



CCHA COORDINATED ENTRY INITIAL REFERRAL FORM

Name: _____ **Date of Birth:** ____/____/____

Number of adults in your household: _____ **Number of children in your household:** _____

Phone: _____ **Other Phone:** _____
Do we have permission to call these numbers? ___ Yes ___ No *Do we have permission to leave a message? ___ Yes ___ No*

Email: _____ **Other Contact:** _____
Do we have permission to email you? ___ Yes ___ No

Mailing Address: _____

Where did you stay last night? (please check box below)

- Emergency Shelter
- Outdoors
- Vehicle
- Renting a house/apartment (check all that apply)
 - Facing eviction – DATE (if known): _____
 - Have rental subsidy or voucher
- Staying with friends or family because of economic hardship
 - Facing eviction – DATE (if known): _____
- Motel/hotel
 - Paid by agency
 - Paid by self or family/friends, not able to continue
- Other (please explain): _____

How long have you stayed at the above location? _____

What language are you most comfortable speaking? _____ Is an interpreter needed? ___ Yes ___ No

Are you currently fleeing or attempting to flee an intimate partner violence situation? ___ Yes ___ No
If yes, offer referral to local domestic violence agency, Steps to End Domestic Violence.

Have you ever served on active duty in the U.S. military or Armed Services? ___ Yes ___ No

Are you 24 years of age or younger? ___ Yes ___ No
If yes, offer referral to local youth-serving agency, Spectrum Youth & Family Services.

Is there anything else you feel we should know?



I give my permission for the Champlain Valley Office of Economic Opportunity (CVOEO) to receive a copy of this form and to share information included on this form with the following agencies (assessment hubs) for the purpose of continuing the coordinated entry process to obtain housing-related assistance:

- * Champlain Valley Office of Economic Opportunity (CVOEO) _____ *decline*
- * Committee on Temporary Shelter (COTS) _____ *decline*
- * Spectrum Youth & Family Services _____ *decline*
- * Steps to End Domestic Violence _____ *decline*

(If you do not want your information to be shared with one of the listed agencies, please check "decline" next to their name.)

Signature _____ Date _____

If screening is done over the phone, interviewer writes "verbal consent" and signs their own name on the signature line

OFFICE USE ONLY

CVOEO COTS Spectrum

Client was referred to: Steps to End Domestic Violence

Interviewer Name: _____ Staff Volunteer

Organization: _____ Phone #: _____

***** Please fax completed form ATTN: Christopher Brzovic (CCHA/CVOEO) to 802-859-3462 *****