Individuals CES

Complete Program Overview

Content Overview

PART 1: ICES Access Point Roles and Responsibilities

PART 2: ICES Workflow

PART 3: Data Corrections

PART 4: Sample Scenario

OC INDIVIDUAL
COORDINATED ENTRY SYSTEM

Individual CES

Visit our website at: OCICES.ORG

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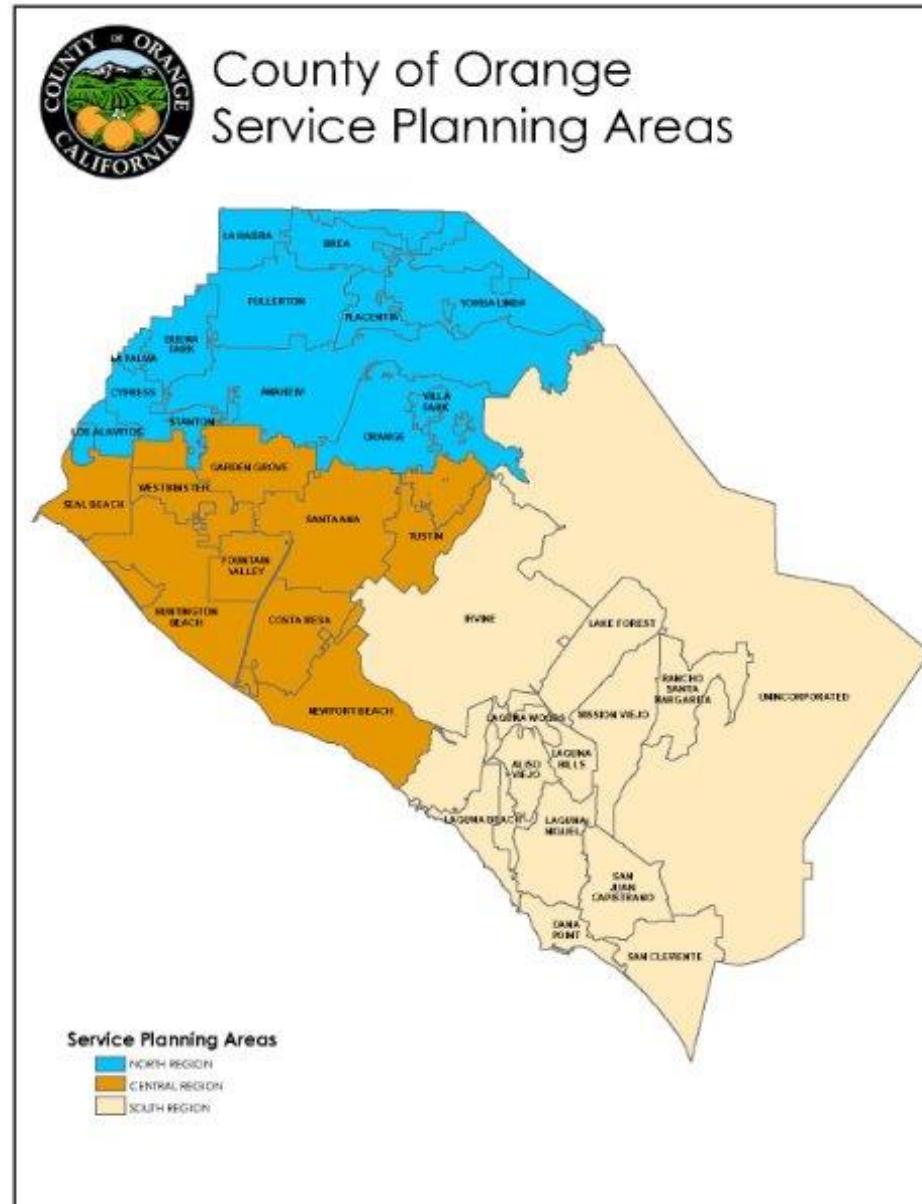
CES Access Point Agency Agreement

All CES Access Point Agencies are required to sign the Agency agreement to participate in ICES.

Access Point Requirements

1. Each Access Point must send at least one agency representative to the weekly Match Meeting to represent the housing needs of the agency's participants, and will attend every special population meeting (Veterans, Families, Individuals, or Transitional Aged Youth) as applicable to their participants.
2. All CES participating Access Points staff must obtain both HMIS and CES authorization prior to discussing a household's Personal Identifying Information (PII).
3. CES is a housing focused, person centered process. Access Points are expected to uphold these practices and embrace Housing First principles.
4. All Access Points must be HMIS participating agencies with full access and comply with all HMIS Policies and Procedures. In addition, staff will be required to complete CES HMIS training prior to gaining access to the CES project.
5. Access Points will be expected to maintain accurate and timely data in HMIS including, but not limited to:
   a. Creating client profiles
   b. Enrolling households into CES
   c. Conducting CES Assessments
   d. Adding and removing households to and from the community queue
   e. Exiting households from CES
   f. Updating the Access Point information as necessary
   g. Updating Case Managers in the Care Team in HMIS
   h. Updating the Current Living Situation

Updated 03/06/2023

6. Access Points will be required to correct their own data quality issues as needed.
7. Access Points must communicate regularly and proactively with CES Administrators and Housing Providers.
8. Access Points will be required to have their agency's information on the 2-1-1 resource database along with any programs that would be open for referrals from 2-1-1. Access Point information will be verified and updated annually.
9. (Optional) Access Points are encouraged to attend CES Steering Committee meetings to discuss CES related policies and procedures.

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Knowledge Check

CES Access Point staff should understand the following:

- HUD definitions of Literal Homelessness, Chronic Homelessness and Disability.
- HUD definition for a break in homelessness, including defining institutional stays.
- Who has been identified the agency's HMIS Administrative contact.

By the end of this training, attendees should be able to identify:

- How to correctly complete the ICES enrollment screen fields.
- Know which documents are required and or recommended for CES participation.
- Know how to correctly complete third-party homeless verification including when to attach agency letters.
- Understand ICES Community Queue (CQ) prioritization and how to refer to the ICES CQ.
- Know where to locate the referral to the CQ and review referral notes.
- Understand how to fix enrollment screen and/or documentation errors.
- How to access and review the weekly prioritized list emails and attend ICES Virtual Office Hours.
- How access and attend the CES Match Meetings and which SPA meetings to attend.
- Understand post-match meeting steps after verbally accepting a match.

Part 2: ICES WORKFLOW

- ✓ ICES Program Enrollment
- ✓ Homelessness Documentation
- ✓ Housing Planning
- ✓ Assessment & Referral
- ✓ Match Meetings
- ✓ Match Confirmation and Housing Navigation
- ✓ ICES Data Standards for Participation

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ICES WORKFLOW:
ICES PROGRAM ENROLLMENT

- ✓ ICES Program Enrollment
- ✓ Homelessness Documentation
- ✓ Housing Planning
- ✓ Assessment & Referral
- ✓ Match Meetings
- ✓ Match Confirmation and Housing Navigation
- ✓ ICES Data Standards for Participation

Number of Times Homeless

- It records the number of times the client has been on the streets, in emergency shelters, or in safe havens in the past three years, including today.

  - **Project Type Applicability:** All Programs - All Components
  - **Data Collected About:** Head of Household and Adults
  - **Collection Point:** Project Start

KNOWLEDGE BASED ARTICLE
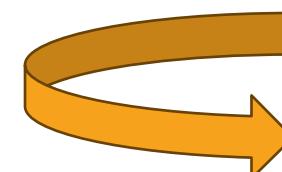
Click on the link to view step-by-step instructions.

ICES Program Enrollment:

Enrollment Fields for Community Queue (CQ)

(3) 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 <u>CURRENT EPISODE</u> of Homelessness.

3. Number of times on the streets, in ES, Safe Haven in the past three years =
number unique homeless episodes (not shelter stays).

PRIOR LIVING SITUATION

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
Approximate Date This Episode of Homelessness Started	08/05/2015
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

PRIOR LIVING SITUATION

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
Approximate Date This Episode of Homelessness Started	10/14/2019
Number of times on the streets, in ES, or Safe Haven in the past three years	Two Times
Total number of months homeless on the streets, in ES, or Safe Haven in the past three years	More than 12 Months

If the current episode began in **2019**, 'Number of times on the street, in ES etc., should = **ONE**

# ICES WORKFLOW:
ADDING HOMELESSNESS DOCUMENTATION

- ✓ ICES Program Entry
- ✓ Homelessness Documentation
- ✓ Housing Planning
- ✓ Assessment & Referral
- ✓ CQ Referral
- ✓ CQ Prioritization
- ✓ Match Confirmation and Housing Navigation
- ✓ ICES Data Standards for Participation

Adding Required Documentation

Step 1: Search for the *Client Profile* for the client you want to add documents under, and click the *Edit* icon. Documents should be added to the Head of Household's record. Please visit our Knowledge Base article on Searching for Client Records for more details.

SEARCH FOR A CLIENT			ADD CLIENT ⊕
Banana1		1	SEARCH

Enter your search terms above to search for a client. Use full name, partial name, date of birth or any combination.

