Coordinated Entry Referral for Site Based Housing Programs

To be completed by housing provider describing vacant unit

Agency __________________________ Program Name __________________________

Type of Program

☐ PSH ☐ TH ☐ RRH ☐ Other __________________________

Unit Size (check one)

☐ Studio ☐ 3BR
☐ 1BR ☐ 4BR
☐ 2BR ☐ Other _______

Household Composition

☐ Single Adults ☐ Families ☐ Youth

Family Composition (when applicable) _______ Parent(s) _______ Children

Parents Ages

☐ 18-21 ☐ 18-24 ☐ No preference

Location

City_________________ Neighborhood_________________ Cross-streets_________________

Homeless Status as Required by Funder

☐ First time ☐ Chronically Homeless (HUD Defined)
☐ Multiple times, Not LTH
☐ Long Term Homeless

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 that 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.
# Coordinated Entry Referral for Scattered Site or Voucher Based Housing Programs

To be completed by housing provider describing vacant unit

<table>
<thead>
<tr>
<th>Agency</th>
<th>Program Name</th>
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## Type of Program
- [ ] PSH
- [ ] TH
- [ ] 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
- [ ] 18-24
- [ ] 18-21
- [ ] No preference

## Homeless Status as Required by Funder
- [ ] First time
- [ ] Multiple times, Not LTH
- [ ] Long Term Homeless (MN defined)
- [ ] Chronically Homeless (HUD 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
- [ ] Yes
- [ ] No

Please elaborate

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