Orange County Family Shelter Network and Family Solutions Collaborative

Shared Guidelines for Family Shelters

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1. Purpose of Family Shelter Guidelines

This document provides shared guidelines, policies and practices that apply to all participating family-serving shelters in Orange County, CA. It covers shared guiding principles, areas of common approach and intended client experience while in shelter, and the way that shelter is connected to the rest of the family crisis response system. The purpose of adopting these shared guidelines is to ensure that regardless of which shelter a family is referred to, they have a similar low-barrier entry experience, clear expectations for what support they will receive and what is expected of them, and an opportunity to achieve similar outcomes.

This document does not cover all operational needs of shelters and does not replace the policy and procedure manuals that individual shelters may have. For example, this manual does not cover food service, operating hours, or other matters that may differ from shelter to shelter. It should, however, influence each shelter’s internal documents and family shelter providers should make sure that their individual manuals, guidelines or policies do not contradict or conflict with the shared guidelines.

2. Role of Family Shelter in the Crisis Response System

Shelter is an essential component of the Orange County crisis response system for families, but it does not work alone or address all aspects of family homelessness. In order to perform the key roles of shelter and ensure that there is coordination with other parts of the system, the group has defined the role of shelter to be primarily and most importantly:

1. To provide a safe, temporary place for families with children to be safe, get out of the elements and have basic needs met who would otherwise have no alternative but to sleep outside, in a car, a place not meant for human habitation or to remain in an unsafe housing environment;
2. To help families as quickly as possible by not putting up unnecessary barriers that keep families in need from entering shelter;
3. To serve as one of the potential entry points into the broader crisis response system designed to help end a family’s homelessness;
4. To work with the family, and with other aspects of the system as needed and available, to help as many families as possible obtain a safe, permanent place to live.

3. Shared Guiding Principles

To ensure common purpose and intention, the family shelters adopt the following guiding principles. These principles are intended to inform the rest of the operations of the shelters individually and collectively. Policy and practice, both current and proposed, should be evaluated against whether their adoption is in keeping with this core set of principles.
Rapid shelter entry - Shelter entry should be fast, immediate, uniform and culturally sensitive for any family experiencing literal homelessness.

Low barrier access - The expectations on families who need shelter should be minimal, transparent and reasonable without preconditions and barriers to entry, such as sobriety, treatment or service participation requirements.

Housing First - Shelter work should be informed by the Housing First approach that includes a quick and successful connection to permanent housing using the Coordinated Entry System and other strategies such as diversion and housing-focused supportive services.

Exit to Permanent Housing - The objective is that the majority of people experiencing homelessness exit from emergency shelter to permanent housing.

Trauma-Informed Care - Homelessness is a traumatic experience. Trauma-informed care is a framework that integrates awareness and understanding of trauma. Shelter staff shall be trained in and mindful of the impact trauma has on everyday life and incorporate it in their work when helping people resolve the experience of homelessness.

Best Practice Informed and Adaptive - Program and system performance is best achieved by adopting best practices that are adaptive and flexible. The shelter system will be held accountable through the Family Solutions Collaborative. Best practices will guide staff training requirements and capacity building.

Client-centered programming - A path to housing for each family will be supported by the shelter and the system as a whole and will be driven by client choices, within clear shelter guidelines, housing goals and expectations.

4. Family Stabilization Goals

In addition to shared principles, family shelters share a set of four key goal areas. Shelter will focus their work to support families in achieving these four goals for family stabilization:

1. **Housing:** Moving from homelessness to housing is the primary goal of the system as a whole and of shelters. To this end, every family will be supported to create a concrete plan and undertake action steps for moving to housing other than the shelter, ideally to permanent housing.

2. **Financial Progress:** To support permanent housing and other family needs most families will need to make financial progress. Shelters will help families to set goals and undertake action steps related to obtaining all public/mainstream benefits to which the family is eligible, and obtaining or maintaining income, possibly through education, employment, job training and/or financial counseling.

3. **Health:** Health is a necessary element of well-being for all family members. Shelters will help families to set goals and undertake action steps related to obtaining needed
physical, mental and/or behavioral health services and supports, both while remaining in shelter, and as possible, in any new location to which the family moves.

4. **Children Services**: Children experiencing homelessness have unique needs and challenges different from their parents/guardians and specific to their age and stage of development. Shelters will help families to set goals and undertake action steps related to children attending and benefiting from school, childcare, medical, dental and vision services, as needed or requested.

