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, HMIS data, or Coordinated Entry System (CES) referral reports.

Questions

A. Since January 1, 2018 for all projects and geographies, describe your agency's participation.
   (Participation will be verified using CES referral logs, APRs, and the Priority List Report.)

   Since January 1, 2018: 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 housed from the CES priority list

   If your AGENCY also provides emergency shelter or acts as an access/assessment site: Since January 1, 2018
   ____ Number of households assessed with the Step 1/Step 2/VI-SPDAT CES Assessment and added to CES priority list by agency staff

B. How did your agency participate in the 2019 Point in Time Count by calling participants in the CES that were assessed?
   ■ Called participants that were assessed by my agency
   ■ Called referrals that were pending with my agency
   ■ My agency did not participate in the 2019 Point in Time Count by calling CES participants. Explain below.

   ____________________________________________________________________________________
   ____________________________________________________________________________________
   ____________________________________________________________________________________
   ____________________________________________________________________________________

C. In the next twelve months 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.
Type of Participation

- Attend CES-related trainings provided by the CoC or its partners
- Collaborate with other providers in the county/region to improve local coordinated entry processes
- Participate in Coordinated Entry System Provider Meetings
- Volunteer as a member of a statewide Coordinated Entry committee, subcommittee, or workgroup
- Assess and place households on the Coordinated Entry priority list for referral
- Access/request referrals for highest-need households from the Coordinated Entry priority list for all project openings
- List clean-up/calling CES participants during Point in Time Count
- Other:__________________________________________
- None of the above. The project is INELIGIBLE for project funding.