Accessing Homeless Services: What to Expect

The City of Hinesville Homeless Prevention Office is an entry point in the Coordinated Entry System. To access homeless services all applicants must be assessed and referred to current, suitable, and eligible services which are not limited to the Homeless Prevention Office and may be located throughout Georgia. The applicant will need to qualify for services by submitting additional documentation in a timely matter. All services provided are based on a prioritization of needs as determined by the Coordinated Entry System.

All agencies that receive federal funding must adhere to the Coordinated Entry System and Prioritization list. This system determines what programs each household is eligible, if any, as well as the order assistance is provided and does not guarantee services from any agency.

STEP 1: Coordinated Entry Screening Application

Individuals and/or families (household) experiencing literal homelessness can enter into the Coordinated Entry System by completing an application for screening. Once the application is submitted, the applicant will be scheduled for an assessment over the phone. In person assessment appointments are available for individuals without access to a phone.

STEP 2: Coordinated Entry Assessment Appointment

The Coordinated Entry Intake Specialist assesses each household's situation through a series of questions. Results of the assessment prioritizes who to serve next. If appropriate, the household will be placed on a prioritization list, which is managed by an outside agency who will contact each household in the order in which they fall on the list. All referrals for services will be made in the order in which the household is prioritized.

STEP 3: Referrals and Prioritization List

If the Coordinated Entry System indicates a household *may* be eligible for housing services, the household will be contacted by the lead agency in accordance with that household's place on the prioritization list. That agency will make the appropriate referrals (if any) on the family's behalf. The household may be referred to various agencies/programs within the region, based on the family's needs, wishes, and eligibility based on program criteria.

Referrals to the Homeless Prevention Program Office (HPP) will be contacted within 24-48 business hours to complete a full application for services.

Step 4: Rapid Rehousing Application

Assistance applications are distributed in the order in which referrals are received. Once the application is provided, clients have 7 business days to complete and return the application. An additional 7 business days may be provided, if necessary, for submission of any additional required documents. Timely submission of all required application materials is required, or the referral may be rejected, and the household will be placed back on the prioritization list. Incomplete or partial applications will not be processed.

COORDINATED ENTRY SCREENING APPLICATION

Each person over age 18 must submit a separate Coordinated Entry Screening Application

First Name:	**Last Name:**
Social Security Number:	**Date of Birth:** / /

Relationship to Head of Household: ☐ Self ☐ Spouse ☐ Son ☐ Daughter ☐ Other Family Member ☐ Other Non-Family Member

Marital Status: ☐ Single ☐ Married ☐ Legally Separated ☐ Widowed

Ethnicity: ☐ Non-Hispanic/Non- Latin(a)(o)(x) ☐ Hispanic/Latin(a)(o)(x)	**Race (You may select more than one option):** ☐ American Indian, Alaska Native or Indigenous ☐ Native Hawaiian or Pacific Islander ☐ Asian or Asian American ☐ Black, African-American, or African ☐ White
Gender (You may select more than one option): ☐ Male ☐ Female ☐ Transgender ☐ Questioning ☐ A gender that is not singularly 'Female' or 'Male'	**Pregnant:** ☐ Yes ☐ No **Due Date (If applicable):** / / **Veteran:** ☐ **Yes** ☐ **No** ***If yes DD Form 214 is required***

Phone Number: _____

Phone Number Type:
☐ Your Personal Number ☐ Family/Friend Number Name of Contact: ☐ Agency Phone Number Agency:

E-Mail:

Alternate Phone Number: _____

Phone Number Type:
☐ Your Personal Number ☐ Family/Friend Number Name of Contact: ☐ Agency Phone Number Agency:

Are you currently employed? ☐ No ☐ Yes If yes, ☐ Full Time or ☐ Part Time

Where did you stay last night?