5. **Shelter Performance Outcomes**

Shelters do not act alone, and many families may need help from other programs to end their homelessness. However often shelters are the primary or only intervention that a family experiencing homelessness needs. Shelters will work, alone and with the rest of the system, to meet performance measures that ensure:

- At least 40% of families leave shelter directly to Permanent Housing
- At least 60% of families leaves shelter to a positive destination (including permanent housing, transitional housing, temporary housing with family and friends, residential treatment, etc.)
- Fewer than 30% of families leave shelter to continued homelessness, including leaving to the streets, moving to another shelter or an unknown destination
- 100% of families who enter shelters will be coming from literal homelessness
- At least 10% of family households will be assisted to maintain and increase income
- Shelters will maintain at least a 90% average unit occupancy rate
- Exit families from shelter to a positive destination with an average length of stay of 60 days

6. **Admittance Policies**

As stated in the guiding principles above, moving into a shelter should be a fast and low-barrier experience. The process for admitting families should be expedient and as similar as possible from shelter to shelter, while meeting the specific needs of families.

a. **Taking Referrals from Coordinated Entry System**

Once policies and procedures are in place, participating shelters will be taking all referrals from the Coordinated Entry System.\(^1\)

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\(^1\)This process is still being developed, and as it does more details will be added to the Shelter Guidelines, pending FSC Executive Committee and at large group approval.
The use of CES is intended to ensure there is agreement on which families are prioritized for shelter when there are not enough beds available to serve all families. Prioritization is intended to ensure that higher need families are assisted first and is accompanied by a practice of diversion/problem solving that is offered to all families on an ongoing basis, to try to resolve as many housing crises as possible before offering shelter.

Before making shelter referrals, CES will take certain steps to determine that a family is likely to be accepted into, and likely to accept, placement within a given opening. Information that Coordinated Entry will take into account in making a referral includes:

- Ensuring that the size of the family matches with the opening.
- Screening for complex medical needs or accessibility needs that may make some shelters unsuited to a family's needs.
- Apply any regional preferences required by funding sources, such as a preference for or limitation to families from certain cities or regions.
- Check with the family for any specific preferences for regions or programs and try to accommodate these choices as much as possible, while being clear with families that they may have to wait if they cannot accept the immediate opening available.

Family shelter providers will keep Coordinated Entry informed about any funding or population requirements, changes to the facility or other things that CE would need to know to make appropriate referrals. Shelters will provide regular feedback to the CE leadership about the referral process and work together to make any needed changes to the process. Family shelter providers are also committed to determining a method for ensuring that families can get access to available shelter beds on weekends and in the evenings.

Until CE begins to make referrals to shelter, shelter providers will make their own admissions. Shelter providers will notify in case conferencing meetings when they have openings and attempt to take families that are pending referrals from CE and are staying in places not meant for human habitation first. A shelter provider may keep track of families that express interest in their shelter and contact them if no immediate placement from case conferencing is possible, however, shelters are discouraged from keeping and operating a separate wait list.

b. Documentation needed for entry

The only required documentation for entry to a shelter is a homeless verification. When families begin to be referred through Coordinated Entry, the CE Assessor will provide the documentation. Until that time, the shelter will help get the documentation if the family does not have it.
c. Reasons a family may be referred to a more appropriate resource

The reasons that a shelter may reject a referral are limited. Families may be referred to a more appropriate resource if the shelter cannot accommodate the family size.

Shelters may also refuse families who would require support with the Activities of Daily Living (ADLs), such as dressing, toileting, eating or other activities which the shelter is not equipped or staffed to support.

Not all family shelters require background checks. If background checks are required, they will be limited to:

- Registered Sex offenses covered by 290 Megan’s Law
- Open Warrants
- Violent felonies involving Domestic Violence and Child Abuse

Background checks should not delay or be a barrier to shelter entry. All shelters will take maximum of 24 hours to complete the check.

The agency also has the option to decline if the client has made prior threats to safety or prior destruction of shelter property.

If a family is refused entry due to results of the background check, past behavior in shelter, or inability to manage AD’s they will be assisted to return to Coordinated Entry for immediate re-referral, or if CE is not filling shelter beds, the shelter will help the family find alternative shelter or a higher level of care.

Shelters will not refuse admittance to families for other reasons than those stated above. If a family is admitted and it is later determined by the shelter and the family that a more appropriate program or facility is needed, the shelter will work with CE and follow the transfer policy described in Section 10.

7. Intake and Reviewing Shelter Policies

a. Welcome and expectations while staying in shelter

When families first arrive at shelter they may be in crisis or overwhelmed. The intent of the welcome experience is to make requirements and rules as limited and low barrier as possible while ensuring the safety of all families in the facility and that they understand any expectations or requirements of being in the shelter.

Most shelters have a handbook that describes the specifics of being in that shelter. This should be reviewed with the adults in the family and the adults in the family should acknowledge that they have been informed of the expectations and requirements. If not previously executed this is also an opportunity to execute a Consent to Exchange Information (attached in the Appendix of Forms.)
Topics that should be covered in orientation include:

**Shelter is temporary:** The shelter stay is short and intended to help the family transition to a more appropriate place as quickly as possible. The family is encouraged to actively participate in the supports provided to secure housing and meet other goals.

