**AGREEMENT BETWEEN**

**[AGENCY A]**

**AND**

**[AGENCY B]**

This Agreement sets forth the terms and understanding between [AGENCY A] whose service address is [ADDRESS], and [AGENCY B], whose service address is [ADDRESS] to complete the WI Balance of State CoC Coordinated Entry process.

**Background**

The US Department of Housing and Urban Development (HUD), DEHCR, and the WIBOSCOC require EHH and CoC-funded programs to participate in the coordinated entry process. The Coordinated Entry process provides an initial, comprehensive assessment of the needs of individuals and families for housing and services. In the Balance of State Continuum of Care, coordinated entry consists of four main components: pre-screen, assessment, referral, and follow-up.

**Purpose**

This Agreement establishes the terms and conditions by which [AGENCY B], an agency not required to participate in Coordinated Entry, will participate in the WIBOSCOC Coordinated Entry System. This alternative process ensures that the agency can provide access to Coordinated Entry without pulling focus from their primary mission.

**Roles and Responsibilities**

Participation in Coordinated Entry includes *all* of the following elements:

* Completing a Pre-Screen Form for all applicants (individuals and families) who are experiencing homelessness;
* Offering access to Coordinated Entry to all applicants who are experiencing homelessness;
* Completing a VI-SPDAT, VI-F-SPDAT, or TAY-VI-SPDAT with all applicants who accept a referral to Coordinated Entry;
* Referring those applicants to the prioritization list in Service Point or the non-HMIS prioritization list;
* Remaining the point of contact for those applicants for housing services regardless of whether you enroll them in your agency’s program(s);
* Actively helping those applicants secure housing;
* Conducting follow-ups on those applicants if they remain on either prioritization list for more than 90 days.

As long as this agreement is in place, responsibility for the required elements of the Coordinated Entry process will be divided as such:

|  |  |  |
| --- | --- | --- |
|  | AGENCY A | AGENCY B |
| Completing the Pre-Screen Form for all clients experiencing homelessness |  |  |
| Explaining Coordinated Entry and Client Rights & Responsibilities |  |  |
| Completing a VI-SPDAT, VI-F-SPDAT, or TAY-VI-SPDAT |  |  |
| Referring applicants to the prioritization list in Service Point or the non-HMIS prioritization list |  |  |
| Serving as point of contact for housing services |  |  |
| Actively helping applicants secure housing |  |  |
| Conducting follow-ups |  |  |

**Process**

[AGENCY B] agrees to:

1. Complete a pre-screen form for all persons experiencing homelessness. If a person declines the Coordinated Entry process, write “Refused” on the Pre-Screen Form.
2. Send the signed Pre-Screen Form and signed Release of Information\* to the designated contact person at [AGENCY A] .
3. Maintain a record of each referral.
4. Update the designated contact person at [AGENCY A] of any relevant changes to the household or the contact information.

[AGENCY A] agrees to:

1. Schedule an in-person or phone appointment with the applicant within [##] days of receiving the Pre-Screen Form and Release of Information.
2. Complete a VI-SPDAT, VI-F-SPDAT, or TAY-VI-SPDAT with the applicant(s).
3. Refer applicants to the appropriate Coordinated Entry Prioritization List.
4. Act as the main point of contact for the applicant with regards to housing and connection to other services.
5. Actively help the applicant secure permanent housing.
6. Conduct follow-up contact with that applicant at least every 90 days.

\*All releases of information must be maintained in accordance with State and Federal law that requires informed, written, reasonable, time-limited consent to release personally identifying information.

**Duration**

This Agreement shall remain in effect from July 1, 2018 to June 30, 2019. This agreement requires annual reauthorization.

**Contact Information**

[AGENCY A]

Executive Director and title

Address

Email address

Phone number

[AGENCY B]

Executive Director and title

Address

Email address

Phone number

**Signatures**

In witness whereof, the parties to this Agreement through their duly authorized representatives have executed this Agreement on the days and dates set out below, and certify that they have read, understood, and agreed to the terms and conditions of this Agreement as set forth herein.

The effective date of this Agreement is the date of the signature last affixed to this page.

BY: BY:

TITLE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TITLE:

DATE: DATE: