Wisconsin Balance of State Coordinated Entry System

Client Rights & Responsibilities

Please read the following notice and authorization (or ask to have it read to you) before signing.

This agency __________________________________________ participates in the Wisconsin Balance of State Continuum of Care (BOSCOC) Coordinated Entry System. Agencies that participate in the Coordinated Entry System have agreed to follow a standard set of policies and procedures. Because you are requesting homelessness assistance, you have rights and responsibilities with respect to the BOSCOC Coordinated Entry system.

Your rights include:

1. Being treated with respect.
2. Having the Coordinated Entry process explained to you.
3. Placement on the prioritization list no matter which participating agency you contact.
4. Being served as a family (if requesting services as a family). Your gender identity, marital status, sexual orientation will be accepted as you present them. (24 CFR part 576.102(b))
   a. Female-headed households with children and male-headed households with children will be treated equally.
   b. Programs will not send you to other services or agencies in order to not serve you based on your gender identity, marital status, family make-up or sexual orientation.
5. You and your family members will not be asked to provide proof related to your family status, gender identification and/or sexual orientation.
   a. We will ask about your or your family member’s gender only for the purpose of determining placement in temporary, emergency shelters.
   b. If there are shared bedrooms or bathrooms in temporary or emergency shelters, we will ask about your or your family member’s gender.
   c. When determining the number of bedrooms your household is eligible for, we will ask about your or your family member’s gender and/or age.
6. Referral to appropriate services for your individual situation.
7. Having your personal information kept confidential. You may ask to keep your name off the Coordinated Entry Prioritization List, and therefore not seen by other agencies.
8. Staying on the Prioritization List even if you choose to decline offered services or programs.
9. Removing your name from the Prioritization List for any reason.
10. Refusing to complete the VI-SPDAT/VI-F-SPDAT/TAY-VI-SPDAT screening assessment.
11. The option to file a grievance regarding the Coordinated Entry System (see next page for the Grievance Policy and Process).

Your responsibilities include:

1. Keeping your contact information up to date.
   o You should provide us with current email addresses, message numbers, and places you stay so we can let you know about housing and program that come available.
   o You should provide updated information about who is in your household.
2. Letting us know where you are staying or sleeping when that changes.
3. Connecting with staff within four (4) business days after you receive a call, email, or message from us.
4. Letting us know if you no longer need housing assistance.

Approved by BOS Board of Directors, 2.28.17
**Grievance Policy and Process**

You have the right to file a grievance if you have a complaint about the services you receive in the BOSCOC Coordinated Entry System. We encourage you to try to work out the problem directly with the other person/program as a first step in the process. If you cannot do that or are unsatisfied with that outcome then you may begin the grievance procedure.

You have the right to be assisted by an advocate of your choice (e.g., agency staff person, co-worker, friend, family member, etc.) at each step of the grievance process. You have the right to withdraw your grievance at any time.

**Policy**

This policy refers to client grievances regarding the Coordinated Entry System only. If a client has a grievance regarding a particular agency or representative of that agency, they should follow that agency’s grievance procedure. The agency completing the screening should address any complaints by clients as best as they can in the moment. Complaints that should be addressed directly by the agency staff member or agency staff supervisor include complaints about how they were treated by agency staff, agency conditions, or violation of confidentiality agreements. Any other complaints should be referred to the CoC Director. Any complaints filed by a client should note their name and contact information so the CoC Director can contact him/her to discuss the issues.

**Process**

There are two levels of review available for each grievance:

**Level 1** The first person to review the grievance is the CoC Director. You can obtain a Grievance Form from any Coordinated Entry Partner Agency or from the BOSCOC website at wiboscoc.org. After gathering relevant information about the situation, including but not limited to communicating with you and the agency in question, the CoC Director will inform you and the agency in question what s/he thinks should happen.

- If both you and the agency agree, the process ends and the resolution is implemented.
- If you or the agency disagrees, the grievance moves to the next level.

**Level 2** The BOSCOC Board of Directors President reviews the grievance if there is dissatisfaction with the Director’s resolution. The Board President may designate one or more Board members to review the situation. After gathering relevant information, the Board President or designated Board member(s) will tell you what will happen to resolve the grievance. This is the final step in the process and the decision of the Board of Directors is final.

**Acknowledgment of Receipt:**

I have been informed of my rights and responsibilities related to the BOSCOC Coordinated Entry System. I understand that it is my right as a service recipient to file a grievance if I have a complaint about the services I receive from participating agency in the Coordinated Entry System if it cannot be resolved through other means.

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Service Recipient Signature: ____________________________ Date: ________________

Verbal Consent Given? ____________________________ Date: ________________

Agency Staff Signature: ____________________________ Date: ________________

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☐ Service Recipient Copy ☐ Agency Copy

Approved by BOS Board of Directors, 2.28.17