

**HOMELESS SERVICES OVERSIGHT COUNCIL (HSOC)**  
**Coordinated Entry Committee Meeting Agenda**

December 11, 2024, 11am

**Committee members must participate in person** (except for just cause reasons, or for emergency reasons approved by the HSOC):

**Room 356, County of San Luis Obispo Department of Social Services**  
**3433 South Higuera Street, San Luis Obispo**

Members with approved just cause reasons and the public may participate by  
Zoom video call:

<https://us06web.zoom.us/j/88068205166?pwd=CW7sQHVajSjsBzI2kGQkVASgWDzQDJ.1>

Or dial in:

+16694449171

Meeting ID: 880 6820 5166

Passcode: 939058

1. Call to Order and Introductions
2. Public Comment
3. Consent: Approval of Minutes
4. Action/Information/Discussion
  - 4.1. Information Item: Coordinated Entry Guidance Updates
  - 4.2. Discussion Item: Update on Current Coordinated Entry System Activities
5. Future Discussion/Report Items
6. Next Regular Meeting: January 22, 2025
7. Adjournment

The full agenda packet for this meeting is available on the SLO County HSOC web page:

<https://www.slocounty.ca.gov/departments/social-services/homeless-services-division/homeless-services-oversight-council>

**HOMELESS SERVICES OVERSIGHT COUNCIL (HSOC)  
COORDINATED ENTRY COMMITTEE MEETING MINUTES**

**Date**

October 23, 2024

**Time**

11:07am-12:08pm

**Location**

Room 356, Department of Social Services, 3433 S. Higuera St., San Luis Obispo, CA 93401

**Members Present**

Jack Lahey  
Janna Nichols  
Lawren Ramos  
Lisa Fraser  
Liz Smith  
Mark Lamore  
Morgan Torell  
Scott Collins (Zoom)  
Jennifer Adams (alternate for Susan Lamont)  
Wendy Blacker

**Members Absent**

Linda Belch  
Wendy Lewis

**Staff and Guests**

Laurel Weir  
Merlie Livermore  
Nathan Rubinoff  
Russ Francis

**1. Call to Order and Introductions**

Jack called the meeting to order at 11:07am.

**2. Public Comment**

None presented.

### **3. Consent: Approval of Minutes**

Janna made a motion to approve the minutes, seconded by Lawren. Voice vote was taken. The motion passed with all in favor.

### **4. Action/Information/Discussion**

#### **4.1. Information Item: Coordinated Entry Guidance Updates**

Jack mentioned that in the Matching and Referrals guidance (Attachment B), the pre-check step was removed due to staff capacity. With this change, they are directly doing the matching process based on available HMIS data.

Jack also mentioned that the Coordinated Entry Policies and Procedures (Attachment A) has errors that need to be discussed and revised.

#### **4.2. Information Item: Update on Current Coordinated Entry System Activities**

Jack reported on the Coordinated Entry project enrollment dashboard from June 1-October 22, which showed 1,252 active enrollments.

#### **4.3. Action Item: Approve Coordinated Entry Access Policy**

Janna moved the motion to approve the item, seconded by Lawren. All voted in favor, Coordination Entry Policy was approved.

#### **4.4. Action Item: Coordinated Entry Assessment Policy**

Janna moved the motion to approve the Assessment Policy, seconded by Jack. Roll was called. All were in favor, the motion passed unanimously.

#### **4.5. Information Item: Prohibition Against Involuntary Family Separation**

Laurel shared that HUD (US Department of Housing and Urban Development) has a rule about preventing family separation in programs receiving HUD funding. Involuntary separating the families based on their gender and age is a violation of the HUD regulation.

### **5. Future Discussion/Report Items**

- Jack and Nathan to update CE guidance document
- Prioritization and Referral process deeper discussion
- Cancel November meeting (Thanksgiving holiday)
- Move December meeting ahead of regular session (Christmas holiday)

### **6. Next Regular Meeting: December 11, 2024**

### **7. Adjournment**

Jack adjourned the meeting at 12:08pm.

## Coordinated Entry Access Models<sup>1</sup>

	<b>SINGLE POINT OF ACCESS</b>	<b>MULTISITE CENTRALIZED ACCESS</b>	<b>NO WRONG DOOR</b>	<b>ASSESSMENT HOTLINE</b>
<b>Site Location</b>	Centralized	Located at population centers, high-volume providers, and possibly separated by subpopulation	All existing provider locations	Telephone based or Internet
<b>Number of Access Points</b>	1	Variable, based on geography (2 to 4)	Many	1 telephone number or website access through Internet
<b>Services Offered</b>	Primarily access and assessment; may include triage services, emergency services, or other mainstream services	Primarily access and assessment; may include the services of a colocated provider; may be targeted to one of several subpopulations	Access, at least limited assessment, referrals, and the standard services of each provider	Access to the homeless system, often includes access to mainstream services; limited assessment capability
<b>Operating Entity, Staffing</b>	Permanent independent access specialists; may be shared staff of a central shelter or other organization	Mobile or permanent independent access specialists or shared staff of co-located providers	Independently operated by each provider	Local 211 or other designated hotline agency
<b>Hours of Operation</b>	Hours of the central location	Hours of each access site	Hours depend on and vary with each provider	Typically 24-hour operation, 7 days a week
<b>Considerations</b>	Highest level of control over implementation and compliance for the CoC; also known as “centralized” intake or assessment.	Moderate level of control over implementation and compliance for the CoC; the most adaptable model, sometimes called a “hybrid” system	Lowest level of control over implementation and compliance for the CoC; however, still requires standardized forms and coordinated referrals for all	211 is the most popular example; sometimes combined as an initial triage tool with any of the other models; often must build a relationship with an outside provider

<sup>1</sup> U.S. Department of Housing and Urban Development. (n.d.). *Coordinated entry core elements: Guidebook* figure 1.

## **Dual Model Proposal**

A dual model combining multisite centralized access points and a "no wrong door" approach is proposed. Multisite centralized access points would maintain physical and virtual locations in high-traffic areas, ensuring accessibility for diverse subpopulations, such as unaccompanied youth or families fleeing domestic violence. Simultaneously, a no-wrong-door approach would allow participants to access services through any provider through immediate engagement or subsequent referral to a designated access point.

## **Definition of Provider Types<sup>2</sup>**

### **Access Point**

Access Points are agencies that serve as the entry points to CES and offer additional assistance via referrals and other services to help support households experiencing a housing crisis. Access Points can range from navigation centers to emergency shelters, food pantries, street outreach programs, and more.

### **Participating Agency**

Supportive Services Agencies provide specialized supportive services to assist with finding and keeping stable, permanent housing. Supportive services include housing navigation, housing stabilization, and housing location services.

Shelter and Housing Providers are agencies that provide shelter or housing resources for people at risk of homelessness or experiencing homelessness. Housing resources include shelter, supportive services, homelessness prevention assistance, rapid rehousing, permanent supportive housing, and other permanent housing.

