

SNOFO Referral Checklist: Individuals (Adult Only Households)

Overview & Guidelines

Note: This checklist is only for referrals to special unsheltered housing resources during a time when there are many open slots to fill. This does not replace the Pathways 2024 Assessment. Teams should continue to ensure their clients are assessed via the Pathways 2024 Assessment for the citywide portfolio of supportive and rapid re-housing options.

- Teams who work with people experiencing Boston unsheltered homelessness can use this checklist to refer to available housing openings set aside for people with unsheltered histories.
- Clients that are actively engaged with teams and have pre-existing Pathways Assessments that are already completed may be referred with priority.
- You can choose to submit this via paper or electronically.
- Once completed, submit the checklists to TAC and MOH at the following e-mail addresses: Natalie Goodman ngoodman@tacinc.org AND Maria Santos maria.santos@boston.gov.
- You will receive an e-mail confirming the completed checklist was received and which SNOFO program the client will be matched to once there are openings.

Messaging for Clients

- We have some fast track housing openings we would like to refer you to. They are housing openings where your rent would be about 30% of your income and you would have a supportive service agency to help you settle in and support your tenancy.
- We would like to refer you, and we have a few questions for you in order to make the referral.
- Any questions we ask relate to making sure the housing option is an option that you likely qualify for. The questions are not to screen you out.
- The good news is we have many openings available. This means we are referring a lot of people at once to try to fill the openings. Once the referral is made, we cannot guarantee you will get the housing resource. Other people are being referred at the same time. Please stay engaged with me so that we can respond to any referral requirements as quickly as possible.

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BASIC INFO		
Client Name (First & Last Name):		
Client Date of Birth:		
Staff Name (First & Last Name):		
Staff's Agency/Organization Name:		
Staff Contact Info:		
	Email Address	Phone Number
I (Staff) certify that the client is actively engaging enough to move forward in the process (i.e. you can confidently reach them once a week).	<input type="checkbox"/> Yes, I can confirm. <input type="checkbox"/> No, I cannot confirm.	
Where does the client currently reside? <i>Note: Clients may be in treatment, jail, or hospitals if it's been less than 90 days and they were homeless in Boston right before admission.</i>		
Status of Vital Documents <ul style="list-style-type: none"> • Social Security Number (SSN) • Birth Certificate • Identification 	Social Security Number (SSN) <input type="checkbox"/> Obtained/on file. <input type="checkbox"/> Not obtained, in progress. <input type="checkbox"/> Not started.	
	Proof of DoB/Birth Certificate <input type="checkbox"/> Obtained/on file. <input type="checkbox"/> Not obtained, in progress. <input type="checkbox"/> Not started.	
	Identification <input type="checkbox"/> Obtained/on file. <input type="checkbox"/> Not obtained, in progress. <input type="checkbox"/> Not started.	

Staff to Assist with Vital Docs (First & Last Name): <i>As part of referring to SNOFO, all hands on deck are needed to help people get their vital docs ASAP.</i>		
Above Staff's Contact Info:		
	Email Address	Phone Number
SKIP THE BELOW SECTION AND GO TO 'CRIMINAL HISTORY' SECTION ONLY IF CLIENT ALREADY COMPLETED PATHWAYS 2024 ASSESSMENT. OTHERWISE, PLEASE COMPLETE BELOW.		
I (Staff) believe the client is in the priority population of having 12+ months of unsheltered homelessness in the last three years and high service needs because (select 1 or multiple): <i>(Remember: One night unsheltered is the equivalent of one month, but two nights unsheltered in the same month is still one month.)</i>	<input type="checkbox"/> Client's Warehouse record shows they have at least 365+ unsheltered nights in the last three years. <input type="checkbox"/> My team knows the client has been residing unsheltered in Boston for 12+ months (if so, fill out attached non-HMIS Nights form). <input type="checkbox"/> The client has nearly 12 months Boston unsheltered months is currently engaged, and could move forward with a housing opportunity.	
Client has a completed and signed HAN Release or Limited CAS Release Form .	<input type="checkbox"/> Yes, client has a release uploaded in the Warehouse. <input type="checkbox"/> No/Not sure (See here or attachments to get the HAN or Limited CAS form completed.)	
CRIMINAL HISTORY In the questions below, please share any knowledge of the client's criminal record history. <i>Note: It's helpful to know about clients' criminal histories to refer them to housing that they have the best chance at getting accepted into, NOT to screen them out.</i>		
I (Staff) have seen the client's CORI.	<input type="checkbox"/> Yes <input type="checkbox"/> No If you selected 'No,' please make sure to ask the client the below questions directly.	