		Date of Birth	Last Four SSN	Last Updated
2 ⧉ Banana1 Pajamas		06/15/99	0000	08/15/19

Edit

Step 2: Click on the *Files* tab of the client record, and click on the *Add File* icon.

Banana1 Pajamas
PROFILE   HISTORY   PROGRAMS   ASSESSME 1 FILES   SERVICES   CONTACT   LOCATION

CLIENT FILES	2 ADD FILE ⊕
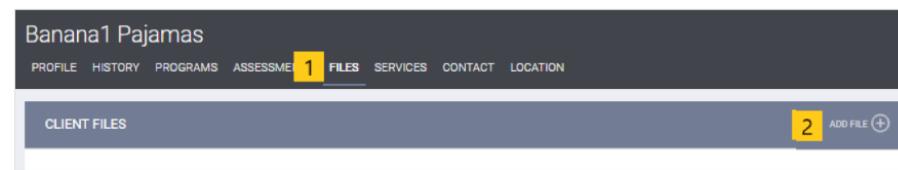
Step 3: Select the following information on the *Upload a File* section, and click *Add Record*.
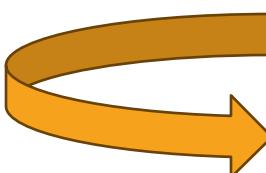
KNOWLEDGE BASED ARTICLE

Click on the link to view step-by-step instructions.

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COORDINATED ENTRY SYSTEM

HOUSING DOCUMENTS

[Download this form from OCgov.com]

Required for CES participation

REQUIRED COORDINATED ENTRY SYSTEM DOCUMENTS

☐ Verification of Homelessness

Required when a participant reports:
- Any disability
- HUD's definition for Chronic Homelessness

CONDITIONALLY REQUIRED COORDINATED ENTRY SYSTEM DOCUMENTS

☐ Verification of Disability
☐ Verification of Chronic Homelessness

Required by Housing Providers upon receiving a housing referral.

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:
WHERE TO LOCATE CES FORMS

✓ Agency Homeless Verification, Third-Party

✓ Homeless Verification, Self-Certification

✓ At-Risk of Homelessness Verification

✓ Universal PHA Disability Verification

✓ PHA FAQS

CES PARTNER DOCUMENTS AND RESOURCES

CES Partner Documents can be found at OCgov.com

Hint: bookmark the linked page to your web browser

- 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?

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COORDINATED ENTRY SYSTEM

ADDING HOMELESSNESS DOCUMENTATION:

AGENCY THIRD PARTY FORM

"Agency services began on..."
- Date any services began to end date or "current."

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

"This household reports the following...:
List each self-reported living situation (street, motel, couch, shelter etc.) since their homelessness began.

Preferred use for CES Access Points Only

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 _____. Agency services began on _____ and included
          City   Date
the following services: _____
_____
_____.

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: _____

version 5/1/2024
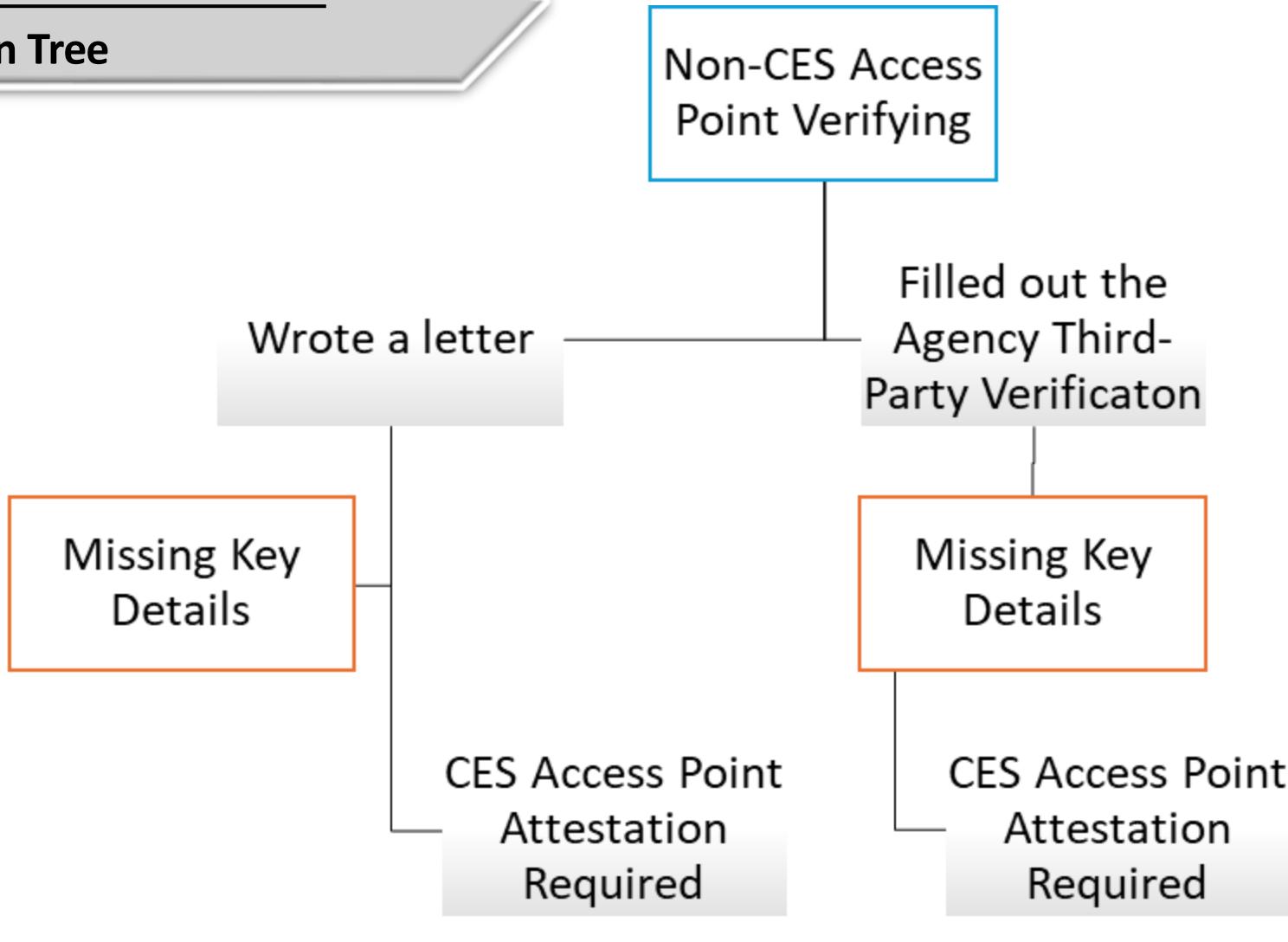
Instructions for Non-CES Access Points

Non-CES verifiers must include:

- When (in months) they encountered the participant.
- Where encounter(s) took place.
- What services were provided.
- How they have knowledge the participant was homeless at the time.

All homelessness verifications from non-CES approved sources require a letter of attestation completed by the Access Point to support it.

Sample Non-CES Access Point Verification Letter

(What) My name is ___. I have known (participant name) since (**Month/Year**). During the entire time I've known them, (participant) has been **living on the street**. I provided (participant name) with (**list services**) at least one time, during the months below:

(When)
- August 2021 – (locations)
- September 2021 – (locations) (Where)
- October 2021- (locations)
- November 2021 – (locations)

OR the verifier can make the following statement:

(How) My name is___. I have known (participant name) since (**Month/Year**) and I have provided (participant name) at least one time, each month from that date up to this month. I met them at (**list locations**) and provided (**list services**). They appeared to be homeless on the street for the entire time I've known them.

Friendship Shelter
OPENING DOORS SINCE 1988

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 professional opinion that this client does meet the definition of literal homelessness since (reported start date of this episode of homelessness).

Thank you,

Case Worker Name
Title
Organization
Email address
Phone number

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CES Access Points can download this template from the ICES Website here.

DISABILITY VERIFICATION

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.

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:

- ☐ Substance use disorder
- ☑ Serious Mental Illness
- ☐ Developmental Disability (As defined by 42 U.S.C. 15002)
- ☐ Post-Traumatic Stress Disorder
- ☐ Cognitive impairments resulting from brain injury
- ☑ 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 #	

UNIVERSAL DISABLING CONDITION

<u>Does not expire.</u>

Accepted by all PHAs.

CES Access Points complete upper left 'Service Provider,' information.

Knowledgeable Professional is defined as a state licensed clinical professional.

VERIFICATION OF DISABILITY FOR ORANGE COUNTY, CA AREA

☐ SERVICE PROVIDER Access Point Agency	HOUSING AUTHORITY USE ONLY:
ADDRESS_____	PHA DESIGNATED HEAD OF HOUSEHOLD:
EMAIL_____	_____
PHONE_____ FAX _____	TENANT ID_____
CONTACT_____	☐AHA ☐GGHA ☐OCHA ☐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. <u>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.</u> 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 <u>or</u> can be expected to last for a continuous period of not less than 12 months; <u>or</u> 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." <u>Or</u> 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 indefinitely and constitute as a "substantial disability" for the individual as defined by Title 17, Section 54321 of the

Recommended Forms and Documents

City Resident Documents

- City residency documents are NOT required before a match to a project with a city preference.
- Missing or minimal evidence of city residency may delay or prolong a match referral.
- Examples of residency documents:

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 applicable).