## **Requirements for all Participating Agencies and Access Points**

1. Adhere to all CoC HMIS Policies and Procedures (if data is collected outside of HMIS, Access Point will adhere to all CES-provided guidance for data collection)

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<sup>2</sup> CES Partner Documents and Resources | Orange County CEO's Office. (2024).

2. Adhere to all CoC CES Policies (Including but not limited to: Universal Principles, Access, Assessment, Prioritization, and Referral) and supporting guidance procedures.
3. Provide equitable access to emergency services when possible (such as shelter, prevention services and connection to domestic violence services)
4. Participate in relevant CES planning and policy meetings.
5. Provide equitable and thorough diversion and/or housing problem-solving strategies and connection to crisis services if necessary (emergency shelters) after all alternatives have been exhausted. This includes documenting reasons a household was not enrolled in a CoC program, such as self-resolution, eviction prevention, reunification, etc.
6. Provide auxiliary aids and services to ensure effective and equitable communication and access (including but not limited to language translation, interpretation and physical accommodations)
7. Provide safety planning services to those persons or households fleeing domestic violence.
8. CES is a housing-focused, person-centered process. Providers are expected to uphold these practices and embrace Housing First principles.

### **Access Point-Specific Requirements<sup>3</sup>**

1. Households who present at any access point, regardless of whether it is an access point dedicated to the population to which the household belongs, can easily access an appropriate assessment process that provides the CoC with enough information to make prioritization decisions about that household.
2. Maintain a physical location and a virtual location that can be accessed by all households experiencing homelessness.
3. Maintain an open access model, assisting anyone in need, not only those enrolled in a specific program.

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<sup>3</sup> U.S. Department of Housing and Urban Development. (n.d.). *Coordinated entry core elements: Guidebook*

4. CE access point conducts screenings, assessments, or referrals for households experiencing homelessness for placement into housing projects.
5. Provide a scope of services spanning the entire CE intervention. This includes but is not limited to diversion and problem-solving, housing navigation, housing retention, outreach and crisis services.



## References

- U.S. Department of Housing and Urban Development. (2017). *Using coordinated entry systems to prioritize homelessness assistance*. Retrieved from <https://www.hud.gov/sites/documents/17-01CPDN.PDF>
- U.S. Department of Housing and Urban Development. (n.d.). *Coordinated entry core elements: Guidebook*. Retrieved from <https://files.hudexchange.info/resources/documents/Coordinated-Entry-Core-Elements.pdf>
- U.S. Department of Housing and Urban Development. (2017). *Notice CPD-17-01: Establishing additional requirements for a Continuum of Care centralized or coordinated assessment system*. <https://www.hud.gov/sites/documents/17-01CPDN.PDF>
- CES Partner Documents and Resources | Orange County CEO's Office. (2024). Ocgov.com. <https://ceo.ocgov.com/page/ces-partner-documents-and-resources>

## **Coordinated Entry System (CES) Transfers**

Transfers within the Coordinated Entry System provide flexibility to programs and households and can help to prevent a return to homelessness. A household may need to transfer to another program for several reasons, such as requiring an increased or decreased level of services, a change in family composition, the closure of a program, a pending eviction from a master leased property, or others. While there are many reasons a transfer may be in the household's best interest, it is recommended that referring programs consult closely with the household to ensure a successful transfer. Transfer policy and guidance are centered on Housing First principles and participant-choice practices.

### **Transfers Between the Department of Housing and Urban Development (HUD) Continuum of Care (CoC) Permanent Supportive Housing (PSH) Programs**

When a transfer from one HUD CoC PSH program to another is deemed necessary, the transfer request will be prioritized within the CES upon approval. The current PSH provider must submit the transfer request and communicate it via email to the CES team. A completed PSH to PSH Transfer Form must be included detailing the specific issues prompting the transfer. Approved transfers will be processed promptly but may be affected by PSH availability.

While the CES refers households to PSH programs with various funding sources, transfers are only allowable between HUD CoC-funded PSH programs. Transfers are permissible only when a client moves from a unit with equivalent requirements to another with similar or less restrictive criteria.

### **Transfers from RRH to PSH**

Transfers from a Rapid Re-housing (RRH) program to a PSH program are allowable if the household meets all requirements for chronic homelessness when entering the RRH program. Households do not accrue time toward chronic homelessness while enrolled in the RRH program. Transfer requests must be submitted by the current RRH program and submitted to the CES team via email. A completed RRH to PSH Transfer Form must be included detailing the specific reasons for the transfer request and documentation of chronic homelessness. Approved transfers will be processed promptly based on PSH availability and the need within CES. For instance, if a household is currently housed in an RRH program and is not at imminent risk of a return to homelessness, a homeless household may be prioritized.

[Table 1](#). Represents some but not all examples of valid transfer reasoning. [Table 2](#). Represents some but not all examples of when a transfer request may be denied. [Table 3](#). Outlines HUD prioritization standards for transfer requests.

**Table 1. Transfer Reasoning**

Reason	Definition	Insufficient Reason
Conflict and Safety Concerns Outside of VAWA	The space has become unsafe for households not qualifying for emergency transfer criteria under VAWA Housing Protection. For example, someone has taken over the unit, and the household can no longer live there, violence is taking place in the apartment building, or tenants harass the participant.	Crime in the neighborhood does not explicitly target the household or building.
Reasonable Accommodations and Modifications	The household cannot live in its home because it requires accommodations that cannot be made. Examples can include requiring an elevator or larger door frame for a wheelchair in a building without these features, larger units required due to medical equipment, or additional room to accommodate a live-in aid.	Feasible accessibility accommodations are needed in the current project that can be put into place, such as grab bars or a lift.
Change in Household Composition	The family size changes so the household requires a smaller or larger unit. This can include the unit size impacting the household's retention or obtaining custody of children or households that used to include children but now only include the parent(s)/adults. This can include the need for a young adult to move from a TAY program to an adult program to accommodate service needs.	The desire for a larger unit that is not required based on family size.
Client Choice	The household would be able to reach employment and educational goals or not have their health jeopardized living in a different location that cannot be obtained in the current program. An example can include needing to be closer to a medically necessary service such as dialysis. Or the household has identified that they require a different housing provider to maintain housing successfully.	Geographic preference that is unrelated to employment, education, or health. Preference for a larger unit or preference for a different provider when challenges with the current provider can be resolved. The client is challenged to engage in services or has ongoing conflicts with agency staff.

**Table 2. Transfer Denial Reasoning**

Reason	Definition
Insufficient Transfer Reasoning	The documentation submitted needs to meet the threshold criteria demonstrating the need to approve a transfer.
No Current Community Capacity	Projects within the CoC that are expected to have capacity soon are needed to meet the needs outlined in the transfer request.
Current existing resources are not able to meet the request needs <sup>1</sup>	Currently, no projects within the CoC could meet the participant's identified needs.

