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# HAMPDEN COUNTY CONTINUUM OF CARE

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SYSTEM  
COORDINATION,  
STANDARDS FOR  
ASSISTANCE, and  
COORDINATED ENTRY

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Interim Policy Approved  
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## SECTION 1: PURPOSE

The goal of the Hampden County Continuum of Care (CoC) is to prevent and end homelessness in Springfield, Chicopee, Holyoke, Westfield and throughout Hampden County.

### Alignment with Federal Opening Doors Plan

The CoC has aligned its work with the four goals set forth in *Opening Doors: the Federal Plan to Prevent and End Homelessness*. Specifically, the CoC embraces the following goals:

1. End veteran homelessness by 2015
2. End chronic homelessness by 2016
3. End youth and family homelessness by 2020
4. Set a path toward ending all homelessness

### Coordination with the Western Massachusetts Network to End Homelessness

The CoC has coordinated with the Western Massachusetts Network to End Homelessness and the Three-County CoC to create a local plan aligned with the federal plan to prevent and end homelessness. *Opening Doors in Western Massachusetts* sets forth the local strategic framework for meeting the federal goals.

The plan's focus on specific populations is reflected in joint CoC-Network Committees which have stewardship over the strategies we are employing to end homelessness among each of the priority populations:

- Veterans Committee and REACH Meetings, focused on ending veteran homelessness
- Individual Services Committee and REACH Meetings, focused on ending chronic homelessness
- Youth Committee, focused on understanding and introducing solutions to end youth homelessness
- Family Services Committee, focused on system reform to bring about an end to family homelessness

### Strategic Planning

The CoC has been, and will continue to be, an active partner in strategic planning to prevent and end homelessness. Plans that form the basis for the CoC's strategic priorities are:

- *Homes Within Reach: Springfield's 10-Year Plan to End Long-Term Homelessness*
- *All Roads Lead Homes: the Pioneer Valley 10-Year Plan to End Homelessness*

## SECTION 2: COORDINATED HOUSING AND SERVICE SYSTEM

The Springfield/Chicopee/Holyoke/Westfield/Hampden CoC provides a coordinated system of prevention assistance, outreach, diversion, emergency shelter, rapid rehousing, transitional housing, and permanent supportive housing for people who are homeless or at risk of homelessness throughout Hampden County.

The core of the CoC are the agencies and programs funded through CoC and ESG funds, and these programs are required to comply with the eligibility and operating standards set forth in these policies and procedures. Agencies funded through other sources are strongly encouraged to participate in this coordinated system and use the same eligibility, assessment and operating standards.

### Guiding Principles

#### Housing First

The CoC embraces a Housing First model. Housing First is an approach to ending homelessness that centers on providing people experiencing homelessness with housing as quickly as possible – and then providing services as needed.

#### Client choice, respect and empowerment

The CoC supports an emphasis on the client's goals, choices, and preferences, and an unwavering respect for their strengths. This does not mean clients are protected from the natural consequences of their actions.

#### Matching the right resources to the right people at the right time

Assessment tools are designed to make the best fit between a household's needs and the available resources offered to assist, starting from initial contact.

#### Provide the minimum assistance necessary for the shortest time possible

Providing "just enough" assistance to prevent or quickly resolve homelessness enables a program to help far more people in crisis. Providing non-essential assistance to a program client may mean that someone else will receive no assistance.

#### Maximize community resources

Mainstream assistance programs are intended to be the backbone of every community, but may be difficult to access for people experiencing homelessness. The CoC strives to connect people to mainstream so that supportive housing funds are not used to duplicate services otherwise available in the community.

## Participating Agencies and Programs

The CoC is made up of the following agencies and programs:

Assistance Type	Program	Target Population(s)
<b>Homelessness Prevention and Rapid Rehousing</b>	Catholic Charities	Individuals (without children) and families not eligible for state Emergency Assistance (EA)
	HAP Housing	Families
	Mental Health Association (MHA)	Individuals with Behavioral Health Needs
	New North Citizens Council (NNCC)*	Persons with IV/AIDS
	YWCA	Victims of domestic violence
	Springfield Partners for Community Action (SPCA)* (SSVF Provider)	Veterans
	Veterans, Inc.* (SSVF Provider)	Veterans
<b>Outreach, Engagement, Assessment</b>	Eliot CHS* (PATH provider)	Unsheltered/Sheltered Mentally Ill
	Health Services for the Homeless*	Unsheltered/Sheltered Individuals and Families
	Veterans Administration*	Unsheltered/Sheltered Veterans
<b>Emergency Shelter</b>	CHD Safety Zone* (RHY provider)	Youth under 18
	Friends of the Homeless	Individuals (without children)
	MA DHCD*	Families
	YWCA	Victims of domestic violence
<b>Transitional Housing</b>	Gandara Shine	Youth 18-24
	Providence Ministries - Loreto	Individuals - Sober
	Samaritan Transitional Program	Individuals - Sober
<b>Permanent Supportive Housing</b>	Domus	Individuals
	Friends of the Homeless	Individuals
	Human Resources Unlimited (HRU)	Individuals – Mentally Ill
	MLK Jr. Family Services	Families
	Mental Health Association (MHA)	Individuals – Mentally Ill
	Open Pantry/SMOC	Individuals
	River Valley Counseling Center (RVCC)	Individuals and Families – HIV/AIDS
	SHA Chronic Initiative*	Individuals and Families
	Soldier On	Individuals – Veterans
	VA-NHA VASH*	Individuals and Families – Veterans
	Valley Opportunity Council (VOC)	Families

\*Program does not receive CoC or ESG funding, but coordinates closely with the CoC.

## SECTION 3: STANDARDS FOR PROVIDING ASSISTANCE

### Summary of Eligibility, Prioritization and Assessment

The following is a summary of the types of assistance provided, and the eligibility and prioritization for each. The listed assessment tool for each type of assistance is what is used for making prioritization determinations. Definitions of homeless categories are provided on the following page.

	<b>Prevention</b>	<b>Emergency Shelter</b>	<b>Rapid Rehousing</b>	<b>Transitional Housing</b>	<b>Permanent Supportive Housing</b>
<b><i>Eligibility – categories of homelessness</i></b>	Homeless Categories 2, 3 and 4	Homeless Categories 1, 2, 3 and 4	Homeless Categories 1 and 4	Homeless Categories 1 and 4	Homeless Category 1
<b><i>Eligibility – category descriptions</i></b>	<ul style="list-style-type: none"> <li>Imminent Risk of Homelessness</li> <li>Homeless Under Other Federal Statutes</li> <li>Fleeing/ Attempting to Flee Domestic Violence</li> </ul>	<ul style="list-style-type: none"> <li>Literally homeless</li> <li>Imminent Risk of Homelessness</li> <li>Homeless Under Other Federal Statutes</li> <li>Fleeing/ Attempting to Flee Domestic Violence</li> </ul>	<ul style="list-style-type: none"> <li>Literally Homeless</li> <li>Fleeing/ Attempting to Flee Domestic Violence</li> </ul>	<ul style="list-style-type: none"> <li>Literally Homeless</li> <li>Fleeing/ Attempting to Flee Domestic Violence</li> </ul>	<ul style="list-style-type: none"> <li>Literally Homeless</li> </ul>
<b><i>Other eligibility requirements</i></b>	<ul style="list-style-type: none"> <li>Income at or below 30% AMI</li> </ul>	<ul style="list-style-type: none"> <li>Household cannot be diverted</li> </ul>	<ul style="list-style-type: none"> <li>Income at or below 30% AMI</li> </ul>	<ul style="list-style-type: none"> <li>Income at or below 30% AMI</li> <li>Meets eligibility requirements for program: youth, sobriety, or victim of domestic violence</li> </ul>	<ul style="list-style-type: none"> <li>Disabled</li> <li>Chronically homeless</li> </ul>
<b><i>Prioritization</i></b>	Score of 20 or above on Prevention Assessment Tool; or score of 15-19 with documentation of compelling reason	If there is not sufficient shelter capacity, the following populations will be prioritized: <ul style="list-style-type: none"> <li>Literally Homeless</li> <li>Fleeing/ Attempting to Flee Domestic Violence</li> </ul>			VISPDAT score and Length of homelessness
<b><i>Screening Tool</i></b>	Prevention Assessment	Diversion Screening	Housing Assessment	Housing Assessment	VISPDAT or Family VISPDAT

## Definitions of Key Eligibility Terms and Categories

### Homeless

Category of Homelessness	Definition
<b>Category 1</b>	<p><b>Literally Homeless</b></p> <p>Individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:</p> <ul style="list-style-type: none"> <li>• Has a primary nighttime residence that is a public or private place not meant for human habitation;</li> <li>• Is living in a publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state and local government programs); or</li> <li>• Is exiting an institution where (s)he has resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution.</li> </ul>
<b>Category 2</b>	<p><b>Imminent Risk of Homelessness</b></p> <p>Individual or family who will imminently lose their primary nighttime residence, provided that:</p> <ul style="list-style-type: none"> <li>• Residence will be lost within 14 days of the date of application for homeless assistance;</li> <li>• No subsequent residence has been identified; and</li> <li>• The individual or family lacks the resources or support networks needed to obtain other permanent housing.</li> </ul>
<b>Category 3</b>	<p><b>Homeless Under other Federal Statutes</b></p> <p>Unaccompanied youth under 25 years of age, or families with children and youth, who do not otherwise qualify as homeless under this definition, but who:</p> <ul style="list-style-type: none"> <li>• Are defined as homeless under the other listed federal statutes<sup>1</sup>;</li> <li>• Have not had a lease, ownership interest, or occupancy agreement in permanent housing during the 60 days prior to the homeless assistance application;</li> <li>• Have experienced persistent instability as measured by two moves or more during in the preceding 60 days; and</li> <li>• Can be expected to continue in such status for an extended period of time due to special needs or barriers</li> </ul>
<b>Category 4</b>	<p><b>Fleeing/ Attempting to Flee Domestic Violence</b></p> <p>Any individual or family who:</p> <ul style="list-style-type: none"> <li>• Is fleeing, or is attempting to flee, domestic violence;</li> <li>• Has no other residence; and</li> <li>• Lacks the resources or support networks to obtain other permanent housing.</li> </ul>

Note: Federal regulations also define At Risk of Homelessness. At this time the Hampden County CoC does not authorize ESG or CoC funds to be used to serve this population.

<sup>1</sup> A list of the applicable statutes and their definitions of homelessness is provided in Appendix A.

## Chronically Homelessness

The following persons meet the definition of chronically homeless:

1. An **individual** who:
  - Is homeless and lives in a place not meant for human habitation, a safe haven, or in an emergency shelter; and
  - Has been homeless and living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter continuously for at least one year or on at least four separate occasions in the last 3 years; and
  - Can be diagnosed with one or more of the following conditions: substance use disorder, serious mental illness, developmental disability, post-traumatic stress disorder, cognitive impairments resulting from brain injury, or chronic physical illness or disability;
2. An **individual** who has been residing in an institutional care facility, including a jail, substance abuse or mental health treatment facility, hospital, or other similar facility, for fewer than 90 days and met all of the criteria in paragraph (1) of this definition, before entering that facility; or
3. A **family** with an adult head of household (or if there is no adult in the family, a minor head of household) who meets all of the criteria in paragraph (1) of this definition, including a family whose composition has fluctuated while the head of household has been homeless.

## Disability

A Physical, Mental or Emotional Impairment, including impairment caused by alcohol or drug abuse, post-traumatic stress disorder, or brain injury that is expected to be long-continuing or of indefinite duration, substantially impedes the individual's ability to live independently, and could be improved by the provision of more suitable housing conditions; includes: Developmental Disability Defined in §102 of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (42 USC 15002).

Means a severe, chronic disability that

- Is attributable to a mental or physical impairment or combination AND
- Is manifested before age 22 AND
- Is likely to continue indefinitely AND
- Reflects need for a combination and sequence of special, interdisciplinary, or generic services, individualized supports, or other forms of assistance that are of lifelong or extended duration and are individually planned and coordinated.

