



Milwaukee Continuum of Care

Coordinated Entry System

Manual

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Coordinated Entry System Summary

In 2012, the U.S Department of Housing and Urban Development (HUD) issued a requirement that each of the Nation's Continuum of Care (CoC) must establish and operate a coordinated entry/assessment system. According to HUD, *Coordinated assessment is a powerful tool designed to ensure that homeless persons are matched with the right intervention, among all of the interventions available in the CoC, as quickly as possible. It standardizes the access and assessment process for all clients and coordinates referrals across all providers in the CoC. When providers intake and assess clients using the same process, and when referrals are conducted with an understanding of all programs, including their offered services and bed availability, participants can be served with the most appropriate intervention and not with a "first come, first served approach."*

Anticipating this requirement - and recognizing the value such a system would have in our community - Milwaukee's CoC launched its Coordinated Entry Work Group in February of 2011 as part of its formal **Ten-Year Plan to End Homelessness** adopted by Milwaukee's CoC and City and County governments in 2010. Chaired by Tim Baack, Senior Vice President of Strategic Development at Pathfinders and a long-standing elected member of Milwaukee CoC's Steering Committee, the Work Group is comprised of representatives from across the homeless services system. Throughout the planning process, participants have also included formerly homeless individuals and residents of Milwaukee concerned about homelessness and housing instability. This past Spring, the Work Group completed its initial recommendations for Milwaukee's new Coordinated Entry System – an ambitious and achievable model of enhanced service access that seeks to **change** and **transform** our homeless services system so that people in a housing crisis are quickly and correctly connected with the most effective and appropriate service from across the continuum of resources available: homelessness prevention, community-based case management, emergency shelter, transitional/interim housing, rapid re-housing, and permanent supportive housing. Through Coordinated Entry, the efficiency and effectiveness of service delivery will be improved and evidenced through data analysis and outcome monitoring. Accurate data will also drive decisions regarding allocation of resources, emerging needs, and provider engagement and accountability to a systems approach to ending homelessness.

The Milwaukee CoC and its Steering Committee have approved the Work Group's Coordinated Entry System, with United Way of Greater Milwaukee serving as the *Lead Agency* and IMPACT 2-1-1 fulfilling the critical roles of *Initial Entry* and *Project Manager*. The CoC's Steering Committee has also approved the first year of the System's operating budget, with considerable in-kind support being leveraged by both United Way and IMPACT. The Steering Committee has also approved the official start date of October 2013 for the first phase of Coordinated Entry's implementation.

What is Coordinated Entry?

- A place or process (or both) for homeless and at-risk households/individuals for:
 - Assessment of need as it relates to housing crisis;
 - Initial data collection;
 - Referrals to other programs and services;
 - Intake into the homeless assistance system (if necessary), and/or
 - Provision of prevention or diversion resources.
- A way to begin transforming programs into a system.
- A means of establishing a system goal and mission.
- A way to analyze needs and gaps in a systematic (and systemic) way.
- A (sometimes) slow and (somewhat) painful process.
- A requirement under HUD's 2012 ESG/CoC regulations and Wisconsin's 2013-14 ETH standards.

HUD HEARTH: Continuum of Care Program

Under 24 CFR Part 578 Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH): Continuum of Care Program Final Regulations issued in 2012, a centralized or coordinated assessment system (what in Milwaukee is referred to as Coordinated Entry) is defined as:

A centralized or coordinated process designed to coordinate program participant intake, assessment, and provision of referrals. A centralized or coordinated assessment system:

- 1. Covers the geographic area,*
- 2. Is easily accessed by individuals and families seeking housing or services,*
- 3. Is well advertised, and*
- 4. Includes a comprehensive and standardized assessment tool.*

This definition establishes basic minimum requirements for the Continuum's centralized or coordinated assessment system. One of the duties established in the rule is the requirement that the Continuum of Care establishes and operates a centralized or coordinated assessment system that provides an initial, comprehensive assessment of the needs of individuals and families for housing and services.

As detailed in the Emergency Solutions Grants (ESG) program rule, through the administration of the Rapid Re-Housing program, as well as best practices identified in numerous communities, HUD has learned that such systems are important in ensuring the success of homeless assistance and homeless prevention programs in communities. In particular, such assessment systems help communities systematically assess the needs of program participants and effectively match each individual or family with the most appropriate resources available to address that individual or family's particular needs. Therefore, both HUD and the State of Wisconsin now require each CoC to develop and implement a centralized or coordinated assessment system.

Coordinated Entry Work Group Members

The Coordinated Entry Work Group has included the following members at various points since first convening in February of 2011:

Barbara Gilbert & Nicole Majinski - *Clement J. Zablocki VA Medical Center*

Irissol Arce, Jim Marks, & Shannon Reed - *United Way of Greater Milwaukee*

Lin Fischer - *St. Vincent de Paul and Community Representative*

Nancy Szudzik, Amy Zeidler, & Margo Florez - *Salvation Army*

Kim Kampschroer - *Milwaukee Public Schools Homeless Education Program*

James Shautee & Rick Brunfield - *Living Proof*

Karl Schoendorf - *La Causa*

Bob Waite – *IMPACT 2-1-1*

Candice Hacker, Patti Abbott & Wendy Weckler - *Hope House*

Karen St. George - *Health Care for the Homeless*

Andrew Musgrave, Rebecca Frank, & Christa Glowacki - *Guest House of Milwaukee*

Pat Flannery - *Community Representative*

Michael Bare - *Community Advocates, Public Policy Institute*

Latrice Hogan - *Community Advocates, Milwaukee Women's Center and Family Support Center*

Birdie Boyd - *City of Milwaukee – Community Development Grants Administration*

Helen King - *Center for Veterans' Issues*

Donna Rongholt Migan & Tonyetta Ross - *Cathedral Center*

Jennifer Alfredson & Emily Palmer – *Outreach Community Health Center*

Jan Wilberg - *Wilberg Community Planning, Former CoC Consultant*

Tim Baack – *Work Group Chair, Senior Vice President of Strategic Development at Pathfinders*

Work Group membership remains open to community members and service provider representatives. The Work Group has generally met twice per month.

Initial Coordinated Entry System Recommendations

Before developing the framework for Milwaukee's Coordinated Entry system, Work Group members discussed and agreed upon the following key issues:

- Housing access in Milwaukee is a problem given the lack of a centralized or coordinated system.
- The current system of housing resources is fragmented and segmented, and would be improved with a coordinated/shared approach.
- Any new system should focus on benefit of shifting screening to a central entity – freeing housing staff for more direct service.
- There exists strong interest in sharing the burden and responsibility of hard-to-serve clients.
- Coordinated Entry could gather better data and identify service gaps and emerging and/or unmet needs more quickly.
- Strong support exists for the transition from a *first come - first served* to a needs-based service access approach and philosophy.
- Concerns about funders' requirements/outcomes need to be addressed.
- Concerns about what will be expected of agencies will need to be articulated.
- Concerns about the interface with other systems (health care, behavioral health, foster care, corrections, basic needs resources, etc.) will need to be responded to and continued improvements in cross-system collaboration and cooperation need to be sustained.

Early in the Work Group's efforts, there was strong agreement on the following goal:

- ***That every person experiencing a housing crisis will get their needs met in the most appropriate and effective manner.***

Outcomes and Accountability

Milwaukee's Coordinated Entry System will be evaluated relative to the following anticipated system changes and expected results:

- Increased data-driven decision making.
- Enhanced capacity for tracking and management.
- Shared responsibility for "hard-to-serve" consumers.
- Decreased length of stay in shelters and repeat utilization.
- Decreased shelter staff time devoted to phone calls and shelter screening.
- Improved initial assessment quality and consistency.
- Reduced unmet need.
- Improved system planning and coordination, including investment based on where capacity needs to be increased.

Coordinated Entry System - Key Design Decisions

Members of the Coordinated Entry Work Group determined the following design elements of Milwaukee's Coordinated Entry System:

- Coordinated Entry should **not** be a physical place that people go to. After extensive discussion the Work Group determined that the negative aspects of a physical place outweighed the benefits. Coordinated Entry should be a phone service (such as IMPACT 2-1-1) that can provide skilled screening/triage and an outreach team that can be dispatched to neutral locations to meet with individuals/families if necessary.
- The strong consensus of the Work Group is that Coordinated Entry should serve both families and single individuals (both youth and adults).
- Coordinated Entry (CE) will match referrals to agencies' criteria, making bed reservations that are contingent on agencies' approval with the expectation that agencies will honor appropriate referrals. Good, current information is central to this process relative to: adequate screening of the individual/family, agency admission criteria, and identification of individuals/families whose previous experience at an agency resulted in a bar to future admission. This approach is intended to reduce to nearly zero the occasions when an agency declines a referral through increased transparency and shared accountability.
- CE will implement screening and shelter diversion over the phone, using the CE Outreach Team to conduct face-to-face assessment when necessary.
- Participation will be required by the Continuum of Care (CoC) with funding sources backing up the requirement in their funding/program evaluation criteria. In order to accomplish this, the CoC needs to help organizations understand the value of participation in terms of cost savings and improved service to clients and the CoC needs to obtain the support of United Way and state and local government funding sources.
- CE will include homeless prevention, shelter diversion, community case management, emergency shelter, transitional housing, and warm hand-off to other services that can support housing stability.
- CE should be established as a separate non-provider entity that can monitor the CE process, maintain good communication, organize participating agencies, identify and address implementation issues, and develop resources to improve the system.
- Governance of Coordinated Entry should be initially lodged with the Steering Committee of the Milwaukee Continuum of Care. The Steering Committee will then establish a separate governance vehicle representing a broader and more inclusive stakeholder group.

Best Practice Standards

Members of the Coordinated Entry Work Group conducted interviews with local providers and communities across the country regarding various models of Coordinated Entry being developed and implemented in order to identify emerging best practice standards and recommendations. Both local and national literature findings were also used in the development of Milwaukee's Coordinated Entry System.

Interviews were conducted with and information was obtained from the following sources:

- Hennepin County, Minnesota
- National Alliance to End Homelessness – Kim Walker
- Abt Associates – Matt White
- Philadelphia, PA – Kevin Breazeale
- Strategies to End Homelessness–Ohio - Kevin Finn
- Office to Prevent & End Homelessness–Virginia - Dean Klein
- WV Coalition to End Homelessness-West Virginia - Zachary Brown
- Cincinnati, Ohio
- Denver, Colorado
- Montgomery County, Ohio
- Milwaukee: CCI/IMPACT 2-1-1
- Milwaukee: ANET System
- U.S. Department of Veterans Affairs: National Call Center
- Grand Rapids, Michigan

As a result of these efforts, key findings include:

- Coordinated Entry (CE) is now recognized as a “Best Practice” by HUD, NAEH, and numerous communities that have implemented a CE system.
- Collaboration at multiple levels - agencies, systems, and funders -is essential to Coordinated Entry's success.
- Strong HMIS capability and data-driven decision-making must be in place.
- The capacity to address problems associated with repeat shelter/housing system users is more effectively addressed through a Coordinated Entry System approach.
- Coordinated entry participation by agencies needs to be tied to funding.
- Coordinated Entry allows for expanded service and resource options: prevention services, emergency shelter, transitional and permanent supportive housing.
- Coordinated Entry has evidenced improved outcomes related to: quicker access, successful diversion, reduced shelter stays, reduced # homeless, recidivism, and chronic homelessness.

The literature reviewed by the Coordinated Entry Work Group as part of its system planning and development included the following:

- *Centralized Intake for Helping People Experiencing Homelessness: Overview, Community Profiles, and Resources*, HUD
- *One Way In: The Advantages of Introducing System-Wide Coordinated Entry for Homeless Families*, National Alliance to End Homelessness
- *Closing the Front Door: Creating a Successful Diversion Program for Homeless Families*, National Alliance to End Homelessness
- *At the Front Door: A System Improvement Review of Milwaukee's Emergency Shelter System*, Wilberg Community Planning
- *Improving Access to Milwaukee's Homeless Services*, Public Policy Institute/Community Advocates
- *2011 Point in Time Survey of Milwaukee's Homeless Citizens – Data Brief*
- *Profile of Milwaukee Shelter Consumers: 2010*

Lead Agency and Coordinating Agency Designation

As recommended by the Coordinated Entry Work Group, in March of 2013 the Milwaukee Continuum of Care's Steering Committee and Full Body approved United Way of Greater Milwaukee as the Coordinated Entry System's Lead Agency and IMPACT 2-1-1 as its Coordinating Agency.

As Lead Agency, United Way of Greater Milwaukee met the following criteria as established by the Coordinated Entry Work Group:

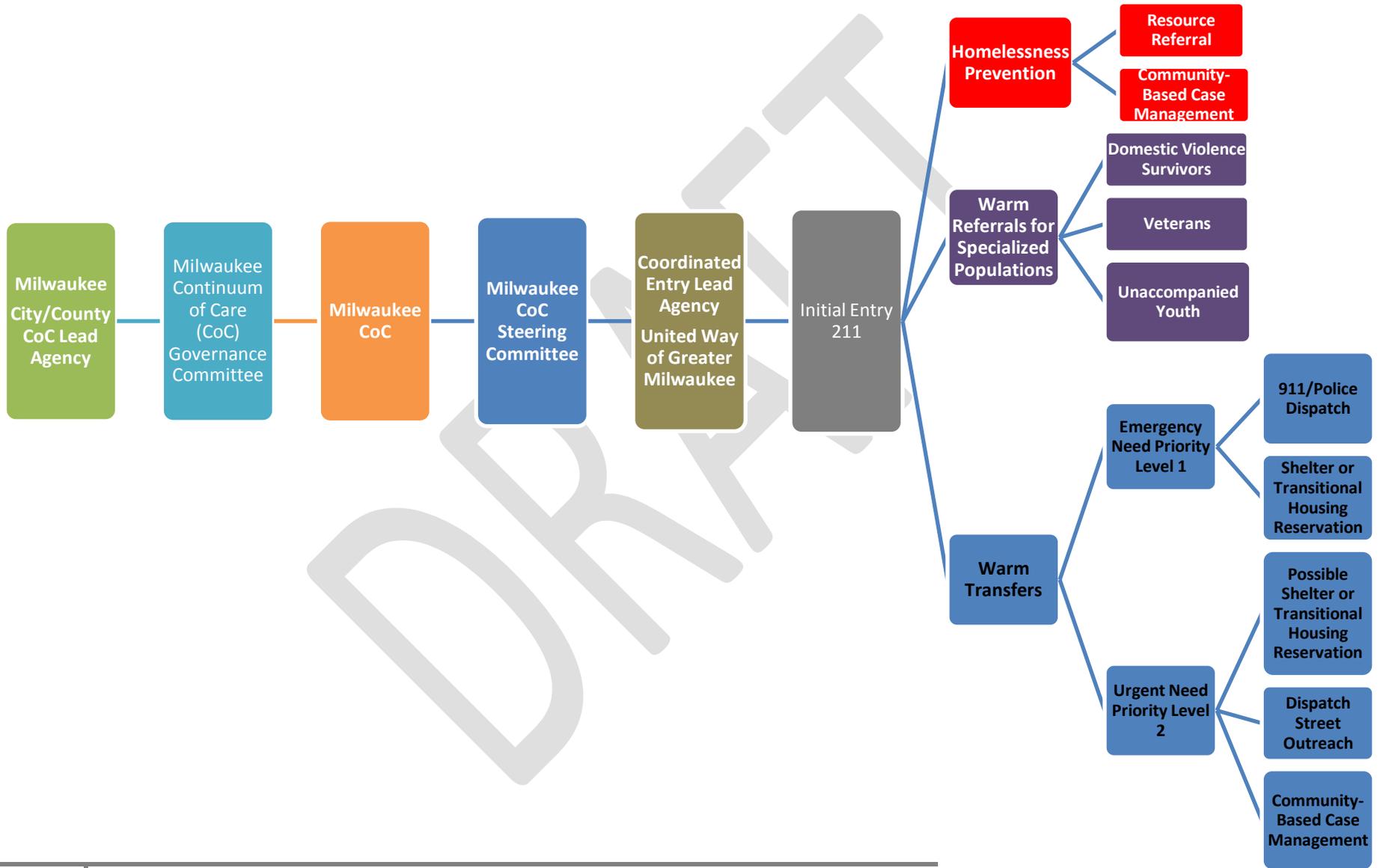
- Independent and objective entity.
- Not a current housing or homeless service provider.
- Demonstrated capacity to build consensus.
- Has established and effective relationships with key community stakeholders.
- Member of the Milwaukee Continuum of Care (CoC).

In its role as Lead Agency, United Way has assumed responsibilities that include:

- Advocate for system improvement.
- Convene partners to review progress and convene Work Group meetings and tasks.
- Monitor process.
- Maintain effective communication and dialogue among partners.
- Facilitate HMIS data collection and utilization.
- Initiate resource development.
- Improve technology to support the system.

As the Coordinating Agency, IMPACT 2-1-1 has responsibilities that include:

- Provide System oversight and management through its full-time Program Coordinator.
- Provide through its Resource Specialists (nearly 7 FTE's by the end of 2014) standardized initial assessments that provide information on the needs of individuals and families seeking housing assistance through 2-1-1.
- Evaluate process.
- Maintain effective communication and dialogue among partners, providers, and consumers.
- Ensure HMIS data collection, utilization, and reporting.



Program Coordinator Job Description

Position Title: Coordinated Entry Program Coordinator –Homeless Services 7/17/13

Department: IMPACT 2-1-1

Reports to: IMPACT 2-1-1 Program Director

Nothing in this job description restricts management's right to assign or reassign duties and responsibilities to this job at any time.

Position Summary

Provide quality professional services to internal and external customers with IMPACT 2-1-1. Implement IMPACT's philosophy of teamwork, customer service, and value added, in the call center and in the community.

The Coordinator will actively collaborate with the goals and objectives set forth by the Milwaukee County Continuum of Care, United Way of Greater Milwaukee and local agencies that serve the homeless and provide housing and support services.

