



**United Way**  
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# OH-506 Centralized Intake Policies and Procedures

Updated 9/19/23

**BOLD GOALS. BIG RESULTS.**

**OH-506 Centralized Intake Policies and Procedures 09/14/23**

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## I. Program Description

OH-506 Centralized Intake (Homeless Hotline) is an expansion of HMIS of Akron/Summit County program that performs central intake activities for those who present as homeless or who are on the verge of becoming homeless. This program is administered on behalf of Akron/Barberton/Summit Continuum of Care and will involve assessing client needs to determine the appropriate situational, or permanent housing pathway for each person who calls, entering client data into HMIS, and issuing referrals to service providers who will work with clients to obtain permanent housing. **United Way of Summit County and the Akron/Barberton/Summit County Continuum of Care will operate and make referrals in accordance with HUD Orders of Priority Notice CPD-016-11 and HUD requirements for Coordinated Entry CPD-17-01. HUD CPD 17-01 should be considered an attachment to these Policies and Procedures.**

<https://www.hudexchange.info/resources/documents/Notice-CPD-17-01-Establishing-Additional-Requirements-or-a-Continuum-of-Care-Centralized-or-Coordinated-Assessment-System.pdf>

### **Non Discrimination Policy**

The Homeless Hotline provides equal opportunity to obtain assistance for all persons without regard to race, color, sex, religion, familial status, disability, national origin, age, and military status, receipt of public assistance, sexual orientation, gender identity, or expression.

## II. Grant Terms

Per requirements of CoC and ESG grants, participation in local Centralized Intake is required.

## III. Target Population and Program Eligibility

An individual or family is eligible for shelter if the client or head of household is an adult and currently homeless or at imminent risk of homelessness. In addition, a family must have custody of a minor child who will be entering shelter. To be eligible for RRH, TH, or PSH, a client must be Category 1 Homeless with documentation of homeless verification (see subsequent section). For family PSH programs, a client is eligible if they are pregnant without other minor children.

The Homeless Hotline follows HUD definitions of homelessness:

- (1) Category 1- Literally Homeless- Individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning: (a.) Has a primary nighttime residence that is a public or private place not meant for human habitation; (b.) Is living in a publicly or privately operated shelter designed to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state, and local government programs) or (c.) Is exiting an institution where they have resided for 90 days

or less and resided in an emergency shelter or place not meant for human habitation immediately before entering that institution.

- (2) Category 2- Imminent Risk of Homelessness – Individual or family, who will imminently lose their primary nighttime residence, provided that: (a.) Residence will be lost in 14 days of the date of application for homeless assistance; (2) No subsequent residence has been identified; and (c.) The individual or family lacks the resources or support networks needed to obtain other permanent housing.
- (3) Category 3- Homeless under other Federal statutes-Unaccompanied youth under 25 years of age, or families with children and youth, who do not otherwise qualify as homeless under this definition, but who: (a.) Are defined as homeless under the other listed federal statutes; (b.) Have not had a lease, ownership interest, or occupancy agreement in permanent housing during the 60 days prior to homeless assistance application; (c.) Have experienced persistent instability as measured by two moves or more during the preceding 60 days; and (d.) Can be expected to continue in such status or an extended period of time due to special needs or barriers.
- (4) Category 4- Fleeing/Attempting to Flee DV- Any individual or family who: (a.) Is fleeing, or is attempting to flee, domestic violence; (b.) Has no other residence; and (c.) Lacks the resources or support networks to obtain other permanent housing.

#### IV. Domestic Violence (DV) Protocol

**All callers who identify they are fleeing violence are immediately transferred to the Hope & Healing (B.W.S.) Hotline at 330-374-1111 for assessment.** Any callers not immediately served by Hope & Healing will be served by other shelter beds in the community.

- (1) Domestic Violence:
  - (a.) **Definitions:** domestic violence occurs between people in relationships, such as current or former: husbands and wives; boyfriends and girlfriends; partners; the elderly and their caretakers; parents, children and/or relatives; sex workers and their pimps/clients; as well as victims of stalking or trafficking. Domestic violence includes one or more of the following components:
    - (b.) Attempting to cause or causing physical harm to another family member or household member; (this includes, but is not limited to pushing, shoving, grabbing, punching, slapping, kicking, biting, pulling hair, threatening with a weapon, attacking with a weapon, leaving visible marks or causing bleeding).
    - (c.) Making explicit threats to physically harm a family or household member.
    - (d.) Forcing a family or household member to involuntarily engage in sexual activity through violence, threats of violence or duress.

