PLEASE READ FIRST BEFORE USING THE ATTACHED FORM!

The attached Coordinated Entry Paper form is intended to be used by agencies currently working with clients who are already in HMIS, are in need of a permanent housing solution, and/or may already be on the agency's existing housing waitlist. The client can either call 833-3PLACER to be placed on the centralized housing waitlist via Coordinated Entry, or alternatively, can work with the case manager to complete the attached forms, which are then submitted to Coordinated Entry.

1) If you already have a CURRENT HMIS Release of Information on record with the client, you do NOT need the client to sign another ROI.

2) Once the attached form is complete, fax it as instructed to Connecting Point.

3) It will take 24-48 hours for the client to be entered into Coordinated Entry in HMIS.

4) VULNERABILTY SCORE:
   a. Once the client has been entered into Coordinated Entry, your HMIS end user can see the Vulnerability Score Coordinated Entry assigned to this individual, which is calculated based on their answers on the form.
   b. If the case manager would like to re-assess the Vulnerability Score or add additional case management assigned points (no more than 3), he/she can the complete a "Nevada-Placer County Vulnerability Assessment Tool" (the most current is dated 01-16-18), and have the HMIS end user update the Vulnerability Score for the client in HMIS and upload the file of the completed Vulnerability Assessment Tool.

Coordinated Entry Quick Start Guide

Dear Field Agent-

This guide will walk you through the steps to complete the Coordinated Entry process. Please follow each of the steps below, including reading the statements *in italics* to the consumer.

If you have questions, please contact Connecting Point at 833-3PLACER. Thank you for your assistance!

Step 1: Introduction

Start by telling the consumer your name and the organization you are representing. Please read the following to the consumer:

The form we are about to complete together was developed by housing and shelter providers in Nevada and Placer Counties. Their goal is to understand community needs so that they can coordinate their services better in the future.

Completing this form will do two things:

1. *Help create a centralized list of people who need housing assistance in our community.*
2. *Place you on this list so that participating providers can contact you if and when housing becomes available they you may be eligible for.*

Your answers on this form will document your **current** situation and housing needs. Completing this form does not guarantee housing. You should continue to reach out to other resources in the community.

Should we continue?

If YES, go to Step 2. If NO, stop the process.

Step 2: Release Form

Assist the consumer in completing the attached Client Release of Information form. Please read the following to the consumer:

Before we begin, I need to have you sign a Release of Information form. This covers who will be able to see the information you provide today and how it will be used. Let me know if there is anything you don't understand and I will do my best to clarify.

Read the Release of Information form to the consumer.

If completed, go to Step 3. If the consumer refuses to sign the form, stop the process.

Coordinated Entry Quick Start Guide

Step 3: Completing the Questionnaire

Please read the following to the consumer:

Thank you for completing the Release of Information form. Now we can move on to the Coordinated Entry Questionnaire. It should take about 10 minutes to complete the questionnaire. Some things to know before we begin:

- *Most questions only require a "Yes" or "No" answer. You do not need to explain your answers.*
- *Some questions are personal in nature. You can skip or refuse to answer any question.*
- *There are no right or wrong answers.*
- *It is very important that you provide accurate information. The more honest you are, the better we can figure out how best to support you.*
- *You do not need to conceal any information; this information is only for your housing plan and will not be provided to any legal authorities.*
- *If there is a question you don't understand, let me know and I will do my best to clarify it for you.*

Complete the attached Coordinated Entry Questionnaire by reading the questions to the consumer.

Step 4: Submitting the Forms

Please submit the completed Coordinated Entry Questionnaire and Release of Information forms to Connecting Point by mail at 208 Sutton Way, Grass, Valley, CA 95945 **OR** by fax at 530-274-5606. DO NOT SUBMIT BY EMAIL. If you have questions, please contact Connecting Point at 833-3PLACER.

Coordinated Entry Questionnaire

Placer County

Date:		
Field Agent/Witness Information:	Name:	Phone:
	Agency:	

Please read the attached Coordinated Entry Quick Start Guide and complete the Client Release of Information before beginning this form.

I. PERSONAL INFORMATION		
Name (First, Middle, Last):		
Date of Birth:		
Social Security Number:		
Contact Information:	Phone 1:	Phone 2:
	Email Address:	
Current Location: (Please be specific)		
How long have you lived in Placer County?	☐ Less than 1 week	☐ Between 1 week and 1 month
	☐ 1-3 months	☐ 3 months-1 year
	☐ 1-5 years	☐ 5 years or longer
Emergency Contact Person: (Someone who can reach you if we cannot)	Name:	Phone:

II. SERVICE ELIGIBILITY		
How many people are in your household?		
How many children under age 18 are in your household?		
If there are children under age 18 in your household, are you a CalWORKs participant?	☐ Yes	☐ No