Criteria Includes the disease of acquired immunodeficiency syndrome (AIDS) or any conditions arising from the etiologic agent for acquired immunodeficiency syndrome, including infection with the human immunodeficiency virus (HIV).

## Standards for Providing Assistance

The CoC, in consultation with recipients of ESG funds within Hampden County, has established the following written standards for providing CoC and ESG assistance. All CoC- and entitlement community ESG-funded programs must consistently follow these standards. Other community providers are strongly encouraged to adopt the same standards. The use of standard criteria and assessment are meant to improve referral of people to appropriate resources based on their needs, to provide transparent guidance of eligibility for community programs, and to make the most efficient use of limited funds.

### Standards for all CoC and ESG Programs

#### *Eligibility*

CoC and ESG programs are designed to serve those who are homeless or at risk of homelessness as defined in federal regulations. In order to target funds to those most in need, the CoC limits eligibility to those who meet Categories 1, 2, 3, and 4 of homelessness, as defined on page 8 of these guidelines. Specific types of CoC and ESG programs may further target eligibility as provided in the sections below.

#### *Prohibition on Separation of Family Members*

CoC- and ESG-funded providers that serve families are prohibited from denying admission to families (or any member of a family) due to age and gender of a member of the family. Specifically, providers are required to accommodate whole families, and not deny admission or separate families due to the presence of a teenage boy in the household.

#### *Access to School and Education Supports*

Providers must ensure that homeless children and youth are enrolled in school or early childhood education and are connected to appropriate education-related services in the community. Providers must distribute materials to family households that make clear that homeless children are able to remain in their school of origin or are able to enroll immediately in their new school; that homeless and children who remain in their school of origin are provided transportation to the school; and that homeless children and youth have access to all school programs and services on the same basis as other students. Sample materials for this purpose, which may be adapted by individual providers, are attached as Appendix B. Further, CoC- and ESG-funded homeless assistance providers that serve families are required to have designated staff assigned to ensure adherence to federal and state statutes related to enrollment, transportation requirements and notification procedures. The CoC requires that CoC- and ESG-funded providers submit an annual certification of compliance with these requirements. The annual certification form is attached as Appendix C.

## Prevention Assistance

### *Eligibility*

Program regulations authorize ESG funds to serve people who meet the definition of homeless, including Category 2, which is persons at imminent risk of homelessness. The CoC elects to use prevention funds only for the purpose of diversion.

- Imminent Risk of Homelessness, Homeless Under Other Federal Statutes, or Fleeing/Attempting to Flee Domestic Violence
- Income at or below 30% area median income

### *Prioritization*

- For Financial Assistance:
  - A combination of extremely low income and homelessness risk factors, as demonstrated by:
    - A minimum score of 20 on Prevention Assessment; or
    - A score of 15-19 on Prevention Assessment and presents a compelling reason for an exception to the general prioritization standard, which is documented in the file
  - Previous receipt of Rapid Re-Housing assistance or HomeBase and is at risk of becoming homeless again
- For Tenancy Preservation Support Services:  
Eviction action initiated in court and tenancy is at risk due to behavioral health issues

### *Assessment*

- Households must be assessed for prevention assistance financial assistance with the Prevention Assessment Tool.

### *Assistance Provided*

- Prevention assistance is limited to the costs necessary to help the program participant regain stability in the program participant's current permanent housing or move into other permanent housing and achieve stability in that housing.

## Emergency Shelter

The role of emergency shelter is to provide a safe place for persons who have been unable to resolve a housing crisis and have no alternatives for temporary housing. The goal of the CoC is to assist residents move from shelter into stable housing as quickly as possible. Housing planning should begin immediately upon entry to shelter.

### *Eligibility*

- Literally Homeless, Imminent Risk of Homelessness, Homeless Under Other Federal Statutes, or Fleeing/Attempting to Flee Domestic Violence

#### *Prioritization*

The CoC includes a sufficient supply of emergency shelter for those in need. However, in the event that existing shelter beds cease to be sufficient for all who seek shelter, the CoC will prioritize:

- Households that cannot be diverted
- Literally homeless or fleeing/attempting to flee domestic violence

#### *Assessment*

- The Diversion Screen is used to identify whether a household may be served with prevention assistance and avoid needing to enter shelter

### Rapid Rehousing

Rapid rehousing assistance consists of financial assistance and supportive services to assist a household access stable housing as quickly as possible. Rapid rehousing may assist a household recover from a temporary financial setback that caused homelessness, or, for households with more severe challenges, it may be a bridge to provide stability while the household increases income or is approved for affordable housing or permanent supportive housing.

#### *Eligibility*

- Literally Homeless (Unsheltered or in Emergency Shelter) or Fleeing/Attempting to Flee Domestic Violence
- Income at or below 50% area median income

#### *Prioritization*

- Household not eligible for Massachusetts Emergency Assistance (EA) program or Residential Assistance for Families in Transition (RAFT)

#### *Use with PSH Placements*

- It is allowable for rapid rehousing assistance to be provided to cover move-in costs (first and last months' rent, security deposit, utility deposit) for persons moving into a PSH placement.

#### *Rent Requirements in Rapid Rehousing Programs – Household Contribution*

- Households receiving financial assistance for rapid rehousing must pay a minimum of 30% of their current gross monthly income toward rent and utility costs. This requirement may be waived for the first month where necessary to enable prompt move-in.

