

# Minnesota Coordinated Entry System (MN CES)

## **Coordinated Entry Referral Denial Form (Agency)**

This form should be completed by clients, whenever they are denying a referral that has been made by a CES agency. Forms should be returned to the entity that is coordinating the local implementation of CES.

Date \_\_\_\_\_

Referral Date \_\_\_\_\_

Agency Name \_\_\_\_\_

Program name \_\_\_\_\_

Staff contact \_\_\_\_\_ Email \_\_\_\_\_ Phone \_\_\_\_\_

Client ServicePoint Number \_\_\_\_\_

### **Reason for denial (please check a box, and you must explain in detail below)**

Client/household refused further participation (or client moved out of CoC area)

Client/household does not meet required criteria for program eligibility

Client/household unresponsive to multiple communication attempts

Client resolved crisis without assistance

Client/household safety concerns. The client's/household's health or well-being or the safety of current program participants would be negatively impacted due to staffing, location, or other programmatic issues.

Client/household needs cannot be addressed by the program. The program does not offer the services and/or housing supports necessary to successfully serve the household.

Program at bed/unit/service capacity at time of referral

Property management denial (include specific reason cited by property manager)

Conflict of interest.

Please describe why you are unable to accept this referral.

Is this due to policy or procedure created by a funder, board, staff, property management, landlord or other entity?

Please explain:

If you were unable to contact client regarding this referral, please indicate the dates of attempted communication, to whom, and in what form (phone, email, etc).

If you feel this was an inappropriate referral, please indicate that below with an explanation.