### Transfer Priororization

To ensure equitable and effective allocation of limited housing resources, transfer prioritization incorporates an assessment of the household's vulnerability and urgency of need. Factors such as the risk of returning to homelessness, disabling conditions, the impact on family stability, and alignment with HUD's prioritization guidelines, as seen below, will be considered. The CES team will periodically review and adjust prioritization criteria to respond to emerging community needs and resource availability, ensuring that decisions remain fair, transparent, and rooted in Housing First principles.

**Table 3. HUD Prioritization Standard**

Emergency due to physical hazards	Transfers are initiated when a unit poses immediate physical dangers, such as structural failures or environmental hazards, that cannot be rectified within 24 hours.
Emergency due to other causes	Transfers are necessitated by urgent situations unrelated to physical hazards, including tenant safety or health threats that require immediate relocation.
Demolition, disposition, revitalization, or rehabilitation	Transfers are required when a property undergoes significant changes like demolition, sale, major renovations, or conversion under programs such as the Rental Assistance Demonstration (RAD).
Reasonable accommodation	Transfers are made to accommodate tenants with disabilities, ensuring they have access to units that meet their specific needs.

<sup>1</sup> Clients can remain on the transfer roster for up to 6 months before a new request is needed.

VAWA emergency transfer	Transfers are provided under the Violence Against Women Act (VAWA) to protect tenants who are victims of domestic violence, dating violence, sexual assault, or stalking, allowing them to move to a safer unit.
Occupancy standards	Transfers are conducted to comply with occupancy guidelines, such as moving families to appropriately sized units based on family composition changes.
Split family	Transfers occur when a family divides into two separate households, necessitating the relocation of one or more members to a different unit.
Incentive	Tenants are offered incentives, such as moving to a unit in a different location to achieve better occupancy distribution or to vacate units needed for other purposes.
Tenant-initiated	Tenants request transfers for personal reasons, which may include desires for a different unit location, size, or amenities.

### **Facilitating a Transfer**

Agencies submitting the transfer request must share eligibility documentation with the receiving provider. The receiving provider must verify participant eligibility criteria before enrolling the client into their project. Both agencies are required to maintain documentation of the process and approval, including:

- Copies of all documentation used to determine eligibility into the original housing program (i.e. Homelessness Certification, Chronic Homelessness Certification, etc.).
- Transfer request as submitted by the original housing provider.
- Notification email and HMIS records

Providers submitting the transfer request must continue to provide services and support to the participant to be transferred, including supporting attaining housing or maintaining housing, and to assist with the logistics of the transfer (transportation to appointments, etc.).

### **Emergency Transfers**

In compliance with the Violence Against Women Act (VAWA), the CES allows emergency transfers for households that are victims of domestic violence, dating violence, sexual assault, or stalking. The ability to request a transfer is available regardless of sex, gender identity, or

sexual orientation.<sup>2</sup> Transfer requests that meet this criteria will be submitted through the standard HUD Form 5383<sup>3</sup>.

When an emergency transfer has been requested from the household the RRH or PSH program will submit the request via email to the CES Team with a PSH to PSH Transfer form detailing the reasons for the emergency transfer request. The transfer request will be processed as quickly as possible. In the meantime, the program will evaluate the need for an internal transfer to a new unit based on need and availability.

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<sup>2</sup> HUD 24 CFR Part 5 states that a household qualifies for a VAWA emergency transfer when the household requests a transfer, reasonably believes there is a threat of imminent harm from further violence if the tenant remains in the same unit, or a sexual assault occurred on the property within 90 days preceding the emergency transfer request.

<sup>3</sup> <https://www.hud.gov/sites/documents/5383.docx>

## References

- Permanent Supportive Housing (PSH) Transfer Policy and Procedures. (n.d.). Retrieved November 21, 2024, from <https://sacramentostepsforward.org/wp-content/uploads/2022/08/Final-PSH-PSH-Transfer-Policy-3-1-22.pdf>
- Permanent Supportive Housing – Partners for HOME. (2023). Partnersforhome.org. [https://partnersforhome.org/ova\\_doc/permanentsupportive-housing/](https://partnersforhome.org/ova_doc/permanentsupportive-housing/)
- U.S. Department of Housing and Urban Development. (n.d.). *Public housing operating fund: Guidance on transfers of public housing projects to a more efficient project number.* <https://www.hud.gov/sites/dfiles/PIH/documents/PHOGTransfers.pdf>
- 5294 - Coordinated Entry System Permanent Housing Transfer Policy. (2021). Lahsa.org. <https://www.lahsa.org/documents?id=5294-coordinated-entry-system-permanent-housing-transfer-policy.pdf>

## Section 1: Reason for Transfer

*(Please check all that apply and provide details below)*

- ☐ **Reasonable Accommodation**  
(e.g., physical or medical needs that cannot be met in the current housing unit)
  - ☐ **Change in Household Composition**  
(e.g., increase or decrease in family size requiring a different unit size)
  - ☐ **Client Choice**  
(e.g., location closer to employment, education, or medically necessary services)
  - ☐ **Safety Concerns (Non-VAWA)**  
(e.g., unsafe environment not meeting VAWA emergency criteria)
  - ☐ **VAWA Emergency Transfer**  
(e.g., imminent threat of harm or recent incident of violence or assault)
  - ☐ **Program Closure or Unit Unavailability**
  - ☐ **Other (Please Specify):** \_\_\_\_\_
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## Section 2: Supporting Details

*Provide a detailed explanation of the reason(s) for the transfer request. Attach supporting documentation, including any medical notes, incident reports, or other relevant information.*

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## Section 3: Chronic Homelessness Documentation

1. Did the household meet chronic homelessness requirements at entry into PSH?  
☐ Yes ☐ No
  2. Attach documentation verifying chronic homelessness:  
☐ Included ☐ Not Applicable
- 

## Section 4: Transfer Priority Assessment

*(To be completed by the submitting organization)*

1. Is the household at imminent risk of returning to homelessness without a transfer?  
☐ Yes ☐ No



2. Are there available housing options within CES that meet the household's needs?  
☐ Yes ☐ No
  3. Transfer Priority Level (based on CES guidelines):  
☐ Emergency (e.g., safety hazard, VAWA, medical need)  
☐ High (e.g., risk of eviction, closure of current program)  
☐ Standard
- 

### Section 5: Contact Information

*Submitting Program Contact Person:* \_\_\_\_\_

*Title:* \_\_\_\_\_

*Phone:* \_\_\_\_\_

*Email:* \_\_\_\_\_

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### Section 6: CES Approval (For CES Use Only)

