

Appendix I
Coordinated Entry Referral Denial Form (Client)

This form should be completed by clients, whenever they are denying a referral that has been made by Coordinated Entry System. Forms should be returned to the Coordinated Entry Administrator.

Date _____

Client Initials _____

Reason for denial (please check a box, and you must explain in detail below)

- I/my household refuse further participation in this program

- I/my household are moving outside of the area that is served by this program

- I/my household are able to resolve my housing crisis without assistance

- I/my household are concerned about my health and safety at this program.

- I/my household needs cannot be addressed by the program. The program does not offer the services and/or housing supports necessary to successfully serve the household.

If you feel this was an inappropriate referral, please indicate that below with an explanation. Please describe why you are unable to accept this referral.

To be completed by the Agency Staff

Agency Name _____ Program name _____

Staff contact _____ Email _____

Phone _____

Client ClientTrack Number _____ Referral Date _____