



ICES Fundamentals

INTRODUCTION FOR ACCESS POINTS

Individual Coordinated Entry System

HOSTED
BY



OC INDIVIDUAL
COORDINATED ENTRY SYSTEM

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ICES Fundamentals

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ACCESS POINT BASIC RESPONSIBILITIES

- Manage participant's ICES Program Enrollment on HMIS
 - Enroll into ICES Program
 - Complete Current Living Situation Assessment once every 90 days
 - Complete Individual CES Assessment and refer to CQ
 - Remove participant from CQ and exit from ICES enrollment as needed.
- Upload documentation to HMIS to verify length of homelessness, chronic disability, etc.
- Correct referral holds as needed
- Attend match meetings, case conferencing, and virtual office hours
- Understand participant's housing preferences and divert to non-CES resources when appropriate
- Upon match, assist participant with submitting all requested documents to Housing Provider.

MATCH MEETINGS OVERVIEW



**Central SPA
Match Meeting**
Every Tuesday



**North SPA Match
Meeting**
Every Wednesday



**South SPA Match
Meeting**
Every Thursday



Reach out to the ICES team by email to request to be added to our mailing list where you will be able to receive match meeting details, prioritized lists, office hours information, and other important CES updates.

A woman with dark hair, wearing a green sweater, is sitting at a desk. She is looking down and writing in a notebook with a pen. A laptop is open in front of her. The background is slightly blurred, showing what appears to be a classroom or office setting with other people.

ICES PROGRAM ENROLLMENT

ICES PROGRAM ENROLLMENT: Enrollment Fields for CQ Prioritization

① Type of Residence

- Where did they sleep last night?

② Approximate Date This Episode of Homelessness Started

- Report the start date of the CURRENT EPISODE of homelessness

③ Number of times on the streets, in ES, or Safe Haven in the past 3 years

- Number of unique homeless episodes (not individual shelter stays).

PRIOR LIVING SITUATION

| | | |
|---|--|--|
| ① | Type of Residence | Place not meant for habitation (e.g., a vehicle, an abandoned building, bu |
| | Length of Stay in Prior Living Situation | One year or longer |
| ② | Approximate Date This Episode of Homelessness Started | 08/05/2015  |
| ③ | Number of times on the streets, in ES, or Safe Haven in the past three years | One Time |
| | Total number of months homeless on the streets, in ES, or Safe Haven in the past three years | More than 12 Months |

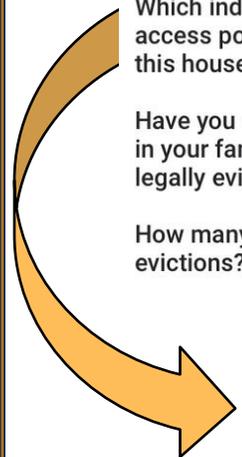
ICES PROGRAM ENROLLMENT:

Enrollment Fields for SPA/City Ties (OC Custom Questions)

OC CUSTOM QUESTIONS

THE CLIENT'S CITY PRIOR TO ENTERING THE CES PROJECT WILL BE USED TO DETERMINE SPA FOR HOUSING OPPORTUNITIES. THE CITY THE CLIENT RESIDED IN THE NIGHT BEFORE PROJECT START.

| | | | |
|---|---|----------|---|
| 1 | What city were you in immediately prior to entry into this project? | Anaheim | ▼ |
| 2 | Are you or your household member currently employed or go to school in the city of Anaheim, Garden Grove, and/or Santa Ana? | Select | ▼ |
| | Which individual access point is serving this household? | City Net | ▼ |
| | Have you or someone in your family ever been legally evicted? | No | ▼ |
| | How many legal evictions? | | |



If a Participant is new to your caseload, update the enrollment to reflect which Access Point is serving the Household. Please also update the Care Team with the assigned staff member.

- 1 **What city were you in immediately prior to entry into this project?**
 - This will determine which SPA the participant is referred to.
- 2 **Are you or your household member currently employed or go to school in the city of Anaheim, Garden Grove, and/or Santa Ana?**
 - Report ties to these cities through school or work to be considered for opportunities.