### Transitional Housing

#### *Eligibility*

- Literally Homeless (Unsheltered or in Emergency Shelter) or Fleeing/Attempting to Flee Domestic Violence
- Meets target population that TH serves:
  - Youth 18-24
  - Victims of Domestic Violence
  - Wanting substance abuse treatment/support and currently sober

#### *Prioritization*

- Income less than 15% AMI

### Permanent Supportive Housing

#### *Eligibility*

- Literally Homeless (Unsheltered or in Emergency Shelter) or Fleeing/Attempting to Flee Domestic Violence
- Disabled
- For CoC-funded units: Chronically Homeless (unless none identified)

Some units have other funding sources which restrict eligibility to specific populations, as follows:

- Veterans
- HIV+
- Eligible for services from Department of Mental Health (DMH) or DMH-Clubhouse eligible

#### *Prioritization*

- Priority:
  1. Chronically homeless, scores 8 (individuals)/9 (families) or above, and cumulatively homeless 12 months or more
  2. Chronically homeless, scores below 8 (individuals)/9 (families), and cumulatively homeless 12 months or more
  3. Chronically homeless, scores 8 (individuals)/9 (families) or above, and cumulatively homeless less than one year
  4. Chronically homeless, scores below 8 (individuals)/9 (families), and cumulatively homeless less than one year
- Where the Committee is unable to identify any eligible chronically homeless individual for a vacant unit, the Committee may move on to the next level of priority, which is as follows:
  1. Homeless, disabled, and scores 8 (individuals)/9 (families) or above
  2. Homeless, disabled, and has been literally homeless continuously for at least 6 months or on at least three separate occasions in the last 3 years where the cumulative total is at least 6 months.
  3. Homeless, disabled, and is literally homeless.
  4. Homeless, disabled, and living in transitional housing, and literally homeless or fleeing/attempting to flee domestic violence prior to entry into transitional housing.
- Prioritization allows for match to be made between funding-imposed eligibility requirements and persons meeting those requirements. For example, when a unit funded by a source limited to persons with HIV/AIDs becomes available, the highest priority HIV+ person would be chosen, even though there may be higher priority persons on the list who are not HIV+.

- When an individual cannot be found when a vacancy is available for them, or is not yet sufficiently engaged to be willing to consider entering housing, the next prioritized person on the list may be chosen. However, the individual remains on the list in the event that they are located again or willing to engage when there is another vacancy.
- Exact VISPDAT score can be over-ridden at REACH case conference meeting where Committee agrees that score is not an accurate reflection of a person's level of service needs; reason for override must be documented

#### *Assessment*

- Household must be assessed using the VISPDAT or Family VISPDAT tool

## SECTION 5: COORDINATED ENTRY SYSTEM

The Springfield/Hampden CoC uses consistent and uniform assessment and referral processes to determine and secure the most appropriate response to each individual or family's immediate and long-term housing needs.

The coordinated entry system is designed to:

- Allow anyone who needs assistance to know where to go to get that assistance, to be assessed in a standard and consistent way, and to connect with the housing/services that best meet their needs;
- Ensure clarity, transparency, consistency and accountability for homeless clients, referral sources and homeless service providers throughout the assessment and referral process;
- Facilitate exits from homelessness to stable housing in the most rapid manner possible given available resources;
- Ensure that clients gain access as efficiently and effectively as possible to the type of intervention most appropriate to their immediate and long-term housing needs;
- Ensure that people who have been homeless the longest and/or are the most vulnerable have priority access to scarce permanent supportive housing resources.

To achieve these objectives the coordinated entry system includes:

- A uniform and standard assessment process to be used for all those seeking assistance and procedures for determining the appropriate next level of assistance to resolve the homelessness of those living in shelters, on the streets, or places not meant for human habitation;
- Establishment of uniform guidelines among components of homeless assistance (transitional housing, rapid rehousing, and permanent supportive housing) regarding: eligibility for services, and priority populations;
- Agreed upon priorities for accessing homeless assistance;
- Referral policies and procedures from the system of coordinated access to homeless services providers to facilitate access to services.

## Tiered Assessment

The CoC uses a tiered process for assessment, in which the assessment tool is matched the circumstances of the household seeking assistance. The assessment tiers and associated tools are:

### Prevention Assessment Tool

For households seeking financial assistance in order to prevent homelessness, in order to determine degree of need and prioritize assistance. Programs that provide prevention assistance and are funded with City of Springfield ESG funds or HOPWA funds are required to use the Prevention Assessment Tool; prevention programs funded by other sources are encouraged to use the Tool. The Prevention Assessment Tool is attached as Appendix D.

### Diversion Questionnaire

For households initially seeking shelter, to determine if there is an available intervention which enables the household to avoid entry to shelter. The Diversion Questionnaire is attached as Appendix E.

### Vulnerability Index-Service Prioritization Decision Assistant Tool (VI-SPDAT)

Where the Housing Triage Assessment indicates need for PSH, and for any household meeting the definition of chronically the VI-SPDAT is used to determine level of service needs. The VISPDAT or Family VISPDAT score is used, along with length of homelessness, to prioritize for permanent supportive housing. CoC-funded PSH providers are required to use the VISPDAT. The VISPDAT is attached as Appendix G and the Family VISPDAT is attached as Appendix H.

## Access to Coordinated Entry System

Access to the coordinated entry system is through any participating agency in Hampden County. Each agency uses the same assessment tools, which standardize the intervention offered.

At assessment, an HMIS intake and the appropriate assessment tool are completed. For most interventions, initial assessment leads to referral to the agency which offers the appropriate intervention. Participating entities are urged to make referrals through the electronic HMIS. Where there is no intervention available to the person who has been assessed, the assessor is responsible for telling the person that there are no resources available to assist them.

All clients must sign a general release of information form at the time of assessment. The release form is attached as Appendix I. Clients that will be referred to the PSH centralized Homelink waitlist must sign the Springfield/Hampden County Homelink – Authorization for Use/Disclosure of Protected Health Information, which is attached as Appendix J.

## Access to Permanent Supportive Housing

When an assessment results in a score of 8 or above on the VISPDAT, or 9 or above on the Family VISPDAT, the individual is a candidate for permanent supportive housing.

### Homelink

Agencies that complete VISPDAT assessments are authorized users of Homelink, the online housing match responses into Homelink. (The VISPDAT can also be completed by entering responses to

questions directly into Homelink, without use of a paper record.) At the time the VISPDAT is completed, the homeless individual is asked to sign the Springfield/Hampden County Homelink – Authorization for Use/Disclosure of Protected Health Information, which is attached as Appendix I. If the individual being assessed has copies of documents that will be needed for housing (birth certificate, ID, DD-214 if veteran), these documents may be uploaded into Homelink at the time of screening.

