



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: _____
- 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

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

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