**Rules about oversight of children:** Unless supervision is provided for by the shelter operator to allow parents to participate in activities without their children, parents are expected to provide oversight of their child(ren), at all times, and may not leave child(ren) unsupervised.

**Substance Use:** The use of illegal substances on site is not permitted and can result in a warning or termination. Alcohol is a legal substance for adults but may be restricted to private areas or prohibited from being brought into shelters where facilities are shared.²

If a participant has been using drugs or alcohol off the premises they may still stay in the shelter as long as their behavior is not disruptive.

**Hours of Operation:** Not all family shelters are open the same hours, and some families may be required to be out of shelter at certain times of day or to arrive by a certain time to retain their space. If families are required to leave the shelter during the day families should understand 1) the circumstances under which this requirement can be waived, and 2) places that they can go during the day that can help them to pursue their goals and also provide appropriate and safe places for children who are not school-age and for all children during times when school is not in session.

**Chores:** In all settings families may be expected to maintain the personal space they are occupying in basic safe and sanitary conditions. In congregate settings where families share facilities such as kitchens and living spaces, some shared household chores may be required. However, chores should not be a significant focus of a families’ time in shelter and issues arising around chore completion should be kept to a minimum if possible.

**Grievances:** Information regarding the process for making complaints and grievances should be introduced briefly. It is not necessary to go over all of the policy as long at the shelter makes it clear that there is one and leaves the information with the family.

Additional information that may be offered at the introduction is about meals, activities for parents and children, and case management expectations and availability. *Preparation of a Housing Plan should not begin at this first meeting unless initiated by the family.*

Adults in the family should acknowledge that they have been informed of the expectations and requirements and Client acknowledgment-signature and Consent to Exchange Information form (attached [here](#)).

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² Marijuana is in legal limbo currently in California; participating shelters may choose to treat marijuana in the same way as other illegal substances or similarly to alcohol. However, shelters are encouraged to avoid termination for marijuana possession unless it is a repeated infraction.
b. Handling conflict

Shelters try to minimize conflicts among residents by defusing the situations as much as possible. Conflict may be handled through face to face mediation and/or through the filing and responding to grievance forms (see c. below).

Shelter staff are mandated reporters and must follow the laws regarding reporting to Child Protective Services or Adult Protective Services.

Family violence/intimate partner violence is not acceptable and will be responded to immediately. If reported, the situation will be investigated by the agency. All appropriate staff members who interact with the family should be brought into the investigation, such as the housing navigator, case manager, behavioral health specialist, counselor, or others. This is known as the “multi-disciplinary team.” The objective of the meeting is to assess the incident and, if possible, to identify the primary aggressor. If deemed appropriate, the primary aggressor will be transitioned out with the rest of the family permitted to remain.

Transitioned clients will be offered appropriate community resources. If an aggressor is under 18 years of age, following a full assessment and multidisciplinary team meeting, suitable supportive services will be encouraged.

Behavior focused discussions are used as a response to other forms of disruption or intra/interpersonal conflict.

c. Grievance Policy

When possible, issues arising in the shelter should be addressed immediately through conflict mediation and resolution with the affected parties. However, everyone has a right to file a grievance.

A Universal Grievance Form will be made accessible on site at all shelters for easy access and at the Family System Access Point. Grievances that are not anonymous will require a response to the person making the grievance within five (5) working days. If the grievance is regarding a particular staff person neither that person nor anyone that they supervise will respond to the grievance. Anonymous grievances may be submitted but are kept for quality improvement purposes as they cannot be responded to.

d. Warnings and Termination Policy

Unless there is immediate danger to staff or someone else, if a family member or members violate rules or expectations such as making threats, damage to the property, possession or use of substances on site, they will be provided with warnings prior to being asked to leave.
The first warning may be verbal but any warnings thereafter on the same topic will be provided in writing. A third violation after two written warnings may result in being asked to leave. Families that are required to leave will be referred back to Coordinated Entry for another referral or assisted to find an alternative accommodation.

Violence against staff or other participants, or credible threats of violence will be investigated and may result in immediate termination.

If children are removed from a family by Child Protective Services, a multidisciplinary team conference is undertaken to discuss the case, and resources will be offered, as applicable. Parents that no longer have children in their custody may be moved or asked to leave. However, this step will not be taken until it is clear that children will not be reuniting with parents within a 7-day period.

Any termination may be appealed within 72 hours of the determination by the shelter to terminate. Shelters must notify participants of the grievance policy, including providing them with a written copy of the universal Appeal of Termination form at the time of exit.