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

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

☐ **LAST PERMANENT HOUSING WAS IN ANAHEIM <u>AND</u> 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 to meet urgent safety and basic needs that could not be met in Anaheim. Please attach <u>one</u> of the documents **in each category** listed below. **Please note that verification must clearly show the Anaheim connection just prior to their shelter placement outside of Anaheim:**

CATEGORY 1:
- Documentation of last permanent address just prior to becoming homeless was in Anaheim (utility bill, rental agreement, eviction documents); <u>AND</u>

CATEGORY 2:
- Documentation of when homeless services began, including:
  - Homeless verification letter on agency letterhead documenting outreach services in Anaheim, shelter provider name, shelter address, and dates of current shelter placement; <u>or</u>
  - Shelter intake documentation demonstrating referral source and location; <u>or</u>
  - Homeless Management Information System program enrollments showing Anaheim outreach program and shelter program names and program enrollment dates.

☐ **SHELTERED IN ANAHEIM:** An adult in the household is living in a shelter in Anaheim for people experiencing homelessness (includes emergency shelter, recuperative care, motel placement paid by a governmental or nonprofit agency, and transitional housing) <u>AND</u> was experiencing unsheltered homelessness in Anaheim or was last permanently housed in Anaheim prior to being referred to the shelter. Please attach <u>one</u> of the verification documents below:
- Shelter intake documentation demonstrating referral source and location; <u>or</u>
- Homeless Management Information System program enrollments showing Anaheim outreach program and shelter program names and program enrollment dates.

☐ **SHELTERED OUTSIDE OF ANAHEIM BUT WAS HOMELESS IN ANAHEIM:** An adult in the household was experiencing homelessness in Anaheim then placed in shelter outside of Anaheim to meet urgent safety and basic needs that could

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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

[*<u>Residential addresses only</u>. 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)

☐ <u>**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.**</u>

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: <u>XXX-XX-</u>_____ **OR** DATE OF BIRTH: _____

Certification of Homeless Residency 07/2020

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To be included on a prioritized list for an Anaheim, Garden Grove or Santa Ana program:

- Their prior city is one of the three cities.

- The city resided in at CES program entry is one of the three cities.

- An assessment location was recorded as one of the three cities.

- Work or school ties captured in the ICES Enrollment

ICES Enrollment Screen: prior city and city at entry:

Prior City	Buena Park

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.

What city were you in immediately prior to entry into this project?	Buena Park

Individual CES Assessment Location

INDIVIDUAL CES ASSESSMENT

Assessment Date	07/16/2024
Assessment Location	Santa Ana
Assessment Type	In person
Assessment Level	Housing Needs Assessment

Current Living Situation Assessment Location

Current Living Situation	Emergency shelter, including hotel or motel paid for with emergency shel...
Living Situation Verified By	Buena Park Emergency Shelter
Location Details	
Optional Geolocation	ADD LOCATION

ICES Enrollment Screen: School or Work City Ties

Are you or your household member currently employed or go to school in the city of Anaheim, Garden Grove, and/or Santa Ana?	Select

ICES WORKFLOW:
HOUSING PLANNING

What is Housing Planning?

- Exploring Housing Intervention Options:
  - RRH, Permanent Housing, Permanent Supportive Housing.

- ICES Assessment Questions for Housing Planning:
  - Preferred housing interventions.
  - Answer ADA accommodations questions as needed.

- Collection of vital documents:
  - ID, Social Security Card/Perm. Resident Card, Birth Cert.
  - Income statements from past 90-days.
  - Employment earnings statement with TYD earned.
  - Transcripts showing PT or FT status.

Permanent Housing Resources Overview

The Orange County Coordinated Entry System (CES) refers to many permanent housing programs in Orange County. There are three types of permanent housing opportunities that are prioritized and made available through CES: (1) rapid rehousing, (2) other permanent housing and (3) permanent supportive housing. The list of permanent housing programs currently accepting referrals through CES is attached based on the 2021 Housing Inventory Count for the Orange County Continuum of Care. There may be additional programs that begin accepting referrals through CES throughout the course of the year.

Permanent Housing Resource	Rental Assistance		Supportive Services
Rapid Rehousing (RRH) RRH provides time limited-rental assistance paired with time-limited supportive services. There is no minimum income requirement for participating in RRH. The goal of RRH is to increase or maintain income to be able to keep paying rent after the rental assistance ends.	Short-Term Medium-Term Long-Term	Up to 6 months Up to 12 months Up to 24 months	Time Limited Supportive Services
Other Permanent Housing (OPH) OPH includes ongoing rental assistance with the tenant paying 30% of their income towards housing. This housing assistance comes with limited to no supportive services.	Ongoing Rental Assistance		Minimal to No Supportive Services
Permanent Supportive Housing (PSH) PSH provides ongoing rental assistance with intensive ongoing supportive services. Participation in supportive services is voluntary. Households experiencing chronic homelessness are primarily prioritized for PSH.	Ongoing Rental Assistance		Ongoing Supportive Services

ICES WORKFLOW:
HOUSING PLANNING

OC INDIVIDUAL
COORDINATED ENTRY SYSTEM

[*Universal PHA Application*]

What is Housing Planning?

- Exploring Housing Intervention Options:

  o RRH, Permanent Housing, Permanent Supportive Housing.

- ICES Assessment Questions for Housing Planning:

  o Preferred housing interventions.

  o Answer ADA accommodations questions as needed.

- Collection of vital documents:

  o ID, Social Security Card/Perm. Resident Card, Birth Cert.

  o Income statements from past 90-days.

  o Employment earnings statement with TYD earned.

  o Transcripts showing PT or FT status.

Verification Documents	Complete	N/A
Identification		
Social Security Card		
Current State-issued Driver License or other government issued Picture ID		
Birth Certificate/Legal Residency Verification (Resident Alien Card (green card) / I-94 Amnesty Card / Passport)		
Earned Income		
Employment Verification (3 months of consecutive paystubs)		
Cash Employment (Cash payment history &most current tax return or IRS non-filling verification (if applicable))		
Self-employment verification (2 years of most recent complete tax returns including schedule C)		
Other:		
Other Income (Documents dated within 30 days)		
Social Security / SSI - Most current benefit statement or award letter		
Pension - Most current benefit statement		
Alimony – Divorce documents specifying amount or letter from paying party certifying amount paid		
Child Support – Documentation specifying amount or letter from paying party certifying amount		
Food Stamps or Cash Aid (TANF/AFDC) – Most current benefit statement		
Unemployment (EDD) – most current benefit statement		
Disability – Most current benefit statement		
Veteran's benefit – Most current benefit statement		
Worker's compensation – Most current benefit statement		
Other:		
Assets		
Last 3 months' consecutive bank statement for checking and savings accounts – All pages		
Most recent statement for all other types of asset (IRA, 401(k), CD, stock, bond, investment, annuities, etc.)		
Life insurance: statement / letter showing cash value / surrender value		
Income Tax Return filed within the last 12 months, form 1040, including W2 or 1099		
If any member of the family has given away or disposed of assets valued at more than $1,000 for less than fair market value during the past 2 years: all documents of sale, transfer, bankruptcy, or foreclosures including documents showing any net monetary gain from the transaction.		
Mobile Home Owners must bring pink slip, current registration and outstanding loan balance documentation		
Other:		
Other		
Medical expenses: if you have significant medical expenses, please provide pharmacy printouts, receipts for medical services and/or supplies, medical/dental premium statements, etc. for the last 12 months.		
Students (if applicable) – current class schedule / financial aid award letter / unofficial transcript		

ICES WORKFLOW:
ASSESSMENT & REFERRAL

O C INDIVIDUAL
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- ✓ ICES Program Entry
- ✓ Homelessness Documentation
- ✓ Housing Planning
- ✓ Assessment & Referral
- ✓ Maintaining CQ Referrals
- ✓ Match Confirmation and Housing Navigation

Adding Households to the Community Queue

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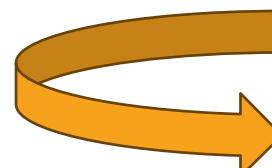
KNOWLEDGE BASED ARTICLE

Click on the link to view step-by-step instructions.

ICES WORKFLOW:
MAINTAINING REFERRALS ON THE COMMUNITY QUEUE

For participants enrolled in ICES:

- Complete a Current Living Situation Assessment every 90-days or less.

- The Current Living Situation Assessment can be found under the 'Assessments' tab of the ICES program enrollment.

To learn more about completing a Current Living Situation Assessment click here.

Maintaining Households on the Community Queue

- It is the Case Manager's responsibility to check in with any households they have placed on the Community Queue.
- A household on the Community Queue for more than 90 days with no activity, will be automatically removed.
- To keep households active on the Community Queue a case manager can do any of the following:
  - "Check-In" on the Referral page
  - Add a Note to the Head of Household's record
  - Update the Current Living Situation
  - Add a Coordinated Entry Event

2-1-1
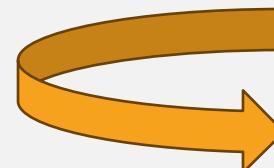
Knowledge Based Article

Click on the link to view step-by-step instructions.