## V. Assessment

### **Housing First**

All CoC programs are to utilize a Housing First (HF) Protocol. CI understands these are HF programs and relies on client's self-assessment at the time of initial intake as part of the referral determination. We utilize a localized assessment tool that identifies possibly eligibility components and prioritizes those with multiple barriers to housing. We ask questions to identify things such as support networks, disabilities, mental health, and evictions but those do not determine eligibility for referrals.

### **Prioritization**

As of 2023, our localized assessment form has been recentered on racial equity and restoring balance to referrals made by CI. As a result, this form was created in collaboration with Persons with Lived Experience of Homelessness (PLE) and consumers of our homeless system. It is designed to aid in the practice of diversion and the methods of prioritization to beds within the CoC system.

**HMIS/Data collection and evaluation** will be conducted via the Homeless Management Information System (HMIS). Required HUD data will be recorded for all clients within the HMIS system. CI will create an initial data record with all required data fields as self-reported by clients during the assessment conversation. These records will serve as open records for needs assessment and/or subsequent referral to SCCoC partner agencies.

HMIS resources such as shelter waitlists and participant BNLs are housed and updated in HMIS. Required data will be entered into HMIS within 48 hours from initial client interaction. United Way of Summit & Medina County (UWSM) will enter all eligibility intake information as collected. Shelters/PSH/TH/RRH providers will enter all program entry/exit information, referral services provided, as well as any information required that was not collected upon initial screening by Homeless Hotline.

It is the responsibility of each agency within the Homeless Hotline partnership to maintain appropriate records to document, respective to their agency, all client interaction while enrolled in the program and years subsequent as required by law. Client files can, but are not limited to, contain intake/assessment/screening forms, signed release(s) of information, case management notes, signed verification forms, income documentation, and disability or medical condition documentation.

## VI. Documentation

### **Homeless Verification**

For referrals to CoC Programs including RRH, PSH, and TH documentation of Category 1 Homelessness is required. For clients in encampments, we partner directly with CSS SO and rely on SO workers to provide homeless verification letters. For clients in shelter, CoC participating agencies may use client data in HMIS to provide certification of a shelter stay. Shelters not participating in HMIS will be required to

provide a letter of shelter stay verification. All other clients (e.g. sleeping in car, bus stop, etc.) will be verified in-person by CI Housing Navigators. The verification process includes meeting with a Housing Navigator in-person at their car or place they have been sleeping overnight, subsequent check-ins, and establishing a pattern of outside homeless. When those have been achieved, CI will provide a homeless certification form and photos documenting outside homelessness. Only CI may perform 3rd party verifications for CoC referrals. Partner agencies must defer to CI for verification and cannot write a letter themselves. CI can only perform verifications for clients residing in Summit County.

## **Income**

Client income will be verified by the SCCoC partner receiving the referral from Centralized Intake. After verification, clients must have a documented income less than 30% of AMI to enter a CoC Housing program.

## **VII. Intake Process**

UWSM will operate 211/Homeless Hotline for individuals and families experiencing homelessness in Summit County. 211 will operate 24/7, 365 days to provide immediate shelter resources. Diversion conversations with a Housing Navigator will take place Monday – Friday from 8am – 5pm.

### **Centralized Intake will maintain housing lists and make referrals in accordance with HUD Orders of Priority Notice CPD-016-11 and HUD requirements for Coordinated Entry CPD-17-01.**

- (1) Central Intake Housing Navigators will conduct assessments over the phone via the Homeless Hotline and in-person at client locations and the United Way Building.
- (2) Housing Navigators start with diversion conversations to determine if the client can use their own resources/support networks or other community resources to be diverted from shelter.
- (3) Housing Navigators employ motivational interviewing and seek to empower and express empathy with clients.
- (4) Housing Navigators understand resources are limited and utilize the OH-506 Assessment Tool to prioritize clients for assistance.
- (5) Once an urgent need for shelter has been established, a client will be referred for shelter in available. If not available, a client will be added to appropriate shelter waitlist(s).
- (6) Housing Navigators will obtain a verbal release of information (ROI) to share information covered with partner agencies.
- (7) Housing Navigators will provide other resources to clients as requested such as mental health, food, or utility assistance.
- (8) Housing Navigators will enter all data in HMIS.