8. Housing Planning and Housing Search Support

As described above, rapid movement to housing is the primary goal of the system as a whole and of shelter, and all families will be supported to create and carry out a housing plan that also covers areas of financial progress, health needs and children’s needs.

a. Creating a Housing Plan

Within the first seven days of entering shelter, if the family has not already been through Coordinated Entry, a family should be assessed using the VI-SPDAT and Family Housing Assessment Plan. At that time the family should also work with their housing specialist, case manager or navigator to create, prepare, or update the Housing Assessment Plan. The first approach should be diversion. Supportive services will be offered in the first 7 days to encourage self-resolution.

The Housing Assessment Plan includes a Housing Stability Plan (in the Appendix of Forms) which outlines the family’s needs and resources and lays out action steps for what the family will do and what the shelter case manager or housing specialist will do to support progress on securing housing and other goals. It will include goals, specific actions and mutual objectives related to securing housing, financial progress, and addressing health and children’s needs. The case manager and client will work collaboratively on the Housing Assessment Plan. The Housing Assessment plan will follow the family as they move through coordinated entry, shelter, transitional or rapid rehousing or other temporary accommodations, (including any temporary placements with family and friends during which a Navigator continues to work with the family.)
The Housing Stability portion of the plan is intended to serve until the time that a family is permanently housed and no longer needs to support of the family crisis response system, though it will need to be periodically updated, at least whenever there is a program transition or when there are changes in the family situation.

b. Support provided by shelter for housing search

The work of finding suitable housing is a partnership between the family and the programs supporting that family. While in shelter clients will benefit from the support of housing search specialists/case managers at the shelter or connection to Navigators if available.

Support should include assistance with any part of the Housing Assessment Plan including:
- Support for housing search activities, including advice on how and where to look for housing, sources of available units, assistance with transportation planning, and referrals to search assistance if not provided directly;
- Assistance understanding and completing housing applications;
- Assistance preparing for interviews with landlords including advice on do’s and don’ts in the interview process;
- Support securing the documents needed for housing such as ID’s, income verifications, evidence of past rentals or utilities, etc.;
- Education about the things landlords may consider in evaluating the family for housing including their credit, rental and criminal histories, and support to address these or referrals to entities that can help with repairing credits, addressing past evictions, etc.;
- Education about expectations of renters including how to follow a lease and how to address issues with a landlord;
- Resources for mediation with landlords or other resources to go to in case of a crisis once housed.

What each family will need to find, and secure housing will differ, and shelter staff will work with the families to identify their needs and to support them or connect them with services that can. If available, a Navigator will work with families to identify housing and secure it quickly. A Navigator is particularly recommended for families with high or many housing barriers, large families or other family needs or configurations that make locating housing particularly challenging.

Some families may need or want an alternative to immediate permanent housing. Working with coordinated entry, the shelter will identify families that want transitional housing, or that after a period of housing search have been unsuccessful and need a longer term or more intensive program option.
c. Other services offered while in the shelter

The time that families spend in shelter is intended to be short and focused as much as possible on meeting immediate needs and the next steps to get into housing. However, families may have additional goals or needs, and the time in shelter is also an opportunity to help families make connections to other services they will need once they leave. Case Managers work with families to identify what other needs (other than housing) they have and how to assist with them. Participation in case management will be encouraged, but no specific service or service package will be mandatory.

Key areas of focus for case management include:
- Support to increase income, including applications for benefits, and support to pursue and secure employment
- Connection to school for children & childcare
- Transportation on an as needed basis for Housing Goal requirements
- Ensuring Basic needs are met such as food and hygiene
- Ensuring children (0-5 years old) that enter shelter have an existing Primary Care Provider; if no connection, established as needed

Other services are kept limited and are always voluntary. They may include:
- Developmental screenings for children, and referrals to appropriate services for children if they are not on track developmentally;
- Behavioral health assessments for any member of a family that there is indication of potential untreated mental health or substance abuse issues (mental health, substance use);
- Help to make connections to a variety of services in community such benefits advocacy, legal services and others;
- Counseling if requested. Counseling may be helpful to an adult that is in crisis or seeking support but is not intended to address long-term therapeutic goals. Longer-term counseling and therapy should be offered through referral;
- Activities that support parents with life skills and parents and children to engage in health parenting activities may be made available, on or off site, but are not required.

9. Length of Stay and Extension Policies

Emergency Shelter is intended to be very short-term (i.e. emergency) -- just long enough to address the initial crisis of homelessness, stabilize family members, and identify and implement a plan for a pathway out, ideally to housing or to another more suited program or project type.

But each family may have a slightly different path or needs and should not be held to arbitrary timelines if steps to address the crisis have not been successful and would result in a family being discharged back to homelessness or moving unnecessarily to another shelter. These
length of stay and extension policies are intended to help keep shelter stays short and to provide methods to extend time that are consistent across all participating shelters.

a. Initial stay and extensions

All participating family emergency shelters will have an intended initial length of stay of up to 30 days with the potential for extensions up to 45 days. Extensions up to the first 45 days will be issued by the shelter and do not require case conferencing or additional review.

