<DATE>

RE: Coordinated Entry Referral for <HH of HH NAME> Household (HMIS ID Number:\_\_\_\_\_\_\_\_\_\_)

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 Shelter + Care Program
* VSHA A Way Home (renewal)
* VSHA A Way Home – Rural Program
* HOP Rapid Re-housing Program (including HOME)
* Family Supportive Housing Program
* Other: <LIST>
* Other: <LIST>

This household participated in the VT Balance of State Housing Assessment process and was placed on Master List for Coordinated Entry according to the VT Balance of State 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)

Does the household have a documented housing stability plan?

* Yes
* No

This household was ranked #\_\_\_\_\_ for the program identified above. For referrals for households that are not the highest priority (rank), 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.

Contact information for household being referred (phone, email, etc.): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary case manager working with household (if any): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sincerely,

Lead Agency Point Person for the

<AREA NAME> Coordinated Entry Partnership