### PSH Housing Match & Homelink-REACH Case Conferencing Meetings

Homelink Coordinators (City of Springfield, Friends of the Homeless and Western Massachusetts Network to End Homelessness) facilitate regular case conferencing meetings, where agencies that refer people to PSH and Housing Navigators come together to review individuals entered into Homelink as candidates for PSH. All CoC-funded PSH projects must promptly report vacancies or expected vacancies to the Homelink-REACH Committee.

The Committee uses the Homelink tool during Homelink-REACH case conferencing meeting, to select people for vacancies based on the prioritization ranking set forth in the Standards for Providing Assistance section of this guidance.

The primary factors used by the Committee are name, cumulative VISPDAT score, and length of homelessness as the basis for most discussion of people being referred for PSH. The full set of answers to VISPDAT questions are used on a “need to know” basis, with information being shared beyond those working directly with an individual only when necessary to determine a housing match.

There may be times when the VISPDAT score does not accurately reflect a persons’ vulnerability; the Committee has the capacity to override scoring based on rank in limited circumstances where the Committee agrees that a person’s score does not accurately reflect their need.

### PSH Referral

When there a PSH opening, it will be offered to the first eligible person. The Hosing Navigator working with that person will be notified, and will attempt to make contact with the person for three business days. If the client cannot be contacted within that timeframe, then staff move on to the next client on the list. Once staff makes contact with the client, the client must decide whether to accept the unit. If the client declines the unit, the client retains position on the wait list. If the client accepts the unit, the client moves forward to move in.

### A Note on the Family Shelter System

In Massachusetts, the state provides emergency shelter in a closed system to all eligible homeless families. This system also includes diversion, and the state diversion system and shelter entry system are separate from the CoC’s coordinated entry system. The CoC screening tools are used by CoC and ESG providers for assessing families for prevention, rapid rehousing, and permanent supportive housing. The CoC strives to coordinate with and complement the resources provided by the state.

## SECTION 6: COORDINATION WITH MAINSTREAM RESOURCES

The CoC emphasizes two types of coordination with mainstream resources: first, the CoC itself coordinates with other programs and systems that provide mainstream resources; second, providers systematically assess and provide assistance to participants to access individual mainstream benefits such as Medicaid/Medicare, SNAPs, SSI/SSDI, TANF, VA Medical Services and state Chapter 115 benefits, and public and subsidized housing.

### System Coordination

The CoC coordinates with systems that provide mainstream services—that is, services that are not expressly targeted to people experiencing homelessness, but which provide benefits to people with low incomes or with particular benefits or needs.

### Coordination between the CoC, the ESG program, HOPWA, and the HOME Investment Partnerships Program

The Springfield Office of Housing operates the CoC, the ESG program, and the HOPWA program as one integrated grant unit, and the CoC is the membership and coordination entity for all three programs. As a result, providers regularly work together on Committees and the CoC Board, and program goals for the programs are aligned. Springfield's Office of Housing, which coordinates the CoC and these grant programs, also operates the City's HOME program, which has assisted in obtaining HOME funds to support Housing First and Rapid Rehousing initiatives.

### Coordination with PHAs

The CoC's largest housing authority, the Springfield Housing Authority, is actively engaged in CoC efforts to prevent and end homelessness. SHA has partnered with the City of Springfield to provide a Housing First program for persons who are chronically homeless--SHA committed project-based vouchers to the program, and the City employs case managers who provide support to the tenants. SHA has also set aside public housing units to be used as permanent supportive housing for families who have experienced lengthy shelter stays and have multiple barriers to exiting shelter; SHA partners with the state Department of Housing and Community Development and multiple Springfield agencies to provide supportive services to these families.

### Coordination with the Veterans Administration and SSVF Providers

The CoC, the VA, and the two SSVF providers that serve Hampden County are partners in working toward the goal of ending veteran homelessness. A CoC Veterans' Committee meets monthly regarding system and policy issues, and an outreach/provider group meets regularly to identify particular homeless veterans and coordinate outreach and engagement to assist those veterans to obtain housing.

### Coordination with Runaway and Homeless Youth Program

Hampden County has one RHY provider, the Center for Human Development's Safety Zone Program, which actively coordinates with the CoC. Safety Zone uses the CoC's Homeless Management Information System (HMIS), accepts referrals and makes referrals to other providers, and is a leader in organizing the annual point-in-time Youth Count.

### Coordination with Health Services for the Homeless/Health Care for the Homeless

The CoC includes the Mercy Hospital Health Care for the Homeless program, which is co-located with the CoC's primary shelter, the Friends of the Homeless Resource Center, and also provides outreach to unsheltered persons and to other shelters and transitional housing

### Collaboration with Local Education Authorities

The CoC has a Family Services Committee and an Unaccompanied Youth Committee, both of which meet regularly to coordinate services to these respective populations, and both committees include active participation by the CoC's McKinney-Vento liaisons. The liaisons have produced posters and handouts with information about the educational rights of homeless children, which they give to CoC- and ESG-funded providers who serve families and unaccompanied youth. The providers distribute the materials directly to families. Liaisons and provider staff communicate regularly by phone and email about particular families, ensuring that children are enrolled and receiving transportation and any other needed services. The state of Massachusetts has a right to shelter for families, so the state operates as a 'front door' for homeless families. The state provides regular notice to liaisons of children entering the shelter system within their school district, and the liaisons use this information to cross-check and ensure that children are enrolled.

### Runaway and Homeless Youth Program

The CoC includes an RHY provider that actively participates in the CoC, especially in the Unaccompanied Youth Committee, and who is a leader in planning and coordinating the annual Youth Count.

### Systematic Assessment and Referral for Mainstream Resources

The CoC recognizes that assisting people at risk of or experiencing homelessness to access mainstream benefits provides them with resources that can assist them to exit homelessness and maintain stable housing. The CoC requires all CoC- and ESG-funded programs to systematically assess participants' eligibility for and participation in mainstream benefits, and to assist participants to obtain benefits for which they are eligible.