If a family is past 45 days of stay, additional extensions may be granted AND/OR a determination to exit the family or recommend a referral to a longer program model. These extensions are discussed at the Family Solutions Collaborative case conferencing meeting as necessary.

Transitional housing will have an intended length of stay up six months and not more than two years and is not intended for emergency shelter stays. A recommendation to transfer to transitional housing is one option for families who have not made progress on a Housing Plan after the first 45 days.

b. Maximum stay and exceptions

The maximum stay at an emergency shelter is 90 days, and this will be presented as a firm end date for a family’s stay. However, families should not leave one shelter to go to another shelter purely because of time limits (see Transfer policy). To avoid unnecessary moves to other shelter, short time-limited extensions beyond 90 days may be granted to families that request them when:

1. A family is already enrolled in a Rapid Rehousing or other housing program, is in good standing with the program and actively engaged in housing search. The Rapid Rehousing provider should support the extension.
2. A family is waiting for a specific housing resource to become available and there is written evidence for that and a defined extension time. Examples of these include:
   a. the family has signed or is about to sign a lease for a unit, but the unit isn’t ready to be occupied;
   b. a family member has agreed to take them in but there is an explained delay before that can happen;
   c. the family are moving to a transitional housing program or other program but there is a delay in gaining occupancy that is out of the family’s control;
3. The family or a member of the family are in an active crisis that is being treated or have an illness or other reason why they should remain temporarily in shelter.

In all of the above cases the time for the extension should be specified and supported by another party that is attesting to the reason for the extension.
c. Process for extensions

Written extension forms are provided by the shelter provider to the client with updated exit dates. The universal Request for Extension Form can be found in the Appendix of Forms and will be used by agencies for all extension requests.

10. Transfer Policy

a. Reasons to consider a transfer to another shelter site prior to program completion

While a key purpose of the above length of stay and extension policies is to reduce the number of families who leave shelter for another shelter, from time to time it may be necessary or appropriate for a family to transfer shelters. Specific reasons that a transfer may be considered are:

**Geography** - a family may have a strong preference to be in a specific shelter or Service Planning Area (SPA) due to considerations including (but not limited to) current or anticipated employment, parent or child school location, key medical provider, or location of personal support network or services.

**Safety** - a family member may be, or feel that they are, subject to an imminent threat to physical or emotional safety and request to go to another shelter. In some circumstances related to interpersonal conflict within the shelter, a shelter provider may recommend a transfer (at the discretion of the recommending shelter provider).

**Program or physical needs** – in some cases a shelter’s physical layout, location or services offerings may not be suited to a family’s needs. Potential limitations that could be considered for transfer include: limited ADA accessibility, the lack of behavioral services on-site, and municipality-designated priorities.

As described above under entry procedures, Coordinated Entry will try to address geographic and service need concerns before making referral, but will not withhold a referral from a family if an opening is available and a family is willing to take it.

Under the Americans with Disabilities Act (ADA) a family may always request a reasonable accommodation from Coordinated Entry or from a shelter which could include modifications to a shelter’s practices or space (within reason) or a transfer as an accommodation for a disability. Shelters and Coordinated Entry will follow the requirements of the ADA in considering and making such accommodations.

b. Process for transfer

If a transfer is occurring from one shelter to another there will be a warm handoff between the two agencies. The family’s Case Manager/Housing Navigator from each of the two agencies will connect via telephone or email to discuss the family case in detail, exchange notes on client
progress, share the Consent to Disclose and Exchange Information, and allow access within HMIS to share case progress notes including the current Housing Assessment Plan. The family will be kept informed about the specifics of the transfer including where they are going, what to expect there, and who to speak with when they get there.

In complex cases where families have specific or multiple needs that are being accommodated by the transfer, a more in-depth case conference should take place with parties, meeting in person, if possible. Broader discussion at an FSC case conference to consider all transfer possibilities may also occur, provided the family has provided a Consent to Disclose and Exchange Information that allows for this discussion to occur.

In order to facilitate a transfer, the transferring party must have a shelter Consent to Disclose and Exchange Information on file and a Housing Assessment Plan in place. It should be reiterated to the family at that time that they may retract the Consent to Disclose and Exchange Information at any time.

Shelters will adopt a standard practice of case conferencing in the event the family is transferred to another shelter or shows a record of previous shelter stay.

11. Getting Feedback from clients after a stay

Network shelters are required to provide client feedback surveys to help ascertain that the practice of the shelter is consistent with this document. Families will be encouraged to give feedback through a universal client feedback form that is monitored by FSC management.

Once implemented, a quarterly report of the survey findings will be presented to the Quarterly FSC at-large meeting.

12. Follow-up

Shelters and the FSC will work together to track families leaving shelter. This will include using the HMIS system to check for returns to homelessness and entry to other shelters. This will help guide program success and/or need to connect clients to resources.