ADDING HOMELESSNESS DOCUMENTATION

ADDING HOMELESSNESS DOCUMENTATION:

CES Housing Documentation

Required for CES participation

Required when participant:

- Reports any disability *AND/OR*
- Meets [HUD definition](#) for Chronic Homelessness

May be required by Housing Provider upon receiving referral

HOUSING DOCUMENTS

REQUIRED COORDINATED ENTRY SYSTEM DOCUMENTS

- Verification of Homelessness

CONDITIONALLY REQUIRED COORDINATED ENTRY SYSTEM DOCUMENTS

- Verification of Disability
- Verification of Chronic Homelessness

RECOMMENDED DOCUMENTS

- Government Issued Photo ID
- Social Security Card
- Proof of Legal Residence: Birth Certificate, Alien Number, or Certificate of Naturalization
- Marriage or Divorce Documents
- Proof of Child Custody
- Proof of Income and Assets

ADDING HOMELESSNESS DOCUMENTATION:

Required Information

- All verifications, regardless of source, must answer:
- **When** = What months or how frequently did they encounter the participant?
- **Where** = Where did the encounters take place?
- **What** = What services were provided to the participant?
- **How** = How does the verifier know the participant is experiencing literal homelessness?

ADDING HOMELESSNESS DOCUMENTATION:

Agency Third Party Form

① "Agency services began on..."

- Write the date any services began. If applicable, write end date.

② "and included the following services..."

- List services provided and how verifier knew the participant was homeless at the time of the encounters.

③ "This household reports the following living situations..."

- List each self-reported living situation (street, motel, couch, shelter etc.) since their homelessness began.

*Please note that information recorded here is considered as self-reported data.



Agency Third Party Homeless Verification

Client Name: _____ Date of Birth: _____

I, _____, _____, from
Your Name Title/Position
_____ verify that _____
Agency Client Name

is currently homeless and staying _____
Location Type (i.e. outdoors, vehicle, emergency shelter, motel paid by agency)

in _____ City. Agency services began on _____ and included
Date

the following services: _____

③ This household reports the following living situations:

| Start Date | End Date | Location Type | City |
|------------|----------|---------------|------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Attach verification of homelessness for each homeless episode reported in the table above. This can include statements of observed homelessness from community members, physicians, or law enforcement.

Should you have any questions, please contact me at _____
Contact Information

Sincerely,

Signature: _____ Date: _____

ADDING HOMELESSNESS DOCUMENTATION:

Letter of Attestation



To whom it may concern,

My name is (case manager's name) and I am currently working with (client's name) as their (case manager's title) with (organization/program name). The HMIS enrollment data confirms that the client was homeless from (date to date) and from (date to date). A third-party homeless verification from (community member) stated that client has been receiving (services provided by community member) since (date services began).

After reviewing the client's enrollments on HMIS, gathering third-party verification from various providers, speaking with the client regarding their history of homelessness, and speaking with previous and current service providers/community members, it is in my opinion that the client meets the definition of literal homelessness since (reported start date).

Thank you,

Case Worker Name

Title

Organization

Email address

Phone number

Letter of attestation is used to supplement Third Party Verification from community members/non-CES approved Access Points.

*Completed by the Access Point serving the household.

ADDING HOMELESSNESS DOCUMENTATION:

Timeline Letter



TO WHOM IT MAY CONCERN,

Friendship Shelter has made efforts to verify the chronicity of _____ *Client* _____ homelessness. Between December 2019 to March 2022 the client did not stay at any homeless shelters as she was experiencing homelessness in her vehicle. To verify, we have reached _____ and have provided us with the following information: _____ *Client* _____ has experienced homelessness in the last three years. The first instance of homelessness was from _____ until August 2019. She had a break in homelessness that lasted from _____ until _____. Homelessness was from September 2019 to February 2020. Homelessness for a week. The third experience of homelessness was from _____ to _____ in 2020. The fourth instance of homelessness has been from _____ to _____. Upon investigation Friendship Shelter is willing to verify that the client has experienced homelessness.

Thank you,

Case Worker Name

Title

Organization

Email address

Phone number

Timeline letter is used for:

- Providing a detailed account of 4 or more episodes of homelessness within past 3 years, totaling to 12 months.
- Unable to cover gaps with third-party verification after documented attempts
- Not required for all participants but may be useful in some cases, reach out to SPA admin for more questions

ADDING HOMELESSNESS DOCUMENTATION:

Self-Certification

① “I have been homeless since...”

