

# Family Supportive Housing (FSH) Program

## At-Risk of Homelessness Interim (30-day) Referral Agreement

Date of Request: \_\_\_\_\_ Agency & Contact Information: \_\_\_\_\_

**Please confirm that you agree to, and understand the following statements, by adding a check mark or initial.**

FSH Community Partner affirms they have reached out<sup>1</sup> to every household eligible through the Coordinated Entry Master List and there are no households experiencing homelessness who are interested in participating in FSH.

An email of confirmation from the Coordinated Entry Lead Agency that all households on the Master List have been referred to the FSH Provider is attached.

FSH Community Partner is requesting temporary approval to accept families who are at-risk of homelessness.

FSH Community Partner agrees to follow the At-Risk of Homelessness Interim Referral Protocol (dated 3/15/2024).

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.

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.

**Please provide a brief narrative (# of households on the CE Master List, outreach attempts, update on the number of families in the General Assistance Emergency Housing Program, and other relevant local circumstances):**

**Date of Approval:** \_\_\_\_\_ (inserted by OEO) **Date of Expiration:** \_\_\_\_\_ (inserted by OEO)

\_\_\_\_\_  
Agency Manager/Supervisor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Office of Economic Opportunity FSH Program Officer

\_\_\_\_\_  
Date

\_\_\_\_\_