At least twice a year the family shelters will review this data and determine whether additional efforts are needed to improve the impact of, or coordination among shelters. This guide will be reviewed annually and updated as needed.
APPENDIX OF FORMS
FAMILY SOLUTIONS COLLABORATIVE CONSENT TO EXCHANGE INFORMATION

(Click here to return to section in manual)

To best serve you and your family, we may need to share your information with several other agencies or organizations (including, but not limited to, members of the Family Solutions Collaborative, school personnel, Family Resource Centers, Homeless Management Information System, current/past/potential landlords/property managers and others). Information will only be shared for the purpose of assisting your family towards housing stability and connecting your household with supportive services and resources. This will be done through conferencing and/or via database sharing.

What information might be shared?

To assist in obtaining the necessary services from other agencies it may be necessary to share both Protected Personal Information (PPI) and general information obtained during your intake, assessment and other conversations, which may include, but is not limited to:

- Name and your contact information
- Social security number
- Date of birthdate
- Basic demographic information
- History of homelessness and housing (including your current housing status, and where and when you have accessed services)
- Rental & tenant history, including lease information and tenant status
- Case manager's contact information
- Income sources and amounts; and non-cash benefits
- Veteran status
- Disability status
- Self-reported medical history, including any mental health & substance use issues
- Household composition
- Emergency contact information
- Any history of domestic violence
- Other information deemed necessary in securing housing or other services

How do you benefit from providing your information?

The information you provide helps us coordinate the most effective services for you and your household members. By sharing your information, you may be able to avoid being screened more than once, get faster services, and minimize how many times you tell your ‘story.’

By signing below, you understand and agree that:

- Information might be shared only for securing services and housing resources for you and your family.
- You may revoke your consent at any time, but your revocation must be provided in writing.

Head of Household:  (Print) ___________________________  DOB: ____________
(Signature) ___________________________________________  Date ____________  Check to decline □

Additional adult:   (Print) ___________________________  DOB: ____________
(Signature) ___________________________________________  Date ____________  Check to decline □

Print Name of Organization Staff ____________________________  Print Name of Organization ____________________________
HOUSING ASSESSMENT PLAN

(HOH: ________________)

FAMILY SOLUTIONS COLLABORATIVE

(Click here to return to section in manual)

Housing Plan Date: ________________  Family Services Navigator: ________________

Client Name(s): ____________________________________________________________

Clients phone #: ______________________  Client ID Number: ______________________

Has client ever worked with a housing search agency?  □ Yes  □ No

If yes, which one(s) and when? ______________________________________________

Contact Person: ______________________  Phone: ______________________

Part 1. Housing Barriers

Barriers to Housing (Review the list of barriers with the client and use this information to guide the rest of the discussion.)

- [ ] No rental history
- [ ] Eviction(s) how many? ______
- [ ] Large family (3+ children)
- [ ] Single parent household
- [ ] Head of household under 18
- [ ] Sporadic employment history
- [ ] No high school diploma/GED
- [ ] Insufficient/no income
- [ ] Insufficient savings
- [ ] No or poor credit history
- [ ] Debts
- [ ] Repeated or chronic homelessness
- [ ] Recent history of substance abuse or actively using drugs or alcohol
- [ ] Recent criminal history
- [ ] Adult or child with mild to severe behavioral problems
- [ ] History of abuse and/or battery but abuser not in the unit
- [ ] Recent or current abuse and/or battering (client fleeing abuser)
- [ ] Other barriers: _______________________________________________________

________________________________________
## Part 2. Housing History

What types of housing has client previously lived in? Check all that apply, and include dates of residence and reason for leaving:

<table>
<thead>
<tr>
<th>Type of Residence</th>
<th>Dates of Residence</th>
<th>Reason for Leaving</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Emergency shelter</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Transitional housing for homeless persons</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Permanent housing for formerly homeless persons</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Psychiatric hospital or facility</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Substance abuse treatment facility or detox center</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Hospital (non-psychiatric)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Jail, prison or juvenile detention facility</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Room, apartment, or house that you rent</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Apartment or house that you own</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Staying or living in family member’s room/apartment/house</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Staying or living in a friend’s room, apartment, or house</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Hotel or motel paid for without emergency shelter voucher</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Foster care home or foster care group home</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Place not meant for habitation</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Private Housing History** *(Review following information with client, as applicable.)*

1. Type of housing: □ Private □ Subsidized Dates of Residence: __________________________
   If subsidized: □ Affordable Housing □ Section 8 Voucher □ Other: __________ Name of Housing Authority: ________________
   Rent: $____________ Who paid the rent: ________________________________________

   Were you listed on the lease? □ Yes □ No □ Don’t Know
   Reason for leaving: ____________________________________________________________
   Landlord or Housing Authority Contact: _______________________________________
   Address: __________________________ Phone: __________________________