- Write participant’s self-reported start date of homelessness.
- Mark the appropriate living situation

② “I have been in the above living situation for X months”

- Add up number of months that the participant has been in the living situation marked previously.

***Reminder: Self-reported data is only able to verify gaps in homelessness for *up to 3 months*.**



Self-Certification of Homelessness

I, _____, certify that the information below
Your Name

and any other information I have provided is true, accurate and complete.

I have been homeless since ① _____.
Date

I am currently homeless and living on the street or place not meant for human habitation (i.e. a car, park, abandoned building, bus station, airport, or campground).

I am currently staying in an emergency shelter.

I am currently staying in a motel paid for by a charitable organization, government program, or church.

I have been in the above living situation for ② _____ months.
of Months

Additional information I would like to share about my housing status: _____

Sincerely,

Signature: _____ Date: _____

ADDING HOMELESSNESS DOCUMENTATION:

Universal Disabling Condition Form

- Does not expire.
- Accepted by all PHAs.
- CES Access Points complete top-left field "Service Provider".
- "Knowledgeable Professional" is defined as a state licensed clinical professional.

VERIFICATION OF DISABILITY FOR ORANGE COUNTY, CA AREA

| | |
|---|--|
| <input type="checkbox"/> SERVICE PROVIDER _____ ADDRESS _____ EMAIL _____ PHONE _____ FAX _____ CONTACT _____ | HOUSING AUTHORITY USE ONLY: PHA DESIGNATED HEAD OF HOUSEHOLD: _____ TENANT ID _____ <input type="checkbox"/> AHA <input type="checkbox"/> GGHA <input type="checkbox"/> OCHA <input type="checkbox"/> SAHA |
|---|--|

The patient below is applying for housing assistance under a program of the U.S. Department of Housing and Urban Development (HUD). HUD regulation require verification of information related to program eligibility. To comply with this requirement, we ask for your cooperation in completing and returning this verification form within 10 business days by fax, mail, or e-mail to the entity indicated above. Questions about the form may be directed to the person named as the contact above. Thank you for your assistance in this matter.

Patient Name: _____ SS (last 4)#: _____ Date of Birth: _____
Address: _____
Patient Signature: _____ Date: _____

TO BE COMPLETED BY KNOWLEDGEABLE PROFESSIONAL

DISABILITY: (PLEASE CHECK ONE)

Regulation: 24 CFR 5-403 defines HUD's criteria for persons who are considered disabled if they have a disability as defined in Section 223 [42 U.S.C. 423]:

- "Inability to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment which can be expected to result in death or which has lasted or can be expected to last for a continuous period of not less than 12 months; or in the case of an individual who has attained the age of 55 and is blind (within the meaning of "blindness" as defined in section 216(i)(1)), inability by reason of such blindness to engage in substantial gainful activity requiring skills of abilities comparable to those of any gainful activity in which he has previously engaged with some regularity and over a substantial period of time." Or has a developmental disability as defined in [42 U.S.C. 6001].
- Developmental Disability:** is defined as a disability that is attributable to any of the following conditions: Intellectual disability, Cerebral palsy, Epilepsy, Autism, or disabling conditions found to be closely related to intellectual/cognitive disability or to require treatment similar to that required for individuals with intellectual disabilities. The disability must have originated before the age of eighteen (18) and can be expected to continue

ADDING HOMELESSNESS DOCUMENTATION:

Disabling Condition Verification Form

An acceptable Disabling Condition Verification must:

- ✓ Tick at least one condition box.
- ✓ All conditional Y/N statements ticked 'YES.'
- ✓ Signed by a state licensed clinical provider.

NOTE: This document is time-bound: Housing programs may want verifications dated within the past year.