## **VIII. Waitlist**

UWSM will maintain a prioritized waitlist for families and individuals who have been identified as needing shelter placement through the Homeless Hotline. UWSM will maintain a prioritized waitlist for families and individuals who meet eligibility for referral to a CoC funded housing program that includes

Permanent Supportive Housing (PSH), Transitional Housing (TH) or Rapid Re-Housing (RRH). Clients will be able to call the Homeless Hotline to check their status on the waitlist, communicate they still need shelter placement, or communicate they no longer need shelter placement.

## IX. Referral Process

All referrals to Emergency Shelters (ES), Transitional Housing (TH), Permanent Supportive Housing (PSH), or Rapid Re-Housing (RRH) are sent in HMIS from Centralized Intake to participating referrals. From the time a referral is sent, providers must respond in HMIS within 48 hours. If provider is still determining eligibility, the need status should be marked as "In process." ROI created so that notes made can be viewed by CI. Anything noted as in progress must have an update recorded in HMIS within 7 days. Providers must complete the outcome of referrals within 14 days of receipt in HMIS. Any referrals that have not been closed with an outcome will result in negative scoring by the SCCoC Review & Ranking committee at the time of annual NOFO submission.

Homeless Hotline Specialists will refer clients to PSH/TH and RRH based on the following factors: **UWSC/OH-506 Centralized Intake will operate according to the requirements and guidelines set forth in HUD Notice CPD-17-01 (eff 1/23/2017). As such, all referrals will be made in accordance with the rules of Prioritization established in those guidelines.**

<https://www.hudexchange.info/resources/documents/Notice-CPD-17-01-Establishing-Additional-Requirements-or-a-Continuum-of-Care-Centralized-or-Coordinated-Assessment-System.pdf>

## X. Shelter Placement

The Housing Navigator responsible for shelter referrals will email shelters on Monday morning to check the availability of beds. If beds come available later in the week, shelters will email or call Housing Navigator. Housing Navigators will determine who is next for shelter by a client's prioritization score, and secondarily the date they were added to the waitlist.

### **Offering Placement**

When a client comes up for placement in a shelter, Homeless Hotline Navigator(s) will contact the client via phone call and text to let them know that a bed is available. If the Homeless Hotline Navigator(s) is not able to reach the client, Homeless Hotline Navigator (s) will tell client via voicemail and/or text that they have 4 hours to respond before Navigator will move on to the next client on waitlist. If a client is contacted after 3PM Monday to Thursday or after 12PM on Friday, and there are not 4 hours left in the Homeless Hotline's hours, they will have until 9am on the next business day. If a client contacts the Homeless Hotline within 24 hours of contact, they will remain on the waitlist. If the client is offered shelter a second time and does not respond within 4 hours, they will be removed from the waitlist. If they call again, they will be reassessed for shelter and can be added to the waitlist again.

### **Refusal of Placement**

If a client refuses an offer of shelter placement, then the next client on the waitlist for shelter is contacted for placement. The client that refused shelter will be instructed that if shelter placement is

needed in the future, the client will have to do a new phone intake with the Homeless Hotline and will be placed back on the waitlist for shelter.

### **Lack of Contact**

It will be encouraged by Homeless Hotline Navigator(s) that clients check in *once a week for shelter or whenever there is a change in their circumstances (e.g. a family member leaves the household, their current housing situation changes, etc.)* Prioritization score will be adjusted if needed when there is a change in circumstance. After 30 days of no contact, a client is removed from the waitlist and their HMIS record for CI is closed. If they call back in need of shelter, a new intake is completed, and they can be re-added to the waitlist.

### **Obtaining other Housing or Accommodations**

For eligibility or referral post crisis housing, clients must keep Category 1 Homeless status (Emergency Shelter or place not meant for habitation) to remain eligible for referral. Resolution of one's own housing crisis is strongly encouraged by CI therefore households who resolve within their own support networks will no longer be eligible for crisis resources.

## **XI. Grievance Policy**

Centralized Intake/Homeless Hotline is committed to providing a transparent process to address problems as they arise with services and staff interactions. All consumers should feel comfortable that their complaints will be addressed promptly, fairly, and without fear of retaliation.

### **Who can file a grievance?**

Any consumer/client participating with Centralized Intake/Homeless Hotline can file a grievance. This includes clients who have been denied services, have received unsatisfactory services, or have been treated unfairly by a staff person.

### **What types of grievances can be filed?**

Examples of grievances that can be filed include:

- Denial of services
- Unsatisfactory services
- Unfair treatment by a staff person
- Discrimination
- Harassment
- Violation of confidentiality



## How to file a grievance

Clients participating with Centralized Intake/Homeless Hotline may file a grievance within (10) days of denial of service or incident. To file a grievance, please complete the Grievance Form found in the appendix. This form will also be available online at \_\_\_\_\_ or available to pick up at United Way at the location listed below.

All completed materials for the Appeal Application should be emailed to [renthp@uwsummitmedina.org](mailto:renthp@uwsummitmedina.org) or mailed/dropped off at:

United Way of Summit County

C/O Centralized Intake

37 N. High Street

Akron, Ohio 44308

## Grievance Process

Once the completed materials have been received, the application will be reviewed within 2 business days, in compliance with SCCoC requirements. The Centralized Intake/Homeless Hotline representative will gather relevant information from the person filing the grievance. Based on the facts and any supporting documentation, Centralized Intake/Homeless Hotline will seek to resolve the grievance, interviewing further people and arranging a meeting of all parties, as needed. After review, the client will be contacted by phone, email and/or mail with a determination. If the client is not satisfied with the response, they can appeal to the SCCoC. See appendix for SCCoC Grievance Policy and Form.

## XII. Appendix

### OH-506 Central Intake Form

### Centralized Intake/Homeless Hotline Grievance Form

### SCCoC Grievance Policy

### SCCoC Grievance Form

**OH-506 Intake Assessment Form**

SSN:

HMIS ID:

*“Thanks for calling United Way. My name is \_\_\_\_\_, who am I speaking with?” “Before I help you, can I ask you to spell your first and last name and get your phone number in case we get disconnected?”*

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Phone number: \_\_\_\_\_

1. Where did you sleep last night? [If car, outside, tent, abandoned house (+1)]

How long have you stayed there (place client slept last night)? \_\_\_\_\_

Homeless Situations	Institutional Situations	Temporary and Permanent Housing Situations	
<input type="checkbox"/> Place not meant for habitation (car, abandoned building, tent, or anywhere outside) (+1)  * Actual location (car, tent, park, etc.): _____	<input type="checkbox"/> Foster care home or foster care group home	<input type="checkbox"/> Residential or halfway house with no homeless criteria	<input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher
	<input type="checkbox"/> Hospital or other residential non-psychiatric medical facility	<input type="checkbox"/> Transitional housing for homeless persons (including homeless youth)	<input type="checkbox"/> Host home (non-crisis)
	<input type="checkbox"/> Jail, prison, or juvenile detention facility	<input type="checkbox"/> Staying or living in a friend's room, apartment or house	<input type="checkbox"/> Staying or living in a family member's room, apartment or house
<input type="checkbox"/> Emergency shelter, including hotel or motel paid for with voucher	<input type="checkbox"/> Long-term care facility or nursing home	<input type="checkbox"/> Rental by client, with GPD TIP housing subsidy	<input type="checkbox"/> Rental by client, with VASH housing subsidy
<input type="checkbox"/> Safe Haven	<input type="checkbox"/> Psychiatric hospital or other psychiatric facility	<input type="checkbox"/> Permanent housing (other than RRH) for formerly homeless persons	<input type="checkbox"/> Rental by client, with RRH or equivalent subsidy
	<input type="checkbox"/> Substance abuse treatment facility or detox center	<input type="checkbox"/> Rental by client, with Housing Choice Voucher (HCV) (tenant or project based)	<input type="checkbox"/> Rental by client in a public housing unit
		<input type="checkbox"/> Rental by client, no ongoing housing subsidy	<input type="checkbox"/> Rental by client, with other ongoing housing subsidy
		<input type="checkbox"/> Owned by client, with ongoing housing subsidy	<input type="checkbox"/> Owned by client, no ongoing housing subsidy
		<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Client refused
		<input type="checkbox"/> Data not collected	