## SECTION 7: COORDINATION WITH INSTITUTIONAL SYSTEMS (DISCHARGE POLICIES)

The CoC coordinates with institutional systems of care to avoid discharge into homelessness. This section describes the policies, procedures and programs in place locally for the foster care, health care, mental health and corrections systems.

### Foster Care

The Massachusetts Department of Children and Families (DCF) establishes a Transition Plan with each youth which identifies available resources, steps to meet targeted goals, the individual(s) responsible to assist, and the appropriate discharge housing arrangements. DCF is responsible for ensuring that its policy that youth not be discharged into homelessness is followed.

The local DCF director is a member of the Western Mass Interagency Council, where regional representatives from state agencies meet bi-monthly with service providers to address systemic problems leading to homelessness, including problems with discharge.

### Health Care

The CoC created a regional discharge policy in 2011, through a collaborative effort of representatives from hospitals, psychiatric units, community mental health programs, substance abuse programs, Health Care for the Homeless and shelter providers.

In addition, CoC member Mercy Medical Center has pioneered and implements a Critical Response Team model, in which regional emergency departments have come together to develop system-wide Individual Service Plans for high frequency emergency room users.

Local hospitals and emergency rooms have social workers on staff who coordinate release into rest homes, nursing homes, and other housing alternatives.

Substance abuse treatment providers routinely discharge consumers primarily to non-CoC-funded transitional support and residential recovery programs.

The CoC's Individual Services Committee monitors implementation of the Health Care Discharge policy. The Critical Response Team is responsible for ensuring that the health care system does not routinely discharge persons from health care settings into homelessness.

Local stakeholders/collaborating agencies include: Mercy Medical, Baystate Medical Center, Wing Hospital, Noble Hospital, Providence behavioral Health Hospital, VA Medical Center, MA Department of Public Health, Health Care for the Homeless, Mass Behavioral Partnership, Eliot Community Human Services, Behavioral Health Network and the Mental Health Association.

### Mental Health

The MA Department of Mental Health is responsible for ensuring that people are not discharged from mental health placements into homelessness. DMH policy states that in no instance shall a person be discharged from an in-patient facility with directions to seek housing or emergency shelter.

Discharges from DMH facilities are documented in a comprehensive database to monitor activity. For the period 2009-2011, Massachusetts data shows 28% of discharges go to the legal system (courts, correctional facilities), 32% to family or non-family housing; 20% to DMH community system of services; 7% transferred to another DMH facility; 2% into other category (moved, against medical advice, deceased, etc.). Clients routinely continue to receive DMH services upon discharge from mental health facilities.

The local discharge planning group regularly reviews and works to improve local practices. CoC members and DMH also participate in the Western Massachusetts Interagency Council, where regional representatives from state agencies meet with service providers to address systemic problems leading to homelessness, including discharge.

Local stakeholders/collaborating agencies include: Mercy Medical, Baystate Medical Center, Wing Hospital, Noble Hospital, Providence behavioral Health Hospital, VA Medical Center, MA Department of Public Health, Health Care for the Homeless, Mass Behavioral Partnership, Eliot Community Human Services, Behavioral Health Network, and the Mental Health Association.

### Corrections

The CoC created a regional discharge policy in 2011, through a collaborative effort of representatives from multiple institutions, including jails and the county sheriff, as well as shelter providers. The Individual Services Committee monitors implementation of the policy.

Some of the practices/policies that are part of the local discharge process from correctional facilities include: 1) MassHealth insurance in place prior to release; 2) State mental health services approved and in place prior to release (where applicable); 3) Referral information has been compiled for distribution to people released unexpectedly when sentenced to 'time served'; 4) Correctional facilities and service providers have designated contact people to communicate about difficult cases or identified problems.

Inmates are discharged to residences (house, apartment or rooming house); residential treatment programs; sober homes; and hotel/motel. A few are released to medical or mental health facilities.

The Hampden County Sheriff's Department After-Incarceration Support Services (AISS) program is responsible for ensuring that individuals are not routinely discharged from corrections into homelessness. AISS has an extremely broad network of providers that it partners with.

## APPENDICES

## Appendix A: “Other Federal Statutes” Definitions of homelessness

## Other Federal Definitions of Homelessness

### Runaway and Homeless Youth Act, 42 U.S.C. §5732a:

**Homeless youth** The term “homeless”, used with respect to a youth, means an individual—

(A) who is—

(i) less than 21 years of age, or, in the case of a youth seeking shelter in a center under part A of this subchapter, less than 18 years of age, or is less than a higher maximum age if the State where the center is located has an applicable State or local law (including a regulation) that permits such higher maximum age in compliance with licensure requirements for child-and youth-serving facilities; and

(ii) for the purposes of part B of this subchapter, not less than 16 years of age and either—

(I) less than 22 years of age; or

(II) not less than 22 years of age, as of the expiration of the maximum period of stay permitted under section 5714–2(a)(2) of this title if such individual commences such stay before reaching 22 years of age;

(B) for whom it is not possible to live in a safe environment with a relative; and

(C) who has no other safe alternative living arrangement.

### McKinney-Vento Act; 42 USC §11434(a)(2):

The term “**homeless children and youths**” —

(A) means individuals who lack a fixed, regular, and adequate nighttime residence; and

(B) includes—

(i) children and youths who are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; are living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative adequate accommodations; are living in emergency or transitional shelters; are abandoned in hospitals; or are awaiting foster care placement;

(ii) children and youths who have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings;

(iii) children and youths who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings; and

(iv) migratory children who qualify as homeless for the purposes of this part because the children are living in circumstances described in clauses (i) through (iii).

### Head Start Act, 42 USC 9832

The Head Start Act states that it uses the definition of “homeless children and youths” provided in the McKinney Vento Education for Homeless Children and Youths Program, provided above.