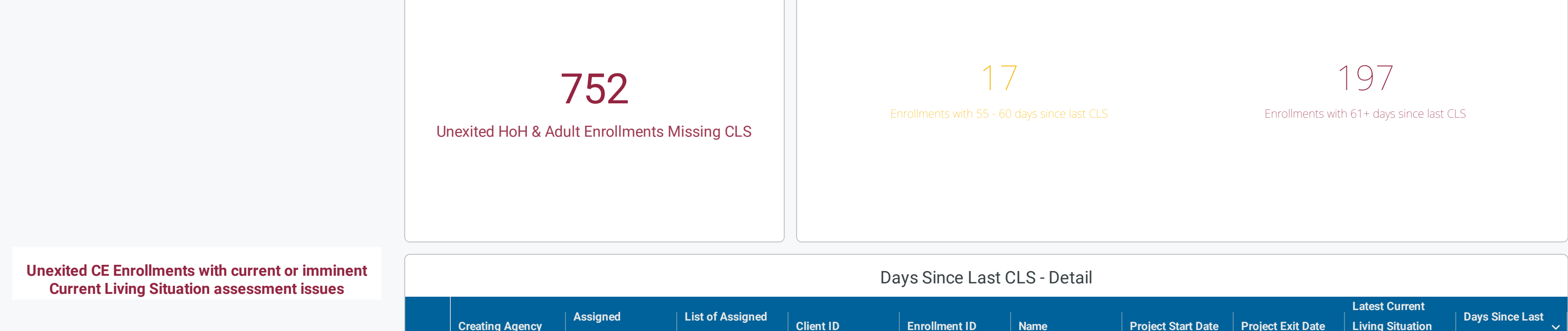
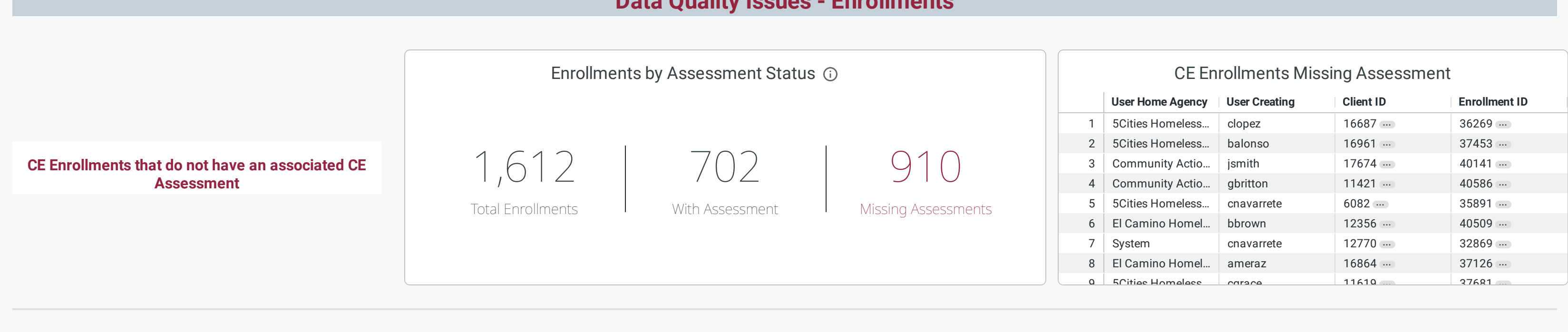
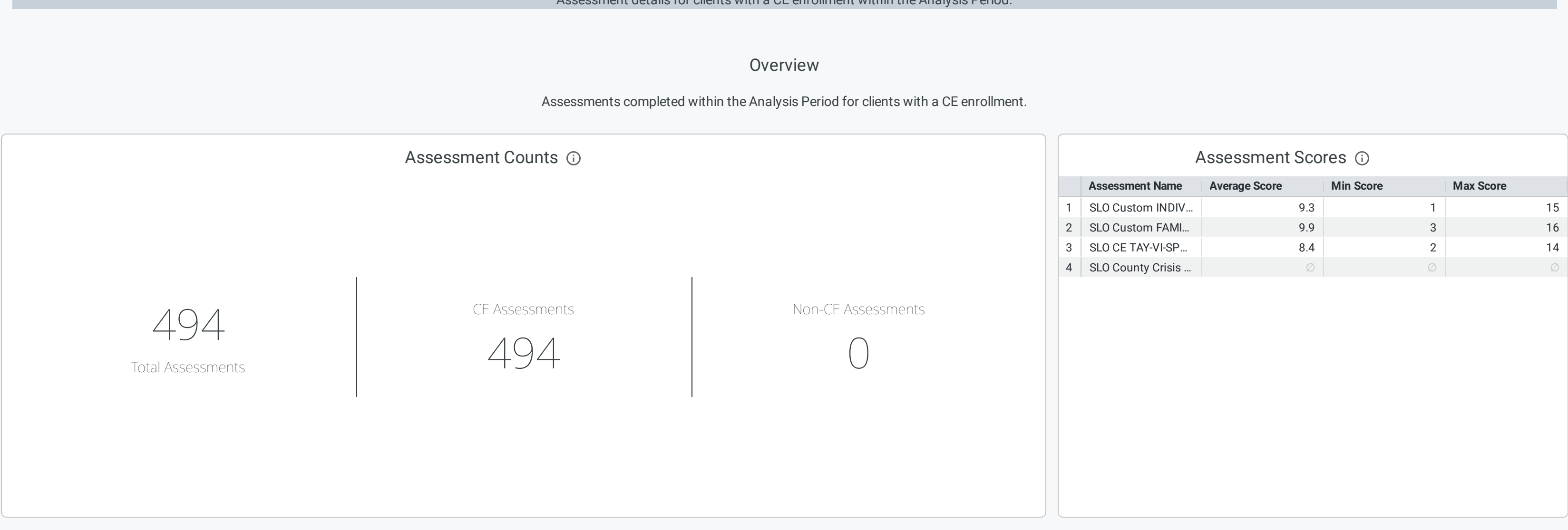
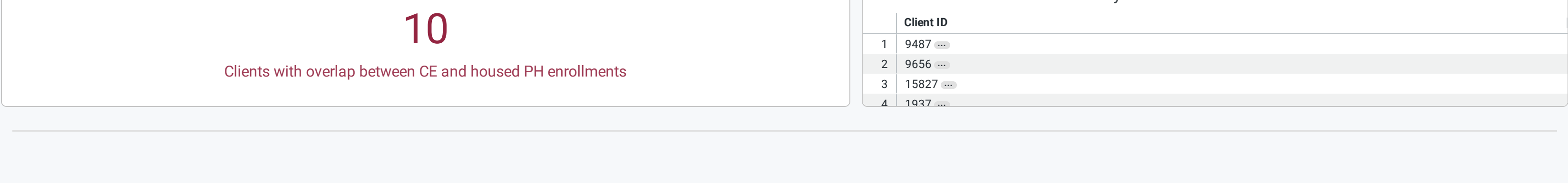