2. Do you have a safe place to sleep tonight?

Yes \* If yes, how long can you stay there? \_\_\_\_\_

No \* If no, pivot to shelter options

### OH-506 Intake Assessment Form

3. Is this your first time experiencing homelessness? [2 or more times (+1), 6 months or longer (+1)]  
If not category 1 homeless, move on to the next question (EX: doubled-up).
- a. How many times: 0  1  2  3  4 or more times
- b. How many months: 0  1  2  3  4  5  6  7  8  
 9  10  11  12  more than 12 months

Date Homelessness Started:

4. Who is part of your household?
- 
- a. Do you have children you are responsible for?  
 No  Yes If yes, where are the children staying? \_\_\_\_\_
- i. Children under age 18 or 18+ in high school  No  Yes (+1)
- ii. Are children in Akron Public Schools?  No  Yes  
\* If you are in the car with children  No  Yes (+1)
- b. Are you pregnant or have a child under age 1?  No  Yes (+1)
- c. Who will join you in permanent housing, including **service animals** and pets?

**Will the service animal need to join you in Shelter?    Yes    or    No**

5. Is there anything that's making it hard for you to find housing?
6. What is your housing plan?

***Restate what you've heard.***

*"I need to ask these next questions in order to identify special programs you may qualify for. These questions are personal but for your best interest. All answers are confidential and used to find housing that best fits you and your situation."*

1. Are you working with a case manager or advocate?  No  Yes If yes, Name:
2. Do you Have Friends or Family to assist you through this process and any other issues you are having?  
No (+1)                      Yes
3. Do you or anyone in your household have a long-term disability?  
 No  Yes If yes, read the list.  Alcohol Use Disorder  Drug Use Disorder
- \* If yes to disability +1  
\* If 2 or more disabilities +1  
\* If HIV/AIDS +1
- Chronic Health Condition  Developmental  Physical  
 Mental Health Disorder  HIV/AIDS
3. Would you benefit from engaging in a substance use program?  No  Yes (+1)
4. Would you benefit from engaging in mental health programs?  No  Yes (+1)

## OH-506 Intake Assessment Form

5. Do you identify as any of the following:  Lesbian,  Gay,  Bi-Sexual,  Transgender (+1), or  Queer? [yes (+1), transgender (+1)]  
 No  Yes (+1)
6. Would you benefit from a program for reentry or previous incarceration?  No  Yes (+1)
7. Is your homelessness due to any emotional, physical, or mental trauma you experienced?  
 No  Yes (+1)  
 If yes, was your trauma related to a domestic violence incident?  No  Yes
8. Have you even been evicted from a housing unit where you were the leaseholder?  
 No  Yes (+1)
9. Is anyone in the household age 60 or older?  No  Yes (+1)

**STOP, rephrase what you've heard.**

*"We are almost done, now I need to ask some basic questions."*

1. DOB \_\_\_\_\_
2. SS Number \_\_\_\_\_
3. What race or races do you identify as?  
 American Indian, Alaska Native, or Indigenous  Asian or Asian American  
 Black, African American, or African  Native Hawaiian or Pacific Islander  White
4. Do you identify as Hispanic or Latino/a?  No  Yes
5. What gender do you identify as? (can pick multiple)  
 Male  Female  Transgender  Questioning  
 A gender that is not singularly 'Female' or 'Male' (e.g., non-binary, genderfluid, agender)
6. Are you a U.S. Military Veteran?  No  Yes
7. \*\*\*Repeat questions 1-5 for all additional members in household. \*\*\*