### Violence Against Women Act, 42 USC 14043e-2(6):

The terms “**homeless**”, “**homeless individual**”, and “**homeless person**” —

(A) mean an individual who lacks a fixed, regular, and adequate nighttime residence; and

(B) includes—

(i) an individual who—

(I) is sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason;

- (II) is living in a motel, hotel, trailer park, or campground due to the lack of alternative adequate accommodations;
- (III) is living in an emergency or transitional shelter;
- (IV) is abandoned in a hospital; or
- (V) is awaiting foster care placement;
- (ii) an individual who has a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings; or
- (iii) migratory children who qualify as homeless under this section because the children are living in circumstances described in this paragraph.

**Public Health Service Act, 42 USC 254b(h)(5)(A):**

The term “**homeless individual**” means an individual who lacks housing (without regard to whether the individual is a member of a family), including an individual whose primary residence during the night is a supervised public or private facility that provides temporary living accommodations and an individual who is a resident in transitional housing.

**Food and Nutrition Act of 2008, 7 USC 2012(l):**

“**Homeless individual**” means—

- (1) an individual who lacks a fixed and regular nighttime residence; or
- (2) an individual who has a primary nighttime residence that is—
  - (A) a supervised publicly or privately operated shelter (including a welfare hotel or congregate shelter) designed to provide temporary living accommodations;
  - (B) an institution that provides a temporary residence for individuals intended to be institutionalized;
  - (C) a temporary accommodation for not more than 90 days in the residence of another individual; or
  - (D) a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings.

**Child Nutrition Act, 42 USC 1786(b)(15):**

“**Homeless individual**” means—

- (A) an individual who lacks a fixed and regular nighttime residence; or
- (B) an individual whose primary nighttime residence is—
  - (i) a supervised publicly or privately operated shelter (including a welfare hotel or congregate shelter) designed to provide temporary living accommodations;
  - (ii) an institution that provides a temporary residence for individuals intended to be institutionalized;
  - (iii) a temporary accommodation of not more than 365 days in the residence of another individual; or
  - (iv) a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings.

## Appendix B: Notice of Education Rights of Homeless Families with Children

## EDUCATION RIGHTS OF HOMELESS CHILDREN AND YOUTH

The McKinney-Vento Homeless Assistance Act (M-V) ensures educational rights for children and youth experiencing homelessness. The primary goal is educational stability.

**Definition of Homeless** McKinney-Vento defines homeless students as those who **lack a fixed, regular and adequate nighttime residence**. This includes:

1. Children and youth who:
  - are forced to share the housing of other persons due to the loss of housing, economic hardship, or a similar reason;
  - live in motels, hotels, trailer parks, or camping grounds due to the lack of alternative adequate accommodations;
  - live in emergency or transitional shelters;
  - are abandoned in hospitals; or
  - are awaiting foster care placement;
2. Children and youth who have a primary nighttime residence that is not designed for or ordinarily used as regular sleeping accommodation for human beings;
3. Children and youth who live in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings; or
4. Migratory children are considered homeless when they are living in circumstances set forth in items 1, 2 and 3.

**Unaccompanied Youth** are students who are not in the physical custody of a parent/guardian and are living in a homeless situation.

**Homeless students have certain educational rights and are able to:**

1. enroll without delay in school without proof of residency, immunization, school records, other documents or while documentation is being obtained;
2. choose between the local school where they are living or the school last attended before becoming homeless, when requested by the parent and determined by the district to be feasible and in the student's best interest;
3. attend school and participate in school programs with children who are not homeless; and
4. receive all the school services available to other students including transportation services, special educational services where applicable, and meals through the school meals programs

## Appendix C: Certification of Compliance with Requirements Regarding Education Rights of Children

## Appendix D Prevention Assessment Tool

## ASSESSMENT FOR PREVENTION ASSISTANCE

### Income Scoring

	15% AMI	30% AMI
___ Income at or below 15% AMI.... 20 points OR	1 Person \$752/mo	\$1,504/mo
___ Income 16 – 30% AMI.... 10 points	2 Person \$858/mo	\$1,716/mo
	3 Person \$966/mo	\$1,933/mo
___ Rent burden at 66 – 80% of income.... 5 points	4 Person \$1072/mo	\$2,145/mo
	5 Person \$1162/mo	\$2,325/mo
	6 Person \$1332/mo	\$2,664/mo

### Tenant Barriers/Risk Factors

Scoring	Screening Barrier	Points
___	Eviction history	1 point
___	No credit references: has no credit history	1 point
___	Lack of rental history: has not rented in the past	1 point
___	Unpaid rent or broken lease in the past (separate from current unpaid rent)	1 point
___	Poor credit history: late or unpaid bills, excessive debt, etc.	1 point
___	Unpaid utility arrearages	1 point
___	Recent period of unemployment	1 point
___	High ongoing medical costs	1 point
___	Past Misdemeanors	1 point
___	Past Felony other than critical Felonies listed below	1 point
___	Exiting criminal justice system where incarcerated for less than 90 days	1 point
___	Critical Felony (drugs, sex crime, arson, crimes against other people)	5 points
___	Pregnant or has at least one child 0 – 6	5 points
___	Head of household under 30 years old	5 points
___	Household experienced literal homelessness in the past 3 years	5 points
___	Person in household has critical medical needs	5 points
___	Only 1 adult in household	5 points

### **TOTAL- Tally of Income & Tenant Barriers Scoring**

A household with a score of 20 or above is eligible for financial prevention assistance. A household with a score of 15-19 may be found eligible with a compelling reason documented in the file.

## Appendix E: Diversion Questionnaire

## EMERGENCY SHELTER DIVERSION SCREENING

### **Where did you sleep last night?**

*If they slept somewhere where they could potentially safely stay again, this might mean they are good candidates for diversion.*

### **What other housing options do you have for the next few days or weeks?**

*Even if there is an option outside of shelter that is only available for a very short time, it's worth exploring if this housing resource can be used.*

### **(If staying in someone else's housing) What issues exist with you remaining in your current housing situation? Can those issues be resolved with financial assistance, case management, etc.?**

*If the issues can be solved with case management, mediation, or financial assistance (or all of the above), diversion is a good option.*

### **(If coming from their own unit) Is it possible/safe to stay in your current housing unit? What resources would you need to do that (financial assistance, case management, mediation, transportation, etc.)?**

*If the household could stay in their current housing with some assistance, systems should focus on a quick prevention-oriented solution that will keep the family in their unit.*

A household assessed and deemed eligible for diversion should immediately meet with a case manager to start housing stabilization planning. Housing planning involves both finding immediate housing and planning for longer term housing stability. If an immediate alternate housing arrangement cannot be made, a shelter stay is likely the most appropriate option.