HUD's Disability Definition:

<https://www.hudexchange.info/homelessness-assistance/coc-esg-virtual-binders/coc-esg-homeless-eligibility/determining-and-documenting-disability/disability-definition/>

Disabling Condition Verification Form

| | | | |
|--------------|--|---------------|--|
| Patient Name | | Date of Birth | |
|--------------|--|---------------|--|

I verify, as the undersigned, that the individual named above has been diagnosed, or I have diagnosed with one of the following conditions:

| |
|---|
| <input type="checkbox"/> Substance use disorder |
| <input checked="" type="checkbox"/> Serious Mental Illness |
| <input type="checkbox"/> Developmental Disability (As defined by 42 U.S.C. 15002) |
| <input type="checkbox"/> Post-Traumatic Stress Disorder |
| <input type="checkbox"/> Cognitive impairments resulting from brain injury |
| <input checked="" type="checkbox"/> Chronic physical illness or disability |

That the above condition is expected to be of long-continued or indefinite duration: Yes No

That the above condition impedes the individuals' ability to live independently: Yes No

That the individual's ability to live independently will be improved by a more suitable housing condition: Yes No

Verification must be provided by a state licensed qualified source that may include medical service providers, Licensed Marriage and Family Therapist (LMFT), Licensed Clinical Social Worker (LCSW), physicians or treating health care provider as stated in the Social Security Act – 42 U.S.C. Section 423.

| | | | |
|---------|--|-----------------------|--|
| Name | | License # | |
| Title | | Organization/ Firm | |
| Address | | Phone # | |
| | | | |

ADDING HOMELESSNESS DOCUMENTATION:

Where to Find CES Forms?

- ✓ Homelessness Verification Forms
- ✓ At-Risk of Homelessness Verification
- ✓ Disabling Condition Verification
- ✓ CES Informational Flyers and Resources
- ✓ PHA FAQs

And more...!

For a current list of CES Partner documents, please go to: <https://ceo.oc.gov/page/ces-partner-documents-and-resources>

CES PARTNER DOCUMENTS AND RESOURCES

Disabling Condition Form (English/
Spanish/ Vietnamese)

Self-Certification Form (English/
Spanish/ Vietnamese/ Korean)

Third Party Certification Form
(English/ Spanish/ Vietnamese)

Housing Documents

✘
CES Authorization Form (English/
Spanish/ Vietnamese)

RECOMMENDED DOCUMENTS

RECOMMENDED DOCUMENTS:

City Resident Documents

City residency documents are NOT required prior to a match for a project with a city preference.

*CES is not able to confirm or deny city ties eligibility. Please reach out to the respective Housing Authority for more details.

ANAHEIM HOUSING AUTHORITY
RESIDENCY (LIVE/WORK) PREFERENCE CERTIFICATION

Instructions: People experiencing homelessness may use this form to claim the Anaheim Housing Authority admission preference. Please complete this certification and provide the acceptable forms of verification listed below. **Please note that all verifications submitted must be current and clearly show a current connection to Anaheim. Additionally, if verifications show Anaheim connection is less than 30 days, it may not be considered.**

I certify that I/we qualify for the Anaheim residency preference based on the following criteria (choose all that apply):

WORK IN ANAHEIM REQUIREMENT: An adult in the household works a minimum of 40 hours per month. Please attach one of the documents listed below and provide the work site address:

- Dated letter on company letterhead verifying address of job site, employment start date, number of hours per week, job title, and salary. Letter must also include the name, title, and contact information of the employer and/or person verifying the information; or
- Last 3 months of paycheck stubs (must be in consecutive order).

LAST PERMANENT HOUSING WAS IN ANAHEIM AND IS SHELTERED OUTSIDE OF ANAHEIM: An adult in the household was last housed in Anaheim just prior to becoming homeless then was placed in shelter outside of Anaheim for reasons of urgent safety and basic needs that could not be met in Anaheim. Please attach one of the documents listed below. **Please note that verification must clearly show the Anaheim connection just prior to placement outside of Anaheim:**

CATEGORY 1:

- Documentation of last permanent address just prior to becoming homeless was in Anaheim (lease agreement, eviction documents); AND

CATEGORY 2:

- Documentation of when homeless services began, including:
 - Homeless verification letter on agency letterhead documenting outreach services in Anaheim including provider name, shelter address, and dates of current shelter placement; or
 - Shelter intake documentation demonstrating referral source and location; or
 - Homeless Management Information System program enrollments showing Anaheim outreach and shelter program names and program enrollment dates.

