

## Family Supportive Housing

### At-Risk of Homelessness Interim Referral Protocol

Effective 3.18.2024

	<b>Process</b>	<b>Required Documentation for the Household's File (must be available for review upon request)</b>
1	<p>FSH provider confirms they have reached out to every household eligible through the Coordinated Entry Master List and there are no households experiencing homelessness who are interested in participating in FSH.</p>	<ul style="list-style-type: none"> <li>• Email or documented verification from the CE Lead Agency.</li> <li>• Brief summary that discusses outreach attempts if there are households still on the master list as well as an analysis/update on the number of families in the General Assistance Emergency Housing Program.</li> </ul>
2	<p>FSH Supervisor/Manager reaches out to OEO using the following <b>At-Risk of Homelessness <u>Interim</u> (30-day) Referral Agreement</b> to request approval for accepting referrals of households who are at-risk of homelessness.</p> <p><b>At-Risk of Homelessness <u>Interim</u> (30-day) Referral Agreement</b></p> <p><input type="checkbox"/> FSH Community Partner affirms they have reached out to every household eligible through the Coordinated Entry Master List and there are no households experiencing homelessness who are interested in participating in FSH.</p> <p><input type="checkbox"/> FSH Community Partner is requesting temporary approval to accept families who are at-risk of homelessness.</p> <p><input type="checkbox"/> FSH Community Partner agrees to follow the At-Risk of Homelessness <u>Interim</u> Referral Protocol (<i>dated 3/15/2024</i>).</p> <p><input type="checkbox"/> FSH Community Partner understands this agreement is approved for 30 days. If more time is requested, this agency will reach out to the OEO, FSH Program Officer, for an extension.</p> <p><input type="checkbox"/> FSH Community Partner will keep a copy of this form in the file of each participant who was accepted into the FSH Program during this period of exception.</p>	<p>If approved: <b>Signed: At-Risk of Homelessness <u>Interim</u> (30-day) Referral Agreement</b></p> <p>If denied: OEO may encourage and support the FSH provider to work with local partners if it appears that there are eligible households experiencing homelessness that should be addressed first.</p>
3	<p>FSH provider notifies at least the following providers that referrals are being accepted for the specified length of time.</p> <ul style="list-style-type: none"> <li>• CE Lead Agency</li> <li>• DCF Family Services</li> <li>• DCF Reach Up</li> <li>• Local Parent Child Center</li> <li>• Local CIS provider</li> <li>• Local housing team (CE Master List meeting, Housing Review Team, etc.)</li> </ul>	<p>Email to the providers</p>

	<p>FSH providers may share more broadly.</p> <ul style="list-style-type: none"> <li>• Designated Agency</li> <li>• Home Health Providers</li> <li>• Others</li> </ul>	
4	<p>FSH provider accepts referrals during the specified length of time.</p> <ul style="list-style-type: none"> <li>• Lists criteria (HUD: At Risk of Homelessness Definition)<sup>1</sup></li> <li>• Lists 3 criteria to help prioritize:  <i><b>B- Is living in the home of another because of economic hardship;</b></i>  <i><b>C – Has been notified that their right to occupy their current housing or living situation will be terminated within 21 days after the date of the application for assistance;</b></i>  <i><b>D- Lives in a hotel or motel and the cost is not paid for by charitable organizations or by federal, state, or local government programs for low-income individuals;</b></i> <ul style="list-style-type: none"> <li>• Attestation of referral provider and household</li> </ul> </li> </ul>	<p>Completed referral forms:</p> <p>At-Risk of Homelessness <u>Interim</u> (30-day) Referral Agreement</p> <p>Referral Form - At-Risk of Homelessness <u>Interim</u> (30-day)</p>
5	<p>FSH provider reviews At-Risk referrals and reaches out to families<sup>2</sup> on a <i>rolling basis</i> during the 30 days, following the FSH prioritization:</p> <ol style="list-style-type: none"> <li>1. Families that have had multiple episodes of homelessness OR are currently experiencing a period of homelessness that has lasted for one year or more.</li> <li>2. Families that are open for services (have an active case) with DCF Family Services.</li> <li>3. Families with at least one child under the age of six.</li> </ol>	<p>Referral form and documentation of outreach attempts.</p>
6	<p>At the end of the 30 days, FSH provider reaches out to OEO to share:</p> <ol style="list-style-type: none"> <li>1) If they no longer need the exception (they have sufficient referrals, they can revisit the CE list as new households have been added or they can try again with households that could not be reached through previous attempts and/or new information from other housing case managers)</li> <li>2) Request an additional 30 days (need to provide an update on the status of the local Master List)</li> </ol>	<p>Email from OEO granting extension approval, if applicable.</p>
7	<p>If #2, repeat steps 3-7.</p>	

<sup>1</sup> [https://files.hudexchange.info/resources/documents/AtRiskofHomelessnessDefinition\\_Criteria.pdf](https://files.hudexchange.info/resources/documents/AtRiskofHomelessnessDefinition_Criteria.pdf)

<sup>2</sup> Outreach to households should include reaching out multiple times, using multiple methods (phone, letter, text, letting case manager know, stopping by), trying different times of day, and giving it a reasonable period of time (on average, 1-4 weeks).