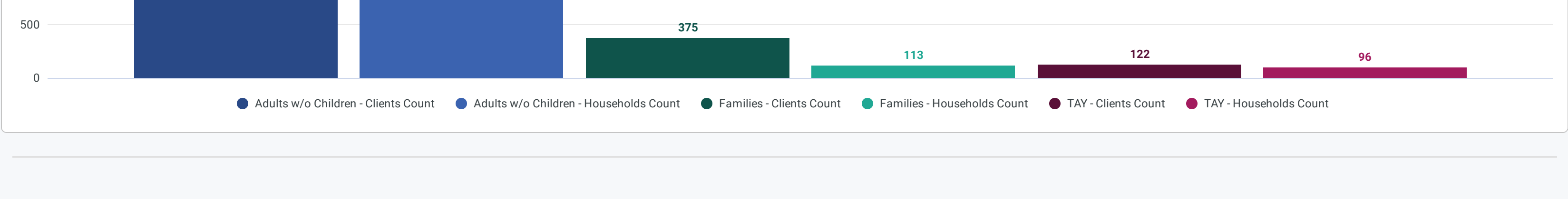
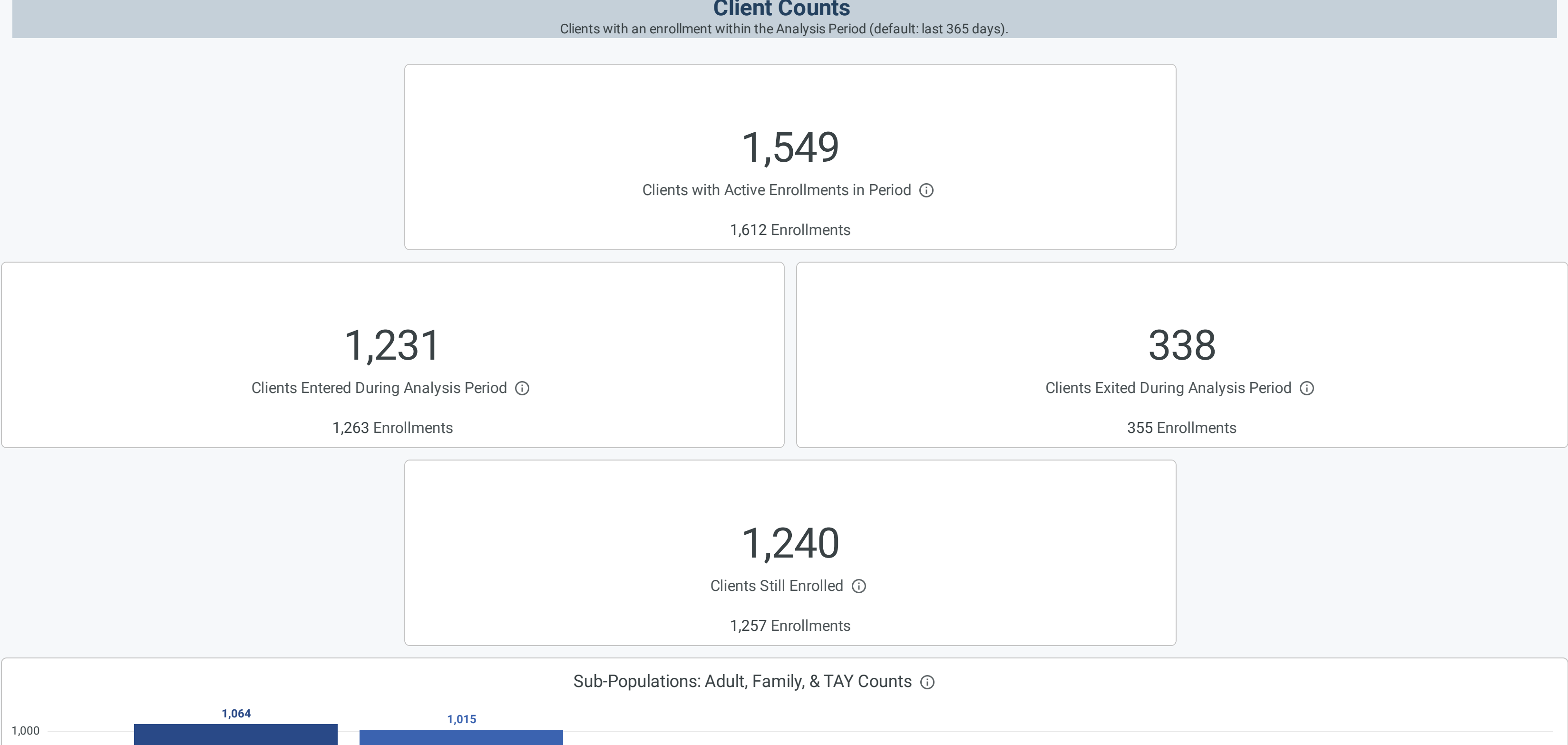
- Request Received By: \_\_\_\_\_
- Date of Receipt: \_\_\_\_\_
- Approved: ☐ Yes ☐ No
- Notes: \_\_\_\_\_

