

Coordinated Access System (CAS) Housing Referral Process

September 2024



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Coordinated Access
System (CAS)
Housing Referral Process



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□ Session Roadmap

- Introduction to Coordinated Access System (CAS) – Housing.
- CAS Housing Project Types: understanding the differences and their eligibility requirements.
- Understanding how clients can access potential housing opportunities.



You will learn...

Introduction to
Survivor Coordinated
Access System

Understanding the
documents “Doc
readiness” and what is
required for CAS housing
referrals

The CAS Referral
Process



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Who is Sacramento Steps Forward?

Vision

An equitable community where everyone has a safe place to call home.

Mission

To end homelessness through leadership, convening partners, data-driven best practices, and improving system performance.



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Coordinated Access System (CAS)



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What is Coordinated Access?

“A streamlined system designed to match people experiencing homelessness with housing and service options.

This process prioritizes limited local supportive housing resources, so people with the highest vulnerability can be connected to support as quickly as possible.”



CAS Goals

- To increase the efficiency of the local crisis response system.
- Improve fairness in how housing and services are allocated.
- Facilitate rapid access to housing and services

Coordinated Access is NOT ...

First come, first served: Referrals or services are provided in the order that clients apply or seek assistance.

Back-door or side-door referral processes: Direct referrals made through personal connections rather than following the standard Coordinated Access System procedures.

Closed referral system: Referrals limited to specific programs or agencies, often with restricted access criteria.

Opaque processes: Unclear or undefined procedures for obtaining referrals or accessing resources.

Essential Elements of the Housing Referral Process

1. Access
2. Assessment
3. Prioritization
4. Verify required documents
5. Confirm Client Interest
6. Referral Submission
7. CAS Housing Program Enrollment

Referral
Preparation

Referral
Process
Start



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Access in Sacramento

- ✓ **211 Access:** Contacting 211 and pressing 8 connects individuals with 211 staff who can discuss emergency shelter, housing problem-solving, and housing resources.
- ✓ **Street Outreach:** Direct service providers within the Continuum of Care (CoC) offer outreach services to individuals in need.
- ✓ **CAN Navigators:** Navigators who assist individuals with accessing services and navigating the housing system.
- ✓ **CAS Assessors:** Assessors who evaluate individuals' needs and connect them with appropriate housing resources and services within the CAS framework.

Assessments

Vulnerability Index - Service Prioritization Decision Assistance Tool (VISPDAT)

Individuals who are literally experiencing homelessness
Options available for both singles and families.
All prioritized clients are selected based on the results of this assessment.

Foster Youth Initiative Assessment

Designed for Transitional Age Youth who were in foster care after the age of 16 and require a housing subsidy.

Landlord Engaement Assistance Program Assessment

Housing navigation and landlord incentive program for clients with active SHRA vouchers or Rapid Rehousing (RRH).



Prioritization

During the assessment, individual needs and levels of vulnerability are evaluated to determine prioritization.

This prioritization aids the CoC in managing its inventory of community housing resources and services, ensuring that individuals with the most critical needs and vulnerabilities receive the necessary support to resolve their housing crises.

Priority List Schema

VI-SPDAT within 15 months
Logged services within 90 days
65+ years old
Chronic Health Conditions
Length of time homeless

Survivor-Coordinated Access System (S-CAS)

For HUD's Definition of Category 4 Homelessness: Fleeing or Attempting to Flee Domestic Violence*



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A Confidential System for Survivors

- In 2020, the Department of Housing and Urban Development (HUD) awarded 2 Rapid Rehousing (RRH) programs in Sacramento funding to house survivors fleeing or attempting to flee domestic violence, sexual assault, human trafficking, and other life-threatening conditions
- Since then, we have added an additional 2 RRH MR0 programs, as well as a Permanent Supportive Housing (PSH) Program
- As part of the award, HUD requires CoC's to provide safe and confidential access through the Survivor Coordinated Access System (S-CAS)
- S-CAS is aimed to be inclusive of Victim Service Providers (VSPs) and those with training and knowledge for how to best support survivors in our community

Slide 15

MRO

[@Tlaltzin Muro Gomez] can you confirm this? I believe we have added more than 2 since last year.

Michelle Reedus, 2024-07-23T20:07:20.850

TGO 0

Not counting BII, we only have 4 RRH programs (MSH, ODI, Shelter Inc, LFCD), have we gotten more info about the WEAVE PSH program on whether or not they should be getting referrals through the system?

Tlaltzin Muro Gomez, 2024-07-23T20:19:58.114

Survivor Coordinated Access System (S-CAS) Programs

Programs	Amount of Units	Program Description
Opening Doors Inc.	20 RRH Units	RRH is housing that provides short-term (up to 3mos) and medium-term (4-24mos) tenant-based rental assistance and supportive services to survivors. Aimed to assist clients in achieving self-sufficiency and be able to afford rent on their own at the end of services.
My Sister's House	10 RRH Units	
Shelter Inc.	11 RRH Units	
Lao Family Community Development	13 RRH Units	
WEAVE Inc.	9 PSH Family Units (2-5 person)	Tenant-based voucher rental assistance and supportive services for families of 2-5 persons provided with no maximum term and ongoing case management to survivors

Essential Elements of Survivor Coordinated Access System (S-CAS)