The Coordinator will oversee IMPACT 2-1-1's activities related to Coordinated Entry Program as a part of the Milwaukee County Continuum of Care. The purpose of this program is to provide screening, diversion, intake and placement services for homeless individuals and families and provide coordination of the coordinated entry system. This will be accomplished by assisting families in accessing community and personal resources that will enable them to be successful in preventing or resolving homelessness. The Coordinator will oversee the application of rules and procedures for contacts with IMPACT 2-1-1 related to Coordinated Entry.

The Coordinator will serve as the liaison to the homeless shelter providers in Milwaukee County and IMPACT 2-1-1 and its' staff. There is a special emphasis on maintaining regular and open communication with those providers and assuring the adherence to the processes and procedures detailed in the agreements between those providers and IMPACT 2-1-1.

The Coordinator will be well-versed in applicable HUD rules, laws and guidelines and any other state and local rules, laws and guidelines that are applicable to the provision of services to the homeless and those at risk of being homeless. The Coordinator will monitor the day-to-day activities of IMPACT 2-1-1 staff and how housing-related calls are handled. The Coordinator will be fully trained in the use of the Wisconsin HMIS database (currently ServicePoint) and will be responsible to make certain all information entered into that database is done correctly by the IMPACT 2-1-1 Community Resource Specialists.

Principal Responsibilities

- Build and sustain strong working relationships and act as a liaison with Milwaukee County

emergency shelters, Milwaukee County Continuum of Care members and other providers of services to the homeless and those at risk of homelessness.

- Participate in meetings associated with the Milwaukee CoC, including the Coordinated Entry Workgroup, the Shelter Task Force, the Shelter Managers meeting and others as appropriate.
- Participate in trainings related to homelessness, HMIS and any other trainings associated with, shelter systems and housing and others as needed.
- Coordinate new and ongoing training within the guidelines of the Coordinated Entry system to all IMPACT 2-1-1 Community Resource Specialists (CRS).
- Assist in the development and implementation of the Coordinated Entry system's initial intake screening tool and the policies, procedures, and processes.
- Monitor and observe CRS as they are handling calls related to homelessness and emergency housing requests for the purposes of maintaining a high level of accuracy and adherence to procedures developed for how these calls are handled.
- Assure that data entered into the Wisconsin HMIS database by IMPACT 2-1-1 is accurate, up-to-date and entered according to the standards and practices required by the Milwaukee County Continuum of Care and all governing bodies.
- Provide periodic and "on-demand" reports as needed to funding partners, the Milwaukee County Continuum of Care, governing bodies and others as appropriate. These reports may be done publicly within the CoC, individual organizations, stakeholders or other interested communities.
- The Coordinator will be current and up-to-date with all changes and developments within the network of services within the Milwaukee County Continuum of Care and all other services related to assisting those who are homeless or at risk of being homeless.

Responsibilities within the Scope of Providing Services to IMPACT 2-1-1 Clients:

- Participate in a comprehensive initial training program.
- Provide assessment, problem solving, information and referral, and crisis intervention when necessary in an empathetic and nonjudgmental manner.
- Educate customers and assists customers in developing an action plan.
- Ask customer's permission to conduct a Customer Survey during initial call and conduct Customer Surveys.
- Accurately document customer contacts in a computerized database and other means.
- Provide advocacy for customers experiencing difficulties or lacking in abilities needed to make effective contacts with agencies, programs or groups.
- Participate in ongoing training and staff meetings.
- Keeps informed of and demonstrates knowledge of all special service programs.
- Maintain call quality and quantity standards, i.e., 2-1-1 Call Map, length of calls, call per hour, and other set standards.

Standard IMPACT Requirements:

- Understand, promote and teach AIRS Standards for Professional Information & Referral.
- Responsible for protecting client confidentiality and adhering to all state and federal laws

and regulations regarding the protection to AODA and mental health information.

- Protects against unauthorized access, modifications, destruction, and disclosure as defined by IMPACT and relevant federal, state, and local laws.

Background/Education

- Master's degree in Social Work preferred, but similar Bachelor's degree and strong background of applicable work experience.

Experience

- At least three years working within an emergency shelter system or other human service delivery system.
- Demonstrate proficiency with MS Office products, including WORD, EXCEL, OUTLOOK and POWERPOINT.
- Experience with direct supervision.
- Demonstrated experience in planning, organizing and working collaboratively within social service delivery systems.
- AIRS Certified Information and Referral Specialist (CIRS) or willingness to become a CIRS.

Abilities/Skills

- Exceptional customer service skills, both internal and external.
- Ability to work effectively in a team-oriented environment.
- Demonstrated strong interpersonal skills to build positive working relationships with outside agencies and organizations.
- Comfortable with public speaking.
- Excellent problem solving skills.
- Exceptional verbal and written communication skills.
- Good judgment, problem solving and decision making skills.
- Cultural competency skills to work effectively with diverse populations.
- Self-motivated and capable of growing and developing a new system-wide approach to achieving project goals.
- Demonstrated organization and time management skills.