*CES Team Member Signature:* \_\_\_\_\_

*Date:* \_\_\_\_\_

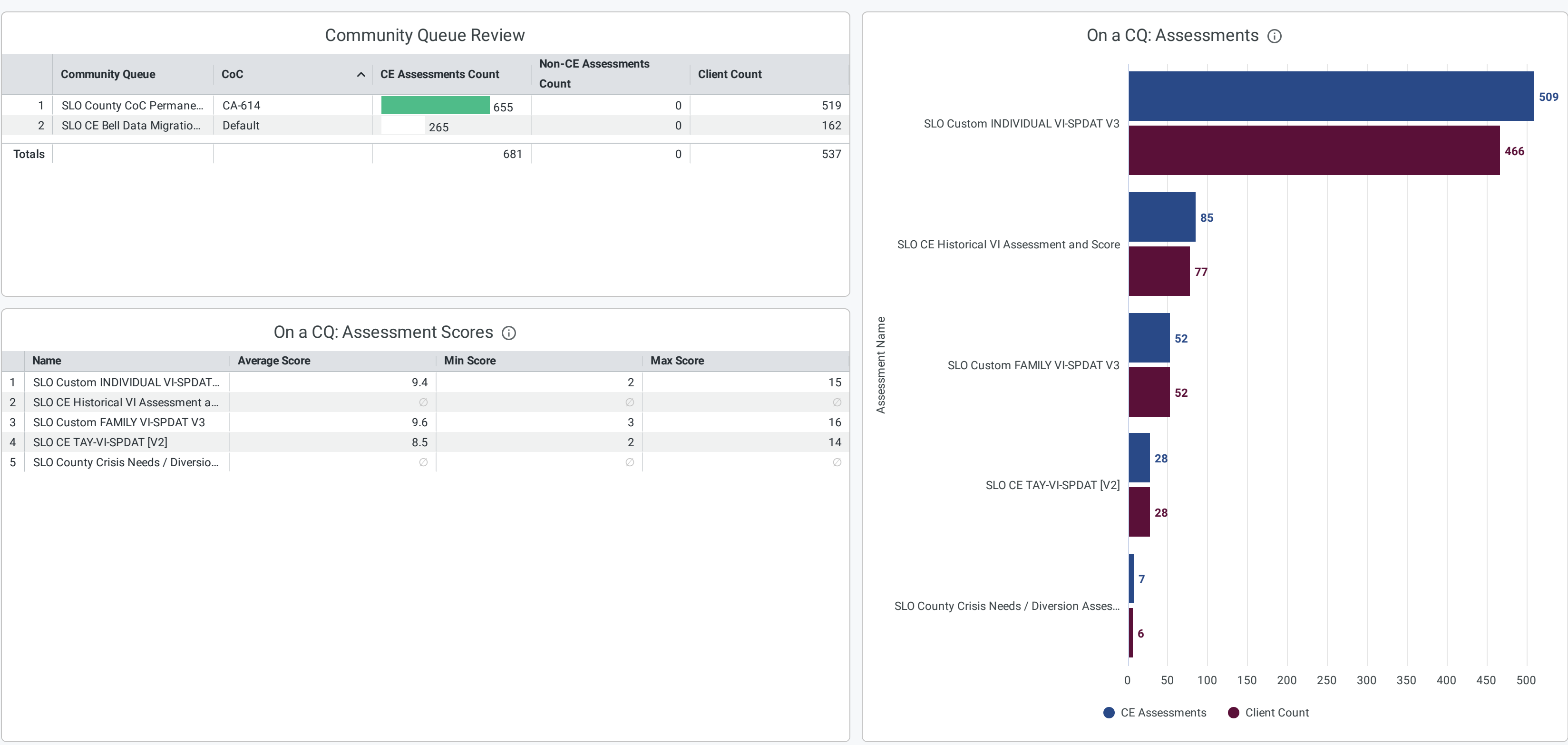
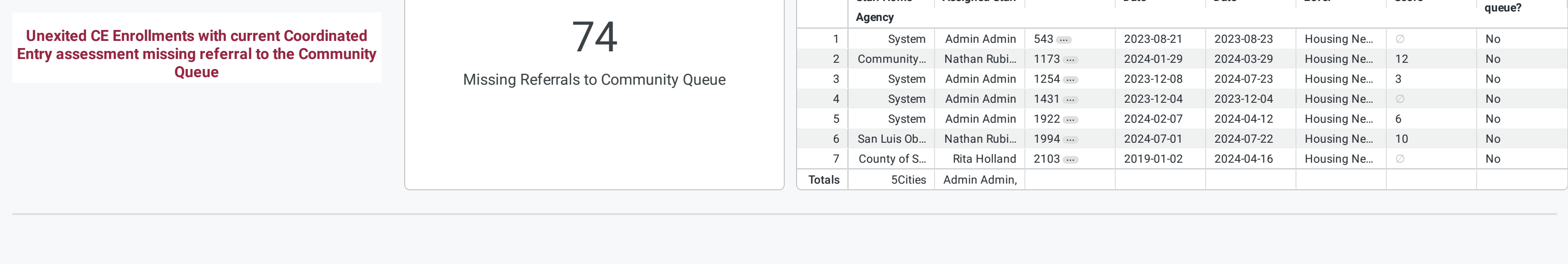
## Coordinated Entry: Enrollment Overview

This dashboard contains information about historic Coordinated Entry enrollments.  
For more information about this dashboard, please review the [Coordinated Entry: Enrollment Overview](#) dashboard article and the info bubbles throughout the dashboard.



### Days Since Last CLS - Detail

	Creating Agency	Assigned Agencies	List of Assigned Staff	Client ID	Enrollment ID	Name	Project Start Date	Project Exit Date	Latest Current Living Situation Date	Days Since Last CLS
1	System	El Camino Hom...	Bell Perez	9942 ⓘ	19849 ⓘ	San Luis Obispo...	2023-06-01	ⓘ	2023-06-14	541
2	System	Community Acti...	Kaeden North, N...	11645 ⓘ	21627 ⓘ	San Luis Obispo...	2023-07-06	ⓘ	2023-12-18	354
3	System	System	Admin Admin	11513 ⓘ	17847 ⓘ	San Luis Obispo...	2023-11-07	ⓘ	2023-12-28	344
4	System	System	Admin Admin	10721 ⓘ	22030 ⓘ	San Luis Obispo...	2023-04-18	ⓘ	2024-02-08	302
5	System	San Luis Obispo...	Nathan Rubinoff	11645 ⓘ	10203 ⓘ	San Luis Obispo...	2023-11-09	ⓘ	2024-02-12	298
6	System	System	Admin Admin	11668 ⓘ	24493 ⓘ	San Luis Obispo...	2023-07-17	ⓘ	2024-02-12	298
7	System	Community Acti...	Kaeden North, N...	11644 ⓘ	9378 ⓘ	San Luis Obispo...	2023-07-06	ⓘ	2024-02-12	298
8	System	System	Admin Admin	11634 ⓘ	21376 ⓘ	San Luis Obispo...	2023-07-05	ⓘ	2024-02-12	298
9	System	Community Acti...	Admin Admin, K...	11435 ⓘ	9604 ⓘ	San Luis Obispo...	2023-06-12	ⓘ	2024-02-12	298
10	System	Community Acti...	Admin Admin, J...	9786 ⓘ	21156 ⓘ	San Luis Obispo...	2024-01-17	ⓘ	2024-02-14	296
11	System	Community Acti...	Kaeden North, N...	12280 ⓘ	4029 ⓘ	San Luis Obispo...	2023-10-25	ⓘ	2024-02-19	262
12	SCities Homeless...	SCities Homeless...	Chavarrete, S...	16177 ⓘ	24668 ⓘ	San Luis Obispo...	2024-04-03	ⓘ	2024-04-03	242



