**SHELTER ELIGIBILITY**

1. What is your preferred community for shelter?

🡪 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (town or region)

Based on your current needs, I will now check to see what emergency shelter(s) and/or providers may be able to provide you with assistance.

Each shelter or program has different eligibility criteria but I can connect you with them by phone so that you can get more information about that criteria and their current bed availability. If you arrive in person without first calling the provider, you may not have access to a bed.

**Coordinated Entry Shelter Referral**

|  |  |
| --- | --- |
| **Referral(s) Made (Program Name)** | **Region** |
|  |   |
|  |  |
|  |  |

Direction- Refer to Appendix for complete list of Coordinated Entry participating shelters and outreach providers. Appendix includes; project name, region, location, and contact number.