



**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?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CONTINUED ON OTHER SIDE →**



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:

- \* ANEW Place
- \* Champlain Valley Office of Economic Opportunity (CVOEO)
- \* Committee on Temporary Shelter (COTS)
- \* Safe Harbor (CHCB)
- \* Spectrum Youth & Family Services
- \* Steps to End Domestic Violence

*(If you do not want your information to be shared with one of the listed agencies, please cross out their name)*

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

**REFERRING SERVICE PROVIDER INFORMATION**

Staff Name: \_\_\_\_\_ Email: \_\_\_\_\_  
Organization: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Please return completed form to Coordinated Entry Staff (CCHA/CVOEO):**

**By Email: [ChittendenCE@cvoeo.org](mailto:ChittendenCE@cvoeo.org)**

**By Fax: 802-859-3462**