



- 1. Through interaction, the **persons is considered/reports homeless** per HUDs definition
- 2. **Search the person in HMIS**
 - If they Have an HMIS profile, Check to see if they are enrolled in CES.
 - If they are enrolled, put in a note “client presented to (your agency) on (date) reporting/requesting (client interactions)”
 - If they are NOT enrolled in CES, move to step 4.
 - If they DO NOT HAVE a HMIS Client profile. You get their consent to be entered into CES, by ensuring the ROI is read to them or by them.
- 3. **Create the client profile.**
- 4. **Enroll the client** into the Coordinated Entry System (CES).
- 5. After CES enrollment, **complete the 1st Phase of CES Assessment**

Which Assessment Do I Use?

Youth (aged 18-24) = YHDP Assessment

Everyone (25+) = CES Questionnaire

- 6. Once the 1st phase assessment is completed in HMIS, the person is **officially in the Coordinated Entry System (CES)**.
- 7. Please **emphasize the below to the persons** entered into CES::

The CES offers low barrier housing that still requires documentation. To qualify for housing, you may be asked to acquire documentation. Due to the different types of housing, these documents may or not include:

ID , Birth Certificate, Social Security Card, Copy of SSI/SSDI letter, Verification of Homelessness, Verification of Disability

Please follow up with any changes to your circumstances that can affect your housing or your getting in contact with you, as if you are unable to be located or contacted you cannot be offered housing. This includes but is not limited to:

Change in Phone Number

Change in shelter location (inside and outside)

Change to your income (gain and loss)

Change to your physical health

When they do check back in to update on any of the above or any other changes, those are to be made in their HMIS profile in the CES enrollment under notes.

- 8. When the persons has been discussed in the routine CES population specific meeting (Individuals, Youth, Families, Veterans), **when eligible they are then to complete the 2nd phase of the assessment: VI-SPDAT**

Which Assessment Do I Use?

Youth (aged 18-24) = TAY-VI SPDAT

Families (w/ dependant children) = Families VI

Everyone Else (25+) = Single Adults VI

- 9. Then, the client is then considered Referral Ready (RR) and placed on the Community Q to be prioritized for housing.
- 10. NOTE: Being referral ready does not imply that the client is next to be housed. It means that the necessary documentation is in HMIS for the client to be prioritized on the list, which is based on need, vulnerability and appropriateness, and the availability of units. ssa