**Utilize this form to notify Coordinated Entry and the Assessor of the referral outcome of referrals made through encrypted email. A narrative description is required for all denials. Submit form as soon as outcome is known.**

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| **Housing Provider Contact Information**Agency Name:      Program Name & HMIS Provider ID:      Staff Name:       Email:       Phone:       |
| **Referral Information**Client ID or HMIS ID:      Date referral received:       |  | **Referral Result**[ ]  Successful (Client Accepted) [ ]  Housing Move In Date \_\_\_\_\_\_\_\_\_[ ]  Unsuccessful (Client Rejected) [ ]  Unsuccessful (Provider Rejected) |
| **If Unsuccessful, Reason:**[ ]  (Declined) Client unreachable- after initial contact [ ]  (Canceled) Client unreachable – disappeared [ ]  (Declined) Client refused services [ ]  (Declined) Client is eligible but provider unable to accept [ ]  (Declined) Client is not eligible, over income[ ]  (Declined) Client is not eligible, other [ ]  (Canceled) Client is placed in institutional setting [ ]  (Declined) Property management denial – criminal history [ ]  (Declined) Property management denial – eviction history/money owed [ ]  (Declined) Property management denial – both criminal and eviction/money owed [ ]  (Declined) Property management denial – other[ ]  (Canceled) Client found housing/Self resolved [ ]  (Canceled) Client moved outside of CoC[ ]  (Canceled) Client deceased  |
| **If Successful but Not Housed, Reason:**[ ]  (Canceled) Client unreachable – disappeared [ ]  (Declined) Client refused services [ ]  (Declined) Client is not eligible, other [ ]  (Canceled) Client is placed in institutional setting [ ]  (Declined) Property management denial – criminal history [ ]  (Declined) Property management denial – eviction history/money owed [ ]  (Declined) Property management denial – both criminal and eviction/money owed [ ]  (Declined) Property management denial – other[ ]  (Canceled) Client found housing/Self resolved [ ]  (Canceled) Client moved outside of CoC[ ]  (Canceled) Client deceased **Please provide a narrative description of the reason for denial. Be very specific:**      **Explanation** **Client Centered Practices:** **please have a trauma informed conversation with the participant to explain referral and ensure mutual understanding**Date referral outcome explanation took place with client:      Did client understand and/or agree with the referral outcome, please explain:      **How to submit this form:**Please send completed form to: CES.Hennepin@hennepin.us and the Assessor |