Coordinated Entry System Budget Projections

The following budget was presented to the CoC's Steering Committee, with approval of the first year's revenue and expenses provided at the Committee's meeting in May of 2013:

IMPACT Alcohol & Other Drug Abuse Services, Inc.
Coordinated Entry System Budget
Prepared -June 2013

	7/1/2013 to 12/31/2013	1/1/2014 to 12/31/2014	1/1/2015 to 12/31/2015	1/1/2016 to 12/31/2016
Revenue:				
United Way	\$ 30,000	\$ 60,000	\$ 30,000	\$ -
Philanthropic	\$ 25,000	\$ 25,000	\$ 21,000	\$ 26,000
IMPACT	\$ 56,580	\$ 176,000	\$ 185,000	\$ 185,000
New CoC Project	\$ -	\$ 100,000	\$ 100,000	\$ 100,000
Homeless Services Provider Fees			\$ 25,000	\$ 50,000
Total Revenue	\$ 111,580	\$ 361,000	\$ 361,000	\$ 361,000
Expenses:				
Program Manager Salary (1 FTE)	\$ 20,000	\$ 40,000	\$ 40,000	\$ 40,000
Community Resource Specialist # of FTE's	\$ 49,720 3.5	\$ 198,667 7.0	\$ 198,667 7.0	\$ 198,667 7.0
Fringes (30%)	\$ 20,916	\$ 71,600	\$ 71,600	\$ 71,600
Service Point	\$ 2,000	\$ 2,000	\$ 2,000	\$ 2,000
Training	\$ 5,000	\$ 1,000	\$ 1,000	\$ 1,000
Admin 20%	\$ 13,944	\$ 47,733	\$ 47,733	\$ 47,733
Total Expenses	\$ 111,580	\$ 361,000	\$ 361,000	\$ 361,000

Coordinated Entry System Implementation Schedule

Approved by Milwaukee’s Continuum of Care Steering Committee, the Coordinated Entry System’s planned implementation schedule includes the following key dates and activities:

Date	Implementation Activity
July 2012	Expand community-based Case Management to include Cathedral Center, Salvation Army, Guest House of Milwaukee, and 2-1-1 in order to increase availability of homelessness prevention resources
February 2013	Provide Steering Committee and full CoC with final system design recommendations and plan
July 2013	United Way of Greater Milwaukee becomes Coordinated Entry Lead Agency
July 2013	IMPACT 2-1-1 becomes Coordinated Entry Managing Agency
September 2013	2-1-1’s Coordinated Entry System Program Coordinator hired
October 2013	Family Shelters enter Coordinated Entry (CE) System as follows:
	<ul style="list-style-type: none"> • Cathedral Center – 1st week of October (confirmed)
	<ul style="list-style-type: none"> • Salvation Army – 2nd week of October (to be confirmed)
	<ul style="list-style-type: none"> • Community Advocates FRC – 3rd week of October (tentative)
	<ul style="list-style-type: none"> • Joy House – 4th week of October (tentative)
January 2014	Single Women’s Shelters enter CE System
February 2014	Specialized Populations Shelters brought in to CE System via warm referral process
April 2014	Single Men’s Shelters enter CE System
August 2014	Transitional Housing Programs begin integration with CE System
	Permanent Housing Programs begin integration with CE System
	Safe Haven Program begin integration with CE System
TBD	Street Outreach Programs integration with CE System
TBD	Rapid Re-Housing Programs integration with CE System

It is possible that earlier integration of single adult shelter programs may occur once the family shelters are fully engaged with the Coordinated Entry System. Similarly, organizations that operate multiple types of programs (emergency shelters, transitional and/or permanent housing, rapid re-housing, etc.) may have multiple interconnected programs integrated within the CE System sooner than the projected dates indicated above.

Initial Screening Tool

Initial Screening for Homeless Services

Phase IA. (Referral Type: emergency shelter, community resources, homeless prevention, eviction prevention, etc.)

Date: ____ / ____ / ____

Time: _____

CRS Name: _____

Client may say: “I’m in need of shelter.” “I just moved here and the person I was going to stay with changed their mind.” “I have an eviction notice!”

Example responses: “So, you are requesting shelter because you are new to area.” “I know that you are requesting shelter today however; we know that shelters are often full on a daily basis.” “I will try helping you right away by hearing your situation, looking at resources and seeing if we can come up with a plan.” “Would you like to try?” “Tell me more about what is causing you to need shelter today?”

