

Coordinated Entry Pre-Screen

To best meet the housing needs of Rock and Walworth County residents Community Action Inc. participates in the Wisconsin Balance of State Coordinated Entry System.

What does this mean for me?

Coordinated Entry means “no wrong door.” If you are in need of housing assistance rather than apply at several places you can complete the attached pre-screen form to determine eligibility for multiple housing programs in Rock and Walworth Counties. Based on your current situation and responses your level of need is referred to the Rock/Walworth Prioritization list.

If/when a program has an available housing opportunity the person/family with the greatest level of need will be contacted by the program with the opportunity.

By completing this screening you are applying for shelter services at Twin Oaks Shelter for the Homeless and requesting to be placed on the prioritization list for other homeless housing opportunities.

*This screening **DOES NOT** place you on any subsidized, public housing or Section 8 waiting list. This screening is only for Community based housing programs in Rock and Walworth Counties which may include but is not limited to: Community Action Inc., ECHO, YWCA, Housing of Mercy and Salvation Army of Janesville and Beloit.

Once you have been referred to the prioritization list it is not possible for Community Action staff to estimate your placement on the list and/or an approximation of if/when you will receive services. Placement on the list is based on need not order of referral.

Wisconsin Balance of State Coordinated Entry System

Client Rights & Responsibilities

Please read the following notice and authorization (or ask to have it read to you) before signing.

This agency Community Action, Inc. / Twin Oaks Shelter participates in the Wisconsin Balance of State Continuum of Care (BOSCOC) Coordinated Entry System. Agencies that participate in the Coordinated Entry System have agreed to follow a standard set of policies and procedures. **Because you are requesting homelessness assistance, you have rights and responsibilities with respect to the BOSCOC Coordinated Entry System.**

Your rights include:

1. To be treated with dignity and respect.
2. To receive equal access to the BOSCOC Coordinated Entry System without regard to race, color, national origin, ancestry, religion, actual or perceived gender identity, actual or perceived sexual orientation, familial status, marital status, disability status, source of income, age, status as a victim of domestic abuse, sexual abuse, or stalking, or other protected status. No eligible person or household will be denied access to the BOSCOC Coordinated Entry System or otherwise discouraged from obtaining access because of their status described above.
3. Having the Coordinated Entry process explained to you.
4. Placement on the prioritization list no matter which participating agency you contact. You have the option to be referred to any coalition's Prioritization List in the BOSCOC.
5. Being served as a family (if requesting services as a family) regardless of your gender identity, marital status, family make-up, or sexual orientation. Your gender identity, marital status, sexual orientation will be accepted as you present them.
6. You and your family members will not be asked to provide proof related to your family status, gender identification and/or sexual orientation.
7. Referral to appropriate services for your individual situation.
8. Having your personal information kept confidential. You may ask to keep your name off the Coordinated Entry Prioritization List, and therefore not seen by other agencies. This will not impact your prioritization.
9. Staying on the Prioritization List, as long as you are still eligible, even if you choose to decline offered services or programs.
10. Removing your name from the Prioritization List for any reason.
11. Refusing to complete the VI-SPDAT/VI-F-SPDAT/TAY-VI-SPDAT screening assessment.
12. The option to file a grievance regarding the Coordinated Entry System (see next page for the Grievance Process).

Your responsibilities include:

1. Keeping your contact information up to date.
 - You should provide us with current email addresses, message numbers, & places you stay so we can let you know about housing & program that come available.
 - You should provide updated information about who is in your household.
2. Letting us know where you are staying or sleeping when that changes.
3. Connecting with staff within two (2) business days after you receive a call, email, or message from us.
4. Letting us know if you no longer need housing assistance.

How to reach us

Call: (262) 882-3662

Email: jstahl@community-action.org

We will do our best to reach you. If we cannot get in touch with you, you may be passed over for housing assistance or removed from the Prioritization List.

Grievance Policy and Process

If an individual has a complaint or grievance regarding an agency or representative of that agency, it is recommended they follow that agency's procedure for collecting and resolving complaints or grievances. An effort to resolve complaints locally should be made before filing a formal grievance with the WI BOSCOC. This can be done by contacting the Coordinated Entry Lead for your local Coordinated Entry System. The contact information for the Coordinated Entry Lead in every coalition can be found on the WI BOS web site at: <https://www.wiboscoc.org/coordinated-entry.html>

Policy

Individuals have the right to file a grievance regarding the BOSCOC Coordinated Entry System. A grievance is defined as a written expression of dissatisfaction with some aspect of Coordinated Entry service that has not been resolved despite attempts to do so by participants, agencies, or community members at the point of service. Any such written expression sent to the WI BOSCOC will be considered a grievance. The individual has the right to be assisted by an advocate of his/her choice (e.g., agency staff person, coworker, friend, family member, etc.) at each step of the grievance process.

Process

Step 1: Incident occurs

- A grievance can be filed within 60 calendar days from the date of the incident.

Step 2: Grievance filed

- WI BOSCOC staff will notify the agency identified in the grievance within 14 calendar days.

Step 3: Agency Response

- Agencies have 7 calendar days from receiving the notification to provide a response.

Step 4: Review and Decision

- WI BOSCOC staff will review the grievance and agency response and make a determination within 14 calendar days of the date the agency was notified of the grievance.

Step 5: Appeal

- An agency or individual can submit an appeal within 7 calendar days from the date marked on the determination letter.

Step 6: Response to Appeal

- The WI BOSCOC Board of Directors shall review and make a final decision within 14 calendar days from the date of the appeal letter.

Acknowledgment of Receipt:

I have been informed of my rights and responsibilities related to the BOSCOC Coordinated Entry System. I understand that it is my right as a service recipient to file a grievance if I have a complaint about the services I receive from participating agency in the Coordinated Entry System if it cannot be resolved through other means.

Service Recipient Signature _____ Date _____

Verbal Consent Given? ☐ Yes ☐ No Date _____

Agency Staff Signature _____ Date _____

Copy given to service recipient:

- | | | |
|--|--|---|
| <input type="checkbox"/> Texted | <input type="checkbox"/> Provided directly | <input type="checkbox"/> Emailed |
| <input type="checkbox"/> Sent to proxy | <input type="checkbox"/> Directed to website | <input type="checkbox"/> Picked-up |
| | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Client declined a copy |

Living situation at time of assessment (continued):

- | | |
|---|---|
| <input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher | <input type="checkbox"/> Psychiatric hospital or other psychiatric facility |
| <input type="checkbox"/> Staying or living in a family member's room, apartment, or house | <input type="checkbox"/> Substance abuse treatment facility or detox center |
| <input type="checkbox"/> Staying or living in a friend's room, apartment, or house | <input type="checkbox"/> Residential project or halfway house with no homeless criteria |
| <input type="checkbox"/> Rental by client, no housing subsidy | <input type="checkbox"/> Long term care facility or nursing home |
| <input type="checkbox"/> Rental by client, with VASH housing subsidy | <input type="checkbox"/> Rental by client with GPD or TIP subsidy |
| <input type="checkbox"/> Rental by client, with other housing subsidy (including RRH) | <input type="checkbox"/> Foster care home or foster care group home |
| <input type="checkbox"/> Jail, prison, or juvenile detention facility | <input type="checkbox"/> Hospital (non-psychiatric) |
| <input type="checkbox"/> Transitional housing for homeless persons (including homeless youth) | <input type="checkbox"/> Owned by client, no housing subsidy |
| <input type="checkbox"/> Permanent housing (other than RRH) for formerly homeless persons | <input type="checkbox"/> Owned by client, with housing subsidy |
| <input type="checkbox"/> Other: _____ | |

Length of living situation in the place marked above:

- | | |
|---|---|
| <input type="checkbox"/> One night or less | <input type="checkbox"/> More than three months, but less than one year |
| <input type="checkbox"/> 2-6 nights | <input type="checkbox"/> One year or longer |
| <input type="checkbox"/> One week but less than a month | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> One to three months | <input type="checkbox"/> Client refused |

If you stayed somewhere other than emergency shelter, a place not meant for human habitation, or a safe haven, will you have to leave this living situation within 14 days?

- | | |
|--|--|
| <input type="checkbox"/> Yes (answer next 4 questions) | <input type="checkbox"/> Client doesn't know (answer next 4 questions) |
| <input type="checkbox"/> No (skip next 4 questions) | <input type="checkbox"/> Client refused (answer next 4 questions) |

Have you found a new place to live?

- | | |
|------------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> No | <input type="checkbox"/> Client refused |

Do you have resources or support networks to obtain other permanent housing?

- | | |
|------------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> No | <input type="checkbox"/> Client refused |

Have you had a lease or other permanent place to live in the last 60 days?

- | | |
|------------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> No | <input type="checkbox"/> Client refused |

Have you moved 2 or more times in the last 60 days?

- | | |
|------------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> No | <input type="checkbox"/> Client refused |

Number of times you have been on the Street, in an Emergency Shelter, on a motel voucher, or in a Safe Haven in the past three years including today: _____ times

Number of months homeless on the Street, in an Emergency Shelter, on a motel voucher, or in a Safe Haven in the past three years: _____ (not exceeding 36 months)

Veteran Status	<input type="checkbox"/> Never in the Service	<input type="checkbox"/> Currently in the Service	<input type="checkbox"/> Veteran
Veteran Benefit Status	<input type="checkbox"/> Currently receiving	<input type="checkbox"/> Received in past but not now	<input type="checkbox"/> Never received

Cause of homelessness (check all that apply):

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Divorce/Separation | <input type="checkbox"/> Domestic violence | <input type="checkbox"/> Eviction | <input type="checkbox"/> Thrown out |
| <input type="checkbox"/> Loss of job | <input type="checkbox"/> Low income | <input type="checkbox"/> Mental illness | <input type="checkbox"/> Substance abuse |
| <input type="checkbox"/> Parole/incarceration | <input type="checkbox"/> Ran away | <input type="checkbox"/> Exiting foster care | <input type="checkbox"/> Rent increase |
| <input type="checkbox"/> Other | | | |

FUP Eligible Family _____ FUP Eligible Youth _____

**For public child welfare agencies only, FUP eligibility must be determined by the PCWA in your county*

Do you give consent that this agency may share information with other agencies such as, but not limited to, your situation, household demographics, and any questions asked during this assessment **for the purpose of providing a referral to Coordinated Entry Prioritization Lists?**

☐ Yes ☐ No ☐ **VERBAL**

Do you give consent that this agency may share information with other agencies such as, but not limited to, your situation, household demographics, and any questions asked during this assessment **for the purpose of finding a permanent housing solution for you/your family?**

☐ Yes ☐ No ☐ **VERBAL**

Victim Service programs must also follow state and federal confidentiality laws and secure a VAWA-compliant Release of Information and Waiver of non-Disclosure (for domestic abuse victims) in order to share information.

I want to be referred to the Coordinated Entry Priority Lists in the following area(s):

- | | | |
|---------------------------------------|--|--|
| <input type="checkbox"/> Brown | <input type="checkbox"/> Kenosha | <input type="checkbox"/> Rock-Walworth |
| <input type="checkbox"/> Central | <input type="checkbox"/> Lakeshore | <input type="checkbox"/> Rural North |
| <input type="checkbox"/> Coulee | <input type="checkbox"/> North Central | <input type="checkbox"/> Southwest |
| <input type="checkbox"/> Dairyland | <input type="checkbox"/> Northeast | <input type="checkbox"/> Washington |
| <input type="checkbox"/> East Central | <input type="checkbox"/> Northwest | <input type="checkbox"/> Waukesha |
| <input type="checkbox"/> Fox Cities | <input type="checkbox"/> NWISH | <input type="checkbox"/> West Central |
| <input type="checkbox"/> Jefferson | <input type="checkbox"/> Ozaukee | <input type="checkbox"/> Winnebago |

I understand that I am responsible for my own transportation as necessary if I am offered housing services in another area.

☐ Yes ☐ No ☐ **VERBAL**

I understand that being offered housing services in another area does not guarantee immediate access to housing or emergency shelter during housing search.

☐ Yes ☐ No ☐ **VERBAL**

I understand that the information contained on this form is provided voluntarily. The information is true and correct to the best of my knowledge. I am aware that providing false information or not reporting pertinent information is fraud. If I provide any false information, I understand that services may be denied. **I understand that completion of this form does not guarantee that I will receive assistance.**

☐ Yes ☐ No ☐ **VERBAL**

Signature of Applicant _____ Date _____

Signature of CoC Agency Rep _____ Date _____



Wisconsin HMIS Client Informed Consent and Release of Information

PERMISSION TO SHARE CONFIDENTIAL INFORMATION TO SECURE NECESSARY SERVICES

Please read the following notice and authorization (or ask to have it read to you) before signing.

This agency Community Action, Inc. / Twin Oaks Shelter participates in the Wisconsin statewide Homeless Management and Information System. Agencies that participate in the Wisconsin HMIS belong to an internet-based network. This network is administered by the Institute for Community Alliances (ICA). The name of the software vendor that developed and maintains the software is called Bitfocus. The name of the software that stores this data is called Clarity Human Services.

Benefits to Data Sharing for the Consumer	
Eliminates Duplicate intakes	Faster access to the Coordinated Entry System, resulting in receiving services more quickly
Reduces the amount of time spent answering basic questions regarding your situation	Allows agencies to focus on meeting your unique service needs
Reduces the amount of times you have to tell your story to service providers	Multiple Services can be easily coordinated and streamlined

****Bitfocus ensures the security of its system. Please see below for detailed information on security measures.***

Because this network is made up of many service providers, you have the option to share your information with other service providers from whom you might be seeking services. Your identity and information collected in the WI HMIS will be shared, with your written consent, in the network and with network partners who have written agreements with ICA. WI HMIS includes your demographic information and other essential personal information needed to best determine your service needs.

The computer program used for this purpose has industry standard security protocols and is updated regularly to meet these security requirements. The information you provide will only be shared with this agency, the network, network partners and limited staff of the Institute for Community Alliances. Personally identifying information will not be shared with any State or Federal department for the purposes of determining your eligibility in other State or Federal programs (for example, Food Share). Information collected is housed in a secure server owned and hosted by Bitfocus in Virginia, Ohio, Oregon, and California. Limited Bitfocus staff have access to this server and the data for the purposes of network support and maintenance. Data collected for the network will be maintained for at least seven years from the last date of service.

The list of agencies participating in the network and network partners can be accessed on the ICA website here, [HMIS Release of Information](#). This list may change.

Please note if you grant permission for your information to be shared, that agreement will be in effect until you revoke it in writing. You may end your agreement in writing and your personal and service information will no longer be shared from that date going forward. If you do not give permission for this agency to release your information, no other agency in the network or network partner will have access to it.

Maintaining the privacy and the safety of those using our services is very important. Your record will only be shared if you give permission. You cannot be denied services that you would otherwise qualify for if you choose not to share information. However, even if you choose not to share your information with other agencies, federal and state regulations may require limited data collection for funding purposes.



Wisconsin HMIS Client Informed Consent and Release of Information

Type of Information to be shared:

- Personal Identifying Information: Name (First, Middle and Last), Social Security Number, Date of Birth, Gender, Race, Ethnicity, Last Residence Information, Military Status
- Housing/Program Specific: Program Enrollments, Assessments, Services, Case Notes, Referrals, File Attachments

Please indicate your choice regarding data sharing

- **Option 1:** ☐ Verbal Consent

_____ By initialing here, I agree to share my and my child/children's above specified information and coordinate services with all participating agencies in the network and network partners.

- **Option 2:** ☐ Verbal Consent

_____ By initialing here, I agree to share my and my child/children's specified information, *except* for the information identified below. I do not want to share my and my child/children's:

- ☐ Program Enrollments
- ☐ Assessments
- ☐ Services
- ☐ Case Notes
- ☐ Referrals
- ☐ File Attachments

- **Option 3:** ☐ Verbal Consent

_____ By initialing here, I agree I do not want to share my and my child/children's above specified information and coordinate services with other agencies/network partners.

I understand that signing below relates only to data sharing within the WI HMIS and does not guarantee I will receive assistance. Alternatively, I understand that I will NOT be denied services if I refuse to consent to data sharing.

Print Name: _____

Client Signature: _____ **Date:** _____

Adult #2 Print Name: _____

Adult #2 Client Signature: _____ **Date:** _____

Agency Witness Signature: _____ **Date:** _____

☒ Verbal Consent obtained by phone (Agency Staff Initials): _____ **Date:** _____

Program Description

Twin Oaks Shelter for the homeless, a Community Action Program located in the Township of Darien, provides up to 60 days of emergency shelter and case management to qualified individuals and/or households. The goal of the program is for individuals/households to achieve housing stability as quickly as possible after shelter entry.

The program will attempt to accomplish these goals by: (1) providing shelter; (2) providing case management services; (3) assisting participants in identifying clear short and long-term goals that will lead to housing stability; including but not limited to housing, employment and budgeting; (4) identifying and/or coordinating access to mainstream resources.

Program Requirements

- Complete the Coordinate Entry Pre-Screen Form
- Head of household must be 18 years of age or older
- Complete a background check notification - The program is unable to accept individuals with a history of sexual offenses, recent drug related or violent criminal acts. Background will be verified.
- Must be able to verify homelessness or imminent risk of homelessness upon program acceptance
- Must lack sufficient resources/support networks to assist in providing housing

Enrollment Process

When a suitable room becomes available, Twin Oaks Shelter Staff will attempt to contact applicant at the phone number(s) and/or email address(es) listed within the contact information section of the referral. If the applicant does not respond within 24 hours of the initial contact, the spot will be offered to the next person on the waiting list. The applicant will remain on the waiting list and another attempt will be made when another room becomes available. If there has been no contact after the second attempt, the applicant will be removed from the waiting list.

Once you are contacted for an opening, staff will work closely with you to determine your eligibility.

At this time, you will be asked to provide:

- Verification of Age (driver's license or State ID)
- Verification of homelessness or imminent homelessness
- Last 30 days of income (check stubs, social security, child support, W-2 award letters, etc.)
- Social security numbers of all household members

Staff Contacts

James Stahl, Twin Oaks Shelter Manager	262-882-3662	jstahl@community-action.org
Sara Hollatz, Twin Oaks Shelter Case Manager	262-882-4143	shollatz@community-action.org
Fax number	262-882-4142	
Address: W9665 Hwy. 14 Darien, WI 53114		

TWIN OAKS SHELTER
BACKGROUND CHECK NOTIFICATION

Adult Household Member: _____ Birth Date: _____
First Middle Last Name

Adult Household Member: _____ Birth Date: _____
First Middle Last Name

Adult Household Member: _____ Birth Date: _____
First Middle Last Name

I hereby authorize Community Action, Inc. and Twin Oaks Shelter to complete a background check for all adult members of my current household as part of the application process for services at Twin Oaks Shelter. I understand this authorization is for the purposes of determining eligibility for services and compliance with the policies and procedures of Twin Oaks Shelter.

I understand individuals convicted of a violent or sexual crime are not eligible for services at Twin Oaks and the background check is a required part of the intake process. I also understand failure to complete and return this document will result in an incomplete intake application for services and a delay in accessing services or being placed on the waiting list.

I further understand that if, as a result of this background check, I am not be eligible for program services I will be notified.

Adult Household Member PRINT & SIGN

Today's Date

Adult Household Member Signature

Today's Date

Adult Household Member Signature

Today's Date

Staff Signature

Date