

Hennepin Coordinated Entry System

Referral Outcome Form

Utilize this form to notify the CES of the referral outcome of referrals made through encrypted email. A narrative description is required for all denials. Submit form as soon as outcome is know.

Housing Provider Contact Information

Agency Name:

Program Name & HMIS Provider ID:

Staff Name:

Email:

Phone:

Referral Information

Client ID or HMIS ID:

Date referral received:

Referral Outcome

Declined (Referral Denied, placed back on Priority List)

Canceled (Referral Denied, Needs to be removed from Priority List)

Housed

Date Housed:

If Declined or Canceled, Reason:

- Participant unreachable- after initial contact
- Participant unreachable – disappeared
- Participant refused services
- Participant is eligible but provider unable to accept
- Participant is not eligible, over income
- Participant is not eligible, other
- Participant is placed in institutional setting
- Other
- Property management denial – criminal history
- Property management denial – eviction history/money owed
- Property management denial – both criminal and eviction/money owed
- Property management denial – other
- Participant found housing/Self resolved
- Participant moved outside of CoC
- Participant deceased

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Please provide a narrative description of the reason for denial. Be very specific:

How to submit this form:

Please send completed form to:
CES.Hennepin@hennepin.us