Relationship to HoH (child, spouse, etc.)				
Name				
DOB				
SSN				
Race(s)	<input type="checkbox"/> Indigenous <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Hawaiian/PI	<input type="checkbox"/> Indigenous <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Hawaiian/PI	<input type="checkbox"/> Indigenous <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Hawaiian/PI	<input type="checkbox"/> Indigenous <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Hawaiian/PI
Hispanic / Latino/a?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
Gender(s)	<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Trans <input type="checkbox"/> Q <input type="checkbox"/> NSMF	<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Trans <input type="checkbox"/> Q <input type="checkbox"/> NSMF	<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Trans <input type="checkbox"/> Q <input type="checkbox"/> NSMF	<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Trans <input type="checkbox"/> Q <input type="checkbox"/> NSMF
Disability	<input type="checkbox"/> Alcohol Use Disorder <input type="checkbox"/> Drug Use Disorder <input type="checkbox"/> Chronic Health Cond. <input type="checkbox"/> Developm. <input type="checkbox"/> Physical <input type="checkbox"/> Mental H <input type="checkbox"/> HIV/AIDS	<input type="checkbox"/> Alcohol Use Disorder <input type="checkbox"/> Drug Use Disorder <input type="checkbox"/> Chronic Health Cond. <input type="checkbox"/> Developm. <input type="checkbox"/> Physical <input type="checkbox"/> Mental H <input type="checkbox"/> HIV/AIDS	<input type="checkbox"/> Alcohol Use Disorder <input type="checkbox"/> Drug Use Disorder <input type="checkbox"/> Chronic Health Cond. <input type="checkbox"/> Developm. <input type="checkbox"/> Physical <input type="checkbox"/> Mental H <input type="checkbox"/> HIV/AIDS	<input type="checkbox"/> Alcohol Use Disorder <input type="checkbox"/> Drug Use Disorder <input type="checkbox"/> Chronic Health Cond. <input type="checkbox"/> Developm. <input type="checkbox"/> Physical <input type="checkbox"/> Mental H <input type="checkbox"/> HIV/AIDS
Veteran? (Adults)	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes

## OH-506 Intake Assessment Form

Relationship to HoH (child, spouse, etc.)			
Name			
DOB			
SSN			
Race(s)	<input type="checkbox"/> Indigenous <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Hawaiian/PI	<input type="checkbox"/> Indigenous <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Hawaiian/PI	<input type="checkbox"/> Indigenous <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Hawaiian/PI
Hispanic / Latino/a?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
Gender(s)	<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Trans <input type="checkbox"/> Q <input type="checkbox"/> NSMF	<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Trans <input type="checkbox"/> Q <input type="checkbox"/> NSMF	<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Trans <input type="checkbox"/> Q <input type="checkbox"/> NSMF
Disability	<input type="checkbox"/> Alcohol Use Disorder <input type="checkbox"/> Drug Use Disorder <input type="checkbox"/> Chronic Health Cond. <input type="checkbox"/> Developm. <input type="checkbox"/> Physical <input type="checkbox"/> Mental H <input type="checkbox"/> HIV/AIDS	<input type="checkbox"/> Alcohol Use Disorder <input type="checkbox"/> Drug Use Disorder <input type="checkbox"/> Chronic Health Cond. <input type="checkbox"/> Developm. <input type="checkbox"/> Physical <input type="checkbox"/> Mental H <input type="checkbox"/> HIV/AIDS	<input type="checkbox"/> Alcohol Use Disorder <input type="checkbox"/> Drug Use Disorder <input type="checkbox"/> Chronic Health Cond. <input type="checkbox"/> Developm. <input type="checkbox"/> Physical <input type="checkbox"/> Mental H <input type="checkbox"/> HIV/AIDS
Veteran? (Adults)	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes

8. Phone number & email address: \_\_\_\_\_

9. Zip code of last permanent address: \_\_\_\_\_



10. Do you have any income?

a.  No (+1)

b.  Yes If yes, what type(s) and amount? \_\_\_\_\_

11. Do you receive non-cash benefits such as food stamps?

No  Yes If yes, what type(s) and amount?