Assess for Homeless or Housing crisis

- “What happened that you are seeking shelter?”
- “Tell me more about your situation?”
- “Where are you right now?”
- “Are you currently living/staying in a safe place?” “Are you feeling safe where you currently are?” If no, use 2-1-1 safety assessment.

Assess for Housing Crisis, but Not Homeless

- “Where are you in the eviction process?”
- “Did you receive a notice?” Explain eviction process (five-day, court day, court ruling w/ eviction date by sheriff)
- “Have you gone to court? Do you know your court date?”
- “Do you have an income? What is your source of income?”

If in need of emergency housing or shelter services:

I need to collect some rather detailed information from you. Some of what I am asking you is very personal and private but will help me in determining your eligibility for services that can help you. I want to assure you that this information is confidential and will only be shared with your permission. Can you tell me...?

Head of Household Name (***Who is the head of household in your family?***): _____

Primary Language (***What is the primary language you speak in your household?***):

- English
- Spanish
- Hmong
- Russian
- Other (please specify): _____

English proficiency (***Are you comfortable speaking in English to communicate your needs? Do you need an interpreter if nobody is available to speak with you in your language?***)

- Limited English proficiency
- Interpreter needed (see language above)

Social Security Number (***What is your Social Security Number?***): _____

DOB (***What is your date of birth?***): MM/DD/YEAR (____/____/____)

Phone1: (____) - ____ - _____

Phone2: (____) - ____ - _____

Email: _____

Does head of household have identification? If so, what kind?

- WI Driver's License
- WI State Identification Card
- US Passport

- Other State Driver's License/ID Card (Please specify state): _____
- Other Identification (Please specify): _____
- No identification

Gender (*What is your gender?*)

- Female
- Male
- Transgender

Tell me about any other adult household members?

- ***Is any adult a veteran?***
 - Yes
 - No
- ***Do you have any dependent children in your care?*** (If no, and homeless provide them with the referrals to single person shelters. Discuss other plans to possibly prevent the need for shelter and assist with underlying issues.)
 - ***How many children do you have? Are your children with you? Or – Will your children be going with you to a shelter?***
 - ***How old are they? What gender? Are they in need of shelter also?***
 - ***“Are your children in your legal custody? Do you have documentation?”***

Assess for Special populations:

- ***Veteran: Are you a veteran? Do you have a DD Form 214?***
- ***Recently incarcerated: Have you just been released from incarceration or Transitional Living Program within the last 90 days?***
- ***Transitional Living Program: Have you recently left a supportive housing program?***
- ***Mental Health: Are you taking medications for your mental health? If so, have you been taking your medication? Or – Do you have your medication with you?***
- ***AODA: Are there any alcohol or other drug abuse related issues? Alternatives – Has anyone ever told you there is a problem with your (AODA) use? Have you experienced problems caused by drinking alcohol or using drugs? Have you ever or are you currently receiving treatment for a drug or alcohol addiction?***
- ***Domestic Violence: Was there domestic violence involved?***

- *Pregnant/Expecting: Are you expecting/pregnant?*
- *Health care needs and treatment: Do you have insurance? Are you taking any medications for your health condition? If so, have you been taking your medication? Or – Do you have your medication with you?*
- *Older Adult Population (age 55 and over): Do you have an income? Do you have a case manager?*
- *Families with children: Do you have any dependent children in your care?*

Assess for possible barriers or special accommodations needed:

- *Other health conditions or concerns: Do you or anyone in your family have any specific health needs? Do you or anyone in your family require any special accommodations? Is there anything we might provide to help you be a part of our program or services? Would you like to share anything about yourself or anyone in your family that might help us serve you better?*
- *Unaccompanied youth (under age 18 without parent): Are you being supported by a parent or guardian at this time?*

First Name	Last Name	Relationship	DOB	Gender	Identification?		Proof of Custody?		In need of shelter?	
					Y	N	Y	N	Y	N
			/ /	M F Tr	Y	N	Y	N	Y	N
			/ /	M F Tr	Y	N	Y	N	Y	N
			/ /	M F Tr	Y	N	Y	N	Y	N
			/ /	M F Tr	Y	N	Y	N	Y	N
			/ /	M F Tr	Y	N	Y	N	Y	N

Comments regarding household, if applicable:

Where did you stay last night?

- Own apartment/home
- Family member, please specify relationship: _____
- Friend
- Faith-based facility

- Hotel/Motel, Please specify: _____
- Car/Van/Vehicle
- Abandoned home
- Non-habitable building (garage, warehouse, etc.)
- Outside
- Public facility (bus station, restaurant, etc)
- Other, please specify _____

How long have you been living there? _____

How long can you stay there? _____ (This is related to the Community Case Management program. If able to stay for at least three days, they may qualify for that program.)