   __________________________
## Part 3. Financial Stability

Have you and/or the children who are coming into this program with you received money from any of the following sources in the last month? And if so, what amount did you receive from each source? *(Read each income source and check all that apply.)*

<table>
<thead>
<tr>
<th>Source of Income</th>
<th>Amount from Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Earned Income</td>
<td>$_____.00</td>
</tr>
<tr>
<td>□ Unemployment Insurance</td>
<td>$_____.00</td>
</tr>
<tr>
<td>□ Supplemental Security Income or SSI</td>
<td>$_____.00</td>
</tr>
<tr>
<td>□ Social Security Disability Income (SSDI)</td>
<td>$_____.00</td>
</tr>
<tr>
<td>□ A veteran’s disability payment</td>
<td>$_____.00</td>
</tr>
<tr>
<td>□ Private disability insurance</td>
<td>$_____.00</td>
</tr>
<tr>
<td>□ Worker’s compensation</td>
<td>$_____.00</td>
</tr>
<tr>
<td>□ Temporary Assistance for Needy Families (TANF)</td>
<td>$_____.00</td>
</tr>
<tr>
<td>□ General Relief (GR)</td>
<td>$_____.00</td>
</tr>
<tr>
<td>□ Retirement income from Social Security</td>
<td>$_____.00</td>
</tr>
<tr>
<td>□ Veteran’s pension</td>
<td>$_____.00</td>
</tr>
<tr>
<td>□ Pension from a former job</td>
<td>$_____.00</td>
</tr>
<tr>
<td>□ Child support</td>
<td>$_____.00</td>
</tr>
<tr>
<td>□ Alimony or other spousal support</td>
<td>$_____.00</td>
</tr>
<tr>
<td>□ Other source:</td>
<td>$_____.00</td>
</tr>
<tr>
<td>□ No financial resources</td>
<td></td>
</tr>
<tr>
<td><strong>Total monthly income</strong></td>
<td>$_____.00</td>
</tr>
</tbody>
</table>

### Source of Non-Cash Benefit

Do you participate in any of the following programs? *(Check all that apply.)*
- □ Food stamps or money for food on a benefits card
- □ MEDICAL health insurance program
- □ MEDICARE health insurance program
- □ State Children’s Health Insurance Program
- □ Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)
- □ Veteran’s Administration (VA) Medical Services
- □ TANF services
- □ Other sources ________________________________

### Debt

Which best describes your household’s credit history:
- □ Good  □ Bad  □ No Credit History  □ Don’t Know

Assets: Do you or other household members have a bank account? □ Yes  □ No

If yes, □ Checking $_______ □ Savings $_______ □ Other $_______
# Employment

<table>
<thead>
<tr>
<th>Adult 1:</th>
<th>Adult 2:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Currently Employed: □ Yes □ No</td>
<td>Currently Employed: □ Yes □ No</td>
</tr>
<tr>
<td>(If yes) How many hours did you work last week?</td>
<td>(If yes) How many hours did you work last week?</td>
</tr>
<tr>
<td>(If employed) Which best describes your work? □ Permanent □ Part-time □ Temporary □ Seasonal</td>
<td>(If employed) Which best describes your work? □ Permanent □ Part-time □ Temporary □ Seasonal</td>
</tr>
<tr>
<td>(If employed) Employer’s Name:</td>
<td>(If employed) Employer’s Name:</td>
</tr>
<tr>
<td>(If employed) Position title:</td>
<td>(If employed) Position title:</td>
</tr>
<tr>
<td>(If employed) Employment Address:</td>
<td>(If employed) Employment Address:</td>
</tr>
<tr>
<td>(If unemployed) Previous work history: Dates:</td>
<td>(If unemployed) Previous work history: Dates:</td>
</tr>
<tr>
<td>Are you currently looking for work? □ Yes □</td>
<td>Are you currently looking for work? □ Yes □</td>
</tr>
<tr>
<td>Are you currently unable to work? □ Yes □</td>
<td>Are you currently unable to work? □ Yes □</td>
</tr>
</tbody>
</table>

# Identification/Paperwork

Are you in possession of or do you have access to the following:

- Social Security Card: □ Yes □ No □ Needs to Obtain: ________________ (name)
- Birth certificate: □ Yes □ No □ Needs to Obtain: ________________ (name)
- State ID: □ Yes □ No □ Needs to Obtain: ________________ (name)
- Green Card/residency: □ Yes □ No □ Needs to Obtain: ________________ (name)
- Work Permit: □ Yes □ No □ Needs to Obtain: ________________ (name)
Part 4. Housing Needs and Preferences

Number of adults in households _____  Number of children in households _____

Location, in order of preference:
(1) __________________________
(2) __________________________
(3) __________________________

Preferred size:
□ Studio  □ Three bedroom
□ One bedroom  □ Other ______
□ Two bedroom

