



# EASTERN SIERRA CONTINUUM OF CARE (CoC) MEETING

## October 17, 2022, 3:00-4:30 PM

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Inyo County Health and Human Services

Teams: **Join on your computer, mobile app or room device** [Click here to join the meeting](#)

Meeting ID: 296 125 114 54

Passcode: oigNSK

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### AGENDA

Public Notice: In compliance with the Americans with Disabilities Act, if you need special assistance to participate in this meeting, please contact Inyo County HHS (760) 873-3305. Notification 24 hours prior to the meeting will enable Agency staff to make reasonable arrangements to ensure accessibility to this meeting.

- 1.0 Call Meeting to Order and Introductions**
  - 2.0 Public Comment:** This time is set aside to receive public comment on matters not calendared on the agenda.
  - 3.0 Approval of Minutes (Action Item):** Review and consider approval of draft minutes from September 19, 2022
  - 4.0 ESCoC Board Resignation and Vacancies (Discussion Item):** Receive update on current Board membership and discuss strategies for filling vacancies
  - 5.0 Establish Governance Charter Workgroup (Action Item):** Introduction to process of reviewing and updating ESCoC governance charter and establish a workgroup to work with HUD Technical Assistance Provider, Abt Associates, to draft charter update
  - 6.0 Establish PIT Count Planning Workgroup (Action Item):** Establish a workgroup to begin planning the 2023 PIT count in January 2023
  - 7.0 HHAP 1, 2 (Informational Item):** Receive update on HHAP Round 1 and Round 2 funds
  - 8.0 HHAP 3 (Informational Item):** Receive update on HHAP Round 3 application
  - 9.0 HHAP 4 (Discussion Item):** Discuss feasibility of applying for HHAP Round 4 funding. Application due November 29, 2022. [HHAP Round 4 FAQ](#)
  - 10.0 HMIS/CES Update (Informational Item)**
  - 11.0 HMIS Assessment (Action Item):** Consider approval of draft HMIS Assessment for use by all agencies using the Coordinated Entry System/HMIS
  - 12.0 HMIS Release of Information (Action Item):** Consider approval of draft HMIS Release of Information form
  - 13.0 Roundtable**
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#### **14.0 Future Agenda Items**

1. Accounting of Collaborative Applicant planning grants By IMACA (2019, 2020) and Inyo County (2020 and future funding cycles)

**15.0 Next meeting:** Consider moving to a quarterly meeting schedule

**16.0 Adjournment**



# EASTERN SIERRA CONTINUUM OF CARE (ESCoC) MEETING

September 19, 2022- 1:00-3:00 PM

Inyo County Health and Human Services

Zoom: <https://us06web.zoom.us/j/88503609256?pwd=S1NjaTVyOENyNTI0bjJSVzZGaFBmUT09>

Meeting ID: 885 0360 9256 Passcode: 027433

1360 N. Main Street, Bishop, CA

## MINUTES

Public Notice: In compliance with the Americans with Disabilities Act, if you need special assistance to participate in this meeting, please contact Inyo County HHS (760) 873-3305. Notification 24 hours prior to the meeting will enable Agency staff to make reasonable arrangements to ensure accessibility to this meeting.

### 1.0 Call Meeting to Order and Introductions

CoC Board Member Attendees:

Jennifer Krietz

Anna Scott

Absent: Michael Godbe

Patricia Robertson

Marilyn Mann

Nichole Williamson

Kathy Peterson

Other Attendees:

Melissa Best Baker

Scott Thurmond

Chief Richard Standridge

Isaiah Rich-Wimmer

Morningstar Willis-Wagoner

Kelli Braithwaite

Melissa Ruiz

Sherry O'Connell

Amber Kemp

Darcia Blackdeer-Lent

Francie Avitia

Aimee Hennarty

Amy Wyatt

Garrick Wong

Holly DeVincent

Jody Dimas

### 2.0 Public Comment: No public comment

### 3.0 Approval of Minutes (Action Item): Review and approval of draft minutes from September 1, 2022 Meeting. Motion to approve by Marilyn Mann and Second by Nichole Williamson with all six members present voting affirmatively. **APPROVED**

### 4.0 HHIP Investment Plan Letter of Support (Action Item): review Medi-Cal Managed Care Plans (MCP) HHIP Investment Plan (due 9/30/22) and consider approval of letter of support

1. CA Health and Wellness and Anthem provided an overview of HHIP Investment Plan, requested input from CoC on potential investments. Discussion about being mindful of capacity and constraints during transition of Collaborative Applicant, but support investments to shore up CoC infrastructure, PIT Count Support, Flexible Financial Assistance for Housing Lease-Up
2. Letter of Support for HHIP investment plan Motion to approve by Marilyn Mann and Second by Kathy Peterson with all six members present voting affirmatively. **APPROVED**
3. MCPs to submit HHIP Investment Plan by 9/30/22

### 5.0 FFY 2022 Collaborative Applicant Planning Grant Competition (Action Item): Review and consider approval of draft plan for public posting and submission (due 9/30/22)



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1. Amy Wyatt of Thurmond Consulting provided an update that Planning Grant application was 95% complete; working with HUD to get access to necessary reports and will be prepared to submit complete application by 9/30/22.
2. Deadline to complete survey extended to 9/20/22.
3. Motion made by Jennifer Krietz to approve as presented with modifications and understanding additional modifications may be made; second by Anna Scott with all six members present voting affirmatively. **APPROVED**

**6.0 Letter to HUD for HDX access (Action Item):** Review and ratify letter to HUD requesting that access to CoC data held in the HUD HDX and HDX2.0 system be transferred from IMACA to Inyo County

1. Anna Scott explained the need to authorize Amy Wyatt of Thurmond Consulting to access HUD's HDX and HDX 2.0 systems in order to pull data needed for Collaborative Applicant Planning Grant application. Due to time constraints, letter of support was sent pending CoC ratification.
2. Motion made by Patricia Robertson to ratify the Letter for HDX access and Kathy Peterson seconded with all six members present voting affirmatively. **RATIFIED**

**7.0 HHAP 1, 2 (Action item):** Review proposed budget for remaining HHAP Round 1 and Round 2 funds, as recommended by workgroup

1. Jennifer Krietz reviewed the remaining balances from HHAP 1 and HHAP 2, totaling \$495,229 and the recommendations for spending down the remaining funds once the balance is transferred from IMACA to Inyo County. Patricia Robertson added background information on the affordable housing developments in the region that could benefit from HHAP 1 and 2 funding. Marilyn Mann clarified that Inyo County will not be taking ownership of the navigation center purchased by IMACA and Inyo will be having a meeting with HCD and IMACA later in the week to discuss next steps.
2. Motion made by Jennifer Krietz to approve the proposed budget as recommended by workgroup and Kathy Peterson seconded with all six members present voting affirmatively. **APPROVED**

**8.0 HHAP 3 (Informational item):** Receive update on HHAP Round 3 application

1. Received an update from Isaiah Rich-Wimmer from Thurmond Consulting that HHAP 3 application was submitted and that, if approved, the ESCoC will be able to make changes to the spend plan, if needed.

**9.0 HMIS/CES Update (Standing Informational Item)**

1. Kelli Braithwaite explained that she has been working with Bell Data Systems and now has access to add users and projects. Patricia Robertson volunteered to work with Kelli as a subcommittee to develop assessment and release of information.



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### 10.0 Roundtable-

1. Patricia Robertson announced that Mammoth Lakes Housing's Board will be considering a 20<sup>th</sup> anniversary rebranding of the organization to Eastern Sierra Community Housing on October 3, 2022.