1. Confidentiality
2. Access
3. Assessment
4. Problem-Solving
5. Prioritization
6. Referral

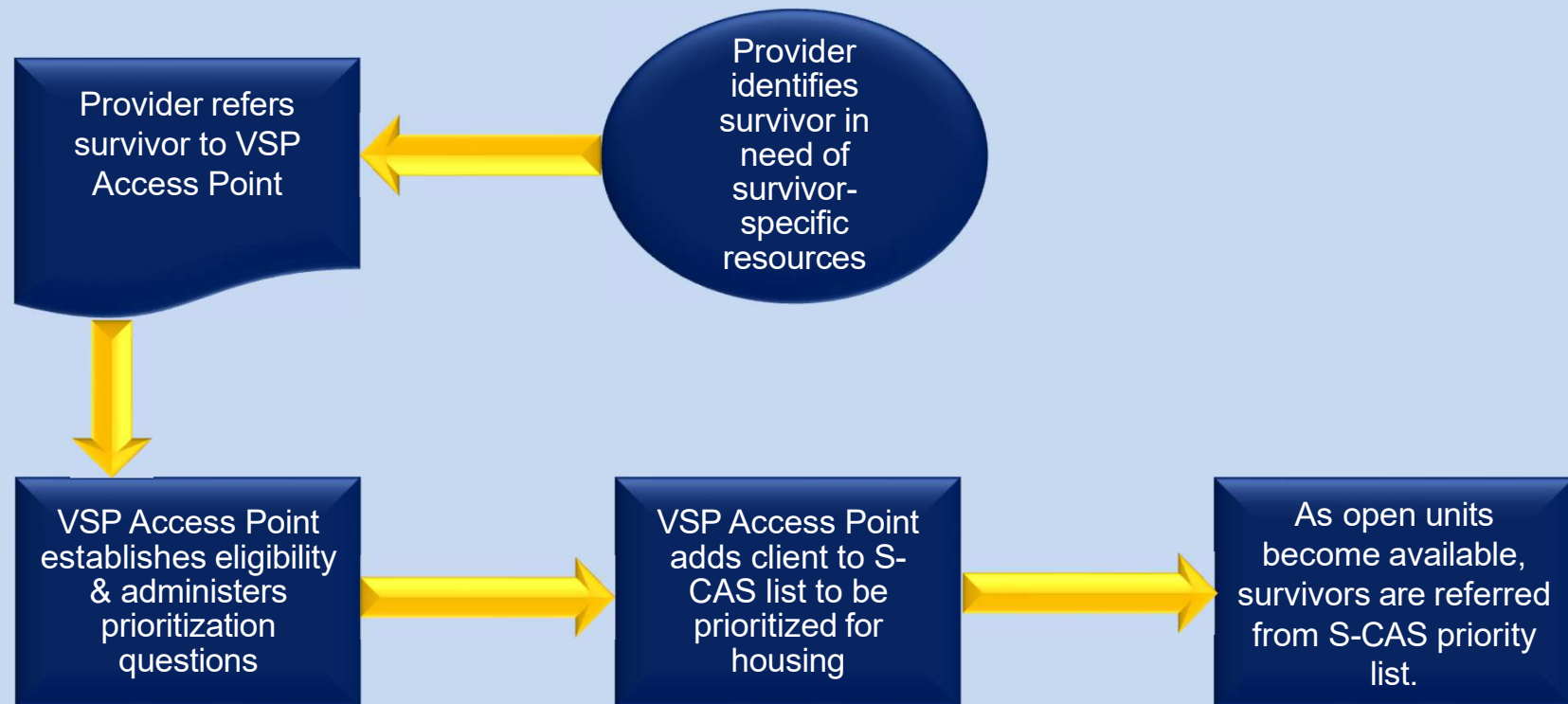


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S-CAS Eligibility Requirements

S-CAS Programs	Rapid Rehousing (RRH)	Permanent Supportive Housing (PSH)
Eligibility Requirements	<p>Meets Category 4 Homelessness:</p> <ol style="list-style-type: none">1. Is fleeing, or is attempting to flee domestic violence; <u>AND</u>2. Has no other residence; <u>AND</u>3. Lacks the resources or support networks to obtain other permanent housing	<ol style="list-style-type: none">1. Meets Category 4 Homelessness2. Chronically Homeless3. Certified Disability4. Income below 30%5. US Identification Documents (ID)6. Social Security Card

Accessing S-CAS



Current VSP Access Points for S-CAS

Agency	Phone	Population Served
WEAVE Inc.	(916) 920-2952	Domestic Violence, Human Trafficking, Sexual Assault
Opening Doors Inc. (ODI)	(916) 492-2591	Human Trafficking and Refugees
My Sister's House (MSH)	(916) 428-3271	Domestic Violence, Human Trafficking, Sexual Assault
Shelter Inc.	(925) 335-0698	Domestic Violence
Lao Family Community Development (LFCD)	(916) 393-7501 (916) 393-7501	Domestic Violence, Human Trafficking, Sexual Assault
Community Against Sexual Harm (CASH)	(916) 856-2900	Sex Trafficking - Women
Sacramento Regional Family Justice Center (SRFJC)	(916) 875-4673	Domestic Violence, Elder Abuse, Human Trafficking, Sexual Assault and Child Abuse
International Rescue Committee	(916) 482-0120	Human Trafficking and Refugees



Recent New VSP S-CAS Access Point Additions

Agency	Phone	Population Served
Bridging Initiatives International	(916) 970-5164	Domestic Violence
Inter-Tribal Council of CA	(916) 973-9581	Domestic Violence, Sexual Assault
3Strands Global Foundations	(916) 365-2606	Human Trafficking
Connect2Change	(916) 287- 3312	Sex Trafficking - Women

[Full list of S-CAS VSP Access Points](#)

S-CAS System Goals

- Continue to update confidentiality and safety policies and procedures for survivors accessing services in CoC.
- Create pathways and processes for survivors accessing services with non-VSPs.
- Continue coordinating and triaging with central call line (211) and VSPs
- Increase accessibility and options to safe housing for survivors.
- Establish a comparable and confidential database for victim service providers.