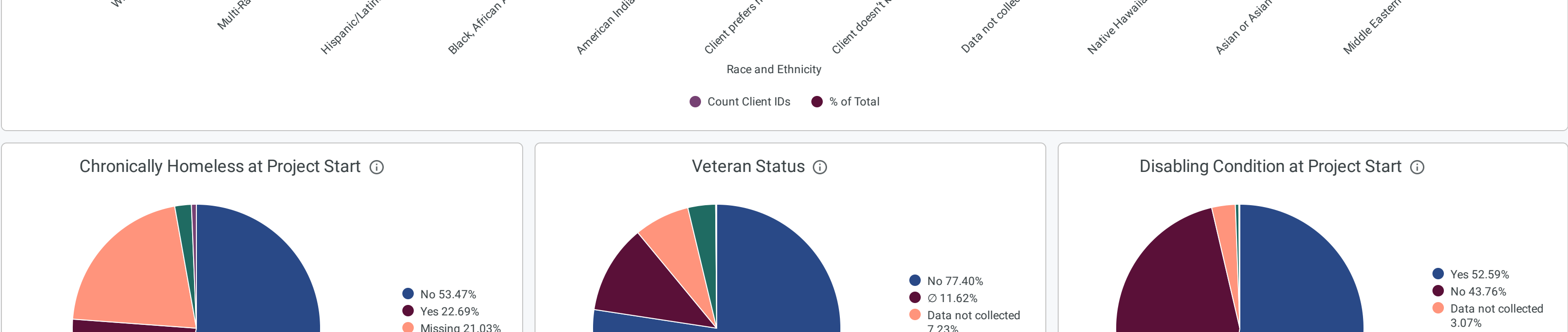
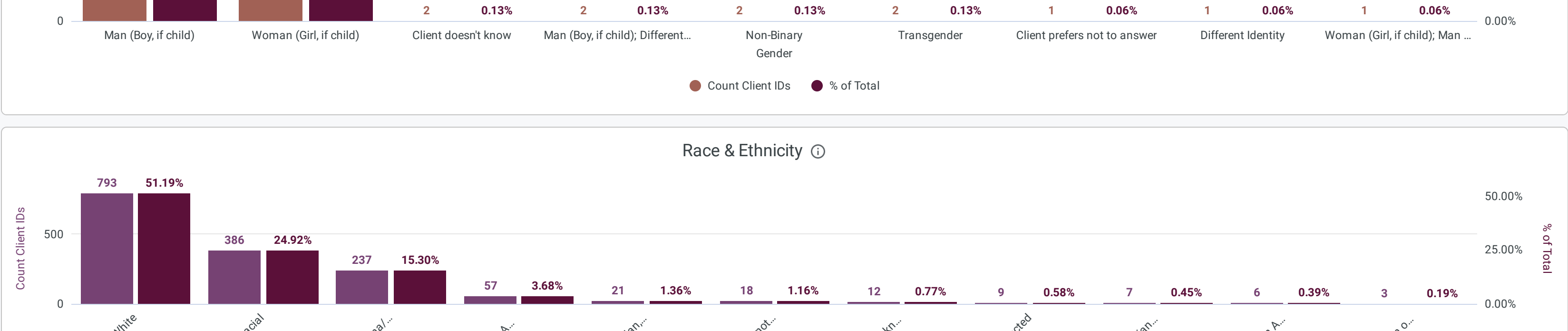
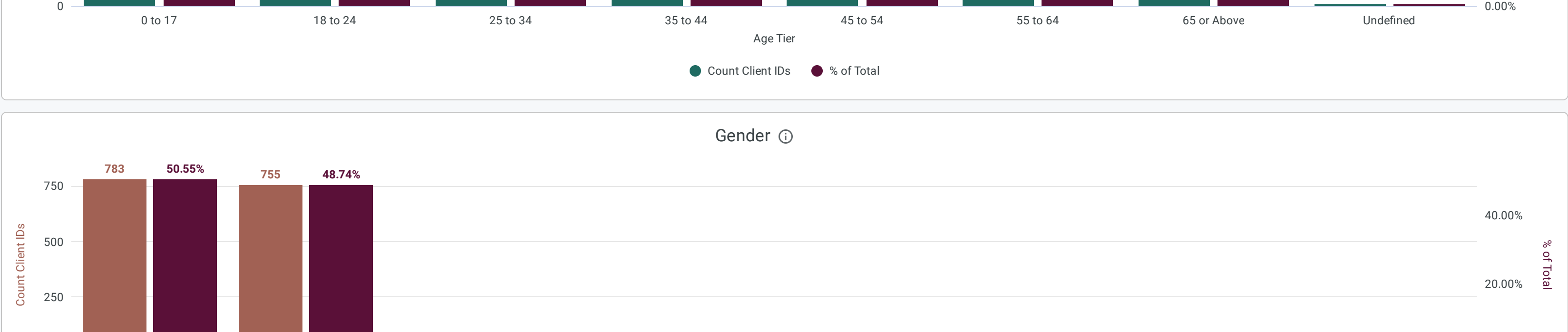
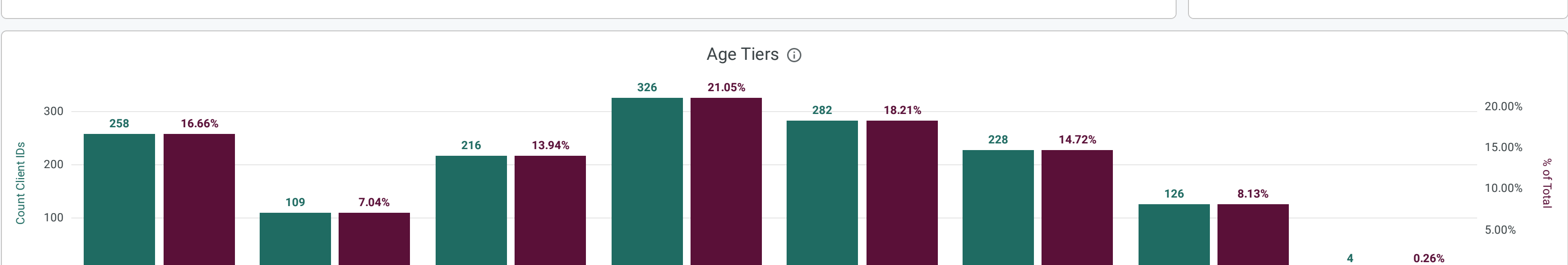
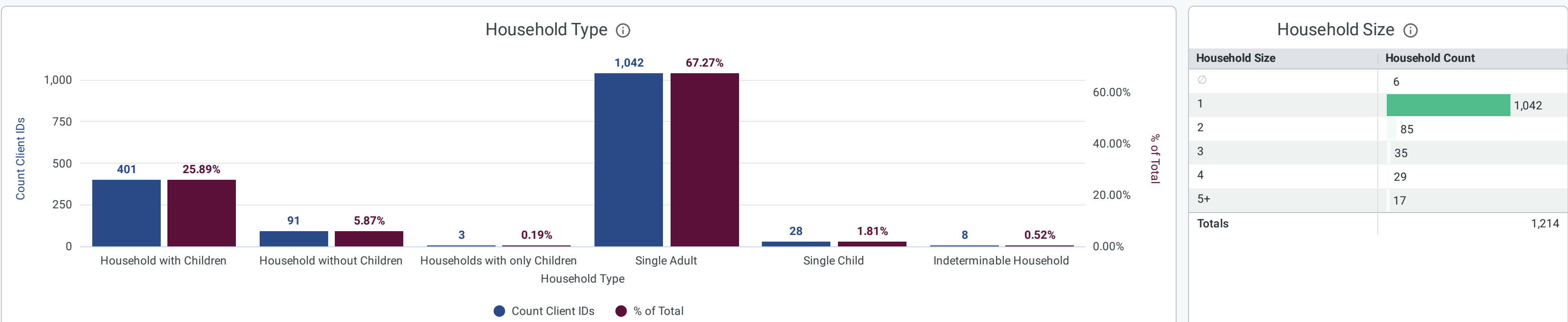
## Data Quality Issues - Community Queue Referrals