### 11.0 Future Agenda Items-

1. Accounting of Collaborative Applicant planning grants By IMACA (2019, 2020) and Inyo County (2020 and future funding cycles)
2. HHAP 1 and 2 updates
3. Bylaws update

### 12.0 Next meeting- Marilyn Mann will send out a Doodle Poll to establish meeting date and time in October

### 13.0 Adjournment

# Inyo County Housing Program Referral Tool

## Part A: Basic Information (Please document client responses)

Basic household information is needed to identify households and verify information. Additional household information will be collected at program enrollment for entry into the Homeless Management Information System (HMIS).

Assessment Date: \_\_\_\_\_ Assessing Agency: \_\_\_\_\_ Assessor Name: \_\_\_\_\_

Assessor Contact: \_\_\_\_\_ Referred By (if different from assessor): \_\_\_\_\_

Client Name or ID\*: \_\_\_\_\_ Client Contact, if any: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Race: \_\_\_\_\_ Ethnicity: \_\_\_\_\_ Gender Identity: \_\_\_\_\_ LGBTQ+ Identity (yes/no): \_\_\_\_\_

Household size: \_\_\_\_\_ Family with children (yes/no): \_\_\_\_\_ Military Service Status (yes/no): \_\_\_\_\_

Disabling Condition (yes/no): \_\_\_\_\_ Chronic Homeless Status: Chronic Not-Chronic Unknown

Interpretation required? If so, language: \_\_\_\_\_

## Part B: Social Services Program Eligibility

Households or single persons must be found to be eligible for at least one of the following CDSS programs to receive housing and/or prevention resources. If a household's eligibility has not been confirmed, please refer the household for a screening as soon as possible. The household cannot receive financial assistance until eligibility is confirmed.

- ☐ **Household is confirmed eligible because they are receiving one or more of the following services:**
- ☐ Senior or Adult with Disability served by or in intake process for Adult Protective Services
  - ☐ Household member receives CalWORKs benefits or services
  - ☐ Individuals are at high risk for contracting COVID due to lack of access to housing (PRK)
  - ☐ Parents/caregivers receiving child welfare services (open investigation or case)
  - ☐ HDAP Benefits Advocacy Screening has determined is likely eligible for SSI, SSDI, or CAPI disability or age-based benefits

Primary Social Worker: \_\_\_\_\_ Phone number: \_\_\_\_\_

- ☐ **Head of household has not been confirmed eligible for the following and appears likely to be eligible. This is a referral for screening for programs, based in the following:**
- ☐ HomeSafe - Senior or Adult with Disability served by or in intake process for Adult Protective Services
  - ☐ CalWORKs HSP (HSP) - Household member receives CalWORKs benefits or services
  - ☐ Project Room Key (PRK) Individuals are at high risk for contracting COVID due to lack of access to housing
  - ☐ BFH - Parents/caregivers receiving child welfare services (open investigation or case)
  - ☐ Housing and Disability Advocacy Program (HDAP) - likely eligible for SSI, SSDI, or CAPI disability or age-based benefits

Name of Screener: \_\_\_\_\_ Phone number: \_\_\_\_\_

## Part C: Housing Problem-Solving Notes

*To create a housing plan that meets the household's needs, further detail and context about their situation is needed. This information will be shared with housing case managers to help create a plan with the household.*

Please describe the current Housing situation and context for household's housing crisis in more detail.

Please describe opportunities or other resources that may help in linking household to permanent housing option.

If eligible due to homelessness prevention, housing loss is expected within:

- ☐ 1-6 days
- ☐ 7-13 days
- ☐ 14-21 days
- ☐ 22 or more days

### Send referral via email to:

Sara Alden

[salden@inyocounty.us](mailto:salden@inyocounty.us)

### and cc a copy to:

Kelli Braithwaite

[kbraithwaite@inyocounty.us](mailto:kbraithwaite@inyocounty.us)

Please put in the subject line – Housing Referral

# Inyo County Housing Program

## Eligibility Verification & Prioritization Tool

To be used with the Parts A-C – Referral Form

### Part D: Current and Prior Living Situation

*A household must be in an eligible living situation to receive housing and/or prevention resources. A household must either qualify as homeless or at imminent risk of homelessness to receive financial assistance. If a household does not meet this eligibility criteria, please submit the application to the Housing Program for further determination.*

Client's Current Address or Location: \_\_\_\_\_

#### a. Homeless Status

- ☐ **Situation 1:** Currently experiencing homelessness by living on the street, shelter, in a place not meant for human habitation *(If yes, participant is eligible, move to Part E: Homelessness Prioritization Screening)*

- ☐ **1b:** Exiting institution after less than 90 days and was homeless at entry

Approx. Date Homelessness Started: \_\_\_\_\_ Number of times homeless in past 3 years: \_\_\_\_\_

Approx. total number of months homeless in past 3 years: \_\_\_\_\_

- ☐ **Situation 2:** Fleeing or attempting to flee domestic violence, sexual assault, stalking, human trafficking, or an unsafe living situation *(If yes, participant is eligible, move to Part E: Homelessness Prioritization Screening)*

- ☐ **Situation 3:** At imminent risk of literal homelessness within 30 days with no other housing option identified *(If yes and is adult 18-24, skip to Part E: Homelessness Prioritization Screening) (If yes and is adult over 24, please move to 2b: At risk of homelessness Status to determine eligibility for program)*

#### b. At Risk of Homelessness

*If at risk of homelessness, households must meet either the HUD criteria or the California specific criterion to receive housing and/or prevention resources. Households must qualify as very low-income status, be at imminent risk for homelessness, meet a qualifying condition listed under question 3, AND be a part of a prioritized population. If households do not meet all four criteria, they will not be eligible for financial assistance.*

##### 1. Very low-income status

<b>(A) Number of people in household</b>	
<b>(B) Is household eligible/receiving any of the following (If yes, household meets the very-low income status criteria, please go to question 2)</b>	<input type="checkbox"/> CalFresh <input type="checkbox"/> CalWORKs <input type="checkbox"/> General Assistance/General Relief <input type="checkbox"/> Medi-Cal <input type="checkbox"/> Supplemental Security Income (SSI)
<b>(C) If no, please list total gross monthly income as reported by household.</b>	\$
<b>(D) Is income 30% or less of Area Median</b>	<input type="checkbox"/> Yes <i>(If yes, please proceed with Q2)</i>



<b>Income for household size (please refer to AMIA chart for your community)</b>	<input type="checkbox"/> No <i>(If no, please check eligibility against program specific criteria listed below)</i>
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## 2. Imminent Risk of Homelessness

Is the household experiencing housing instability and lack sufficient resources or support networks to prevent them from moving to an emergency shelter?	<input type="checkbox"/> Yes <i>(If yes, please proceed with Q3)</i> <input type="checkbox"/> No <i>(If no, please check eligibility against program specific criteria listed below)</i>
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## 3. Meets one of the following conditions:

*HUD Definitions (If a household meets a HUD definition, please proceed to Q4)*

*(If no, please check eligibility against program specific criteria listed below)*

- ☐ Has moved because of economic reasons 2 or more times during the 60 days immediately preceding the application for assistance
- ☐ Is living in the home of another because of economic hardship
- ☐ Has been notified that their right to occupy their current housing or living situation will be terminated within 21 days after the date of application for assistance
- ☐ Lives in a hotel or motel and the cost is not paid for by charitable organizations or by Federal, State, or local government programs for low-income individuals
- ☐ Lives in an SRO or efficiency apartment unit in which there reside more than 2 persons or lives in a larger housing unit in which there reside more than one and a half persons per room
- ☐ Is exiting a publicly funded institution or system of care
- ☐ Otherwise lives in housing that has characteristics associated with instability and an increased risk of homelessness,

*CA State Additional At-Risk Criterion*

*HSP, BFH, HDAP (Households may also be eligible for financial assistance if they do not meet one of the HUD definitions but meet the following criteria. If the household meets these criteria move to Q4.)*

- ☐ Families experiencing housing instability, including recipients who have not yet received an eviction notice, **AND** for whom housing instability would be a barrier to self-sufficiency or child well-being
  - ☐ Have no subsequent permanent residence secured, **AND**
  - ☐ Lack resources or support networks needed to stabilize their unique housing situation and secure subsequent permanent housing.

