

Coordinated Entry System SPA 8

Referral Attained Documentation

Client: _____ **Clarity ID:** _____

Client will be exiting:

(Check One)

- ☐ CES Outreach
- ☐ CES Housing Navigation

Client will be enrolled in:

(Check One)

- ☐ Rapid Rehousing Program
- ☐ Housing Navigation Program or Housing Search and Placement Program
- ☐ Crisis Bridge Housing

Date Client was enrolled: _____
(Date)

Program Name

Agency

Case Manager Print

Date

Case Manager Signature

Contact Information