BREAK TIME

Verification of Required Referral Documentation "The Basics"



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"The BASICS"

Permanent Supportive Housing (PSH) Document Readiness

1. Chronicity Certification- **never expires**
2. Disability Certification- **never expires**
3. Homeless certification- **valid for 90 days**
4. **Valid ID**
5. Social Security Card
6. *Birth certificates of minors in the household



"The BASICS"

Permanent Housing (PH) Document Readiness

1. Homeless certification- valid for 90 days
2. Valid ID
3. Social Security Card
4. Birth certificates of minors in the household.



Case Conferencing Tool

October 2023

Purpose:

1. Establishes a centralized place for vital information crucial in facilitating potential housing placements.
2. Facilitates tracking of a client's journey across different service providers.
3. Assists in monitoring verified Document Ready Status (SSF use only).



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Document Readiness Forms

- Disability Certification (PSH programs)
 - Does not expire
 - Must complete one or both sections

Section 1:

- Can be completed by a Homeless Service Provider
- Upload SSI, SSDI, or receipt of disability benefit onto HMIS
- Be sure to check box



Section 2:

- Can be completed ONLY by licensed professionals
- Be sure to check box
- Be sure that license # is written



Disability Certification

The Disability Certification is used to affirm that an individual is disabled and is used only for the people of qualifying for Housing assistance under a program of the US department of Housing and Urban Development

Client Name: _____ HMIS UID: _____
Complete either section 1 or 2. For some programs, such as SHRA programs, Section 2 is required.

Section 1. Completed ONLY by the following:
Homeless Service Providers, Housing Service Provider, or Health Care Worker

Required: Attached proof of the disability by written verification from the Social Security Administration (i.e. SSI, SSDI) or a receipt of a disability check (e.g. Veteran Disability Compensation).

☐ This individual has a disability that has been verified by the Social Security Administration or by receipt of a disability check.

I certify that the above information is true and accurate. I have enclosed acceptable evidence as required under 24 CFR 578.103. I understand that knowingly or willingly making false or fraudulent statements are subject to punishment.

Signature: _____ Date: _____
Printed Name: _____
Agency Name: _____ Job Title: _____

Section 2. Completed by the following Licensed Profession by the State of California ONLY:
MD or DO, PsyD or PHD, LMFT, LCSW, LPCC, NP, or FNP, PA*
**For Physician Assistants, include name and license number of your supervising physician*

Required: Only a profession licensed by the State of California to diagnose and treat the qualifying disability can verify the disability (24 CFR 578.103).

☐ This individual has a disability, as defined in the HEARTH Act of 2009, which means:

i) A condition that is expected to be long-continuing or of indefinite duration; ii) substantially impedes the individual's ability to live independently; iii) could be improved by the provision of more suitable housing conditions: AND is one of the following (please check applicable box(es)):

☐ a physical, mental or emotional impairment, including an impairment caused by alcohol or drug abuse, post-traumatic stress disorder, or brain injury

☐ a developmental disability as defined in Section 102 of the Developmental Disabilities Assistance Bill of Rights Act of 2000 (42 U.S.C. 15002)


☐ the disease of AIDS or any conditions arising from the etiologic agent for AIDS, including HIV

Signature: _____ Date: _____
Printed Name: _____ Title: _____
Agency Name: _____ License #: _____
Supervising Physician Name (PA ONLY): _____ Supervising Physicians License# (PA ONLY): _____

Document Readiness Form

Chronic Homeless Certification (PSH programs)

- Does not expire
- Fill out completely
- Chronic homelessness history can be verified in the following ways:
 - HMIS program verification
 - Third Party Homelessness History Form
 - Agency/Third party letter
 - Client self-certification (up to 3 months)

 **CHRONIC HOMELESSNESS CERTIFICATION**

The Chronic Homelessness Certification is used to certify an individual or family as chronically homeless as defined by the U.S Department of Housing and Urban Development (HUD) in 24 CFR 578.3

Client Name: _____ HMIS UID (or DOB): _____

Number of Dependents for Head of Household (families): _____

Applicant must meet both requirements. Please mark that the following documents are attached for:

Disabling Condition

☐ Disability Certification Form

→ Select one:

☐ Written verification from the Social Security Administration or receipt of a disability check is attached

☐ Form is signed by a professional licensed by the State of CA

Chronic Homelessness History (check all that apply): ←

☐ HMIS printout of client's program history

☐ Homelessness History Verification

☐ A letter from a homeless service provider indicating date and location of encounter

☐ Self-Certification of Homelessness

I have checked that the Chronic Homeless History documents indicate the person/family was homeless for at least the last 12 consecutive months or 4 instances* within the last 3 years _____ Initials ←

*The 4 instances must total at least 12 months. Each instance of homelessness must be separated by a break of least 7 days.