PRIORITIZATION OF THE COMMUNITY QUEUE

OC INDIVIDUAL
COORDINATED ENTRY SYSTEM

OC CoC Approved CES Prioritization Structure

1. Chronic Homeless Group
2. Literal Homeless Group, Documented Disability
3. Literal Homeless Group, No Documented Disability
4. At-Risk of homelessness

Chronic Homeless

Literal Homeless, Disabled

Literal Homeless, No documented disability

At-Risk or Missing LH Verification
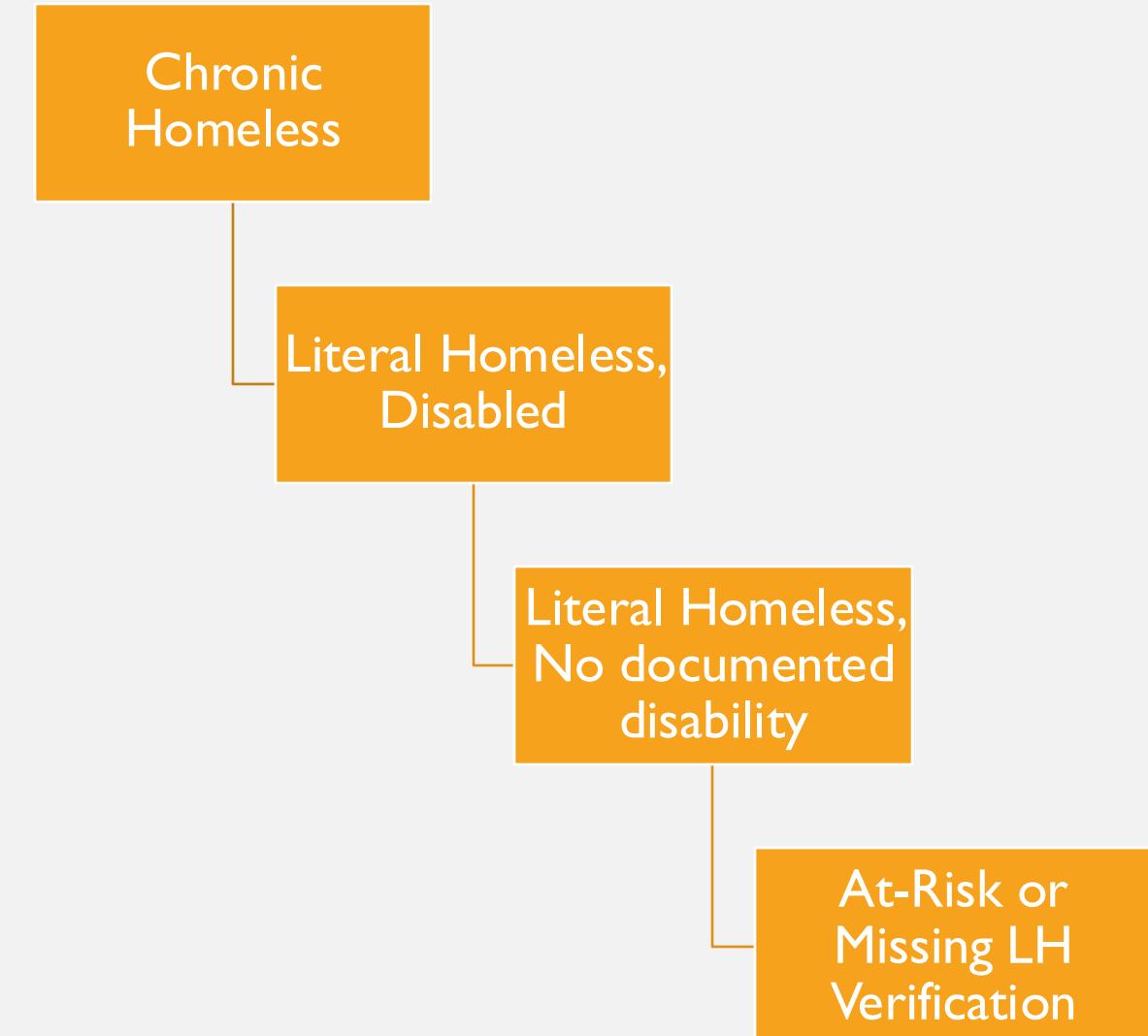
PRIORITIZATION OF THE COMMUNITY QUEUE

Data Entry for CES Prioritization Structure

1. **Chronic Homeless Priority Group Requires**
CH Verification + DC Verification uploaded to participants HMIS profile

2. **Disabled Priority Status Requires**
DC verification uploaded to participants HMIS profile

3. **At-risk Priority Status**

- CES Enrollment field, Prior Living Situation,' reported as a non-literal homeless situation.
- At-Risk of Homelessness Verification Form added to HMIS file.
- Current Living Situation Assessment location set to a non-literal homeless situation.

[Participant File Labels]

Coordinated Entry Documentation:Chronic Homelessness Verification

AND

Coordinated Entry Documentation:Disability Verification: Verification from Licensed Professional

[ICES Program Entry Field]

DISABLING CONDITIONS AND BARRIERS

Disabling Condition | Yes ⌄

[Shelter Program Enrollment]

Yale Navigation Center
Emergency Shelter – Entry Exit   08/30/2024   **Active**
PATH

PRIORITIZATION OF THE COMMUNITY QUEUE

OC INDIVIDUAL
COORDINATED ENTRY SYSTEM

Data Entry for CES Prioritization Structure

Housing Opportunities that require MHSA Eligibility include participants who are MHSA Certified and MHSA Eligible. Those who are MHSA Eligible are included if they have marked "YES" to mental health in their ICES Enrollment Screen.

[ICES Enrollment Screen: DISABLING CONDITIONS AND BARRIERS]
If marked **_Yes_**, Participants will be eligible and included in the prioritization for MHSA requiring opportunities

| Mental Health Disorder | Yes ⌄ | Long Term | Yes ⌄ |

MHSA Certification is completed by the Health Care Agency. Steps on how to obtain MHSA Certification can be found at:
https://ocices.org/
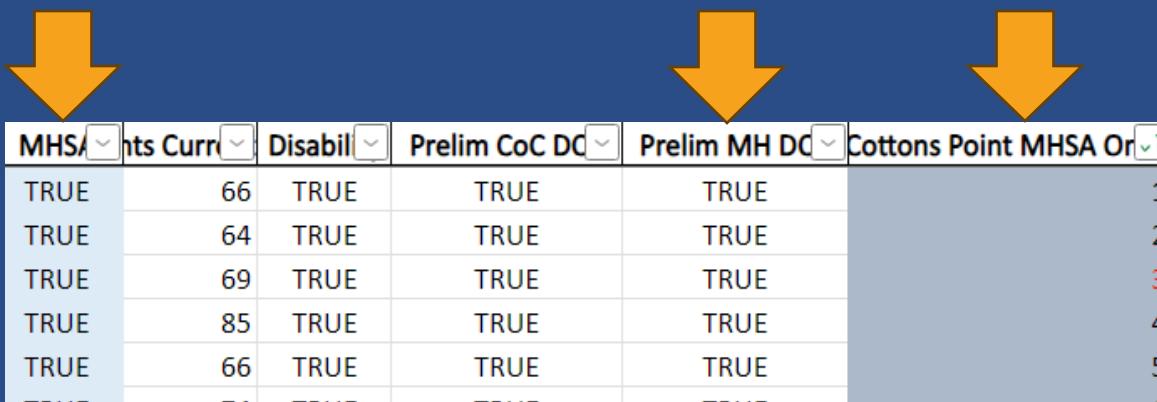
MHS⌄	ts Curr⌄	Disabil⌄	Prelim CoC DC⌄	Prelim MH DC⌄	Cottons Point MHSA Or⌄
TRUE	66	TRUE	TRUE	TRUE	1
TRUE	64	TRUE	TRUE	TRUE	2
TRUE	69	TRUE	TRUE	TRUE	3
TRUE	85	TRUE	TRUE	TRUE	4
TRUE	66	TRUE	TRUE	TRUE	5
TRUE	74	TRUE	TRUE	TRUE	6

DYNAMIC PRIORITIZATION

Dynamic Prioritization Request

Requests must...

- Be submitted via the dynamic match form.

- Be submitted before the deadline.

- Cite a housing program available that week.

- Included a participant eligible for the housing program.

- Resolve any data or documentation errors first.

- Be approved by the ICES team.

- Approved requests will meet the following criteria:
  - Facing immanent threats to health and safety.
  - Requires a critical time intervention:

75% of the attendees must vote YES by meeting poll.

OC INDIVIDUAL COORDINATED ENTRY SYSTEM

Coordinated Entry System Dynamic Match Procedure

The purpose of dynamic matching is to identify gaps and exceptional vulnerabilities that are not captured through the typical prioritization process.

Housing readiness and requests for direct matches will not be considered for a dynamic match unless exceptional vulnerabilities are provided. CES prioritizes individuals and families with the longest length of homelessness in the community with the highest service needs. Approved submissions of dynamic matching can provide exceptions to the typical prioritization process through case conferencing, and as appropriate, to meet specialized participant needs of exceptionally vulnerable participants.

A request for dynamic matching does not guarantee a match to a housing opportunity

How to Make a Request

All Dynamic Match Requests are submitted via Microsoft forms

Individual Coordinated Entry System [https://forms.office.com/r/SLBsXJ9LQT]
Family Coordinated Entry System [https://forms.office.com/r/RggzH4qeL5]

- Please provide complete, detailed information: participant UID, desired housing opportunity, homelessness history, participant's exceptional vulnerabilities, and current episode of homelessness
- Participants must be eligible for the housing opportunity requested
- Request forms must be submitted three hours before the respective match meeting for the Coordinated Entry Administrators to review and respond
- Upon approval by the Coordinated Entry Administrators, all dynamic match requests will require group consensus during the match meeting

If you have any questions or concerns please feel free to contact us at:

Individual Coordinated Entry System — Dynamicmatch@ocices.org
Family Coordinated Entry System — FamilyCES@oc-fsc.org

DYNAMIC PRIORITIZATION

Dynamic Prioritization Process

1. Submit requests via the Google Form link prior to the deadline.

2. CES Teams will review together and approve or deny.

3. CES SPA Administrator will email the requestor with an approval or denial statement and include next steps.

4. If approved, the Access Point will attend the match meeting and present their request when it's time to match the housing opportunity.

5. The SPA Administrator will open a polling app and collect sufficient votes as are needed to approve or deny.*

6. If approved, the participant can be matched.

*75% of the attendees must vote YES by meeting poll.

OC INDIVIDUAL
COORDINATED ENTRY SYSTEM

Coordinated Entry System Dynamic Match Procedure

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ICES WORKFLOW:
ICES MATCH MEETINGS

- ✓ ICES Program Entry
- ✓ Homelessness Documentation
- ✓ Housing Planning
- ✓ Assessment & Referral
- ✓ CQ Referral
- ✓ ICES Match Meetings
- ✓ Match Confirmation and Housing Navigation
- ✓ ICES Data Standards for Participation

Monitor ICES Communications:

- Ensure you or your staff are included in the CES Directory
- ICES Match Meeting Information sent out each Monday before 5PM

Know Which Match Meetings to Attend

- Review weekly prioritized housing program tabs
- Review the housing opportunities grid for program details

Attend Match Meetings & Accept Matches

- Know which opportunities fit the participant's goals
- Provide updates if needed (hospitalizations, exits, etc.)

ICES MATCH MEETING INFORMATION

- All Individual CES Match Meetings are held virtually via Webex – please create an account.

- The OC CES password required to participate and view match materials.

- CES Access Point must be present to accept any housing matches.

ICES Virtual Office Hours

ICES SPA Administrators are available for an hour for case conference support, general CES questions and more!

Central SPA ICES Match Meeting

- **Tuesdays from 11:00AM-12:00PM**

- Dynamic prioritization requests must be submitted before 8:00AM

North SPA ICES Match Meeting

- **Wednesdays from 11:00AM-12:00PM**

- Dynamic prioritization requests must be submitted before 8:00AM

South SPA ICES Match Meeting

- **Thursdays from 11:00AM-12:00PM**

- Dynamic prioritization requests must be submitted before 8:00AM

ICES Virtual Office Hours

- **Wednesdays & Thursdays from 1:00PM-2:00PM**

- Optional technical assistance support

ICES WORKFLOW:
MATCH CONFIRMATION & NAVIGATION

- ✓ ICES Program Entry
- ✓ Homelessness Documentation
- ✓ Housing Planning
- ✓ Assessment & Referral
- ✓ CQ Referral
- ✓ ICES Match Meetings
- ✓ Match Confirmation and Housing Navigation
- ✓ ICES Data Standards for Participation

[ICES] Match Confirmation Email_Project Name_date

To: ● Elizabeth Perez; ○ Vannessa Guillen   Tue 9/10/2024 12:36 PM
Cc: CoordinatedEntry <CoordinatedEntry@ocgov.com>; **+3 others**

❗ High importance

📊 Match Grid_South Pointe Apart...   ⌄
   17 KB

Greetings,

This email is to notify you that a match(es) has been made to the South Pointe Apartments in Costa Mesa.

CES Access Point Instructions:

Please coordinate with Housing Provider contact(s) below to schedule a screening for this opportunity:

Vannessa Guillen - vannessag@mercyhouse.net
Elizabeth Perez - elizabethp@mercyhouse.net

Please notify the Housing Provider Point of Contact(s) if you are unable to locate the participant or they no longer desire to move forward with the opportunity.

Attachments:
Match Grid_Southe Point Apartments_09.10.24

Review the attached program match grid for your participant information **prior** to informing them of a match.

HOUSING NAVIGATION & COORDINATION

- Each match will have a lead housing navigator and may have back-up navigation staff as needed.
- ALL contacts on the grid are expected to communicate and support the match by working through the LEAD.
- DO NOT ask to be added on a match simply to be informed of the status.

Lead Navigator

Takes the lead in communicating with Housing Providers

Coordinates with back-up contacts

Back-Up Navigation

Communicates with Lead Navigator to offer support.

May step in as Lead Navigator as needed.

SPA	Housing Type	City Ties	Match ID	Housing Provider	Homeless Status	Eligibility and Accessibility	Housing Notes	UID	Full Name	Match Agency	Lead Navigator Name	Lead Navigator Email	Back-Up Navigation	Back-Up Navigation Emails
Central	RRH		PATH ESG RRH-1	PATH	Literal	Literal Homelessness; 30% AMI	PATH ESG RRH: Is a short-term Rapid Rehousing program	participant UID	participant name	HCA	Armin Salamati	asalamati@ochca.com	Tammy Waitman; Quang Dao	twaitman@ochca.com; qdao@ifhomeles
Central	RRH		PATH ESG RRH-2	PATH	Literal	Literal Homelessness; 30% AMI	PATH ESG RRH: Is a short-term Rapid Rehousing program	participant UID	participant name	PATH	George West	georgew@epath.org	Michael Arrieta, Kassandra Munoz, Courtney	michaelar@epath.org; kassandram@ep

ICES WORKFLOW:
ICES DATA STANDARDS FOR PARTICIPATION

✓ ICES Program Entry
✓ Homelessness Documentation
✓ Housing Planning
✓ Assessment & Referral
✓ CQ Referral
✓ ICES Match Meetings
✓ Match Confirmation and Housing Navigation
✓ ICES Data Standards for Participation

OC INDIVIDUAL COORDINATED ENTRY SYSTEM

Must send at least one representative to accept a match.

Add/Remove households from the CQ as needed.

Exit households from their program and ICES as needed.

Update the Care Team field as needed.

Complete a Current Living Situation Assessment every 90-days or less.

Access Points must correct their own data quality issues as needed.

OC INDIVIDUAL
COORDINATED ENTRY SYSTEM

Community Queue Errors and Referral Holds

- Participants with ICES program enrollment screen or homeless verification documentation errors are marked in **RED text** on the ICES Community Queue.

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

- Full referral notes can be located under the History tab -> Referral: Coordinated Entry System Community Queue (or hover over the bubble).
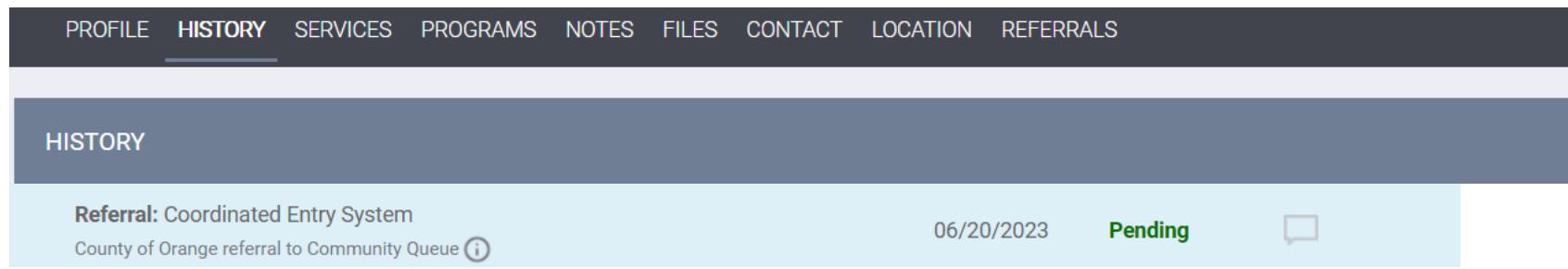
PROFILE **HISTORY** SERVICES PROGRAMS NOTES FILES CONTACT LOCATION REFERRALS

HISTORY

Referral: Coordinated Entry System
County of Orange referral to Community Queue ⓘ   06/20/2023   **Pending**   💬

Community Queue Errors and Referral Holds

"[ices] referral hold: needs more homeless verification."
"[ices] referral hold: enrollment screen error."

Enrollment screen errors affect the prioritization of the community queue.

Enrollment screen errors:
- The number of literal homeless episodes in the past three years is more than one when the current episode recorded is greater than three years ago.
- Reporting "Data not collected, client doesn't know, client prefers not to answer," for any fields.

Homeless Verification Missing:
More homeless verification may be needed to support the length of homelessness reported.
- For start dates of the current episode stretching back more than three years, provide verification of all months of literal homelessness going back three years to the present month.

Locating Notes about Errors and Referral Holds

1. Open the participant's HMIS profile
2. Go to History, find the Referral: Coordinated Entry System
3. Click the 'edit' button
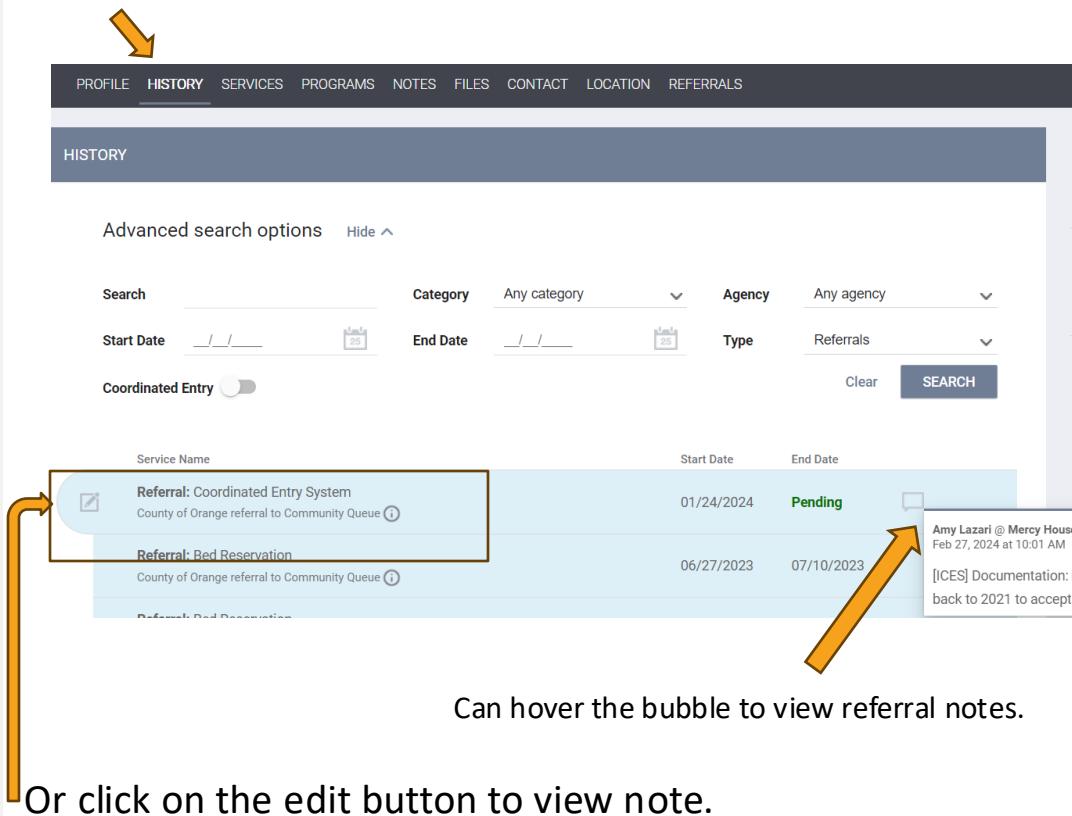
Can hover the bubble to view referral notes.

Or click on the edit button to view note.
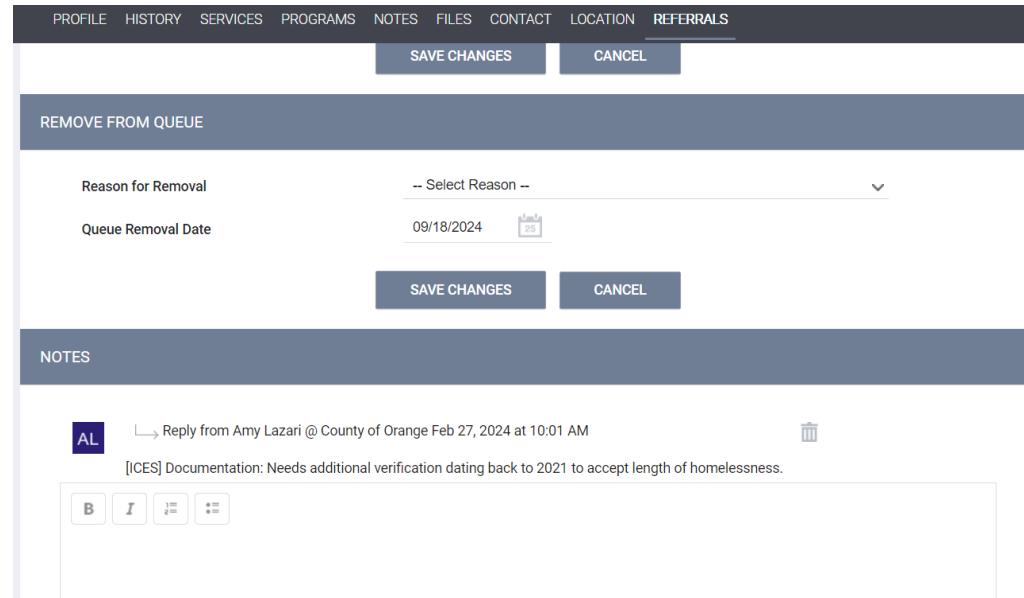
Participants with a referral hold will be marked in **red text** on the CQ and <u>ineligible for match until the error is fixed.</u>

PART 4: SAMPLE SCENARIOS

Shiloh is a navigation staff with an Individual Access Point agency in Orange County.
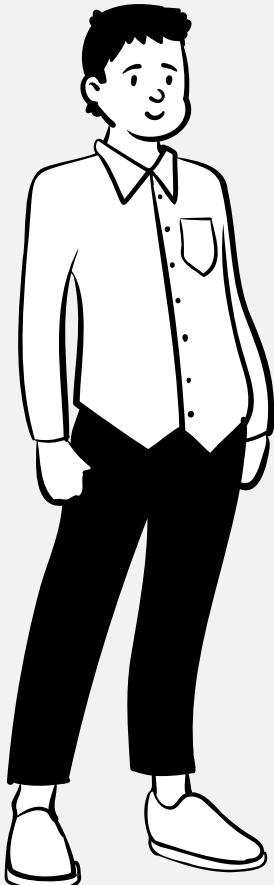
<u>After meeting with a new participant, Shiloh takes the following steps:</u>

- ✓ Logs into HMIS Clarity and selects the County of Orange agency view.
- ✓ Searches the participant by date or birth or last four of their SSN.
- ✓ Confirms they already have a profile and verifies the PPI.
- ✓ Reviews the participants program history tab.

…The participant is <u>not</u> enrolled in the Individual CES program.

OC INDIVIDUAL
COORDINATED ENTRY SYSTEM

✓ Shiloh begins to complete the ICES enrollment.

Shiloh knows that the field, "**approximate date the current episode of homelessness began**,' is important for the participant's prioritization on the Community Queue.

During their meeting, Shiloh asked the following questions:

1. *What month/year did you first become homeless?*

2. *In the past three years have you ever stayed in a place that wasn't the street or a shelter, such as a friend's couch or a motel?*

3. If they say **YES**, Shiloh also asks...

   • *When did that happen and for how many night?*

   • *Did you pay for your stay?*
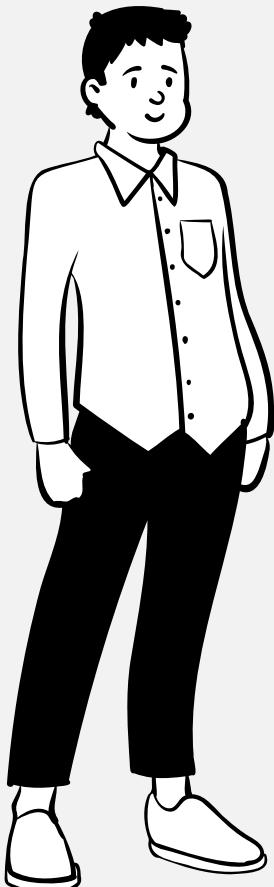
PART 4: SAMPLE SCENARIOS

The participant then shared the following homeless history:
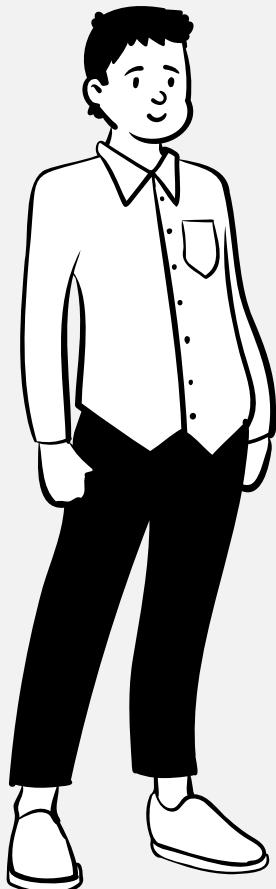
"I have been homeless since September of 2021 when I lost my job and my mom, who I was living with, passed away. I have tried to stay off the street and stay with friends when I can but never for more than two or three nights. I have not been able to stay in motel more than a night or two either. I have not stayed anywhere but the street for the past few months."