SHELTERED IN ANAHEIM: An adult in the household is living in a shelter in Anaheim for reasons of homelessness (includes emergency shelter, recuperative care, motel placement paid by a government agency, and transitional housing) AND was experiencing unsheltered homelessness in Anaheim prior to being referred to the shelter. Please attach one of the verifications listed below:

- Shelter intake documentation demonstrating referral source and location; or
- Homeless Management Information System program enrollments showing Anaheim outreach program names and program enrollment dates.

SHELTERED OUTSIDE OF ANAHEIM BUT WAS HOMELESS IN ANAHEIM: An adult in the household was homeless in Anaheim then placed in shelter outside of Anaheim to meet urgent safety and basic needs.



SANTA ANA HOUSING AUTHORITY
20 CIVIC CENTER PLAZA • PO BOX 22030
SANTA ANA, CA 92702-9957

CERTIFICATION OF HOMELESS RESIDENCY IN THE CITY OF SANTA ANA

I, _____, am currently homeless in the City of Santa Ana. To verify that I am currently homeless in the City of Santa Ana, I certify to the following criteria by marking each checkbox and providing the required documentation (Both Criteria Must be Met):

CRITERIA ONE:

I am currently sleeping in the City of Santa Ana

CRITERIA TWO:

I have had a permanent address in the City of Santa Ana for an extended period of time. I am attaching at least one of the following documents to verify the permanent address:

- Driver's License
 - Utility Bill
 - Rental Agreement
 - Bank Statements
 - Car Registration
 - Or other similar documentation
- [*Residential addresses only. Addresses such as sober living facilities, transitional housing, Mental Health Association, Micah's Way, The Courtyard, and/or PO Boxes are not accepted.]

I have strong ties to the City of Santa Ana. I am attaching at least one of the following documents to verify that I have strong ties to the City of Santa Ana:

- Children enrolled in a Santa Ana school (Proof of Enrollment)
- Employed in Santa Ana (Proof with Paystubs)
- Graduated from a Santa Ana High School (Proof of Graduation)
- Attending an education program meant to lead to self-sufficiency in Santa Ana such as a Certificate/Degree/Diploma Program (Proof of Enrollment)

Knowledge – either first-hand or recorded – by the Santa Ana Police Department (SAPD) that I am currently homeless in the City of Santa Ana. This certification by a SAPD Officer below meets both criteria listed above and no further documentation is necessary. You may contact ResidencyVerification@santa-ana.org for confirmation.

SAPD OFFICER NAME: _____

SIGNATURE: _____

BADGE #: _____

Knowing there is a penalty for making a false statement under the United States Criminal Code, I hereby certify that the above is a true and full statement.

SIGNATURE: _____ DATE: _____

HEAD OF HOUSEHOLD: _____

LAST FOUR DIGITS OF SSN: XXX-XX-____ OR DATE OF BIRTH: _____

Certification of Homeless Residency

07/2020

The background of the slide features four 3D house models of increasing size, arranged in a line from left to right on a dark wooden surface. Each house has a white base and a red roof. A white rectangular box with a thin orange border is centered over the houses, containing the word 'PRIORITIZATION' in black, uppercase, sans-serif font.

PRIORITIZATION

PRIORITIZATION:

OC CoC-Approved CES Prioritization Structure

Priority Group 1:

Households experiencing Chronic Homelessness (CH)

Priority Group 2:

Households with a Chronic Disability, but do not meet LOH requirements for CH

Priority Group 3:

Households without a Disability

Priority Group 4:

Households at-risk of homelessness

1.) Chronic Homelessness

2.) Chronic Disability

3.) No Disability

4.) At-Risk



For more details, please visit : [CES Policies & Procedures \(10/22/2025\)](#)

PRIORITIZATION:

Standard CES CQ Prioritization Structure

Priority Group 1:

"Chronic Homelessness" status, prioritized by Length of Homelessness (LOH)

Priority Group 2:

"Disabling Condition" status, prioritized by LOH

Priority Group 3:

"No Disabling Condition" status, prioritized by LOH

Priority Group 4:

