

Coordinated Entry Supplement

River Valleys Continuum of Care (MN-502)

Instructions

All PH, RRH, TH, and SSO (excluding Coordinated Entry) projects must complete this form. No points may be awarded in the System Investment - Coordinated Entry criteria if information provided is incomplete or cannot be verified by references, meeting minutes, or Coordinated Entry System (CES) referral reports.

Questions

A. In the past year (April 1, 2017 – March 31, 2018), has a representative of the project actively participated in Coordinated Entry system development in any of the following ways? Check the box next to each item your project has been involved in advancing the planning and implementation of the CoC’s coordinated entry system. For each checked box, provide the name of the project representative who participated. (Participation will be verified.)

Type of Participation

Person(s) who participated

Participated in >50% of CoC Coordinated Entry Committee or workgroup meetings

Volunteered as a member of a statewide Coordinated Entry committee, subcommittee, or workgroup

Presented or invited CoC staff to present to agency staff or local groups on CES

Participated in CES training offered by CoC in Owatonna on March 15th

Other: _____

None of the above

B. Since CES went live in HMIS on April 1, 2017 for all projects and geographies, describe your agency’s participation. (Participation will be verified using CES records.)

Since April 1, 2017: For the CoC project requesting funds in this application...

_____ Number of openings that occurred in the CoC project

_____ Number of household referrals requested by the agency from the CES priority list

_____ Number of household referrals received from the CES priority list

_____ Number of household referrals housed from the CES priority list

For other homeless programs at the agency...

_____ Number of openings that occurred in other homeless programs

_____ Number of referrals requested by the agency from CES for these openings

If your AGENCY also provides emergency shelter or acts as an access/assessment site: Since April 1, 2017

_____ Number of households assessed with VI-SPDAT and added to CES priority list by agency staff

Project Name: _____

Applicant: _____

C. Did you agency participate in the 2018 Point in Time Count by calling participants in the CES that your agency assessed?

- Yes
- No. Explain.

D. In the current year (July 1, 2018 – June 30, 2019), how will the project grantee, sponsor, and subgrantees participate in Coordinated Entry? Please include all activities

Check the box next to each step your project will take to advance the planning and implementation of the CoC’s coordinated entry system. For each checked box, provide the name of the project representative who will participate. Checking “None of the above” will make the project INELIGIBLE for project funding.

<i>Type of Participation</i>	<i>Person(s) who will participate</i>
<input type="checkbox"/> Participate in River Valleys CoC Coordinated Entry Committee or workgroup	_____
<input type="checkbox"/> Attend CES-related trainings provided by the CoC or its partners	_____
<input type="checkbox"/> Collaborate with other providers in the county/region to improve local coordinated entry processes	_____
<input type="checkbox"/> Conduct VI-SPDATs to assess vulnerability of households	_____
<input type="checkbox"/> Volunteer as a member of a statewide Coordinated Entry committee, subcommittee, or workgroup	_____
<input type="checkbox"/> Place households on the Coordinated Entry priority list for referral	_____
<input type="checkbox"/> Access/request referrals for highest-need households from the Coordinated Entry priority list for all project openings	_____
<input type="checkbox"/> Other: _____	_____
<input type="checkbox"/> None of the above. The project is INELIGIBLE for project funding.	

E. (Not scored) What assistance does your agency need to attain or maintain full compliance with Coordinated Entry requirements?
