**Coalition:**

**Date Approved by Coalition:**

**Date Reviewed:**

|  |  |  |
| --- | --- | --- |
| **Required Element** | **Yes** | **No (see notes)** |
| Provides reasonable access to emergency services (i.e., emergency shelter, domestic violence services, drop-in service programs) |  |  |
| Direct connection to coordinated entry the next business day |  |  |
| The plan covers the entire geographic area of the local coalition |  |  |
| The plan is clear and easy to understand for people outside of the local homeless response system |  |  |
| Identifies when the plan will be reviewed (at least annually) |  |  |
| Identifies the method of communication across the coalition, to emergency service providers, & crisis response systems |  |  |

Notes: