AGENCY LETTERHEAD

<DATE>

RE: Coordinated Entry Referral for <HH of HH NAME> Household

Dear <VSHA, ESD, FSH Provider, etc>,

<Name of Organization> is the Lead Agency for the <AREA NAME> Coordinated Entry Partnership.

This letter serves to verify that the referral of the <HEAD OF HH NAME> Household to the following program:

* VSHA CoC Rapid Re-housing Program
* VSHA CoC Shelter + Care Program
* BHA CoC Shelter + Care Program
* Family Supportive Housing Program
* Vermont Rental Subsidy Program
* Emergency Housing Voucher (EHV)
* Other: <LIST>
* Other: <LIST>

This household participated in the VT BoS CoC Housing Assessment process and was placed on Master List for Coordinated Entry according to VT BoS CoC Coordinated Entry Policies and Procedures.

The Housing Assessment identified this client as a good candidate for (CHECK ONE):

* Long-term assistance (Permanent Supportive Housing)
* Medium-term assistance (Rapid Re-housing)
* Short-term assistance (Rapid Re-housing <3months)

Does the household have a documented housing stability plan?

* Yes
* No

This household was ranked #\_\_\_\_\_ for the program identified above.

For referrals to CoC Rapid Re-housing, CoC Shelter + Care and Family Supportive Housing Programs –

If not the highest priority (rank) for this referral, please identify the reason(s) below:

* Households with a higher rank for this program were also referred.
* Households with a higher rank for this program were not eligible for the program
* Households with a higher rank for this program were not eligible for available or required services
* Households with a higher rank for this program declined to enroll in this program.

Sincerely,

Lead Agency Point Person for the

<AREA NAME> Coordinated Entry Partnership