I certify, to the extent of my knowledge, that the above named individual or family is experiencing chronic homelessness. I have enclosed verification documents as required under the U.S Department of Housing and Urban Development HEARTH Act and understand that the information is subject to verification.

Signature: _____ Date: _____

Printed Name: _____

Agency Name: _____ Job Title: _____

Indicate types
of verification
used for
chronicity and
disability

Document Readiness Forms

Verifying chronic homelessness status (12 months):

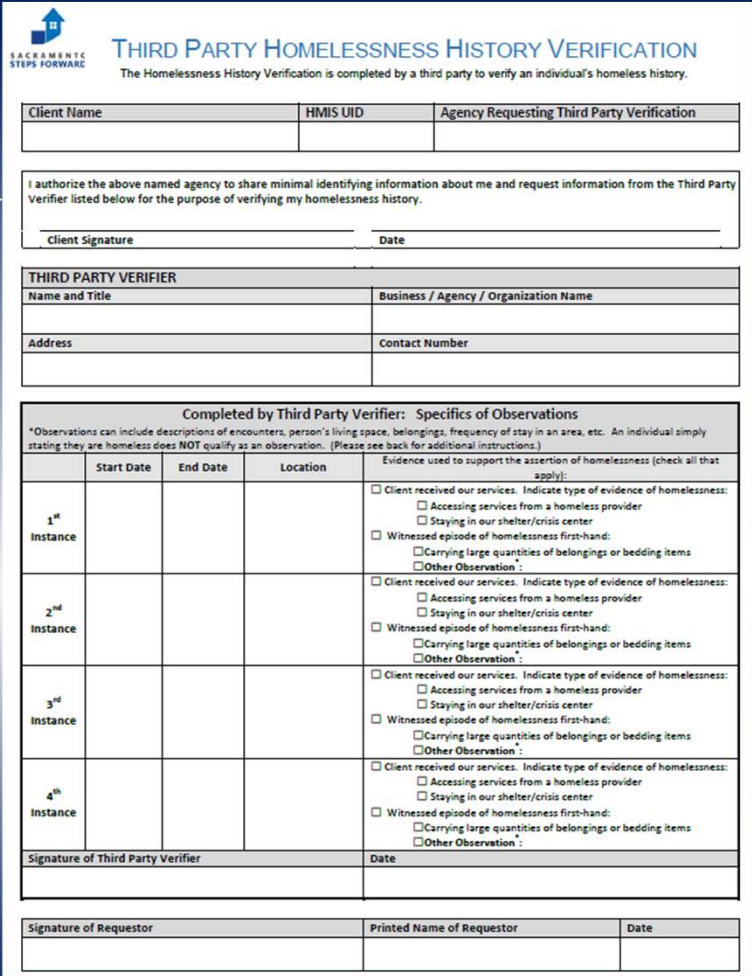
- **Up to three years of homeless history**
- Have experienced homelessness (Category 1 or 4) continuously **for at least the last 12 months**
- **OR at least 4 occasions in the last 3 years**, where the combined occasions total at least 12 months.
 - Occasions must be separated by a break of at least seven nights
 - Stays in institution of fewer than 90 days count towards homelessness and do not constitute a break OR
 - An individual who has been residing in an institutional care facility for fewer than 90 days and met chronic status prior to admission to institutional care facilities
- A written observation by an outreach or intake worker, community member, or housing or service provider of encounters with the individual or head of household that includes a description of the conditions where the individual or head of household was living or is currently living.
 - The outreach worker or intake worker cannot provide third-party documentation for months in which they did not encounter the individual or head of household
- One day of experiencing homelessness within a month will be counted towards the whole month
 - Ex. if a client is experiencing homelessness one day of the month for every month in January until April, that is 4 months of experiencing homelessness. It is also considered 4 separate episodes of homelessness.
- Family members do NOT count as a third party.



Document Readiness Forms

Third Party Verification (PSH programs)

The client must add their signature authorizing an agency to complete this form.



THIRD PARTY HOMELESSNESS HISTORY VERIFICATION
The Homelessness History Verification is completed by a third party to verify an individual's homeless history.

Client Name	HMIS UID	Agency Requesting Third Party Verification

I authorize the above named agency to share minimal identifying information about me and request information from the Third Party Verifier listed below for the purpose of verifying my homelessness history.

Client Signature _____ Date _____

THIRD PARTY VERIFIER	
Name and Title	Business / Agency / Organization Name
Address	Contact Number

