**Coordinated Entry Events**

**Instructions:** Record as many “Events” as is necessary for each client for the duration of their enrollment in the Coordinated Entry Project. Coordinated Entry Events may be recorded at the same time as the Coordinated Entry Assessment, or they may be independent of any Coordinated Entry Assessment that has occurred.

**Date of Event: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Program Enrollment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Event:**

***Access Event***

1. 🞎 Referral to Prevention Assistance Project (no other options necessary on the form)
2. 🞎 Problem Solving/Diversion/Rapid Resolution Intervention or Service
3. 🞎 Referral to scheduled Coordinated Entry Crisis Needs Assessment (no other options necessary on the form)
4. 🞎 Referral to scheduled Coordinated Entry Housing Needs Assessment (no other options necessary on the form)

***Referral Event***

1. 🞎 Referral to post-placement/follow-up case management
2. 🞎 Referral to Street Outreach project or services (no other options necessary on the form)
3. 🞎 Referral to Housing Navigation project or services (no other options necessary on the form)
4. 🞎 Referral to Non-continuum services: Ineligible for continuum services (no other options necessary on the form)
5. 🞎 Referral to Non-continuum services: No availability in continuum services (no other options necessary on the form)
6. 🞎 Referral to Emergency Shelter Bed Opening
7. 🞎 Referral to Transitional Housing bed/unit opening
8. 🞎 Referral to Joint TH-RRH project/unit resource opening
9. 🞎 Referral to RRH Project resource opening
10. 🞎 Referral to PSH project resource opening
11. 🞎 Referral to Other PH project/unit/resource opening

**Service Type:** Coordinated Entry Event

**Location of Crisis Housing or Permanent Housing Referral** (Name of the Program person is referred to for #10 - #15 only): **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Do you have the Event result?** 🞎 Yes 🞎 No

***If Yes*: Referral Result:**

🞎 Successful Referral: Client Accepted

🞎 Unsuccessful Referral: Client Rejected

🞎 Unsuccessful Referral: Provider Rejected

**Date of Result:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If the Access Event = **2.** **Problem Solving/Diversion/Rapid Resolution Intervention or Service** AND **Do you have the Event Result** = Yes, please answer the following question:

* **Problem Solving/Diversion/Rapid Resolution intervention or service result - Client housed/re-housed in a safe alternative?** 🞎 Yes 🞎 No

If the Referral Event = **5. Referral to post-placement/follow-up case management** AND **Do you have the Event Result** = Yes, please answer the following question:

* **Referral to post-placement/follow-up case management result - Enrolled in Aftercare project?** 🞎 Yes 🞎 No

**Date of Event: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Program Enrollment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Event:**

***Access Event***

1. 🞎 Referral to Prevention Assistance Project (no other options necessary on the form)
2. 🞎 Problem Solving/Diversion/Rapid Resolution Intervention or Service
3. 🞎 Referral to scheduled Coordinated Entry Crisis Needs Assessment (no other options necessary on the form)
4. 🞎 Referral to scheduled Coordinated Entry Housing Needs Assessment (no other options necessary on the form)

***Referral Event***

1. 🞎 Referral to post-placement/follow-up case management
2. 🞎 Referral to Street Outreach project or services (no other options necessary on the form)
3. 🞎 Referral to Housing Navigation project or services (no other options necessary on the form)
4. 🞎 Referral to Non-continuum services: Ineligible for continuum services (no other options necessary on the form)
5. 🞎 Referral to Non-continuum services: No availability in continuum services (no other options necessary on the form)
6. 🞎 Referral to Emergency Shelter Bed Opening
7. 🞎 Referral to Transitional Housing bed/unit opening
8. 🞎 Referral to Joint TH-RRH project/unit resource opening
9. 🞎 Referral to RRH Project resource opening
10. 🞎 Referral to PSH project resource opening
11. 🞎 Referral to Other PH project/unit/resource opening

**Service Type:** Coordinated Entry Event

**Location of Crisis Housing or Permanent Housing Referral** (Name of the Program person is referred to for #10 - #15 only): **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Do you have the Event result?** 🞎 Yes 🞎 No

***If Yes*: Referral Result:**

🞎 Successful Referral: Client Accepted

🞎 Unsuccessful Referral: Client Rejected

🞎 Unsuccessful Referral: Provider Rejected

**Date of Result:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If the Access Event = **2.** **Problem Solving/Diversion/Rapid Resolution Intervention or Service** AND **Do you have the Event Result** = Yes, please answer the following question:

* **Problem Solving/Diversion/Rapid Resolution intervention or service result - Client housed/re-housed in a safe alternative?** 🞎 Yes 🞎 No

