



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
  - Facing eviction – DATE: \_\_\_\_\_
- Staying with friends or family because of economic hardship
  - Facing eviction – DATE: \_\_\_\_\_
- Motel/hotel
  - Paid by agency
  - Paid by self or family/friends, not able to continue past DATE: \_\_\_\_\_
- 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 - STEPS 24/7 Hotline: (802) 658-1996

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

**Other Relevant Information:**

Please list the names and dates of birth of other adults in household and other names you may be associated with (i.e. maiden name, nicknames, legal name [if different]) as well as 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 and the outcome of the referral with the following agencies, including the referring agency listed below (under Referring Service Provider), 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:**

*If you are submitting this form on behalf of a household, please provide your name, organization, and contact information below.*

Staff Name: \_\_\_\_\_ Email: \_\_\_\_\_

Organization: \_\_\_\_\_ Phone: \_\_\_\_\_

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

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

Fax: 802-859-3462

In Person: CVOEO, 255 South Champlain St, Burlington, VT