Completed by Third Party Verifier: Specifics of Observations				
*Observations can include descriptions of encounters, person's living space, belongings, frequency of stay in an area, etc. An individual simply stating they are homeless does NOT qualify as an observation. (Please see back for additional instructions.)				
	Start Date	End Date	Location	Evidence used to support the assertion of homelessness (check all that apply):
1 st Instance				<input type="checkbox"/> Client received our services. Indicate type of evidence of homelessness: <input type="checkbox"/> Accessing services from a homeless provider <input type="checkbox"/> Staying in our shelter/crisis center <input type="checkbox"/> Witnessed episode of homelessness first-hand: <input type="checkbox"/> Carrying large quantities of belongings or bedding items <input type="checkbox"/> Other Observation: *
2 nd Instance				<input type="checkbox"/> Client received our services. Indicate type of evidence of homelessness: <input type="checkbox"/> Accessing services from a homeless provider <input type="checkbox"/> Staying in our shelter/crisis center <input type="checkbox"/> Witnessed episode of homelessness first-hand: <input type="checkbox"/> Carrying large quantities of belongings or bedding items <input type="checkbox"/> Other Observation: *
3 rd Instance				<input type="checkbox"/> Client received our services. Indicate type of evidence of homelessness: <input type="checkbox"/> Accessing services from a homeless provider <input type="checkbox"/> Staying in our shelter/crisis center <input type="checkbox"/> Witnessed episode of homelessness first-hand: <input type="checkbox"/> Carrying large quantities of belongings or bedding items <input type="checkbox"/> Other Observation: *
4 th Instance				<input type="checkbox"/> Client received our services. Indicate type of evidence of homelessness: <input type="checkbox"/> Accessing services from a homeless provider <input type="checkbox"/> Staying in our shelter/crisis center <input type="checkbox"/> Witnessed episode of homelessness first-hand: <input type="checkbox"/> Carrying large quantities of belongings or bedding items <input type="checkbox"/> Other Observation: *
Signature of Third Party Verifier			Date	
Signature of Requestor		Printed Name of Requestor		Date

The agency provides verification that they firsthand witnessed the client experiencing homelessness.

Your signature



Document Readiness Forms

Completed by Third Party Verifier: Specifics of Observations				
*Observations can include descriptions of encounters, person's living space, belongings, frequency of stay in an area, etc. An individual simply stating they are homeless does NOT qualify as an observation. (Please see back for additional instructions.)				
	Start Date	End Date	Location	Evidence used to support the assertion of homelessness (check all that apply):
1 st Instance				<input type="checkbox"/> Client received our services. Indicate type of evidence of homelessness: <input type="checkbox"/> Accessing services from a homeless provider <input type="checkbox"/> Staying in our shelter/crisis center <input type="checkbox"/> Witnessed episode of homelessness first-hand: <input type="checkbox"/> Carrying large quantities of belongings or bedding items <input type="checkbox"/> Other Observation*:

Date Fields
Ex. 05/01/21- 08/01/21

Location (such as the
actual address or
geographic name of
area)

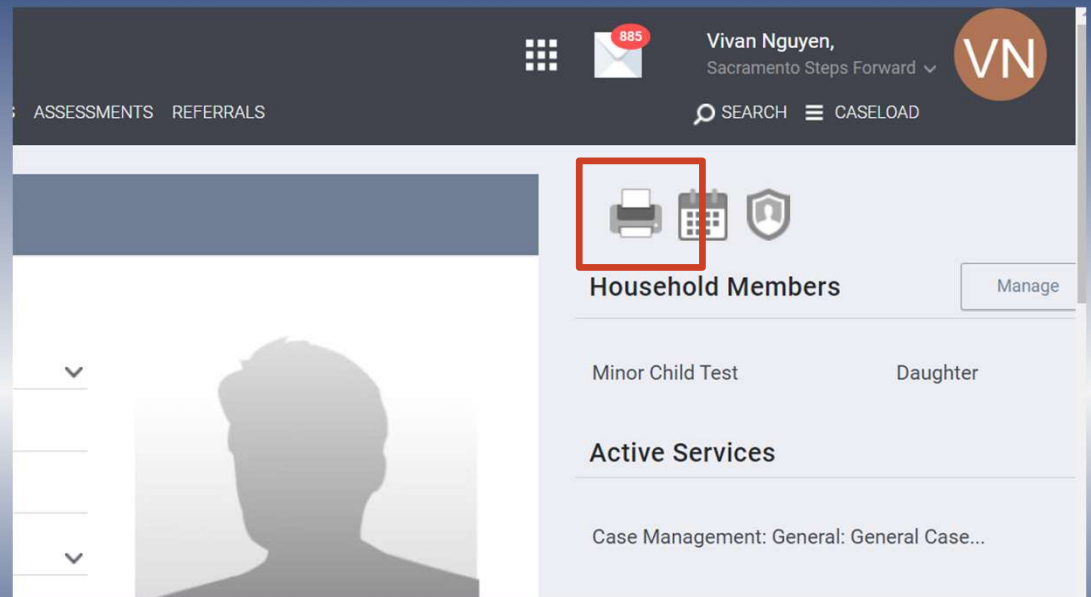


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Document Readiness Forms

Third Party History Report through HMIS

1. Go to client's profile
2. By the upper right hand side, select Printer icon to pull reports



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Document Readiness Forms

3. Select “Run”
on the
Homeless
Status Timeline

The screenshot displays a web application interface for a user named Vivan Nguyen. The main section is titled 'Mother Test' and contains a list of 'CLIENT REPORTS'. The reports are as follows:

Report Name	Run	Schedule	More Info
[CLNT-101] Case Notes	Run	Schedule	More Info
[CLNT-103] Photo ID Card - Sample	Run	Schedule	More Info
[CLNT-104] Profile Screen	Run	Schedule	More Info
[CLNT-105] Client Appointments	Run	Schedule	More Info
[CLNT-106] Client Service Notes	Run	Schedule	More Info
[CLNT-125] Client Summary	Run	Schedule	More Info
[CLNT-127] Homeless Status Timeline [2022]	Run	Schedule	More Info
[CLNT-128] Client Enrollment Details	Run	Schedule	More Info

The 'Run' button for the '[CLNT-127] Homeless Status Timeline [2022]' report is highlighted with a red box, and a red arrow points to it. The right sidebar shows 'Household Members' (Minor Child Test, Daughter), 'Active Services' (Case Management: General: General Case...), and 'Active Programs' (Problem-Solving Access Point (PSAP) ..., America River Parkway Outreach Naviga...).