Name: ______________________________

How many adults are in your household?	
What is your current gender identity? (How you describe yourself).	☐ Male ☐ Female ☐ Trans Male ☐ Trans Female ☐ Gender Non-Conforming ☐ Don't Know ☐ Decline to State
Is anyone in your household transgender?	☐ Yes ☐ No
Are you or is in anyone in your household pregnant?	☐ Yes ☐ No
Have you or a member of your household served in the U.S. military, National Guard, or reserve?	☐ Yes ☐ No
If YES, was it yourself or your household member who served?	☐ Myself ☐ Household member
Where did you sleep most frequently in the last 30 days?	☐ Emergency shelter ☐ Foster care or group home ☐ Hospital or other medical facility ☐ Jail, prison, or juvenile detention ☐ Long-term care facility or nursing home ☐ Place not meant for human habitation ☐ Substance abuse treatment facility/detox ☐ Transitional housing for homeless persons ☐ Other
How long have you been in unstable housing?	☐ Less than 1 year ☐ 1-3 years ☐ 3-5 years ☐ 5+ years
Have you or a household member been hospitalized or visited an emergency room 3 or more times in last 6 months?	☐ Yes ☐ No
Have you or a household member had an interaction with police 6 or more times in last 6 months?	☐ Yes ☐ No

Name: ____

Question		
Do you have health conditions related to:	☐ Mental health disability. If YES, are you enrolled in a Full Service Partnership (FSP)? ○ Yes ○ No	☐ Substance use
	☐ Alcohol use	☐ Physical or sensory disability
	☐ Developmental disability	☐ HIV/AIDS
	☐ Chronic health conditions (diabetes; complications with heart, liver, kidney, stomach, or brain)	
Do any of your household members have one or more of the above health conditions?	☐ Yes	☐ No
Do you receive income for a disability (mental, physical, sensory)?	☐ Yes	☐ No
Have you or a member of your household been attacked, hurt, or threatened since becoming homeless?	☐ Yes	☐ No
Have you or a household member contemplated, threatened, or attempted suicide?	☐ Yes	☐ No
Have you or a member of your household experienced domestic violence, sexual assault, or human trafficking?	☐ Yes	☐ No
Are you currently fleeing or attempting to flee a domestic violence, sexual assault, human trafficking, or stalking situation?	☐ Yes	☐ No
Do you have a source of income?	☐ Yes	☐ No
What is your household income?	$	☐ Monthly ☐ Annual

Thank you for completing the questionnaire. You may be contacted by one of our community partners as housing becomes available.

Name: ____

Field Agent: Please use the checklist below to ensure completion of the Coordinated Entry process.

Field Checklist (steps to be completed in the field)	**Data Entry Checklist** (steps to be completed in the office)
☐ Release of Information form completed	☐ Entered into Coordinated Entry tool o Date entered: o Entered by:
☐ Referral information provided	☐ Entered into HMIS o Date entered: o Entered by:

Submit the completed forms to Connecting Point by mail at 208 Sutton Way, Grass, Valley, CA 95945 **OR** by fax at 530-274-5606. DO NOT SUBMIT BY EMAIL. If you have questions, please contact Connecting Point at 833-3PLACER. Thank you!

Homeless Resource Council of the Sierras' HMIS

Client Release of Information

Client Name: ______________________________ **Date of Birth:** _____________

Household Members

Name: ____________________________________ Date of Birth: ______________

Name: ____________________________________ Date of Birth: ______________

Name: ____________________________________ Date of Birth: ______________

Name: ____________________________________ Date of Birth: ______________

Name: ____________________________________ Date of Birth: ______________

____ Is a partner agency in the Homeless Resource Council of the Sierras' Homeless Management Information System (HMIS). The HMIS is used by homeless provider agencies to record information about clients that they serve. This information helps agencies plan for and provide services to clients. With client authorization, this information can be shared among the agencies in order to improve the coordination and delivery of services. The partner agencies listed below utilize the Homeless Resource Council of the Sierras' HMIS, and upon you signing this Release of Information will have access to the information you provide by way of HMIS:

Advocates for Mentally Ill Housing	Project MANA
Connecting Point	Roseville Home Start
City of Roseville	SPIRIT Peer Empowerment Center
Foothills House of Hospitality	St. Vincent de Paul - Roseville
Homeless Resource Council of the Sierras	The Gathering Inn
Nevada County Health and Human Services	The Lazarus Project
Placer County Health and Human Services	The Salvation Army, Grass Valley Corps
Community Beyond Violence	Volunteers of America of Northern California and Northern Nevada
Stand Up Placer	

In addition to the partner agencies listed above, additional partner agencies may later participate in HMIS. By signing this release, I also authorize the partner agencies that participate in HMIS after my signing of this release for the sole purpose of improving the coordination and delivery of services for me. I can obtain a current list of all partner agencies that have access to the HMIS database by contacting ____.

The information that is collected in the HMIS database is protected by limiting access to the database and those agencies and individuals with whom the information may be shared, in compliance with the standards set forth by federal, state, and local regulations governing confidentiality of client records. Every person and agency that is authorized to read and/or enter information into the database has signed an agreement to maintain the security and confidentiality of the information. Any person or agency that is found to violate their agreement may have their access rights terminated and may be subject to further penalties.

