

Entering Persons into CES: Client Script

The 'No Wrong Door Approach' means you will have the responsibility to enter persons into CES, even if you are unable to provide services or enroll them into one of your agency's programs. Below is a script for providers to use when entering persons into CES that aren't receiving continued services from your agency. This script can be used when a person experiencing homelessness presents to your agency, you are a CES assessor, and you want to enter the person into CES:

I do not have any permanent housing solutions for you through my agency right now, but if you allow me permission I can enter your information into what is called the Coordinated Entry System (CES).

CES is a system that works to match those in need of permanent housing to a housing type that is most suitable. There is no waitlist, nor is there a timeline in which you will be housed in Coordinated Entry. This is also NOT A PROGRAM, it is just a route to permanent housing match.

Match making occurs upon housing availability in the community, therefore timelines and waitlists do not occur.

There is no way to check on your status in Coordinated Entry, as it does NOT work as a waiting list. When an opening in the community occurs, those who are considered the most vulnerable/in need are then matched to that permanent housing solution.

You may be contacted about completing an additional, more in-depth vulnerability assessment to best fit you to a permanent housing solution.

If any of the information below changes, please call in and update your information (this way CES can ensure, when/if you are matched to permanent housing, you can be contacted)

- *current/frequented location*
- *Phone number*
- *income/employment*

With the individual's permission, then complete the "ENTERING PERSONS INTO THE COORDINATED ENTRY SYSTEM CHECKLIST."

Are you a youth (18-24)?

- YES
- NO

Are you a Veteran?

- YES
- NO

Do you have Dependent Children?

- YES # _____ & AGES _____
- NO

Do you have a Disability

- YES
 - Physical Disability
 - Chronic Condition
 - Development Disability
 - Mental Health Disorder
 - HIV/AIDS
 - Substance Abuse Disorder
 - Other: _____

- NO

Where did you sleep last night?

- Shelter
- Transitional Housing
- Car
- Couch Surfing
- Place not meant for human habitation

Contact Information

Phone number _____

Email address _____

frequented location _____

Do you have income from any source?

- Yes
 - Earned Income
 - SSI/SSDI
 - SNAP
 - Child Support
 - TANF
 - Applied, Decision Pending
 - Applied, Application Denied
 - Other Source: _____

- No