

# Participation Agreement for Coordinated Assessment

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- Coordinated Assessment is a combined effort of several homeless services providers. Coordinated Assessment helps find the best matching services for a household experiencing homelessness.
- Coordinated Assessment requires certain information and documentation from you in order to determine your eligibility for participating programs. More information may be required by the specific program you are referred to. Some commonly required information includes:
  - Photo identification
  - Custody of dependents/children
  - Recent income and non-cash benefits
  - Recent housing expenses
  - Lease, notice to vacate, court records, and amount owed
  - Criminal history and Youth Services involvement
  - Housing history, including foster care, evictions and homelessness
  - Credit history, including debts currently owed, judgments and restitution ordered by court
  - Presence or absence of disabling condition, including chronic health conditions, mental health, and substance abuse
- Based on your eligibility and program capacity, you may be referred to Rapid Re-Housing, Transitional Housing, or Permanent Supportive Housing programs. Information you provide to Coordinated Assessment may be communicated to any programs you are referred to.
- If you wish to appeal the eligibility determination or referral made by Coordinated Assessment, you may do so by contacting the Director of Community Outreach Services for United Way 2-1-1, Erin Goff, at 419.254.4611. You may be required to submit your appeal in writing to 424 Jackson Street, Toledo OH 43604.

**Please confirm the following statements by writing your initials in the blank**

- \_\_\_\_\_ This form was read by me or to me
- \_\_\_\_\_ I consent to participate in Coordinated Assessment as described above
- \_\_\_\_\_ I understand and agree to provide necessary information and documentation
- \_\_\_\_\_ I consent to have eligibility information shared and discussed between Coordinated Assessment and programs I may be referred to

Client Full Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

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Staff Witness: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_