"At-Risk" status

| Status | CH Doc | LOH |
|--------------|--------|-------|
| Chronic Ho | CH | 11004 |
| Chronic Ho | CH | 10180 |
| Chronic Ho | CH | 9512 |
| Chronic Ho | CH | 8812 |
| Chronic Ho | CH | 8447 |
| Chronic Ho | CH | 8296 |
| Disability V | DC | 12465 |
| Disability V | DC | 10273 |
| Disability V | DC | 4657 |
| Disability V | DC | 4643 |
| Disability V | DC | 4005 |
| Disability V | DC | 3699 |
| Disability V | DC | 3608 |
| Disability V | DC | 3333 |
| Disability V | DC | 2269 |
| Disability V | DC | 2238 |
| Disability V | DC | 2103 |
| Disability V | DC | 1799 |
| No Disabil | NO | 5890 |
| No Disabil | NO | 5452 |
| No Disabil | NO | 5221 |
| No Disabil | NO | 5169 |
| No Disabil | NO | 5160 |
| No Disabil | NO | 5160 |
| No Disabil | NO | 5160 |

PRIORITIZATION:

MHSA Certification

Participants who have a qualifying mental health disability may be eligible for MHSA Certification.

Funded by the Mental Health Services (MHSA) Act and in partnership with Housing & Supportive Services (HSS), **MHSA Certification** helps to prioritize eligible participants for MHSA-specific opportunities.

To learn more about this process and guidelines, please visit:

<https://ocices.org/project/mhsa-training/>

<https://ocices.org/project/mhsa-certification/>





MAINTAINING REFERRALS & REFERRAL HOLDS

MAINTAINING REFERRALS TO CQ

If there is no activity on a participant's profile within 90 days, a participant may be automatically removed from the CQ.

SUGGESTED SOLUTIONS

- **Complete a Current Living Situation Assessment at least once every 90 days.** This is located in the "Assessments" tab under the ICES Program.
- **Alternatively, complete a "Check-in" on the ICES Referral page.**

For step-by-step instructions, please visit:

<https://ochmis-211oc.happyfox.com/kb/article/238-maintaining%C2%A0households-on-the-community-queue/>



Add Current living situation for client

Date of Contact 02/16/2026

Current Living Situation Select

Living Situation Verified By Select

Location Details

ADD LOCATION

SAVE & CLOSE

CANCEL

Complete CLS Assessment at least once every 90 days.

Pending Community Queue Completed Denied Sent Availability

REFERRAL: ASSIGN

Client

Referred to

Referring Agency

Referred Date

Days Pending

Qualified

Yes

Last Activity

02/12/2026

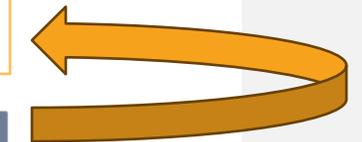
Referred by Staff

Navigator



ASSIGN NAVIGATOR

Complete "Check-in" to maintain participant's CQ referral.



REFERRAL HOLDS

- Participants with ICES program enrollment *OR* homeless verification documentation errors are marked in **RED text** on the ICES Community Queue. The participant is **not** able to be matched until the referral hold is resolved.

| al access | Active Programs | RRH H | Voucher | PSH H | Statu | SPA | CH Doc | Denials | PH | h Meeti | HA Juris | Data Er | of Refer |
|---|-----------------|-------|---------|-------|------------|---------|--------|-------------|----|-----------|----------|---------|-------------|
| Health Care Agency - Behavioral Health Services | | No | No | Yes | Chronic Ho | Central | CH | ason: Other | | Residency | TRUE | | [ices refer |

- Once corrections are made, Access Points are expected to communicate with the SPA Admin via **EMAIL** and/or **OFFICE HOURS** about any updated documentation or enrollment changes. Please do not reply directly to the referral note in HMIS. Referral holds cannot be lifted until the SPA Admin has been made aware of any changes.

REFERRAL HOLDS:

Locating Notes about Referral Hold Errors

- 1 Ensure that you are in the "County of Orange" tab on HMIS
- 2 Open the participant's HMIS profile
- 3 Click "View Details" to navigate to the Referral Page.
- 4 Scroll down to the "Notes" section to find referral note.

