

Missouri Balance of State Continuum of Care

Coordinated Entry System Documentation of Referral

This document is meant to serve as a record of a Coordinated Entry System referral for programs that are not embedded into our HMIS record-keeping system. If you are administering a program that cannot receive referrals within HMIS, please request that your Regional list holder (of the Prioritization List) is aware of your need for documentation.

CLIENT INFORMATION (head of household)

HMIS Id: _____ Name: _____ Last 4 digits of SSN: _____

Preferred Contact information:

Email: _____ Phone: _____ other: _____

Alternate contact (shelter or case manager): _____

ASSESSMENT INFORMATION

Agency providing the Assessment: _____

Date of the CE assessment: _____

Client is eligible for EHV under NOTICE PIH 2021-15(HA), Section 8 (other eligibility restrictions may apply)

___ Yes ___ no

REFERRAL INFORMATION

Agency providing the Referral: _____

Staff Member creating the referral: _____

Referral date: _____

Was referral documented in HMIS? ___ YES ___ NO

DOCUMENT ATTACHMENTS:

CLIENT CE ASSESSMENT SHOULD BE PRINTED TO PDF

CLIENT MISSOURI BOS COC RELEASE OF INFORMATION

CERTIFICATION OF REFERRAL STATUS

Signature of Staff Member creating the Referral

Date