12. Do you have health insurance or Medicaid?  No  Yes

a. If Medicaid, which provider? \_\_\_\_\_

b. Permission to share?  No  Yes

*"Thank you for sharing that information. In order to make a referral we need to share information with our community partners. Do I have permission to share this information?"*  No  Yes



\* Household includes one or more members who identifies as an overrepresented population in the homelessness system when compared to the general population.  No  Yes (+1)

Prioritization score:

HMIS ID Number: \_\_\_\_\_

Notes:

Interviewer: \_\_\_\_\_

Date: \_\_\_\_\_



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## Centralized Intake/Homeless Hotline Grievance Form

Name of person filing complaint: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

Client's Representative, if any: \_\_\_\_\_

### I am filing this complaint against:

Centralized Intake/Homeless Hotline

Name of staff person: \_\_\_\_\_

### I have attempted to address this complaint with Centralized Intake/Homeless Hotline:

Yes  No

If no, would talking with CI/Homeless Hotline be unsuccessful? Yes  No

If yes, please provide the date you attempted to address the complaint, who you addressed it with, what was talked about, and the result:

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**BOLD GOALS. BIG RESULTS.**



**COMPLAINT:**

Date you were denied service or the date the incident occurred: \_\_\_\_\_

**Please provide details of your complaint here. Be as specific as you can. Attach any documentation you think would be helpful.**

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(Include additional pages, if needed)

\_\_\_\_\_   
 Consumer/Client's Signature

\_\_\_\_\_   
 Date

Send completed form and any documentation to [renthp@uwsummitmedina.org](mailto:renthp@uwsummitmedina.org) or mail to:

United Way of Summit County  
c/o Centralized Intake  
37 N. High Street  
Akron, Ohio 44308

**BOLD GOALS. BIG RESULTS.**



# Summit County Continuum of Care (SCCoC)

*a collaboration of agencies working together for the homeless*

## Grievance Policy

### 1. DEFINITIONS

**CoC:** The Akron Barberton Summit County Continuum of Care (OH-506) as defined by the Department of Housing & Urban Development's *Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act: Continuum of Care Program* (24 CFR Part 578)

**CoC Funded Agency:** Any entity currently receiving HUD Continuum of Care (CoC) funding.

**CoC Member:** Any entity or person that is currently a member of the CoC, including CoC Funded Agencies.

**Collaborative Applicant:** The entity designated by the CoC to collect and submit the annual CoC Consolidated Application to HUD and charged with monitoring compliance with CoC grant agreements and the requirements of 24 CFR Part 578.

**Consumer:** Any individual who is, has, or is attempting to receive services or support from a CoC Funded Agency.

**Consumer Grievance:** A grievance brought by a consumer, or on behalf of a consumer, related to a CoC Funded Agency's actions or inactions that adversely impact a consumer or a consumers' rights, welfare, or status.

**Grievance:** Any dispute between an individual or agency and a CoC committee or CoC-Funded Agency, arising out of the CoC Funded Agency's failure to act in accordance with the CoC's governing documents or standards (including the Coalition Operating Policies & Procedures/Governance Charter, the Coordinated Entry Policies & Procedures, CoC Written Standards, and other CoC policies and procedures), or arising out of conduct that adversely affects an individual consumer's rights, welfare, or status. The grievance procedure is applicable only to discrete issues and should not be used as a forum for initiating policy changes in the CoC.

**Non-CoC Funded Agency Grievance:** A grievance against a CoC Member that is not a CoC Funded Agency.

**Non-Consumer Grievance:** A grievance brought by any individual or entity arising out of a CoC Funded Agency's conduct, which does not relate to consumer rights, welfare, or status.

**This Grievance Procedure shall not apply to:**

- a. Grievances involving neither a CoC Funded Agency nor a CoC Member.
- b. Grievances related to a CoC Funded Agency's compliance with the terms of its grant agreement with HUD or other contractual obligations unless the grievance is filed by or on behalf of a consumer or consumers.
- c. Grievances filed by an employee or volunteer of a CoC Funded Agency regarding the agency's actions or inactions related to the employee or volunteer.
- d. Any issue that has been previously decided in another proceeding, including a previously filed and resolved grievance or an issue that has been decided through legal processes; or
- e. Any grievance that is pending before a court of law.

