

# Minnesota Coordinated Entry System (MN CES)

## **Coordinated Entry Referral Denial Form (Client)**

This form should be completed by clients, whenever they are denying a referral that has been made by a CES agency. Forms should be returned to the entity that is coordinating the local implementation of CES.

Date \_\_\_\_\_

Client Initials \_\_\_\_\_

Reason for denial (please check a box, and you must explain in detail below)

I/my household refuse further participation in this program

I/my household are moving outside of the area that is served by this program

I/my household are able to resolve my housing crisis without assistance

I/my household are concerned about my health and safety at this program.

I/my household needs cannot be addressed by the program. The program does not offer the services and/or housing supports necessary to successfully serve the household.

Please describe why you are unable to accept this referral.

If you feel this was an inappropriate referral, please indicate that below with an explanation.

### **To be completed by the Agency Staff**

Agency Name \_\_\_\_\_ Program name \_\_\_\_\_

Staff contact \_\_\_\_\_ Email \_\_\_\_\_ Phone \_\_\_\_\_

Client ServicePoint Number \_\_\_\_\_ Referral Date \_\_\_\_\_