If a home or habitable place: What is the address (include ZIP Code, if applicable)?

If in a stable environment: Offer to assist you with a plan such as...

Use these search terms in ReferNet for example:

- a. Rental Deposit Assistance
- b. Low Income/Subsidized Private Rental Housing or Public Housing
- c. Tenant Rights Information/Counseling
- d. Rent Payment Assistance
- e. Food Pantry, Soup Kitchen, Food Cooperatives, Food Stamp Application
- f. Case/Care Management*Homeless Families

Circle the appropriate type of housing status:

A) Literally homeless = An individual or family who lacks a fixed, regular and adequate nighttime residence, meaning:

- Primary nighttime residence is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings (e.g.: car, park, abandoned building, bus/train station, camping ground)
- Supervised publicly or privately operated shelter designated to provide temporary living arrangements
- 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.

B) Imminently homeless = An individual or family who will imminently lose their primary nighttime residence:

- Is going to lose their housing within 14 days AND no subsequent residence has been identified AND lacks the resources or support networks needed to obtain other permanent housing.

C) Unaccompanied youth, under age 25, or families with children and youth, who do not otherwise qualify as homeless under this definition, but who:

- Is a runaway or homeless youth AND has not had a lease/ownership interest/occupancy agreement at any time within the last 60 days AND has experienced instability (at least two moves in the last 60 days) AND can be expected to continue in such status for an extended period of time.

D) Victim of Domestic Violence:

- an individual or family fleeing domestic violence AND has no other residence AND has no other support network or options for housing

*Mark the appropriate **type of homelessness**.*

A) At risk of homelessness

- Unstably housed, but does not meet any of the definitions above

B) Chronically homeless

- Is currently literally homeless and has been for a year or more
- Is currently literally homeless and has had at least 4 separate (14 days apart) occasions of literal homelessness in the past 3 years

C) Homeless

- Simply meets one of the 4 definitions above

Check all resources for which the client is eligible:

- Homeless Prevention- *Make appropriate referrals*
- Emergency Shelter- *Please proceed to Phase 1B*

- Community Case Management- *Please proceed to Phase 1B*
- Domestic Violence resources- *Please make warm transfer*
- Veteran's resources- *Please make warm transfer*
- Unaccompanied Youth resources- *Please make warm transfer*

Does the client need a face-to-face contact through Outreach? _____ Yes _____ No

Phase 1B. Shelter/Agency REFERRAL information (please be prepared to present during warm transfer)

1) What is the person's gender/household composition?

- _____ Single Male _____ Single Female _____ Unaccompanied Youth
_____ Transgendered _____ Chose not to Provide
- _____ Couple with children (_____ # children) _____ Single male/female with children (_____ # children)

2) Complete a background check on wcca.wicourts.gov, query.municourt.milwaukee.gov, and familywatchdog.us.

3) Has the person been at any emergency shelter recently?

Can you tell me about your last stay at _____ (length of stay, reasons for leaving, able to return, etc.)

4) Of the household members in need of shelter, does any member have a disability or other health concern? If yes, does it require accommodations? _____

Domestic Violence Policy

Milwaukee's Continuum of Care recognizes that victims of dating violence, domestic violence, sexual assault or stalking have unique and specific needs and must be treated with respect to their individual situations. As such, the following policy will be incorporated into our service delivery flow as Coordinated Entry is implemented:

As our primary provider of Coordinated Entry services for Milwaukee County, IMPACT 2-1-1 Community Resource Specialists (CRS) will assess for homelessness and housing crisis when clients call in for services. During this initial point of assessment, IMPACT 2-1-1 CRS will ask callers if they are currently in a safe place, have fear for their safety or are attempting to flee a potentially violent situation. Callers who identify as persons attempting to flee or fleeing a dating violence, domestic violence, sexual assault or stalking situation will be immediately moved to the Stage One emergency response phase of the Coordinated Entry service delivery flow, making their placement in an emergency and safe shelter a priority. Shelter diversion and community case management opportunities will not be pursued to avoid further risk to safety.

Once level of safety and risk is assessed, IMPACT 2-1-1 CRS will continue to follow emergency procedures which include engaging law enforcement, warm transfer (3 way call) referral to domestic violence agencies or referral to traditional shelters when appropriate.

Milwaukee's Sojourner Family Peace Center has agreed to provide annual training to COC membership on the topic of domestic violence, date violence, sexual assault and stalking, to ensure that staff of member agencies remain sensitive to the specific needs of this population and are able to serve them effectively. Trainings will occur during the annual COC strategic planning session and will include availability of domestic violence professionals as consultants throughout the year, as well as access to domestic violence advocates who are embedded in all districts of Milwaukee's Police Department.