If the Referral Event = **5. Referral to post-placement/follow-up case management** AND **Do you have the Event Result** = Yes, please answer the following question:

* **Referral to post-placement/follow-up case management result - Enrolled in Aftercare project?** 🞎 Yes 🞎 No

**Date of Event: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Program Enrollment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Event:**

***Access Event***

1. 🞎 Referral to Prevention Assistance Project (no other options necessary on the form)
2. 🞎 Problem Solving/Diversion/Rapid Resolution Intervention or Service
3. 🞎 Referral to scheduled Coordinated Entry Crisis Needs Assessment (no other options necessary on the form)
4. 🞎 Referral to scheduled Coordinated Entry Housing Needs Assessment (no other options necessary on the form)

***Referral Event***

1. 🞎 Referral to post-placement/follow-up case management
2. 🞎 Referral to Street Outreach project or services (no other options necessary on the form)
3. 🞎 Referral to Housing Navigation project or services (no other options necessary on the form)
4. 🞎 Referral to Non-continuum services: Ineligible for continuum services (no other options necessary on the form)
5. 🞎 Referral to Non-continuum services: No availability in continuum services (no other options necessary on the form)
6. 🞎 Referral to Emergency Shelter Bed Opening
7. 🞎 Referral to Transitional Housing bed/unit opening
8. 🞎 Referral to Joint TH-RRH project/unit resource opening
9. 🞎 Referral to RRH Project resource opening
10. 🞎 Referral to PSH project resource opening
11. 🞎 Referral to Other PH project/unit/resource opening

**Service Type:** Coordinated Entry Event

**Location of Crisis Housing or Permanent Housing Referral** (Name of the Program person is referred to for #10 - #15 only): **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Do you have the Event result?** 🞎 Yes 🞎 No

***If Yes*: Referral Result:**

🞎 Successful Referral: Client Accepted

🞎 Unsuccessful Referral: Client Rejected

🞎 Unsuccessful Referral: Provider Rejected

**Date of Result:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If the Access Event = **2.** **Problem Solving/Diversion/Rapid Resolution Intervention or Service** AND **Do you have the Event Result** = Yes, please answer the following question:

* **Problem Solving/Diversion/Rapid Resolution intervention or service result - Client housed/re-housed in a safe alternative?** 🞎 Yes 🞎 No

If the Referral Event = **5. Referral to post-placement/follow-up case management** AND **Do you have the Event Result** = Yes, please answer the following question:

* **Referral to post-placement/follow-up case management result - Enrolled in Aftercare project?** 🞎 Yes 🞎 No

**Date of Event: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Program Enrollment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Event:**

***Access Event***

1. 🞎 Referral to Prevention Assistance Project (no other options necessary on the form)
2. 🞎 Problem Solving/Diversion/Rapid Resolution Intervention or Service
3. 🞎 Referral to scheduled Coordinated Entry Crisis Needs Assessment (no other options necessary on the form)
4. 🞎 Referral to scheduled Coordinated Entry Housing Needs Assessment (no other options necessary on the form)

***Referral Event***

1. 🞎 Referral to post-placement/follow-up case management
2. 🞎 Referral to Street Outreach project or services (no other options necessary on the form)
3. 🞎 Referral to Housing Navigation project or services (no other options necessary on the form)
4. 🞎 Referral to Non-continuum services: Ineligible for continuum services (no other options necessary on the form)
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7. 🞎 Referral to Transitional Housing bed/unit opening
8. 🞎 Referral to Joint TH-RRH project/unit resource opening
9. 🞎 Referral to RRH Project resource opening
10. 🞎 Referral to PSH project resource opening
11. 🞎 Referral to Other PH project/unit/resource opening

**Service Type:** Coordinated Entry Event

**Location of Crisis Housing or Permanent Housing Referral** (Name of the Program person is referred to for #10 - #15 only): **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Do you have the Event result?** 🞎 Yes 🞎 No

***If Yes*: Referral Result:**

🞎 Successful Referral: Client Accepted

🞎 Unsuccessful Referral: Client Rejected

🞎 Unsuccessful Referral: Provider Rejected

**Date of Result:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If the Access Event = **2.** **Problem Solving/Diversion/Rapid Resolution Intervention or Service** AND **Do you have the Event Result** = Yes, please answer the following question:

* **Problem Solving/Diversion/Rapid Resolution intervention or service result - Client housed/re-housed in a safe alternative?** 🞎 Yes 🞎 No

If the Referral Event = **5. Referral to post-placement/follow-up case management** AND **Do you have the Event Result** = Yes, please answer the following question:

* **Referral to post-placement/follow-up case management result - Enrolled in Aftercare project?** 🞎 Yes 🞎 No