### 2. GRIEVANCE POLICY

The CoC is committed to providing a transparent process to address problems as they arise within CoC Funded Agencies, as well as among CoC Members. All consumers and CoC members should feel comfortable that their complaints will be addressed promptly, fairly, and without fear of retaliation. Problems are best addressed as close to the source as possible, and the CoC encourages resolution of problems through internal processes. All CoC Funded Agencies are expected to maintain internal grievance processes that ensure prompt and fair attention to issues as they arise, and that guard against retaliation. To the extent issues are not able to





be resolved within individual agencies, the CoC has established this policy to govern how grievances may be brought to the CoC.

a. The CoC will post this policy on the CoC website, along with a fillable Grievance Form and information about how to submit grievances through other methods.

b. All CoC Funded Agencies must have an internal grievance policy in place that (1) provides for an initial response to all grievances within two working days, (2) explicitly ensures that no retaliation or loss of services will result from filing a grievance, and (3) notifies consumers of their right to file a grievance with the CoC. They must also have grievance forms available for consumer use.

c. All CoC Funded Agencies must post non-discrimination, Equal Opportunity, and Fair Housing notices in locations where consumers are likely to see them.

d. All CoC Members are encouraged to comply with the requirements listed in subparts B and C above and the CoC will enforce compliance to the extent a grievance indicates that a CoC Member has failed to comply.

### **3. PROCEDURE**

a. Any CoC member who is approached by someone wishing to file a grievance should provide them with a grievance form and refer them to the CoC Executive Director, as appropriate.

b. The CoC Board representative will acknowledge the filing of a grievance within 5 (five) business days. All grievances will be reviewed by the Board of Directors in Executive Session and Board members will determine if the grievance is appropriate to be resolved through the CoC process. If it is not, the CoC representative will assist in making a proper referral.

c. If the grievance is properly brought to the CoC process, the representative will gather relevant information from the person filing the grievance and the CoC Funded Agency or CoC Member Agency indicated. Based on the facts and any supporting documentation, the CoC Board of Directors will take steps to resolve the grievance, including but not limited to resolving the grievance immediately; interviewing further people; arranging a meeting of the CoC representative, the person filing the grievance, and the agency against which the grievance was filed to attempt to reach a mutually agreeable resolution. If no mutually agreeable resolution is possible, the CoC representative will call a special meeting of the Board of Directors to determine a proper resolution to the grievance. At all times, the CoC representative will keep the person filing the grievance aware of the progress of the grievance.

d. The CoC representative will inform the person filing the grievance of the resolution of the grievance and will involve the person in the resolution to the extent this is possible and appropriate. The CoC representative will advise the person filing the grievance of their right to be free from retaliation and should advise them to report any retaliation they encounter.

e. If the person filing the grievance is not satisfied with the outcome of the grievance, they may appeal to the Board of Directors for further review. All outcomes determined by the CoC Board of Directors upon further review will be considered final.

### **4. REPORTING**

Board discussions regarding a grievance should be held in a closed, executive session.



## **5. TRAINING**

The Governance Committee will propose further training or policies/procedures to address problems identified through the grievance process.



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**GRIEVANCE FORM**

Name of Person or entity filing complaint: \_\_\_\_\_

Name of CoC Funded Agency or CoC Member filing grievance against:  
\_\_\_\_\_

I have attempted to address this complaint with the agency: Yes  No

If No, would talking to the agency be futile? Yes  No

COMPLAINT:

**Who at the agency was the grievance first reported to? Please provide name and contact information if you have it (documentation is not required):**  
\_\_\_\_\_

**On what date was the grievance first made?** \_\_\_\_\_

**What was the resolution of the grievance?** \_\_\_\_\_

**Please provide written documentation if you have it.**



GRIEVANCE:

(Please provide details of your complaint here and be as specific as you can. Attach any documentation you think would clarify your grievance.)

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(Include additional pages, if needed)

ADDRESS:

TELEPHONE NUMBER:

E-MAIL:

COMPLAINANT'S REPRESENTATIVE, if any:

Submit to:  
 Jackie Hemsworth, SCCoC Chair-Board of Directors  
 Email: [hemsworth@access-shelter.org](mailto:hemsworth@access-shelter.org)  
 OR  
 LaToya Harris, SCCoC Vice-Chair-Board of Directors  
 Email: [latoya.harris@jfs.ohio.gov](mailto:latoya.harris@jfs.ohio.gov)