PRIOR LIVING SITUATION

|	
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
Approximate Date This Episode of Homelessness Started	09/01/2021
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

OC INDIVIDUAL
COORDINATED ENTRY SYSTEM

PART 4: SAMPLE SCENARIOS

Shiloh also collects information from the participant about any disabilities, income sources, and insurance...
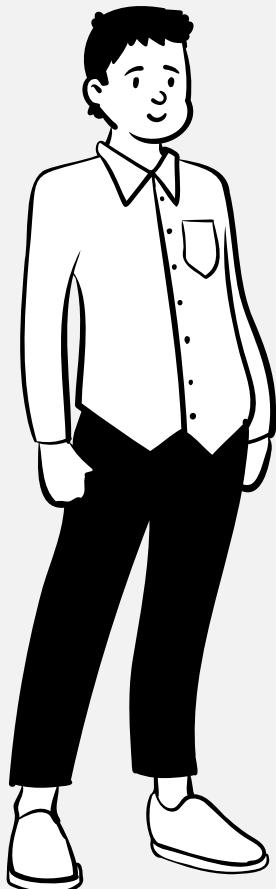
During their meeting, the participant also expressed some mobility concerns and believes they are permanently disabled – they also want to get a walker.

Shiloh marks yes for *physical disability* under the *DISABILITY* section of the enrollment screen

They assist the participant with making an appointment at local clinic to be evaluated for their mobility concerns and obtain a clinician signature on the disability form.

DISABLING CONDITIONS AND BARRIERS			
Disabling Condition	Yes		
Physical Disability	Yes	Long Term	Yes
Developmental Disability	No		
Chronic Health Condition	No		

✓ Shiloh Uploads a Literal Homeless Verification
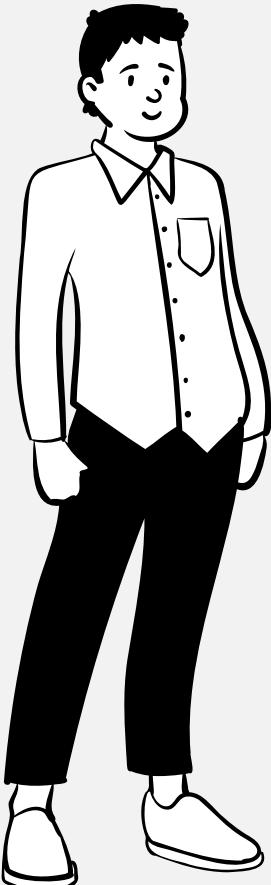
Using the Agency Third-Party Verification form, Shiloh records a timeline of the participant's self-reported homeless history.

Since Shiloh enrolled the participant in July of 2024 and it is now September 2024, they can only verify for those three months.

Shiloh tells the participant to reach out to anyone who can confirm their homelessness for the periods of:
- 09/2021-12/2021
- 04/2022-06/2024 *(enrolled 07/2024)*

The couch surfing episodes were less than seven nights so no breaks in homelessness occurred.***

Agency Third Party Homeless Verification

Client Name: Name   Date of Birth: xx/xx/xxxx

I, _Shiloh_____, _Housing Navigator____, from
   Your Name   Title/Position
_Agency Name_____ verify that _Participant Name_____
   Agency   Client Name

is currently homeless and staying _17th Street, Santa Ana near Golden Circle_
                                   Location Type (i.e. outdoors, vehicle, emergency shelter, motel paid by agency)

in _Santa Ana_____. Agency services began on _07/01/2024____ and included
      City   Date

the following services: _Street outreach, program enrollment, housing navigation.____
_____.

This household reports the following living situations:

Start Date	End Date	Location Type	City
09/01/2021	12/01/2021	Street level in Santa Ana	Santa Ana
12/01/2021	12/03/2021	Couch with friend in Santa Ana	Santa Ana
12/04/2021	01/13/2022	Street level in Santa Ana	Santa Ana
01/13/2022	01/14/2022	Couch with friend in Santa Ana	Santa Ana
01/15/2022	03/01/2022	Emergency Shelter	Tustin
03/01/2022	Current	Street level in Santa Ana	Santa Ana

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 _(xxx-xxx-xxxx)_____.
   Contact Information

Sincerely,

Signature: _____   Date: xx-xxxx

version 5/1/2024

PART 4: SAMPLE SCENARIOS

The participant brings a letter from a who let them stay on their couch but also brought them food on the street.
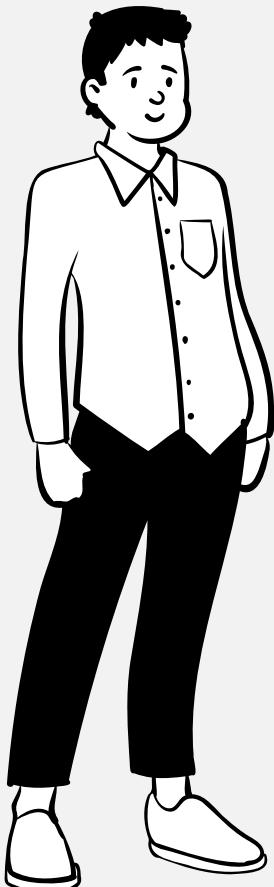
The letters are helpful Shiloh spots some missing key details:
- Missing months or frequency of encounters.
- Specific location details of the encounters on the street.
- Does not specify how many nights the participant stayed on their couch (implies a break in homelessness).

Shiloh decides to call Janine to ask for the missing details. The call goes to voicemail and Shiloh leaves a message.

In the meantime, the Shiloh and the participant agree they will try to get a letter from the staff at Quest Diagnostics.


OC INDIVIDUAL
COORDINATED ENTRY SYSTEM
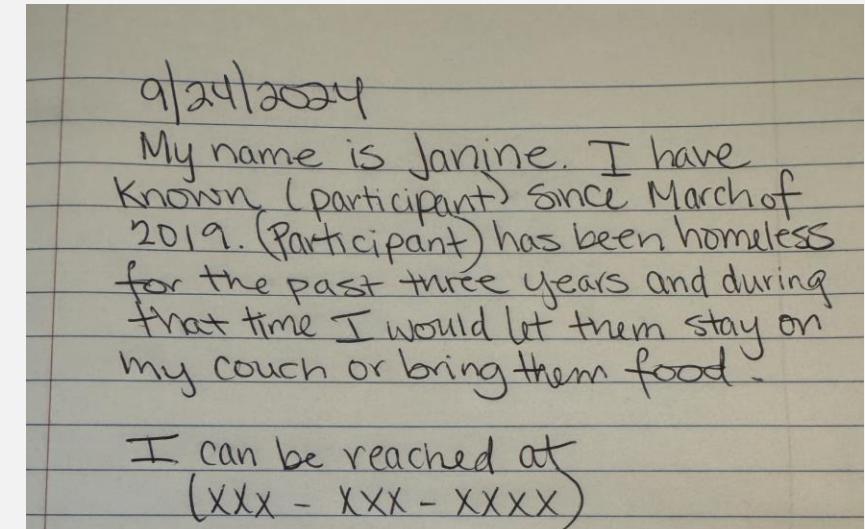
PART 4: SAMPLE SCENARIOS

The participant's Quest contact emails Shiloh a verification. It looks complete but Shiloh is concerned that the months or frequency of contact are not stated.

Shiloh decides to call the Quest contact to verify how frequently she saw the participant so that they can document it using an attestation letter.

Quest Diagnostics®
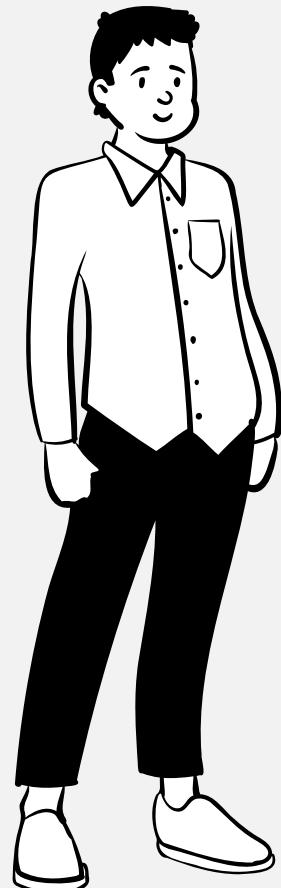
My name is Mayra. I have known (participant name) since December of 2021 and (participant name) would come into our facility to get out of the weather and or use the bathroom. Our team tried to help them find shelter or would take them to doctor's appointments sometimes.

For as long as I've known (participant), they have been homeless around our building on the street. They are a very kind person and need housing urgently.

Thank you,

Mayra Huerta

(XXX-XXX-XXXX)

[CES Access Point Agency LOGO]

Attestation Letter:

When I spoke with Mayra, I confirmed that she saw (participant name) at lease one time per month from December 2021 until they went into shelter but has seen them at least once per month again since March of 2022. They confirmed that the participant was homeless on the street or shelter based on observations of the participant's living environment and self-disclosed homelessness.

In my professional definition, this meets HUD's definition of Literal Homeless status for the period of December 2021 to the current date.

