**COORDINATED ENTRY REFERRAL LETTER**

[DATE]

Dear [HOUSING PROVIDER/AGENCY],

This letter serves to verify the referral of [HOH NAME]’s Household to the [HOUSING PROGRAM] on [DATE OF REFERRAL].

This household participated in the coordinated entry process, completed an assessment, and was placed on master list for Coordinated Entry. Additionally, the household was identified and prioritized for this resource according to the CCHA Coordinated Entry policies and procedures as well as the particular requirements of this [HOUSING PROGRAM] and was referred by the Community Housing Review Committee.

This household was ranked [RANK] for the program identified above.

If not the highest priority (rank) for this referral, please identify the reason(s) below:

* Households with a higher rank for this program were also referred.
* Households with a higher rank for this program were not eligible for referral to the program.
* Households with a higher rank for this program were not eligible for available or required services.
* Households with a higher rank for this program declined to enroll in this program.

Sincerely,

[CE SYSTEM ADMIN NAME]

Coordinated Entry System Administrator

Chittenden County Homeless Alliance

Champlain Valley Office of Economic Opportunity

CC [SERVICE PROVIDER]