

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 (BOSCO) 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 BOSCO Coordinated Entry System.**

Your rights include:

1. To be treated with dignity and respect.
2. To receive equal access to the BOSCO Coordinated Entry System without regard to race, color, national origin, ancestry, religion, actual or perceived gender identity, actual or perceived sexual orientation, familial status, marital status, disability status, source of income, age, status as a victim of domestic abuse, sexual abuse, or stalking, or other protected status. No eligible person or household will be denied access to the BOSCO Coordinated Entry System or otherwise discouraged from obtaining access because of their status described above.
3. Having the Coordinated Entry process explained to you.
4. Placement on the prioritization list no matter which participating agency you contact. You have the option to be referred to any coalition's Prioritization List in the BOSCO.
5. Being served as a family (if requesting services as a family) regardless of your gender identity, marital status, family make-up, or sexual orientation. Your gender identity, marital status, sexual orientation will be accepted as you present them.
6. You and your family members will not be asked to provide proof related to your family status, gender identification and/or sexual orientation.
7. Referral to appropriate services for your individual situation.
8. 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. This will not impact your prioritization.
9. Staying on the Prioritization List, as long as you are still eligible, even if you choose to decline offered services or programs.
10. Removing your name from the Prioritization List for any reason.
11. Refusing to complete the Coordinated Entry Barriers Assessment.
12. The option to file a grievance regarding the Coordinated Entry System (see next page for the Grievance Process).

Your responsibilities include:

1. Keeping your contact information up to date.
 - You should provide us with current email addresses, message numbers, & places you stay so we can let you know about housing & program that come available.
 - 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 two (2) business days after you receive a call, email, or message from us.
4. Letting us know if you no longer need housing assistance.

How to reach us

Call:
Text:
Email:

We will do our best to reach you. If we cannot get in touch with you, you may be passed over for housing assistance or removed from the Prioritization List.

Grievance Policy and Process

If an individual has a complaint or grievance regarding an agency or representative of that agency, it is recommended they follow that agency's procedure for collecting and resolving complaints or grievances. An effort to resolve complaints locally should be made before filing a formal grievance with the WI BOSCOCC. This can be done by contacting the Coordinated Entry Lead for your local Coordinated Entry System. The contact information for the Coordinated Entry Lead in every coalition can be found on the WI BOS web site at: <https://www.wiboscoc.org/coordinated-entry.html>

Policy

Individuals have the right to file a grievance regarding the BOSCOCC Coordinated Entry System. A grievance is defined as a written expression of dissatisfaction with some aspect of Coordinated Entry service that has not been resolved despite attempts to do so by participants, agencies, or community members at the point of service. Any such written expression sent to the WI BOSCOCC will be considered a grievance. The individual has the right to be assisted by an advocate of his/her choice (e.g., agency staff person, coworker, friend, family member, etc.) at each step of the grievance process.

Process

Step 1: Incident occurs

- A grievance can be filed within 60 calendar days from the date of the incident.

Step 2: Grievance filed

- WI BOSCOCC staff will notify the agency identified in the grievance within 14 calendar days.

Step 3: Agency Response

- Agencies have 7 calendar days from receiving the notification to provide a response.

Step 4: Review and Decision

- WI BOSCOCC staff will review the grievance and agency response and make a determination within 14 calendar days of the date the agency was notified of the grievance.

Step 5: Appeal

- An agency or individual can submit an appeal within 7 calendar days from the date marked on the determination letter.

Step 6: Response to Appeal

- The WI BOSCOCC Board of Directors shall review and make a final decision within 14 calendar days from the date of the appeal letter.

Acknowledgment of Receipt:

I have been informed of my rights and responsibilities related to the BOSCOCC 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.

Service Recipient Signature _____ Date _____

Verbal Consent Given? Yes No Date _____

Agency Staff Signature _____ Date _____

Copy given to service recipient:

- | | | |
|--|--|---|
| <input type="checkbox"/> Texted | <input type="checkbox"/> Provided directly | <input type="checkbox"/> Emailed |
| <input type="checkbox"/> Sent to proxy | <input type="checkbox"/> Directed to website | <input type="checkbox"/> Picked-up |
| | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Client declined a copy |