

Client Coordinated Entry System and Referral Form FAQs

What is a Coordinated Entry System (CES)?

A CES stitches existing programs together into a no-wrong-door system, connecting individuals and families experiencing homelessness to the best resources for them.

What does a Coordinated Entry System do?

A CES coordinates providers' efforts and ensures every homeless individual is known by name, and is used to efficiently match people to available housing resources and services that best fit their needs.

What is the purpose of the Client Coordinated Entry Referral Form?

The Client Coordinated Entry Referral Form is the initial step to assessing a client's needs and matching them to available housing resources and services in the community. If your agency has access to the Homeless Management Information System (HMIS) database the form is available electronically via the 'Client Profile'.

Who should complete the Client Coordinated Entry Referral Form?

The referral form should be completed by the provider on behalf of the client. It is important the individual provide you with as much information as possible when completing the referral form because it helps providers better determine the type of assistance the client will need.

What else should I do to help the client?

Resources can be easily navigated via the www.SC211.org website or by calling 2-1-1. Before referring a client please attempt to use these resource guides to quickly meet the client's immediate needs.

How do I submit the Client Coordinated Entry Referral Form?

Once the referral form is completed, the form is emailed to the Homeless Services Coordinator who will contact the client within 24 hours to gather more information. On weekends, please refer client to 2-1-1.

What should the Individual experiencing homelessness know about referral process?

- The referral form does not place you on a waiting list or into a first-come, first-serve system.
- Completing the referral form does not guarantee housing, but instead gives the Homeless Services Coordinator a better idea of which type of services would be the best intervention for the client.

What do I let clients know about sharing their data?

IMPORTANT – Before collecting information read the following **Implied Consent:**

'To help identify resources that might meet your needs we have to ask a few questions and record your answers. Your answers will be entered into our Homeless Management Information System to be shared only with agencies we feel can help. Answering questions is voluntary and complete as much as you feel comfortable. Is that okay?'



Client Coordinated Entry System Phase I/Referral Form

Referring Agency / Contact Person: _____

Contact Information: _____ Date of Referral: _____ Date Entered HMIS: _____

Complete as much information as known or feel comfortable asking. Referral should only be completed for Head of Household unless they are unable to complete. Read the **Implied Consent** to the client before proceeding.

Select One:

- Individual
- Household (with Children) - HWC
- Household (without Children)

First Name _____		Middle Name _____		Last Name _____	
Last 4# Social Security Number _____			Birth Date _____		
Race (Check all that apply)		Ethnicity		Disabling Condition	
<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other		<input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Latino		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		Gender		Veteran	
		<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Gender Non-Conforming		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Client Phone Number(s): _____		Is client actively fleeing Domestic Violence:			
Does this number accept text messages? _____		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Client Email Address: _____			Best time to contact Client: _____		

Relationship to Head of Household: (Self, Spouse, Son, etc.) _____

How many children are in the household (For HWC ONLY): _____

How many adults are in the household: _____

Current Living Situation

Place not meant for Habitation (vehicle, abandoned building, outdoors, etc.)

Emergency Shelter (or hotel/motel paid for with emergency shelter voucher) Agency Name: _____

Other: _____

Length of stay: _____ days approximate date started homelessness? _____

<p><u>County of Residence:</u></p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Aiken</td> <td><input type="checkbox"/> Calhoun</td> <td><input type="checkbox"/> Lexington</td> </tr> <tr> <td><input type="checkbox"/> Allendale</td> <td><input type="checkbox"/> Chester</td> <td><input type="checkbox"/> Newberry</td> </tr> <tr> <td><input type="checkbox"/> Bamberg</td> <td><input type="checkbox"/> Fairfield</td> <td><input type="checkbox"/> Orangeburg</td> </tr> <tr> <td><input type="checkbox"/> Barnwell</td> <td><input type="checkbox"/> Lancaster</td> <td><input type="checkbox"/> Richland</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/> York</td> </tr> </table>	<input type="checkbox"/> Aiken	<input type="checkbox"/> Calhoun	<input type="checkbox"/> Lexington	<input type="checkbox"/> Allendale	<input type="checkbox"/> Chester	<input type="checkbox"/> Newberry	<input type="checkbox"/> Bamberg	<input type="checkbox"/> Fairfield	<input type="checkbox"/> Orangeburg	<input type="checkbox"/> Barnwell	<input type="checkbox"/> Lancaster	<input type="checkbox"/> Richland			<input type="checkbox"/> York	<p><u>Monthly Income:</u></p> <table style="width: 100%;"> <tr><td>\$ _____</td><td><input type="checkbox"/> Employed</td></tr> <tr><td>\$ _____</td><td><input type="checkbox"/> Unemployment Insurance</td></tr> <tr><td>\$ _____</td><td><input type="checkbox"/> Supplemental Security Income</td></tr> <tr><td>\$ _____</td><td><input type="checkbox"/> Social Security Disability Income</td></tr> <tr><td>\$ _____</td><td><input type="checkbox"/> VA Service – Disability Compensation</td></tr> <tr><td>\$ _____</td><td><input type="checkbox"/> Retirement Income from SS</td></tr> <tr><td>\$ _____</td><td><input type="checkbox"/> Pension or retirement from former job</td></tr> <tr><td>\$ _____</td><td><input type="checkbox"/> Child support</td></tr> <tr><td>\$ _____</td><td><input type="checkbox"/> Other source</td></tr> </table>	\$ _____	<input type="checkbox"/> Employed	\$ _____	<input type="checkbox"/> Unemployment Insurance	\$ _____	<input type="checkbox"/> Supplemental Security Income	\$ _____	<input type="checkbox"/> Social Security Disability Income	\$ _____	<input type="checkbox"/> VA Service – Disability Compensation	\$ _____	<input type="checkbox"/> Retirement Income from SS	\$ _____	<input type="checkbox"/> Pension or retirement from former job	\$ _____	<input type="checkbox"/> Child support	\$ _____	<input type="checkbox"/> Other source
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Provide a brief description of known assistance needed:
