Housing Navigation Program Exception Request Form

Starting July 1, 2018, this form must be submitted for all exception requests to the Housing Navigation Interim Guidance, issued June 15, 2018. Please complete this and submit to housingnavigation@lahsa.org.

REFERRING AGENCY INFORMATION

Name of Referring Staff: ___________________________ Staff Title: ___________________________

Contact Phone Number: ___________________________ Email Address: _______________________

Name of Agency: _______________________________________________________________

Service Planning Area: □ 1 □ 2 □ 3 □ 4 □ 5 □ 6 □ 7 □ 8

Electronic Certification: I certify that the information contained in this form is accurate as of the date listed below.

Staff Signature: ___________________________ Date ___________________________

PARTICIPANT INFORMATION

Participant Name ___________________________________________ HMIS ID: _______________

I. CES Survey Information (Please fill out information below. Use more than one line if more than one assessment has been completed and reported in HMIS.)

<table>
<thead>
<tr>
<th>Date of CES Assessment</th>
<th>Name of Agency who administered the CES Assessment</th>
<th>CES Triage Tool</th>
<th>Priority Score</th>
<th>Acuity Score</th>
</tr>
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<tbody>
<tr>
<td></td>
<td></td>
<td>Next Step Tool</td>
<td>CES Survey Packet</td>
<td>3</td>
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II. Participant Eligibility Screening Form (Confirm the participant meets the program eligibility requirements below.)

☐ Meets Household Eligibility ☐ Meets Homeless Status ☐ Meets Income Eligibility (< 50% AMI)

III. Requested Need (Check off the requested need to serve the participant)

☐ Participant is connected to a permanent housing resource that does not come with supportive services

☐ Participant’s score is low or mid acuity and is in the process of having a score updated/changed via the Interim Guidance on Updating and Correcting Population-Appropriate CES Triage Tool Scores

☑ CES participant (adult or youth) scores below an 8 and only needs limited assistance to resolve a housing crisis or reunify with a family member, AND, Rapid Re-housing resources are currently unavailable to the SPA to provide case management

☐ SPA is currently unable to find high-acuity CES participants to enroll in Housing Navigation

☐ Other (please describe:) ____________________________________________________________________________________________

LAHSA

(SECTION TO BE COMPLETED BY A LAHSA APPROVED STAFF)

Approved? ☐ Yes ☐ No

Notes:__________________________________________________________________________________________________________

LAHSA Staff Name LAHSA Staff Signature Date