☐ Own Home ☐ Friend ☐ Relative ☐ Hotel ☐ Car ☐ Outside ☐ Shelter

Please indicate the length of stay at above:
☐ 1 night or less ☐ 2-6 days ☐ 1-4 weeks ☐ 1-3 months ☐ 4-12 months ☐ 1 year or more

Were you legally evicted from your previous residence? ☐ Yes ☐ No

If yes, when? ☐ 1 week or less ago ☐ 2-4 weeks ago ☐ 1 month ago ☐ more than 1 month ago

_____ _____
Applicant Signature **Date**

COORDINATED ENTRY SCREENING APPLICATION

Dependent Minor Children

First Name:		Last Name:
Social Security Number:		Date of Birth: / /
Ethnicity: ☐ Non-Hispanic/Non- Latin(a)(o)(x) ☐ Hispanic/Latin(a)(o)(x)	Race (You may select more than one option): ☐ American Indian, Alaska Native or Indigenous ☐ Native Hawaiian or Pacific Islander ☐ Asian or Asian American ☐ Black, African-American, or African ☐ White	
Gender (You may select more than one option): ☐ Male ☐ Female ☐ Transgender ☐ Questioning ☐ A gender that is not singularly 'Female' or 'Male'	Pregnancy Status: ☐ No ☐ Yes: Due Date_____/_____/_____	Relationship to Head of Household: ☐ Son ☐ Daughter ☐ Dependent Child

First Name:		Last Name:
Social Security Number:		Date of Birth: / /
Ethnicity: ☐ Non-Hispanic/Non- Latin(a)(o)(x) ☐ Hispanic/Latin(a)(o)(x)	Race (You may select more than one option): ☐ American Indian, Alaska Native or Indigenous ☐ Native Hawaiian or Pacific Islander ☐ Asian or Asian American ☐ Black, African-American, or African ☐ White	
Gender (You may select more than one option): ☐ Male ☐ Female ☐ Transgender ☐ Questioning ☐ A gender that is not singularly 'Female' or 'Male'	Pregnancy Status: ☐ No ☐ Yes: Due Date_____/_____/_____	Relationship to Head of Household: ☐ Son ☐ Daughter ☐ Dependent Child

First Name:		Last Name:
Social Security Number:		Date of Birth: / /
Ethnicity: ☐ Non-Hispanic/Non- Latin(a)(o)(x) ☐ Hispanic/Latin(a)(o)(x)	Race (You may select more than one option): ☐ American Indian, Alaska Native or Indigenous ☐ Native Hawaiian or Pacific Islander ☐ Asian or Asian American ☐ Black, African-American, or African ☐ White	
Gender (You may select more than one option): ☐ Male ☐ Female ☐ Transgender ☐ Questioning ☐ A gender that is not singularly 'Female' or 'Male'	Pregnancy Status: ☐ No ☐ Yes: Due Date_____/_____/_____	Relationship to Head of Household: ☐ Son ☐ Daughter ☐ Dependent Child

_____ _____

Applicant Signature **Date**

COORDINATED ENTRY SCREENING APPLICATION

Dependent Minor Children

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_____ _____

Applicant Signature **Date**

COORDINATED ENTRY SCREENING APPLICATION

Please use space below to provide a narrative of your current housing status. Include as many details as possible so that we may direct you to the most appropriate resources.

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What steps do you plan on taking to achieve permanent housing?

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_____ _____

Applicant Signature **Date**

Georgia HMIS Informed Consent

Your information will be entered into the Homeless Management Information System referred to as HMIS. The HMIS system is used to record and analyze clients, the services provided, and housing data for individuals and families who are homeless or at risk of homelessness.
This HMIS system is used by other contributing housing organizations (CHO) throughout Georgia that are also required to use an HMIS for federal and local reporting purposes in order to help make homelessness brief, rare and non-occurring.

To provide the most efficient response to meeting your needs, Georgia HMIS uses implied consent to enter your data and by default, shared with other CHO's. This means, as your information is entered into the system it will automatically be shared with other organizations needing access. You have the right to opt- out (decline) of sharing your programmatic and transactional data if you desire. This does not mean you cannot receive services, but it is possible it may take longer. The uses and disclosures of your data are further described in the Privacy Policy and the Privacy Notice.

_____ _____

Applicant Signature **Date**