Programs may not decline persons with psychiatric disabilities for refusal to participate in mental health services. The Receiving Program must update the referral outcome in HMIS for any decisions to accept or reject a client. If the ineligible client has not otherwise been accommodated for the night, e.g. via an intervention by emergency services, the Receiving Program must notify the Housing Navigator, refer the client back, and document the outcome in HMIS. Reason for denial forms must be submitted to the client on the same day as the decision was made if possible.

Please describe why you are unable to accept this referral:

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).

If you feel this was an inappropriate referral, please indicate that below with an explanation.