Homekey Round 3

Coordinated Entry System Participation and Continuum of Care Coordination Form

The Eligible Applicant's Continuum of Care (CoC) must complete this form and it must be uploaded with the Homekey Application.

1. The CoC Population	acknowledges the below Homekey Project details, type, and Target
·	711.
Project Name:	
Project Address:	
Project Type (pl	ease check all that apply):
Permanent l	Housing
Interim Hous	sing
(See additio	nal requirements for Interim Housing in NOFA Section 301).
	e box below to acknowledge that Homekey Applicants will utilize the gement Information System (HMIS) for data entry:
Homekey N on this requ	licant will enter Homekey resident data into HMIS as required per IOFA Round 3, Section 503. Please <u>click here</u> for more information lirement per state law AB 977 (Chapter 397, Statutes of 2021). ck box to confirm planned HMIS use.
Unit mix:	
	Target Population(s) for the eligible Project and the number of Assisted Target Population below (information on Target Populations can be Section 502).

Population served	Subpopulation* (if needed, i.e. Seniors)	Number of Assisted Units	Project Type (Interim or Perm)
Chronically Homeless			
Homeless			
At-risk of Homelessness			
Homeless Youth or Youth			
At-risk of Homelessness			
Manager's Unit			
Total Number of			
Assisted Units in			
Homekey Project:			

^{*} If the Project shows a subpopulation, please note that Qualified Homekey Target Populations must be met in addition to this Target Population i.e., Seniors at-risk of homelessness, Chronically Homeless Veterans, etc.

2. Coordinated Entry Participation or similar referral system

NOFA Section 502 States:

"Referrals to Homekey Assisted Units shall be made through the local Coordinated Entry System (CES) or another comparable prioritization system based on greatest need. All referral protocols for Homekey Assisted Units must be developed in collaboration with the local CoC and implemented consistent with the requirements set forth in this NOFA. CoC collaboration in Project and Supportive Services design is also strongly encouraged to help target and serve greatest need populations. If referrals will be made using a prioritization system other than CES, the Applicant must describe the plan for tenant and participant selection, and it shall be reasonably detailed and comprehensive, as determined by the Department in its sole and absolute discretion."

tenant and participant selection, and it shall be reasonably detailed and comprehensive, as determined by the Department in its sole and absolute discretion."
Please check whether the project will utilize CES:
☐ The Homekey project will use CES to for referrals into Homekey Assisted Units.
☐ The project has an alternate prioritization system and will not use CES (<i>Please attach or describe below the housing first compliant prioritization and referral method that will be utilized instead</i> .) Please also describe the planned efforts for CES use in the future and how the Project will coordinate with the CoC. Please mention which agency is responsible for managing this prioritization and referral method (e.g., Health and Human Services) and the official name of the prioritization tool.

3. Other CoC support to the Project

_ _	vities the CoC intends to support the Homekey Project with include:		
	rainings or presentations related to the Target Population for the local agency displicant), development team, property management, and/or service		
provi	iders.		
	☐ Provide Homekey Project information on the CoC's website☐ Staffing support		
	perating subsidies or other funding (<i>Please explain below</i>)		
	ther (Please explain below):		
	uum of Care (CoC) has reviewed the information on this form and, to the exter committed to supporting the project. The request and information above have		
	ved and verified by the <i>following</i> representative of the CoC:		
Signature			
Name:			
Title:			
riuc.			