*If you do not have access to the "County of Orange" tab on HMIS, you may have to reach out to your Agency Administrator, data team, or SPA Admin for help.

ted

2

ted

ted

Adult. Age:

None

d)

'o



UNIQUE IDENTIFIER

CHECK-IN

COMMUNITY QUEUE

Client has an active entry on the Community Queue: Coordinated Entry System

VIEW DETAILS

Nancy Nguyen, County of Orange

AD REFERRALS

NN

CHECK-IN

COMMUNITY QUEUE

Client has an active entry on the Community Queue: Coordinated Entry System

VIEW DETAILS 3

NOTES

NN ↳ Reply from Nancy Nguyen @ County of Orange Dec 8, 2025 at 04:14 PM

4 [ices referral hold] LOH needs further verification to support the reported approximate start date of homelessness. Months needed for additional verification are: Current month/2022-06/2023; 09/2023-01/2024. DCV accepted. Self-reported LOH start date: 01/2008. *Needs: financial docs

OC INDIVIDUAL COORDINATED ENTRY SYSTEM

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When to Exit Participants from ICES

To ensure accurate data quality, Access Points are required to 1) remove Participants from the CQ **AND** 2) exit from CES Program Enrollment within a 6-day period for any, but not limited to the following reasons:

- No contact for 90 days or more.
 - Residing in an institution for 90 days or more (e.g., incarceration, care facility, hospitalization).
 - Household has relocated outside of Orange County, CA
 - Household is housed outside of CES
 - Household declines participation in CES.
- If a Household is active with other Access Points in HMIS, **DO NOT** exit from ICES without consulting. Instead, Access Points should reach out to the active APs to notify of the program exit, change the Access Point in the ICES enrollment, and update Assigned Staff.
 - Access Points should add/remove themselves from ICES Assigned Staff in HMIS when services with participant begin/end.

*Reminder: If a Participant *is* housed through CES, Access Points should **not** be exiting from ICES. That is the responsibility of the Housing Provider.



For more details, please see flyer: <https://ocices.org/project/ces-exit-guidance-for-access-points-and-housing-providers/>



ICES Fundamentals

BED RESERVATION OVERVIEW

Individual Coordinated Entry System

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ICES Bed Reservation System

PURPOSE

The purpose of the Bed Reservation System is to streamline access to Emergency Shelter programs offered by participating Shelter Providers to make connection to shelter fair, equitable, coordinated, and timely for households experiencing homelessness.

Overview

There are three key roles that an agency may have pertaining to the Bed Reservation System:



ACCESS POINTS

Place and maintain households on the Bed Reservation Queue.



ICES

Prioritize and refer households to available shelter opportunities.



SHELTER PROVIDERS

Makes shelter opportunities available in HMIS and conducts shelter intakes.

