EMERGENCY HOUSING VOUCHERS (EHV) – CES DIRECT REFERRAL

Instructions: This referral is to be used only AFTER you have completed the Coordinated Entry Screening. If you do not have access to the Coordinated Entry System (CES) contact hometeam@mendocinocounty.org for further assistance.

ALL SECTIONS OF THIS FORM MUST BE COMPLETED. Complete sections one through six of this direct referral form for individuals or families you have determined meet one of the four eligibility criteria. Once complete, and if the EHV waiting list is open, email the completed referral form and the release of information to CDC at ehv@cdchousing.org

1). COORDINA	TED ENTRY (CE	SYSTEM	□ P	roject Sa	nctuary	Referral
Date entered in	to CE		Date enrolled i	n CE		
Date of most re CE update	cent		Screeners Nar	ne		
2). REFERRING	AGENCY AND	POINT OF COI	NTACT			
Agency			Case Manager/Contac	t		
Phone Number		Email Addres	ss			
3). HOUSEHOL	D INFORMATIO	N				
HOH Name			Disability ☐ Yes ☐ No	HMIS	S #	Gender
Date of Birth	Social Securit	y #		Phone #		
Mailing Address	6					
Physical Address						☐ Homeless
Race			Ethnicity Hispanic Non-Hispanic			
Estimated Monthly Income	\$	Total adults in the household		Total m		

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4). REFERRAL ELIGIBILITY CATEGORIES FOR EHVs

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•	ecking a box below, I certify the individual or family identified ity categories listed below (must check one):	I meets one of the four EHV			
	Homeless The meaning and definition of "homeless" is defined in the MCHCSCOC CE policy.				
	At Risk of Homelessness The meaning and definition of "at-risk of homelessness" is defined in the MCHCSCOC CE policy.				
	Fleeing or Attempting to Flee, Domestic Violence, Dating Violence, Sexual Assault, Stalking, or Human Trafficking – The meaning and definition of this eligible category is defined by the definition set forth in PIH Notice 2021-15(HA).				
	Recently Homeless – Recently homeless is defined as incorpreviously been classified by a member agency of the MCH currently homeless as a result of homeless assistance, tem type of other assistance, and where the MCHCSCoC or its loss of such assistance would result in a return to homeless risk of housing instability.	HCSCoC as homeless but are not porary rental assistance or some designee determines that the			
5). Al	DDITIONAL PREFERENCES	☐ Preferences Not Applicable			
	lete this section only if the household qualifies for one of the vise check the box "Preferences Not Applicable", then prece				
	ition to one of the four eligibility categories listed above, by usehold identified qualifies for the following preferences (ch	•			
	Veteran or Surviving Spouse of a Veteran: Households of surviving spouse of a veteran of one of the regular armed for				
	Seniors : Any member of the household who is 55 years of direct referral is submitted to CDC.	age or older on the date the			
	Families w/ Minor Children: Households with a minimum parent/guardian has at least 51% physical custody of said r				
	COVID 19 Risk Factors: One or more COVID 19 risk factor	ors identified by the HMIS system			
The a identif	NAL CERTIFICATION Dove information is true and complete to the best of my know ied meets one of the four eligibility criteria listed in section 4 quirements set forth in PIH Notice 2021-15 (HA) and as dire EHV Program.	of this form in accordance with			
Refer	ing Agency – Authorized Agents Signature	Date			