Coordinated Entry Waiver Client Notification and Consent Form

_____ _____

(Name of Participant) (address of participant)

I understand that by signing this form, I have been informed that [Agency Housing program] is asking for a Coordinated Entry waiver to transfer my existing household to another housing project.

Housing project currently enrolled:

Housing project requesting to be transferred to:

I understand what housing options have been identified as possible alternatives as I transition from my currently enrolled project.

Housing options discussed:

☐ Taking over my lease and staying in my unit without financial subsidy

☐ Applying for other low-income housing options (please list options below)

☐ Utilizing a TBRA voucher, which could entail me finding a new rental unit

☐ Asking for permission to transfer to another funded project.

☐ Other Housing options not listed: _____

In the event another housing option or opportunity is not available, I understand that other options are:

☐Returning to Emergency Shelter

☐ Re-entering the Coordinated Entry System

The purpose of this form is to inform me about program changes that will affect my status in ADVOCAP's Permanent Supportive Housing Program and allow me to choose how my services are coordinated. I understand that this is my decision to make and that I can change my mind.

_____/_____ _____/_____

Signature of Participant Date Witness (optional) Date

_____/_____ _____

Signature of legal guardian, if required Date Relationship to participant

Summary of Efforts by Case Manager to Provide Alternative Housing Options

Date	Documentation of Efforts