BY SIGNING THIS FORM, I AUTHORIZE THE FOLLOWING:

I authorize the partner agencies and their representatives to disclose to and communicate with one another the information regarding my family and me that is collected during the intake process for the sole purpose of participating in HMIS. I understand that this information is for the purpose of assessing our needs and coordinating the delivery of services related to housing, utility assistance, food, counseling and/or other supportive services.

I understand that this Release of Information does not Cover information that is collected outside the HMIS process by partner agencies for services or treatment purposes and that the information about me that is collected during the HMIS process on the Homeless Resource Council of the Sierras' HMIS Forms may consist of the following Personally Identifiable Information (PII) and/or Protected Health Information (PHI), which I authorize to be shared between the partner agencies through HMIS in accordance with this Release of Information:

- Name, Date of Birth, Social Security Number, Race/Ethnicity, Gender, Veteran Status, Physical or Developmental Disability Type and Status, Chronic Medical/Health Conditions, Mental Health Information, HIV/AIDS Information, Substance Abuse Information, Domestic Violence, Household Composition, Income Sources and Amounts, Non-Cash Benefits Sources, Health Insurance Sources, Reason(s) for Homelessness/Housing Crisis, Housing History, Psychiatric and Non-Psychiatric Hospitalizations, Incarcerations, Substance Abuse Treatment, Prior Foster or Group Home Placements, Homeless Status/History (including where and

when homeless services were accessed) Case Manager Information, Emergency Contact Information, Destination, Reason for Leaving.

Release of Information Limitations, if any: ___________________________________

____

I UNDERSTAND THAT:

- This Release of Information will not guarantee that I will receive assistance, and that eligibility for assistance will not be conditioned on whether or not I sign this Release of Information.
- My treatment records are protected under state and federal regulations governing confidentiality of patient records. These records cannot be shared without my written consent except as provided for by state and federal law and regulations.
- To the extent that this Release of Information authorizes disclosure of substance abuse treatment information, and/or medical information, such information is protected under the federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 C.F.R. Part 2 and the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), 45 C.F.R. Pts. 160 & 164, and unless otherwise provided for in the regulations cannot be disclosed without my written consent , which I hereby give.
- Treatment records, case notes and other confidential information outside the scope of this Release of Information cannot be shared without additional written consent.
- I may revoke this consent at any time except to the extent that information has been shared or action taken in reliance on it prior to the revocation. Any notice to revoke this consent must be made in writing and shall be effective upon receipt.
- I may inspect or obtain a copy of the health information that I am being asked to allow the use or disclosure of.
- I have been offered a copy of this Release of Information and have the right to receive a copy if requested.
- Any statistical analysis of HMIS data that is released will be aggregate de-identified data and will not reveal any personal identifying information per the De-identification standard outlined in 45 C.F.R. Part 2 164.514(a).
- The partner agencies have signed agreements to treat my information in a professional and confidential manner.
- Staff members of the partner agencies authorized to view my information have signed agreements to maintain the confidentiality of my information.
- Auditors of funders who have legal rights to review the work of this agency, including the U.S. Department of Housing and Urban Development may see your

information. Information made available to these auditors will be limited to information necessary to perform their auditing function.

- Information disclosed pursuant to this authorization could be re-disclosed by the recipient. Such re-disclosure is in some cases not prohibited by California law and may no longer be protected by federal confidentially law (HIPAA). However, California law prohibits the person receiving my health information from making further disclosure of it unless another authorization for release of information for such disclosure is obtained from me or unless such disclosure is specifically required or permitted by law.
- Bowman Systems, LLC is the software provider. When Bowman Systems works on the system, they may see information about me. Bowman Systems' review of any information about you will be limited to information that is necessary to perform maintenance of their software. Staff members of Bowman Systems have signed agreements to maintain the confidentiality of my information, and I hereby authorize Bowman Systems to view my information to the limited extent necessary to carry out its software provider functions.

By signing this Release of Information, I expressly agree to indemnify, defend and hold harmless the partner agencies and their officers, officials, employees, agents and volunteers, individually and collectively, from any and all liabilities, claims, demands, damages, losses and expenses (including without limitation, defense costs and attorney fees of litigation) arising from this Release of Information, except such loss or damage which was caused by the sole negligence or willful misconduct of a partner agency or its officers, officials, employees, agents and/or volunteers, but only in proportion to the degree of a respective partner agency's sole negligence or willful misconduct.

This consent for Release of Information shall automatically expire on ___________________________, unless revoked earlier.

___________________________ ___________________________ ________________

Client Name (Print) Client Signature Date

If signed by a person other than the client, indicate relationship: __________________

___________________________ ___________________________ ________________

Agency Personnel Name (Print) Agency Personnel Signature Date

*File original in the Agency's Client File