Some households—especially those fleeing domestic violence—may not be good candidates for diversion programs due to a lack of safe and appropriate housing alternatives. Families' safety should always be the top consideration when exploring possible interventions.

## Appendix F Housing Assessment Tool

## INITIAL HOUSING OPTIONS ASSESSMENT

### Member of Priority or Specialized Population

- |   |  |
|---|--|
| <input type="checkbox"/> Veteran                            | → Complete Veteran Assessment; refer VA      |
| <input type="checkbox"/> Chronically Homeless               | → Complete VISPDAT, enter into Homelink      |
| <input type="checkbox"/> Medically compromised              | → Refer Tapestry, NNCC or RVCC               |
| <input type="checkbox"/> Family with Children 21 or younger | → Assess for ESA eligibility; refer DTA/DHCD |

### Tenant Barriers/Risk Factors

Scoring	Screening Barrier	Points
_____	Eviction history	1 point
_____	No credit references: has no credit history	1 point
_____	Lack of rental history: has not rented in the past	1 point
_____	Unpaid rent or broken lease in the past (separate from current unpaid rent)	1 point
_____	Poor credit history: late or unpaid bills, excessive debt, etc.	1 point
_____	Past Misdemeanors	1 point
_____	Past Felony other than critical Felonies listed below	1 point
_____	Exiting criminal justice system where incarcerated for less than 90 days	1 point
_____	Critical Felony (drugs, sex crime, arson, crimes against other people)	5 points
_____	Pregnant or has at least one child 0 – 6	5 points
_____	Head of household under 30 years old	5 points
_____	Experienced literal homelessness in the past 3 years	5 points
_____		
_____	Only 1 adult in household	5 points

**TOTAL- Tally of Tenant Barriers Scoring**

**Income Level: circle monthly income**

Household Size	Up to 15% AMI	15-30% AMI	30-50% AMI
1 Person	\$752/mo	\$753-1,504/mo	\$1505/mo
2 Person	\$858/mo	859-1,716/mo	\$1717/mo
3 Person	\$966/mo	967-1,933/mo	\$1934/mo
4 Person	\$1072/mo	1073-2,145/mo	\$2146/mo
5 Person	\$1162/mo	1163-2,325/mo	\$2325/mo
6 Person	\$1332/mo	\$1333-2,664/mo	\$2665/mo

## Preferences

Preferred/Required Community:			
<input type="checkbox"/>	Wants sober housing	→ Sober apartments	→ Sober SROs → Sober TH
<input type="checkbox"/>	Ok with shared housing	→ Shared housing (roommate)	

## Scoring and Assessment Results

	Up to 15% AMI	15-30% AMI	30-50% AMI
Score 0-14	Medium-Term Rapid Rehousing plus Long-Term Housing Plan; Consider shared housing	Short-term Rapid Rehousing	Short-term Rapid Rehousing
Score 15-19	Medium-Term Rapid Rehousing plus Long-Term Housing Plan; Consider shared housing	Medium-Term Rapid Rehousing	Short-term Rapid Rehousing
Score 20 +	Evaluate for PSH; Medium-Term Rapid Rehousing plus Long-Term Housing Plan	Evaluate for PSH; Medium-Term Rapid Rehousing plus Long-Term Housing Plan	Short-term Rapid Rehousing; Connection to supportive services in community

## Appendix G: VISPDAT

## Appendix H: Family VISPDAT

## Appendix I: Authorization for Release of Information for Homelink

# Springfield/Hampden County Homelink

## Authorization for Use/Disclosure of Protected Health Information

Name:	Date of Birth:    /    /
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I hereby authorize the use or disclosure of my individually identifiable health information as described below. I understand that this authorization is voluntary. I understand that if the organization authorized to receive the information is not a health plan or health care provider; the released information may no longer be protected by federal privacy regulations.

I hereby authorize Springfield/Hampden County Homelink to **release** information obtained as part of the VI-SPDAT process to the following agencies to obtain possible housing matches for me:

Catholic Charities  
City of Springfield Office of Housing  
Elliot Community Human Services  
Friends of the Homeless  
Human Resources Unlimited  
Mental Health Association

Mercy Hospital Health Care for the Homeless  
Open Pantry Community Services  
River Valley Counseling Center  
South Middlesex Opportunity Council  
Veterans Administration  
REACH Coordinator for the Western Massachusetts  
Network to End Homelessness

These agencies have agreed to use the information provided only to link clients with housing or support services.

INFORMATION TO BE DISCLOSED: (Applicant should **check and initial all that apply**)

☐ HIV/AIDS Status \_\_\_\_\_

☐ Alcohol/Drug Treatment \_\_\_\_\_

I understand that I have the right to revoke this authorization at any time. Any revocation must be made in writing and either mailed, or hand delivered, to the Administrator for the Hampden County Continuum of Care at 1600 East Columbus Avenue, Springfield, MA 01103.

This does not apply to information that has already been released prior to receiving the revocation.

If not previously revoked, this authorization will expire in one year unless otherwise specified (not to exceed 1 year).

Springfield/Hampden County Homelink, its employees, and officers, are hereby released from any legal responsibility or liability for disclosure of the above information to the extent indicated and authorized herein.

**YOU MAY REFUSE TO SIGN THIS AUTHORIZATION BUT WILL ONLY RECEIVE TREATMENT AND BENEFITS THAT THAT YOU ARE ENTITLED TO AS LONG AS THEY DO NOT REQUIRE THE ABOVE INFORMATION TO DETERMINE ELIGIBILITY.**

\_\_\_\_\_  
Client's Signature

\_\_\_\_\_  
Date/Time

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date/Time