



WI BOSCO Coordinated Entry Waiver Application

This Coordinated Entry Waiver Application is intended for agencies seeking a temporary, emergency exemption to the WI BOSCO Coordinated Entry policies and procedures in order best serve a client or coalitions efforts to further the mission of ending homelessness.

This form must be filled out completely and submitted to [wiboscoc@gmail.com](mailto:wiboscoc@gmail.com). The WIBOSCO will provide correspondence to this request within five (5) business days of receiving the waiver application. Included in the correspondence will be a guided check list of the requirements needed to receive a Coordinated Entry waiver.

\* Agency requesting waiver:

\* Client HMIS (or Non-HMIS) ID Number: \_\_\_\_\_

\* Current Housing Project Name and/or ID Number: \_\_\_\_\_

\* Destination Housing Project Name and/or ID Number: \_\_\_\_\_

\* Agency contact name: \_\_\_\_\_

\* Agency contact email address: \_\_\_\_\_

\* Agency contact phone number: \_\_\_\_\_

It is a requirement to engage with your homeless coalition to identify all available options prior to applying for a CE waiver.

\* Reason for waiver request:

Please provide a detailed description of the efforts made by your agency to avoid the need for this waiver:

Please provide a detailed description of the efforts made by your agency to work with your coalition to avoid the need for this waiver:

\* Signature: \_\_\_\_\_

\* Date: \_\_\_\_\_

\* Required