*BFH ONLY (Households who qualify for BFH may also be eligible for financial assistance if they do not meet the HUD definitions or the criteria above but meet the following criteria. If the household meets one of these criteria move to Q4.)*

- ☐ Families where the living situation cannot accommodate the child or multiple children in the home
  - ☐ the parent or guardian's nighttime residence would not be an adequate or appropriate long term housing placement for a child or children due to living situations that jeopardize the physical health, mental health, safety and/or well; **AND**
  - ☐ have no subsequent permanent residence secured, **AND**;
  - ☐ lack resources or support networks needed to stabilize their unique housing situation and secure subsequent permanent housing.

HomeSafe ONLY *(Households who qualify for HomeSafe may also be eligible for financial assistance if they do not meet the HUD definition but meet the following criteria. If the household meets one of these criteria move to Q4.)*

- ☐ A person who has received a pay rent or quit notice or who will otherwise imminently lose their primary nighttime residence, which may include individuals who have not yet received an eviction notice, if all of the following are true:
  - ☐ The right or permission to occupy their current housing or living situation will be, or there is credible evidence that it will be, terminated within 21 days after the date of application for assistance
  - ☐ A subsequent residence has not been identified or secured, including, but not limited to, an individual exiting a medical facility, long-term care facility, prison, or jail
  - ☐ The individual lacks the resources or support network, including, but not limited to, family, friends, or faith-based or other social network, needed to obtain other permanent housing.
- ☐ A person who has a primary nighttime residence or living situation that is either directly associated with a substantiated report of abuse, neglect, or financial exploitation or that poses an imminent health and safety risk, and the person lacks the resources or support network needed to obtain other permanent housing.

#### 4. Prioritized Populations for Prevention Funds

##### HSP ONLY

- ☐ Highly danger of lethality: medically fragile, history of domestic violence, history of interpersonal violence in current housing
- ☐ Not achieving vocational goals in the past \_\_\_\_\_ months
- ☐ Pregnant mother and/or household with children under 5-year-old
- ☐ Currently in a subsidized unit or using a rental voucher that is at risk of being revoked

##### BFH ONLY

- ☐ Highly danger of lethality: medically fragile, history of domestic violence, history of interpersonal violence in current housing
- ☐ Stable housing would mean imminent family reunification
- ☐ History or currently has multiple Child Welfare Services cases
- ☐ Currently in a subsidized unit or using a rental voucher that is at risk of being revoked

##### HomeSafe ONLY

- ☐ Highly danger of lethality: medically fragile, history of domestic violence, history of interpersonal violence in current housing, mobility issues, fall risk, need support with activities of daily living
- ☐ History or currently has multiple Adult Protective Services cases
- ☐ Currently in a subsidized unit or using a rental voucher that is at risk of being revoked

##### HDAP ONLY

- ☐ Highly danger of lethality: medically fragile, history of domestic violence, history of interpersonal violence in current housing, mobility issues, fall risk, need support with activities of daily living
- ☐ History or currently has multiple Adult Protective Services
- ☐ Age 65 years or older
- ☐ Currently in a subsidized unit or using a rental voucher that is at risk of being revoked

INITIAL ELIGIBILITY VERIFICATION

Does the household meet all initial eligibility domains above?

- ☐ Yes, the household is experiencing homelessness (If yes, continue to Part E: Homelessness Prioritization Screening
- ☐ Yes, the household meets the at risk of homelessness criteria (If yes, continue to Part E: Homelessness Prioritization Screening
- ☐ No (If No, household may not be enrolled. Connect to other assistance to stabilize housing)
- ☐ Unknown (If Unknown, the household may not be enrolled until further discussion with program manager. Please complete the Housing Problem-Solving Notes section to provide more information for eligibility determination.)

## Part E: Homelessness Prioritization Screening

Households who are eligible to receive housing and/or prevention resources due to homelessness will be prioritized based on housing barriers. Housing case managers will follow up within 72 hours with households who have 11 or more housing barriers. For households with less than 11 housing barriers, follow up will occur within a week of eligibility determination.

# of Barriers	Assessment of Housing Barriers and Vulnerability
Housing and Homelessness History	
	<p>Household has experienced long-term homelessness for:</p> <p><input type="checkbox"/> Client indicates history of periodic or consistent homeless for 1-3 years</p> <p><input type="checkbox"/> Client indicates history of periodic or consistent homeless for 3 or more years</p> <p><i>Please select which option applies and count as 1 housing barrier in the lefthand column.</i></p>
	<p>Household become homeless again after receiving housing assistance dedicated for people experiencing homelessness in the past.</p> <p><i>If yes, count as 1 housing barrier in the lefthand column.</i></p>
	<p>The household left their primary residence due to eviction or threat of eviction.</p> <p><input type="checkbox"/> Yes, the household left or was evicted from market rate housing</p> <p><input type="checkbox"/> Yes, the household left or was evicted from public housing authority administered housing, including Section 8</p> <p><i>Please select which option applies and count as 1 housing barrier in the lefthand column.</i></p>
	<p>The household has received a Court Order for eviction.</p> <p><i>If yes, count as 1 housing barrier in the lefthand column.</i></p>
	<p>The household has never had a lease in their name.</p> <p><i>If yes, count as 1 housing barrier in the lefthand column.</i></p>

## Part E: Homelessness Prioritization Screening

Household Income	
	<p>Household has no or very-low income.</p> <p><input type="checkbox"/> Zero income (no formal income)</p> <p><input type="checkbox"/> Below \$9,530 for 1 person; \$14,290 for 2 persons; \$16,750 for 3 persons or more</p> <p><i>Please select which option applies and count as 1 housing barrier in the lefthand column.</i></p>
History with Criminal Justice System	
	<p>Household has current or legal service needs that inhibit access to housing.</p> <p><i>If yes, count as 1 housing barrier in the lefthand column.</i></p>
	<p>Please indicate if the head of household has one or more of the following <b>(Please select all that apply)</b></p> <p><input type="checkbox"/> Discharged from jail or prison within last six months after incarceration for 90 days or more</p> <p><input type="checkbox"/> Registered sex offender (any household members)</p> <p><input type="checkbox"/> Criminal record for arson, drug dealing or manufacture, or offense against persons or property</p> <p><input type="checkbox"/> Juvenile Justice involvement within past 7 years</p> <p><i>Please select which option(s) apply. If the more than one option is selected, put the total amount in the lefthand column.</i></p>
Household Composition	
	<p>Please select all options that describe the household's current composition: <b>(Please select all that apply)</b></p> <p><input type="checkbox"/> Currently pregnant (any household member)</p> <p><input type="checkbox"/> Single parent household with minor children</p> <p><input type="checkbox"/> Household includes child who requires significant care</p> <p><i>Please select which option(s) apply. If the more than one option is selected, put the total amount in the lefthand column.</i></p>
Health	
	<p>The head of household been hospitalized or to the emergency room during last 12 months.</p> <p>If yes, how many times has the head of household been <b>(Please select one option)</b></p> <p><input type="checkbox"/> one time</p> <p><input type="checkbox"/> two times</p> <p><input type="checkbox"/> three or more times</p> <p><i>If yes, count as 1 housing barrier in the lefthand column.</i></p>
	<p>Please indicate if the head of household has any of the following: <b>(Please select all that apply)</b></p> <p><input type="checkbox"/> Disabling condition that significantly limits ability to maintain safety in homeless situation</p> <p><input type="checkbox"/> Health conditions that contribute to need for specialized housing types or supports</p> <p><input type="checkbox"/> Homeless situation not conducive to medication management needs</p> <p><i>Please select which option(s) apply. If the more than one option is selected, put the total amount in the lefthand column.</i></p>

	<p>The head of household has a history of mental health issues that is a barrier to accessing and keeping housing.</p> <p><i>If yes, count as 1 housing barrier in the lefthand column</i></p>
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## Part E Homelessness Prioritization Screening

	<p>The head of household has a history of substance use issues that is a barrier to accessing and keeping housing.</p> <p><i>If yes, count as 1 housing barrier in the lefthand column</i></p>
<b>Safety</b>	
	<p>Any member of the household has experienced physical violence in homelessness within last 90 day.</p> <p><i>If yes, count as 1 housing barrier in the lefthand column</i></p>
<b>Overrepresented Populations</b>	
	<p><b><i>Household has one or more members who are part of an overrepresented population in the homelessness system when compared to the general population. This is based on community data and includes the following populations:</i></b></p> <p> <input type="checkbox"/> Option 1  <input type="checkbox"/> Option 2  <input type="checkbox"/> Option 3         </p> <p><i>If yes, count as 1 housing barrier in the lefthand column</i></p>
	<b>Total Housing Barriers</b>

A housing case manager will follow up with the household based on the prioritized timeline stated above. Please send completed forms to Sara Alden at [salden@inyocounty.us](mailto:salden@inyocounty.us) to complete the referral.

# Eastern Sierra Coordinated Entry System Client Notice and Consent for Release of Information

I, \_\_\_\_\_ (client's name), understand that the Eastern Sierra Coordinated Entry System (ES CES) is a partnership of agencies sharing information to provide a more coordinated homeless response system. I authorize that my information can be shared by the Eastern Sierra Coordinated Entry System partners to improve services for me. I also authorize that my information can be reviewed by the Eastern Sierra Coordinated Entry System and Eastern Sierra Continuum of Care (CoC) designated System Administrators for the purpose of system evaluation, which will help improve services offered to me and others in the Eastern Sierra Coordinated Entry System region.

By initialing "yes" below and affixing my signature, or, when meeting via phone and agency policy allows, by permitting staff to sign on my behalf, I agree that my information may be shared with other Eastern Sierra Coordinated Entry System partners and System Administrators. I understand that agencies participating in CES may change from time to time and that a copy of the current list of agencies is available upon request.

Yes:\_\_\_\_\_ No:\_\_\_\_\_ Date:\_\_\_\_\_ Client Signature:\_\_\_\_\_

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Yes:\_\_\_\_\_ No:\_\_\_\_\_ Date:\_\_\_\_\_ Staff Signature on Client's Behalf \_\_\_\_\_

## DESCRIPTION OF INFORMATION THAT CAN BE SHARED

This form authorizes identifying assessment information, including but not limited to the items listed below, may be routinely shared in the Eastern Sierra Coordinated Entry System to better help me and/or my family:

- Family/Household Information (Names, Date of Birth, Race, Sex, etc)
- Income and Benefits Information
- Education and Employment History
- Housing History and Barriers
- Homeless Status and History
- Veteran Status
- Program and Service Involvement and Contacts
- Health Information, including physical health and behavioral health (but not Case Records)
- Photo (if necessary)

## INFORMATION FROM THE EASTERN SIERRA COORDINATED ENTRY SYSTEM SCREENING AND ASSESSMENT MAY BE SHARED WITH CoC REGIONAL PARTNERS:

- Housing Providers
- Partner Agencies:
  - Inyo County Dept of Health and Human Services
  - Mono County Dept of Health and Human Services
  - Alpine County Dept of Health and Human Services
  - Eastern Sierra Community Housing Inc.
  - Wild Iris
  - Veteran's Affairs