



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

By Fax: 802-859-3462