Shiloh

(email and phone)

OC INDIVIDUAL
COORDINATED ENTRY SYSTEM

PART 4: SAMPLE SCENARIOS

✓ <u>Shiloh completes the CES Assessments:</u>

Now that at least one (or more) homeless verification has been added to the participant's HMIS file, Shiloh can refer the participant to the ICES Community Queue.
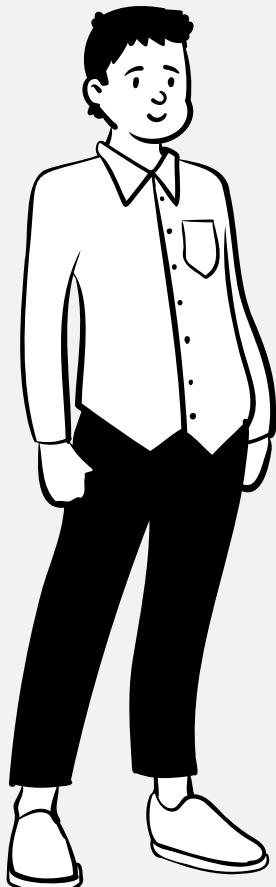
But first...
- Completes a Current Living Situation Assessment.
- Adds location and contact information to the profile.
- Discuss housing program options with the participant.
- Discuss any potential ADA needs.

Then...
- Completes the ICES Individual CES Assessment

OC **INDIVIDUAL**
COORDINATED ENTRY SYSTEM

PART 4: SAMPLE SCENARIOS

✓ <u>Shiloh attends the CES Match Meetings & Virtual Office Hours:</u>

- Shiloh notes that the participant's name appears in the Central SPA and wonders why this is.

  - Shiloh attends ICES Virtual Office Hours for the Central SPA and learns the reason: They put down Santa Ana for the participant's city slept in the night prior on the enrollment screen.

  - Shiloh also learns that if the participant wants to be housed in Santa Ana, it may be beneficial to add documents that show a live, work or school history from today's date back to a year or more.
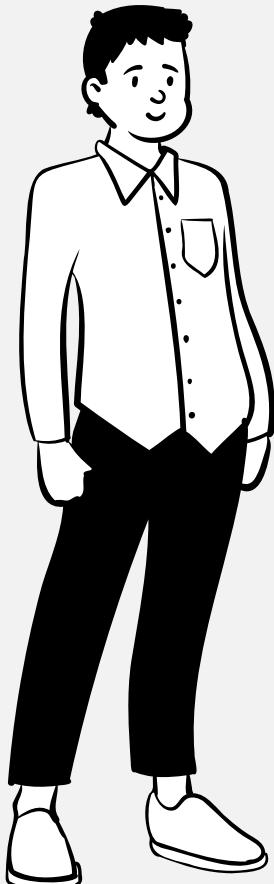
OC CUSTOM QUESTIONS

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.

What city were you in immediately prior to entry into this project?   Santa Ana   ⌄

OC INDIVIDUAL
COORDINATED ENTRY SYSTEM

PART 4: SAMPLE SCENARIOS

✓ <u>Shiloh continues to upload additional documents</u>

- Universal Disabling Condition Verification.
- CA ID, Social Security Card and Birth Certificate.
- SSDI annual award letter with award amount from January 2024.
- Cash earnings from recycling on a budget form.
- Car registration and W2s with their Santa Ana address.
- Completed Santa Ana Residency Verification.

OC INDIVIDUAL
COORDINATED ENTRY SYSTEM
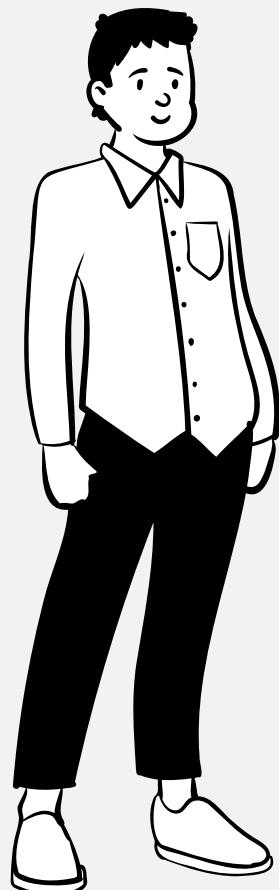
✓ <u>Shiloh Accepts a Housing Match Referral</u>

- Shiloh accepts as the Lead Navigator a referral to a PSH project.
- Receives the match confirmation email and confirms the grid information.
- Introduces themselves to the housing program contacts via email.
- Works with the participant and other case management to submit all requests documents and application materials before the deadline.

CES Access Point instructions: Please return the completed applications and supporting documents listed below to Housing and Supportive Services within **15 days**. The points of contact are: erice@ochca.com; mkroell@ochca.com; elizabeth@solari-ent.com.

<u>Applications and Supporting Documents</u>:
PHA Universal Application
Universal Disabling Condition Form
SAHA Residency Form
T-20 Criminal History Form
FX Residences Santa Ana Rental Application
Authorization to Use and Disclose Protected Health Information/HSS ATD

<u>Attachments (x8)</u>:
Match Grid_FX Residence NPLH and SNHP_09.24.24
PHA Universal Application
Universal Disabling Condition Form
SAHA Santa Ana Homeless Residency Form
T-20 Criminal History Form

OC INDIVIDUAL
COORDINATED ENTRY SYSTEM
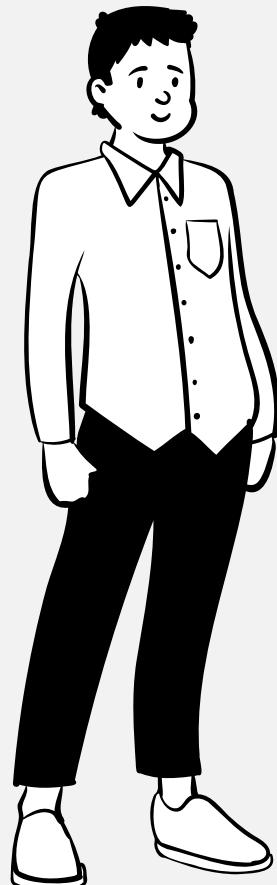
PART 4: SAMPLE SCENARIOS

✓ <u>Shiloh Completes Housing Navigation</u>

- Shiloh coordinates transportation with the back-up contacts who pay to UBER the participant to their applicant interview with property management.

- The participant is approved by property management and the Santa Ana Housing Authority and Shiloh attends and assists the participant with the lease signing.
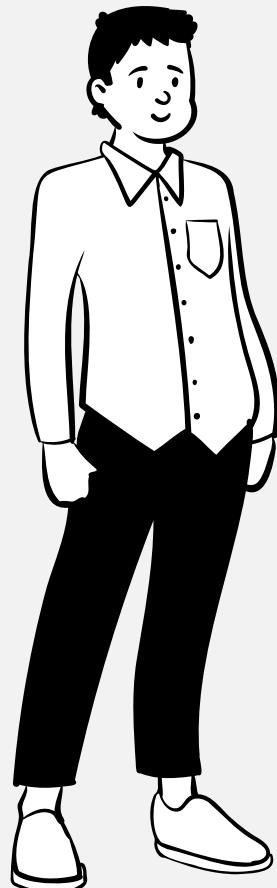
Shelter Bed Reservation System Overview

The bed reservation system matches available shelter beds to households in need, streamlining and improving accessibility.

SHELTER BED RESERVATION TIMELINE

Shelter Bed Available	CES Prioritization	CES Referral	Shelter Provider Eligibility	Shelter Enrollment	Sheltered
Shelter provider informs CES of available shelter bed and eligibility requirements	CES identifies eligible and appropriate household for available housing	CES refers applicant to shelter opportunity through HMIS	Shelter provider completes eligibility process	Shelter provider completes intake process	Household is sheltered

1-3 days   1-3 days

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Adding Households to the Bed Reservation Queue

• **Criteria for Consideration:**

o **Active enrollment in ICES or FCES project in HMIS**

o **Completed Bed Reservation assessment**

o **Homelessness Verification or Chronically Homeless Verification in HMIS**

o **"Needs Bed Reservation Assistance" service in HMIS**

o **Completed Current Living Situation Assessment**

• **Households are prioritized by vulnerability and must meet project eligibility.**

Adding Households to the Bed Reservation Community Queue:
http://ochmis.211oc.happyfox.com/kb/article/238-maintaining%C2%A0households-on-the-community-queue/

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Steps for Enrollment & Service

1

1. Ensure Household is Enrolled: Verify enrollment in ICES or FCES project in HMIS.

2

2. Upload Homelessness Verification: Add the required verification documents to HMIS.

3

3. Complete Current Living Situation Assessment: Follow guidelines for creating and updating in HMIS.

4

4. Add "Needs Bed Reservation Assistance" Service: Enter service weekly to keep household active in the queue.

5

5. Complete Bed Reservation Assessment: Ensure the assessment is completed and refer household to the community queue.

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Ongoing Maintenance

• **Confirm Need for Assistance:** Every Tuesday, check if households still need assistance and add a new service by Wednesday at 9am.

• **Automatic Removal:** Households with no activity in HMIS for 7 days are automatically removed from the queue.

• **Re-Adding to Queue:** If removed, add household again via the Assessment screen without needing a new assessment unless client responses change.

Q&A

For additional resources and information, please visit our website at OCICES.ORG

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THANK YOU!