The client currently has open drug or violence cases OR warrants.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
Client is a SO.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
Client has been convicted of meth production.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
How recent are the client's drug convictions? (You can estimate, e.g. about 1 year ago.)	
How recent are the client's violent convictions? (You can estimate, e.g. about 1 year ago.)	
Client can start gathering reference letters to provide to housing programs to show positive progress.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
ADDITIONAL INFO	
Client frequents the Mass/Cass 1 mile radius area (e.g. sleeps or slept in the area, high degrees of services in the area, part of the encampments that closed in the area, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Client is willing to live in a SRO and shared housing environment.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Tell us anything else that would be helpful to appropriately match the client. You can share recommendations, special service needs, etc.	

This certification is to be completed when the assessor adds non-HMIS nights to the assessment.

This should be completed at the time of assessment and the signed document should be sent to the CE Team at ceteam@homestart.org.

Location(s): Specify where the participant resided/resides if they are an unsheltered client, please indicate neighborhood(s) or proximate address::

Dates: Specify the date ranges the participant has resided in the above situation(e.g., 1/1-6/30, 9/1-9/15, etc.):

Certification: Use one of the following methods to certify this verification of homelessness:

☐ 2 ☐ 3 ☐ 4 ☐ 5

Boston's Preferred Order of Documentation of Homeless Status

1. HMIS record of Boston bed/outside nights
2. Third-party written documentation/ shelter letter
3. Oral verification to the intake worker (written by the intake worker)
4. Intake worker written observation of one's homelessness
5. Self-certification from the participant

You may attach a separate document (e.g., shelter letter, police verification) or ask this form to be completed.

2. THIRD PARTY WRITTEN DOCUMENTATION

I, _____ verify the participant resides in the above situation because my agency provides direct services to shelter or outreach to the participant, or I work at an institution where the participant temporarily resides.

Provider staff signature Provider Agency Name Date

If the assessor was unable to obtain third-party verification, please explain why:

3 & 4. ORAL VERIFICATION or INTAKE OBSERVATION

I, _____ verify I received oral verification from the provider agency or my observations indicate that the participant resides in the above situation.

Provider staff signature Provider Agency Name Date

If the assessor was unable to obtain oral verification or first-hand observation, please explain why:

5. PARTICIPANT SELF CERTIFICATION

I, _____ (participant name) verify I reside or resided in the above situation, for those dates.

Participant Signature Date

CERTIFICATION

The form should be signed by a supervisor. For the purposes of this document, a supervisor means someone within your agency who is knowledgeable about the assessment process, and can sign off on the validity of this form.

I, _____, have completed the Pathways 2024
assessment for my client _____, Warehouse
ID: _____, on ____/____/____.

When completing this assessment, I have added _____ nights to my
client's Pathways 2024 assessment.

_____ unsheltered nights _____ sheltered nights

I certify that I went through each step in the Documenting Current Boston
Homelessness form and that myself or my agency has had consistent contact with
this client to reasonably believe my client has experienced literal homelessness for
the above-mentioned number of nights.

By signing this certification, I attest that the above is true and that the information in
the above client's assessment regarding their self-reported nights of homelessness is
true and accurate.

Case manager (Printed)

Agency

Case Manager's Signature

Supervisor's Signature

Boston Homeless Assistance Network (HAN) Release: Client Authorization for Coordinating Services

I, _____ (name), hereby authorize each *Homeless Assistance Network (the "Network")* member (see attached) to share any and all of my personal information with any other member of the Network as may be necessary to provide and coordinate services I have requested or may from time to time request. I specifically consent to the release to any other member of the Network of my case notes, substance abuse records, mental health records, domestic violence records, HIV status, and criminal records information. I also authorize each member of the Network to share this information electronically, orally or otherwise. I understand that a photocopy or digital copy of this authorization is as valid as the original.

**If this person is not 18 years of age, a parent or guardian must sign for them.*

Date

Signature of Applicant (or of parent/guardian if under 18)

Print Full Name:

-
- This authorization will expire after 24 months since last contact with any member of the Network.
 - I understand that I may withdraw this authorization at any time by informing any member of the Network in writing that I no longer want my information shared among them.
 - I understand that members of the Network will not deny service provision or payments based on whether I sign this authorization. However, I understand coordination among the members of the Network for services that I have requested may be impacted.
 - By signing this form, I am allowing Member organizations to share my information as may be necessary to provide services I have requested or may from time to time request. However, I understand that my information may be redisclosed by the recipient and may no longer be protected by the Member's privacy policies or by applicable state or

federal law or regulation.

- Additional agencies may join the Network and will have access and permission to share to your information. The list of agencies in the Network is attached. An updated list of agencies is posted online at boston.gov/han-providers. The list may also be requested at any time from any member agency.

Boston Homeless Assistance Network (HAN) Providers

Below is a list of the member agencies of the Boston Homeless Assistance Network. Additional agencies may join the network at any time. An updated list of agencies is posted online at boston.gov/han-providers and may also be requested from any of the participating agencies.

Action for Boston Community

Development

BayCove

Boston EMS

Boston Healthcare for the Homeless

Boston Housing Authority

Boston Medical Center

Boston Public Health Commission

Boston Rescue Mission

Bridge Over Troubled Waters

ESAC

Eliot Human Services

FamilyAid Boston

HEARTH

Home for Little Wanderers

HomeStart

Justice Resource Institute

Massachusetts Housing and Shelter Alliance

Metro Housing | Boston

New England Center and Home for Veterans

Pine Street Inn

St. Francis House

US Department of Veteran Affairs

Volunteers of America

Victory Programs

Women's Lunch Place



Limited Coordinated Access System (CAS) Release

This document is for homeless clients in the City of Boston who are interested in housing but refuse to sign the Housing Assistance Network (HAN) data release. This document should be filled out in its entirety by a shelter/outreach case manager and uploaded to the Files tab of the client's profile in the Boston HMIS Window to the Warehouse.

Client Information

Full Name _____

Date of Birth _____

Social Security Number _____

**if client does not have a social security number, please write N/A*

Details

This form verifies that the above named client is interested in housing but will not sign the Housing Assistance Network (HAN) release. Submission of this document to the Boston HMIS Window to the Warehouse confirms that the client is willing to speak to Supportive Service Providers (SSP) on their own and without the assistance of DND or any of the HAN Providers beyond their shelter/outreach case manager(s). No steps will be taken for this client in the Coordinated Access System outside of the initial match which will only be known by DND and the shelter/outreach provider.

Eligibility Confirmation – please check all three boxes to confirm

- ☐ Client is interested in housing
- ☐ Client has been approached to sign the HAN release and has declined. This is documented in the case manager's notes.
- ☐ Client understands that they will not receive assistance from any HAN agencies outside of their shelter/outreach agency in their work with the SSP

Information for Case Manager Submitting Limited CAS Release

Case Manager Name

Case Manager Shelter/Outreach Agency

Case Manager Email Address

Case Manager Phone Number

Case Manager Signature

Date