Minnesota Coordinated Entry System (MN CES)

Coordinated Entry Referral for Scattered Site or Voucher Based Housing Programs
To be completed by housing provider describing vacant unit

Agency __________________________ Program Name __________________________

Type of Program
☐ PH: PSH ☐ TH ☐ PH: RRH ☐ Other __________________________

Unit Size (check all that apply)
☐ Studio ☐ 3BR
☐ 1BR ☐ 4BR
☐ 2BR ☐ Other_____

Household Composition ☐ Single Adults ☐ Families ☐ Youth

Family Composition (when applicable) ___Parent(s) ___Children

Parents Ages
☐ Under 18 ☐ 18-21 ☐ 18-24 ☐ No preference

Homeless Status as Required by Funder
☐ First time ☐ Chronically Homeless (HUD Defined)
☐ Multiple times, Not LTH ☐ Long Term Homeless (MN defined)

Disability
☐ Head of Household must have documented disability that impacts their ability to work
☐ A household member must have disability
☐ No requirement

Income
☐ Client has legal, verifiable EARNED income and/or has Public assistance
☐ Minimum Monthly $_______ ☐ Maximum Monthly $_______

Criminal or Background
Please list below any additional criteria for possible tenants. If you are excluding people please include justification for each specific limitation.

Sobriety
Client must be sober ☐ Yes ☐ No Please elaborate__________________________

Please use the back side of this form to add any additional information about the unit or programming available.