Participating Emergency Shelters

Bridges at Kraemer Place – North SPA

Yale Navigation Center – Central SPA

Alternative Sleeping Location – South SPA

Prioritization for ICES Bed Reservation

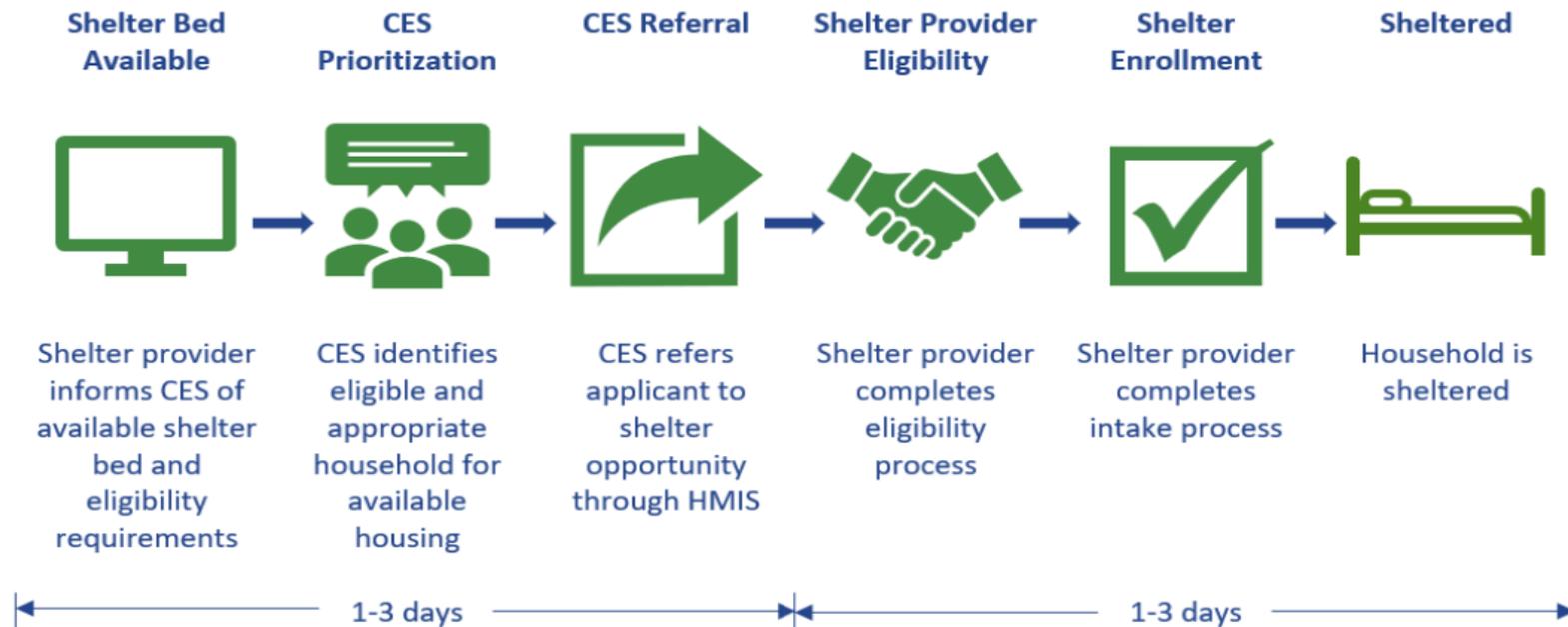
The Bed Reservation System follows the current Coordinated Entry System (CES) Prioritization structure.

Prioritization will be given to Households with Chronic Homelessness, sorted by Length of Homelessness, then Households with only Disabling Condition, sorted by Length of Homelessness, then finally, Households who are Literally Homeless, sorted by Length of Homelessness.

To read more about the current Coordinated Entry System Policies and Procedures, you can find the approved Policies at [OC CES Partner Resources and Documents](#).

Bed Reservation System: Shelter Timeline

SHELTER BED RESERVATION TIMELINE



Bed Reservation System: Access Point Referral Timeline

Access Point



Bed Reservation System: Required Documentation

Ensure a Third-Party Homeless Verification Form is uploaded for a household's most recent episode of homelessness.

Participants without uploaded homeless verification are automatically removed from the Bed Reservation Queue.

PROFILE HISTORY SERVICES PROGRAMS NOTES **FILES** CONTACT LOCATION REFERRALS

UPLOAD A FILE

Category Coordinated Entry Documentation ▼

Predefined Name Homelessness Verification: Third Party ▼

File Select File

Trouble attaching files? Switch to the Basic Uploader

Private

ADD RECORD CANCEL

Bed Reservation System: Maintaining Referral

****IMPORTANT****

The "Needs Bed Reservation Assistance" service should be completed in HMIS by the end of the 6th day.

- The service should only be completed under the Head of Household.

NOTE: If this service is not added on a weekly basis, the household's referral to the BRQ may expire.

PROGRAM: FAMILY COORDINATED ENTRY SYSTEM

Enrollment History **Provide Services** Events Assessments Notes Files

X Exit

Services

Bed Reservation Wait List

Case Management ▾

COVID-19 Hotel/Motel ▾

Needs Bed Reservation Assistance ▲

Event Date: 02/20/2024 

Service Note :

B *I*  

SUBMIT

RESOURCES

- For more information on CES from the Office of Care Coordination please click [here](#)
- For a current list of CES documents, please click [here](#).
- For CES Policy and Procedures, please click [here](#)
- For information on the CES Shelter Bed Reservation System, please click [here](#)
- For the ICES team website and resources, please click [here](#)
- For Knowledge Base Articles regarding HMIS via 211, please click [here](#)

Q&A

For more information, come to virtual office hours or visit our website at OCICES.ORG.



THANK YOU!