Special Needs:
□ Close to public transportation
□ Yard or nearby park
□ Close to ________school
□ Close to ________clinic/medical facility
□ One level unit
□ Yard or nearby park
□ Close to childcare
□ Other: __________________________

Part 5. Housing Stability Plan

Housing Goals:

<table>
<thead>
<tr>
<th>Action Items</th>
<th>Deadline</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Client</td>
<td></td>
</tr>
<tr>
<td>1 CM</td>
<td></td>
</tr>
<tr>
<td>2 Client</td>
<td></td>
</tr>
<tr>
<td>2 CM</td>
<td></td>
</tr>
</tbody>
</table>

Employment Goals:

<table>
<thead>
<tr>
<th>Action Items</th>
<th>Deadline</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Client</td>
<td></td>
</tr>
<tr>
<td>1 CM</td>
<td></td>
</tr>
<tr>
<td>2 Client</td>
<td></td>
</tr>
<tr>
<td>2 CM</td>
<td></td>
</tr>
</tbody>
</table>
### Financial Goals:

<table>
<thead>
<tr>
<th>Action Items</th>
<th>Deadline</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Client</td>
<td></td>
</tr>
<tr>
<td>1 CM</td>
<td></td>
</tr>
<tr>
<td>2 Client</td>
<td></td>
</tr>
<tr>
<td>2 CM</td>
<td></td>
</tr>
</tbody>
</table>

### Other Goals:

<table>
<thead>
<tr>
<th>Action Items</th>
<th>Deadline</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Client</td>
<td></td>
</tr>
<tr>
<td>1 CM</td>
<td></td>
</tr>
<tr>
<td>2 Client</td>
<td></td>
</tr>
<tr>
<td>2 CM</td>
<td></td>
</tr>
</tbody>
</table>

---

*Client Signature*  
_Date_

---

*Family Service Navigator Signature*  
_Date_
Clients can be granted program extensions on a case-by-case basis. Please use this form to request for a program extension. Requests are reviewed by the shelter staff and once a decision is made you will be informed of it by your case manager.

Client Name: ______________ Date of Entrance into Program: __________
Date of Scheduled Exit: __________

1. What goals have you accomplished since entering the program?
   1. 
   2. 
   3. 

2. What are your reasons to request for an extension?

3. Please describe in detail what you plan to accomplish if an extension is granted.

************************************************************************************
(Official Use Only)
Case Manager Notes: Reasons for Decision:

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

Extension:
Approved: _______ Extension Date: _______ Not Approved: _______ Final Exit Date: _______

______________________________                             _______________________________
Case Manager Signature                                                  Client Signature
Supervisor Signature ______________
UNIVERAL GRIEVANCE FORM
(Click here to return to section in manual)

If you have a grievance or concern about how you have been treated in the shelter or by the Family Crisis Response System, you may complete and submit this grievance form. Agencies have five (5) business days to review your grievance and respond to you with a finding and any potential resolution.

☐ Grievance is regarding the shelter  ☐ Grievance is regarding another program or part of the system

[INSERT AGENCY ADDRESS HERE]
Address
Address

[INSERT FSC ADDRESS HERE]
Address
Address

Date of Grievance: _______________________________________________________________

Brief description of your grievance and the resolution you are wanting to improve the situation (you may attach up to two additional sheets to this form.)

If you want a written response to your grievance enter your contact information below. You may submit your grievance anonymously and it will then be considered for improvement and training but no specific remedy will be proposed.

Your Name: _______________________________________________________________

Your Phone Number: _______________________________________________________

Your Email Address: _______________________________________________________

Your Mailing Address (if available): ___________________________________________

Response to this Grievance - Findings and Any Action Taken (may be on a separate sheet attached):

Signature: ___________________________  Date:_______________________
APPEAL OF TERMINATION FROM SHELTER
(Click here to return to section in manual)

If you feel that you been wrongly terminated from the shelter you were staying in you may complete this form within 3 days of your exit date. The designated appeals officer at the agency will review your appeal and will respond to you within 48 hours or 2 business days. Please be ready to provide documentation to back up any claims of wrongful termination with your appeal.

Appeals of Termination form must be submitted in writing to:

[INSERT AGENCY ADDRESS HERE
Address
Address]

Date Appeal submitted: _________________

Name of Individual who provided you with exit documentation: _______________________________

Stated reason for termination: ___________________________________________________________

Brief Description of Appeal (you may attach up to two additional sheets to this form.)

Your Name: ______________________________________________________________

Your Phone Number: _____________________________________________________

Your Email Address: ______________________________________________________

Your Mailing Address (if available): ______________________________________________

Response to this appeal:
□ Termination Upheld □ Termination Reversed □ Other Response or Resolution:

Description of action taken (may be on separate sheet attached):

Signature: ______________________________  Date:_______________________