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Document Readiness Forms

4. Enter report range

- Start date should be 1st day of the month, 3 years prior to current month
- End Date should be current date

5. Select Report Output format as "PDF"

6. Select SUBMIT

- Please wait for the report to generate before exiting the page.

The screenshot shows a web application interface for generating a report. At the top, there is a dark header with the title 'Mother Test' and a navigation menu with links: PROFILE, PROGRAMS, HISTORY, FILES, CONTACT, LOCATION, NOTES, SERVICES, ASSESSMENTS, REFERRALS, and PREVIEW. Below the header is a section titled 'CLIENT REPORTS'. Inside this section, the breadcrumb 'Client Reports > [CLNT-127] Homeless Status Timeline [2022]' is displayed. The main form area contains two fields: 'Report Date Range' with a date picker set to '06/01/2019' to '06/08/2022', and 'Report Output Format' with radio buttons for 'Web Page' and 'PDF' (which is selected). A 'SUBMIT' button is located at the bottom right of the form. At the very bottom of the page, a small footer reads 'Managed with Clarity Human Services'.

Mother Test

PROFILE PROGRAMS HISTORY FILES CONTACT LOCATION NOTES SERVICES ASSESSMENTS REFERRALS PREVIEW

CLIENT REPORTS

Client Reports > [CLNT-127] Homeless Status Timeline [2022]

Report Date Range 06/01/2019 – 06/08/2022

Report Output Format ☐ Web Page ☒ PDF

SUBMIT

Managed with Clarity Human Services



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Document Readiness Forms

Client Timeline Enrollments	Sacramento Steps Forward																																						
	Report period 06/01/2019 - 06/02/2022 Client Name: [REDACTED] Unique ID: [REDACTED]																																						
	2022						2021						2020						2019																				
	6	5	4	3	2	1	12	11	10	9	8	7	6	5	4	3	2	1	12	11	10	9	8	7	6	5	4	3	2	1	12	11	10	9	8	7	6		
SUMMARY - Homeless Status (per HUD definition)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	?	?	Y	Y	?	?	?	?	Y	Y	Y	Y	Y	?	?	?	?	?	?	?	Y	Y	?	Y	?
[City of Sacramento & WellSpace - Partnership]Interim Care Program (ICP) Plus Pathway																																							
[City of Sacramento]North 5th Navigation Center - ES	S	S	S	S	S	S	S	S	S	S	S	S	S																										
[COVID-19 Temporary Shelter System]Comfort Inn - Preventative Care Motel Shelter Expansion - ES																																							
[COVID-19 Temporary Shelter System]SureStay - Preventative Care Motel Shelter Expansion - ES																																							
[Sacramento Self Help Housing (SSHH)]SSHH: Pathways - SSO																																							
[WellSpace Health]Interim Care Program (ICP) - ES																																							

SUMMARY- Homeless Status: Boxes must be green with a "Y" to be counted towards homeless verification

This example has 12 continuous months of experiencing homelessness




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Document Readiness Forms

- Self-Certification (PSH programs)
- Client is able to self certify **3 months** of their homeless history
- Within the last 3 years
- Make sure that it does not overlap with other third party verified months

Your signature →



SELF-CERTIFICATION OF HOMELESSNESS

The Self-Certification of Homelessness form is used to document homeless history and breaks in homelessness. If the individual or family self-certifies for more than 3 months, a completed Homelessness History Mapping Tool must be attached documenting due diligence in attempting to obtain third party verification.

CLIENT NAME:			HMIS UID (or DOB):
Start Date	End Date (current date if residing in same location)	Location of Stay	Location Type (Check <u>one</u> only for each instance)
			<input type="checkbox"/> Car, van or camper not hooked up to facilities <input type="checkbox"/> Streets/outdoor encampment <input type="checkbox"/> Other location not meant for humans to live (e.g. storage shed) <input type="checkbox"/> Hotel/motel paid for by non-profit/county funding <input type="checkbox"/> Homeless or crisis shelter. Specify name(s): <input type="checkbox"/> Institution (e.g. hospital, jail) <input type="checkbox"/> Not Homeless/Break (e.g., stayed with friends, stayed in self-paid motel)
			<input type="checkbox"/> Car, van or camper not hooked up to facilities <input type="checkbox"/> Streets/outdoor encampment <input type="checkbox"/> Other location not meant for humans to live (e.g. storage shed) <input type="checkbox"/> Hotel/motel paid for by non-profit/county funding <input type="checkbox"/> Homeless or crisis shelter. Specify name(s): <input type="checkbox"/> Institution (e.g. hospital, jail) <input type="checkbox"/> Not Homeless/Break (e.g., stayed with friends, stayed in self-paid motel)
			<input type="checkbox"/> Car, van or camper not hooked up to facilities <input type="checkbox"/> Streets/outdoor encampment <input type="checkbox"/> Other location not meant for humans to live (e.g. storage shed) <input type="checkbox"/> Hotel/motel paid for by non-profit/county funding <input type="checkbox"/> Homeless or crisis shelter. Specify name(s): <input type="checkbox"/> Institution (e.g. hospital, jail) <input type="checkbox"/> Not Homeless/Break (e.g., stayed with friends, stayed in self-paid motel)
			<input type="checkbox"/> Car, van or camper not hooked up to facilities <input type="checkbox"/> Streets/outdoor encampment <input type="checkbox"/> Other location not meant for humans to live (e.g. storage shed) <input type="checkbox"/> Hotel/motel paid for by non-profit/county funding <input type="checkbox"/> Homeless or crisis shelter. Specify name(s): <input type="checkbox"/> Institution (e.g. hospital, jail) <input type="checkbox"/> Not Homeless/Break (e.g., stayed with friends, stayed in self-paid motel)

