Minnesota Coordinated Entry System (MN CES)

Coordinated Entry Referral Status Form

This form will be initiated by the CES agency to refer a household. The receiving agency shall complete either the denial or housed portion and return to the CES agency received from.

Referral Date_____ Referring to:_____

From:

Agency Name_____

Staff:_____ Email:_____Phone:_____

Client Service Point#:_____ Name:_____Contact:_____

Denial Date:_____

Reason for denial (please check a box, and you must explain in detail below)

- ☐ Client/household refused further participation (or client moved out of CoC area)
- ☐ Client/household unresponsive to multiple communication attempts
- ☐ Client resolved crisis without assistance
- ☐ Client/household safety concerns. The client's/household's health or well-being or the safety of current program participants would be negatively impacted due to staffing, location, or other programmatic issues.
- ☐ Client did not fit within the program requirements
- ☐ Program at bed/unit/service capacity at time of referral
- ☐ Property management denial (include specific reason cited by property manager)
- ☐ Conflict of interest.
- ☐ Unable to secure housing within program timeframe.
- ☐ Client was removed from housing/program due to:

Please describe why you are unable to accept this referral.

Is this due to policy or procedure created by a funder, board, staff, property management, landlord or other entity? Please explain:

If you were unable to contact client regarding this referral, please indicate the dates of attempted communication, to whom, and in what form (phone, email, etc).

If you feel this was an inappropriate referral, please indicate that below with an explanation.

Client was successfully housed:

Date:_____ Location:_____

Agency:_____ Program Name:_____

Provider contact:_____Phone:_____

Case Manager:_____ Phone:_____