### Deleted Referrals with Remaining Inferred Events

	Clients Client ID	Referrals Referral Method	Referrals Deleted (Yes / No)	Coordinated Entry Event Event Type	Coordinated Entry Event Deleted (Yes / No)	Coordinated Entry Event Event Date	Coordinated Entry Event Event	Coordinated Entry Event ID	Referrals Last Updated Date	Referrals User Updated	Staff Full Name	Staff Email	Staff ID
1	15827 ⓘ	Referral from Eligibility Determination	Yes	Inferred	No	2024-04-08	Referral to PSH ..	18	2024-03-14	abbyb	ⓘ	ⓘ	ⓘ
2	16709 ⓘ	Referral from Eligibility Determination	Yes	Inferred	No	2024-11-05	Referral to PSH ..	166	2024-09-11	abbyb	ⓘ	ⓘ	ⓘ
3	14198 ⓘ	Referral from Eligibility Determination	Yes	Inferred	No	2024-11-08	Referral to PSH ..	205	2024-09-11	abbyb	ⓘ	ⓘ	ⓘ
4	9324 ⓘ	Referral from Eligibility Determination	Yes	Inferred	No	2024-05-28	Referral to Other...	45	2024-09-11	abbyb	ⓘ	ⓘ	ⓘ
5	16083 ⓘ	Referral from Eligibility Determination	Yes	Inferred	No	2024-11-05	Referral to PSH ..	187	2024-09-11	abbyb	ⓘ	ⓘ	ⓘ
6	16843 ⓘ	Referral from Eligibility Determination	Yes	Inferred	No	2024-09-10	Referral to Other...	107	2024-09-11	abbyb	ⓘ	ⓘ	ⓘ
7	16577 ⓘ	Referral from Eligibility Determination	Yes	Inferred	No	2024-10-15	Referral to PSH ..	128	2024-09-11	abbyb	ⓘ	ⓘ	ⓘ
8	8735 ⓘ	Referral from Eligibility Determination	Yes	Inferred	No	2024-09-10	Referral to Other...	102	2024-09-11	abbyb	ⓘ	ⓘ	ⓘ
9	6938 ⓘ	Referral from Eligibility Determination	Yes	Inferred	No	2024-10-29	Referral to PSH ..	144	2024-09-11	abbyb	ⓘ	ⓘ	ⓘ

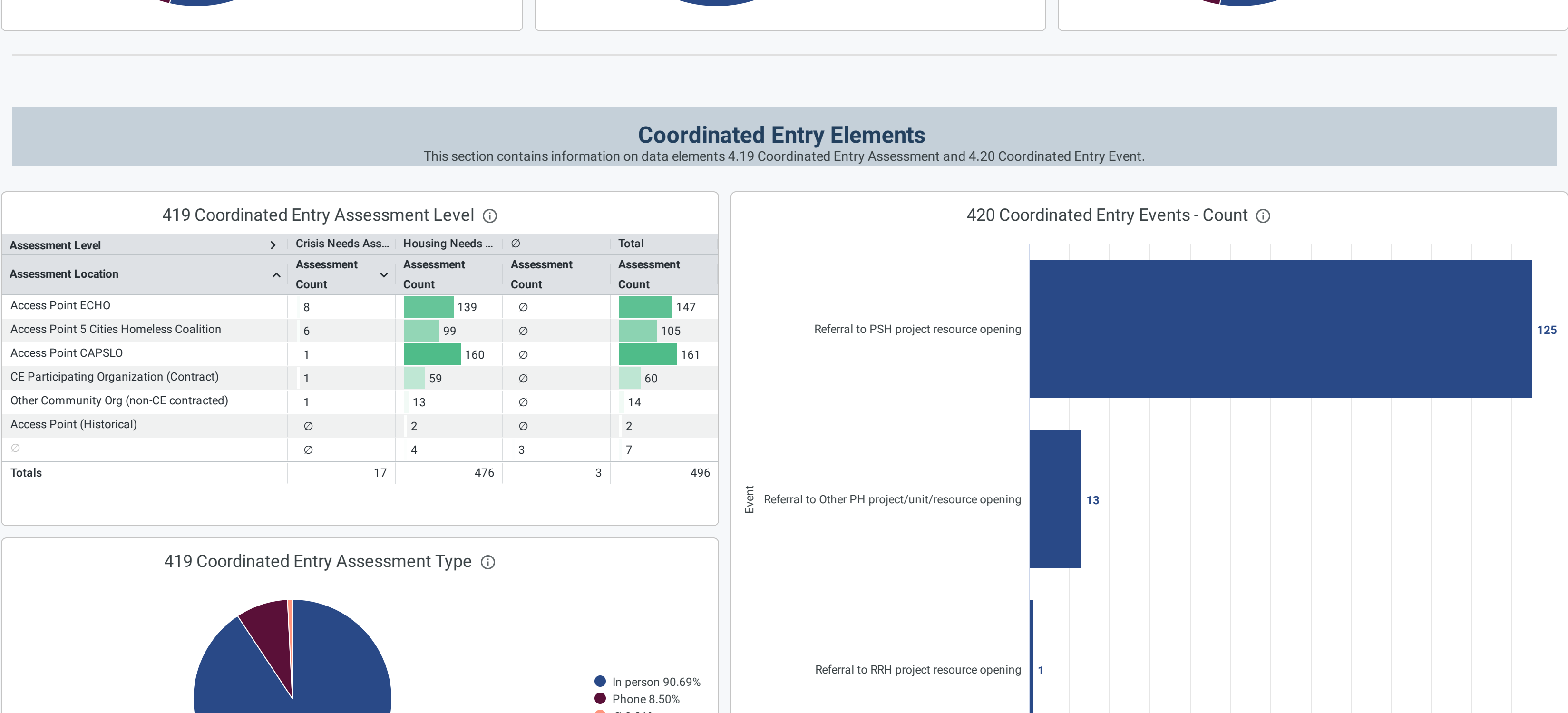
## Demographics/Special Populations

Demographic and Special Population information for clients that were enrolled during the Analysis Period.  
Note: The Assessment Name filter does not apply to this section.



## Coordinated Entry Elements

This section contains information on data elements 4.19 Coordinated Entry Assessment and 4.20 Coordinated Entry Event.



## Enrollment Comparisons

Analysis Period filter does not apply to this section. This section highlights enrollment comparison counts for the year to date, the prior year and 2 years prior.  
Applicable Filters: CoC Code, Agency Name, Program Name, Household Type, Veteran Status, Chronically Homeless, Race & Ethnicity, and Gender.