Client signature below certifies that the above information is correct

Client Signature: _____	Date: _____
-------------------------	-------------

Staff Signature: _____	Date: _____
Printed Name: _____	
Agency Name: _____	Job Title: _____



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Document Readiness Forms


☐ Homeless Certification (All programs)

- ☐ Expires after 90 days
- ☐ Please fill out everything!

Check box and type of verification attached

Provider/ Case Manager's information and signature



 **HOMELESSNESS CERTIFICATION**

The Homelessness Certification is used by agencies* to affirm an individual or family is experiencing homelessness at the time the certification is completed.

Client Name: _____ HMIS UID (or DOB): _____

Number of Dependents for Head of Household (families): _____

Please read each option. Check the box of the person's living situation and the type of verification attached:

☐ Currently living in a place not meant for human habitation** or in an emergency shelter. (Please select one of the 4 boxes below.)

- ☐ First-hand observation by outreach worker (Please check the box that best describes your observation of the individual's or family's current living situation):
 - ☐ Car, van, camper, or other vehicle not hooked up to facilities
 - ☐ Street / outdoor encampment
 - ☐ Other, please describe: _____
- ☐ HMIS Program History printout indicating individual is currently homeless;
- ☐ Homelessness History Verification;
- ☐ Written referral from another agency;

☐ Exiting an institution, where they resided less than 90 days and lived in an emergency shelter or place not meant for human habitation immediately before entering the institution.

- ☐ One of the forms of evidence listed above for "living in a place not meant for human habitation"; AND
- ☐ Discharge paperwork from the institution or written referral from the institution or written record of intake worker's due diligence to obtain above evidence and certification by individual that they exited institution

☐ Currently residing in an approved Transitional Housing program, where they lived in an emergency shelter or place not meant for human habitation immediately before entering the program.

- ☐ Written referral letter from the transitional housing program; OR
- ☐ HMIS Program History printout indicating stay in Transitional Housing and where person resided prior to entry

☐ Individual is fleeing or is attempting to flee domestic violence, where they have no other residence and lack the resources or support networks to obtain other permanent housing. The following verification is attached:

- ☐ Self-certification or intake worker certification stating individual is: (i) fleeing; (ii) has no subsequent residence; and (iii) lacks resources; for non-victim service providers, please refer to 24 CFR 578.103

I affirm that I am a representative of one of the referenced agencies and that the above named person is experiencing homelessness. I have enclosed the proper documentation as required under the U.S. Department of Housing and Urban Development HEARTH Act and understand that the information is subject to verification.

Signature: _____ Date: _____

Printed Name: _____

Agency Name: _____ Job Title: _____

*Agencies: Any non-profit agency with services designed to serve individuals experiencing homelessness, law enforcement, health care workers, street outreach workers, emergency shelters, soup kitchens, food banks, and governmental organizations

**Sleeping on a friend or family member's couch/floor/bed does not qualify as a place not meant for human habitation.

Updated 7/10/17

CAS Housing Program Types



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HUD Definition

Homeless Category 1

Literally Homeless

Individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:

1. Has a primary nighttime residence that is a public or private place not meant for human habitation; or
2. Is living in a publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state and local government programs); or
3. Is exiting an institution where (s)he has resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution.



HUD Definition

Homeless Category 4

Fleeing/Attempting to Flee Domestic Violence (DV)

1. Is fleeing, or is attempting to flee, domestic violence, human trafficking, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against the individual or a family member, including a child, that has either taken place within the individual's or family's primary nighttime residence or has made the individual or family afraid to return to their primary nighttime residence*;
AND
2. Has no other residence; **AND**
3. Lacks the resources or support networks to obtain other permanent housing.



HUD Definition

At Risk of Homelessness:

- Has an annual income below 30% area median income;
- Does not have sufficient resources or support networks immediately available to prevent them from moving to an emergency shelter or into homelessness;
- Is exiting a publicly funded institution, or system of care (such as a health-care facility, a mental health facility,

AND...



HUD Definition

At Risk of Homelessness Continued

Meets one of the following conditions:

- Have moved because of economic reasons two or more times during the 60 days immediately preceding applying for homelessness assistance;
- Is living in the home of another because of economic hardship;
- Has been notified in writing that their right to occupy their current housing or living situation will be terminated within 21 days of the date of application for assistance; (due diligence needs to be done to confirm they will lose their housing without one time financial assistance; i.e. eviction notice)
- Lives in a hotel or motel that is not paid for by charitable organizations or by federal, State, or local government programs for low-income individuals;
- Lives in a single-room occupancy or efficiency apartment unit with more than two people, or lives in a larger housing unit in which there reside more than 1.5 people per room.



