**Utilize this form to notify Coordinated Entry and the Assessor of the referral outcome of referrals made through encrypted email. A narrative description is required for all denials. Submit form as soon as outcome is known.**

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| **Housing Provider Contact Information**  Agency Name:  Program Name & HMIS Provider ID:  Staff Name:  Email:  Phone: | | |
| **Referral Information**  Client ID or HMIS ID:  Date referral received: |  | **Referral Result**  Successful (Client Accepted)  `  Housing Move In Date \_\_\_\_\_\_\_\_\_  Unsuccessful (Client Rejected)  Unsuccessful (Provider Rejected) |
| **If Unsuccessful, Reason:**  (Declined) Client unreachable- after initial contact  (Canceled) Client unreachable – disappeared  (Declined) Client refused services  (Declined) Client is eligible but provider unable to accept  (Declined) Client is not eligible, over income  (Declined) Client is not eligible, other  (Canceled) Client is placed in institutional setting  (Declined) Property management denial – criminal history  (Declined) Property management denial – eviction history/money owed  (Declined) Property management denial – both criminal and eviction/money owed  (Declined) Property management denial – other  (Canceled) Client found housing/Self resolved  (Canceled) Client moved outside of CoC  (Canceled) Client deceased | | |
| **If Successful but Not Housed, Reason:**  (Canceled) Client unreachable – disappeared  (Declined) Client refused services  (Declined) Client is not eligible, other  (Canceled) Client is placed in institutional setting  (Declined) Property management denial – criminal history  (Declined) Property management denial – eviction history/money owed  (Declined) Property management denial – both criminal and eviction/money owed  (Declined) Property management denial – other  (Canceled) Client found housing/Self resolved  (Canceled) Client moved outside of CoC  (Canceled) Client deceased  **Please provide a narrative description of the reason for denial. Be very specific:**  **Explanation**  **Client Centered Practices:** **please have a trauma informed conversation with the participant to explain referral and ensure mutual understanding**    Date referral outcome explanation took place with client:  Did client understand and/or agree with the referral outcome, please explain:  **How to submit this form:**  Please send completed form to:  [CES.Hennepin@hennepin.us](mailto:CES.Hennepin@hennepin.us) and the Assessor | | |