Permanent Supportive Housing (PSH)

Permanent Supportive Housing (PSH) is permanent housing in which housing assistance (e.g., long-term leasing or rental assistance) and supportive services are provided to assist households with at least one member (Head of household) with a disability in achieving housing stability.

Eligibility Requirements

- ☐ Category 1 **OR** 4 Homeless
- ☐ Disability
- ☐ Chronicity

What is needed for a referral?

1. VI-SPDAT V2
2. Homeless Certification
3. Disability Certification
 - *Chronic Homelessness Certification
 - *12 months of experiencing homelessness verified
4. Social Security Card
5. Valid ID
6. Birth Certificate and Social Security cards
 - *Only needed for minor household members (under 18yo)

Permanent Housing (PH) with Services

Permanent Housing (PH) is a community-based housing model, the purpose of which is to provide housing without a designated length of stay. PH program participants must be the tenant on a lease (or sublease) which must:

- have an initial term of at least one year;
- be renewable for a minimum term of one month;
- be terminable only for cause.

Eligibility Requirements:

Any individual or family that falls into Category 1 or 4 **OR** at-risk of becoming homeless.

What is needed for a referral?

1. Complete a Permanent Housing Assessment
2. At-Risk of Homelessness Certification
OR Homeless Certification
3. Social Security Card
4. Valid ID
5. Birth Certificate

*Only needed for household members
(under 18 years old)



Permanent Housing Without Services

SHRA voucher program

SSF partners with SHRA to provide housing vouchers to low-income individuals and families to enable them to afford decent, safe, and sanitary housing in the private rental housing market.

Tenant Based Vouchers

The housing subsidy is paid to the private landlord directly by SHRA on behalf of the participating family. The family then pays the difference between the actual rent charged by the landlord and the amount subsidized by the program.

Shelter Plus Care (SPC)

- Enrolled in on-going case management services (BHS, ECM, OMEGA, etc.)
- Meet PSH documentation (ID, Social Security Card, homeless certification, chronicity certification, and disability certification)

Foster Youth Independence (FYI)

- Age 18-24
- Homeless Category 1-4, At Risk of Homelessness
- Entered the foster care system after the age of 16
- Meet PH documentation (ID, Social Security Card, homeless certification)
- Limited 3-year program

Rapid Rehousing (RRH)

Rapid Rehousing (RRH) provides short-term (up to three months) and medium-term (4-24 months) tenant-based rental assistance and supportive services to households experiencing homelessness. Length of assistance is based upon need and evaluated on a month to month basis.

Eligibility Requirements:

- ☐ Category 1 or 4 Homeless

What is needed for a **potential** referral?

1. VI-SPDAT V2 Assessment
 2. Homeless Certification
 3. Social Security Card*
 4. Valid ID*
 5. Birth Certificate *
- *Only needed for minor household members (under 18 y.o)

* Some RRH programs work with clients to obtain these documents after referral



Confirm Client Interest

The SSF referral team will send an email to the client's provider containing general information, program requirements, and an inquiry about their interest in the unit.

Providers have 3 days to respond to the interest letter; otherwise, the referral team will proceed with the next eligible client.



Confirm Client Interest

If the client **accepts**, the SSF referral team will process the referral in HMIS and send an email confirmation to both the provider and the Housing Program.

If the client **declines**, the SSF referral team will move forward to the next eligible client.

This decline does not affect the client's eligibility to receive another housing referral.



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Referral Submission

SSF generates the referral in HMIS

SSF connects the Housing Service Provider and Current Client Service Provider

The referral team sends email referral confirmation to service provider and the housing program



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STEPS FORWARD

Referral Transparency

SSF solely identifies eligible clients and coordinates referrals for CoC housing programs. SSF does not determine whether clients are accepted or denied from a program.

Referrals do not guarantee housing

- ☐ Serve as reservations for openings within a housing project or program
- ☐ The referred client must be approved by the housing program/project for the referral to be considered complete and successful.
- ☐ Both the provider and client must follow up on housing-related appointments, applications, and further intake processes for program enrollment.
- ☐ Programs have the authority to deny ineligible referrals. If a referral is denied, the case manager and client will be notified by the Housing Program.
- ☐ After the referral is completed, there will be additional paperwork, applications, and/or background checks that can delay the move-in process.



**SACRAMENTO
STEPS FORWARD**

CAS Housing Program Enrollment

After a referral has been submitted and approved, the process will proceed as follows:

- ✓ A Warm Hand-off is conducted with the service provider and new housing program staff where the client will be enrolled.
- ✓ The Housing Service Provider assumes responsibility for all services moving forward.
- ✓ The Housing Service Provider enrolls the client into the program in HMIS.
- ✓ The client permanently moves into the housing project.

Resources

SSF Housing Referral Open Office Hours:
Mondays, 2:30-3:30 PM
Send email to: referrals@sacstepsforward.org

Frontline Learning Collaborative:
Monthly meeting at the Rose Family Creative
Empowerment Center
For information contact Theresa Bible,
tbible@sacstepsforward.org

[Provider Resources Directory](#)

[Housing Document Ready List](#)



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Questions?

Contact the CAS Housing Referral Email

Referrals@sacstepsforward.org

THANK YOU!



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