

# NY-603 Coordinated Entry Rapid Rehousing (RRH) Prioritization – Group C Referrals

## Who Should Be Referred Using This Form?

This form is for shelters and homeless service providers to refer households that meet both of the following criteria:

1. Households have been experiencing homelessness for 12 or more in shelter or unsheltered on Long Island, in the last 3 years, and
2. Households have income or income-earning potential, as defined below.

These households may be prioritized for Group C under the CoC RRH Prioritization Policy, which makes up 25% of all RRH referrals through Coordinated Entry (CE) on Long Island.

## Eligibility Requirements for Group C

### 1. Homelessness Duration

- The household must have been homeless for at least 12 months on Long Island
- Must be verified through:
  - HMIS history (preferred), OR (if HMIS history doesn't capture hx on LI, a letter from the shelters or DSS verifying homelessness may also be accepted.)

**\*Please note that CE can confirm exact lengths of time homeless per HMIS, if referral source is unsure.**

### 2. Income or Income-Earning Potential

You may refer a household if they meet one of the following:

- **Current Income Meets Minimum Threshold**

**\*It is imperative that income be accurately reflected and updated in real time in HMIS. HMIS data should be consistent with what is being reported on this referral.**

Use this chart to check if the household's annual income is at or above the minimum based on their household size and unit size:

Unit Size	Household Size Range	Minimum Annual Income
Studio	1–2 people	\$18,480
1 Bedroom	1–3 people	\$22,410
2 Bedroom	2–5 people	\$25,860
3 Bedroom	3–7 people	\$33,520

Unit Size	Household Size Range	Minimum Annual Income
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4 Bedroom	5–9 people	\$35,910
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**Note: These amounts are based on the household having income that is at least 10× the monthly rent.**

**- Income-Earning Potential**

If a household does not currently meet the income threshold, a household may still qualify if they show the ability to earn income soon. This may include:

- Work history (even part-time or informal)
- Job skills, certifications, or education
- Currently in job training or job search programs
- Motivation and readiness to work
- Childcare or transportation is now in place for work (or household is working to put this in place in order to gain employment).
- Supportive adults who are employable in the household

**Important:**

Households receiving only SSI, SSDI, or retirement income are not automatically eligible under this category, unless:

- They also earn additional income, or
- They meet the income-earning potential definition above.

**Referral Process:**

1. Shelter staff or homeless service provider submits form to LICH CE team
  - a. Alexis Goglas, Supervisor of Direct Support- [agoglas@addresssthehomeless.org](mailto:agoglas@addresssthehomeless.org)
  - b. Jessica Labia-Bookstaver, Director of Support Programs- [jlabia@addresssthehomeless.org](mailto:jlabia@addresssthehomeless.org)
2. CE Team Reviews and will approve or request more information
3. When approved, CE will notify referral source that HH will go on the RRH waiting list placed appropriately based on their length of time homeless.
4. If further information is requested, shelter staff or homeless service providers will work to gather that information, and keep CE updated on the status.
5. Homeless service providers should note that clients should continue to seek all housing options even if added to the RRH waiting list.

## I. REFERRING AGENCY INFORMATION

Agency Name: \_\_\_\_\_ Referring Staff Name: \_\_\_\_\_

Referring Staff Title: \_\_\_\_\_ Staff Email: \_\_\_\_\_

Staff Phone: \_\_\_\_\_ Date of Referral: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## II. HOUSEHOLD INFORMATION

• Head of Household (HoH) Full Name: \_\_\_\_\_

• HMIS ID: \_\_\_\_\_

• Date of Birth (HoH): \_\_\_\_ / \_\_\_\_ / \_\_\_\_

• Household Composition:

○ Total number of household members: \_\_\_\_\_

○ Adults: \_\_\_\_ Children: \_\_\_\_

## III. ELIGIBILITY SCREENING – GROUP C

**Group C Criteria:**

• Household has experienced **12+ months of homelessness** (based on HMIS or other documentation)

○ Documented Start Date of Homelessness: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

○ Verified by:

▪ HMIS Records: \_\_\_\_\_

▪ Other: \_\_\_\_\_

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## IV. INCOME VERIFICATION

• Current Annual Household Income: \$ \_\_\_\_\_

• Select Bedroom Size Needed (based on HH composition):

○ Studio (1–2 HH)

○ 1BR (1–3 HH)

○ 2BR (2–5 HH)

○ 3BR (3–7 HH)

○ 4BR (5–9 HH)

Does household demonstrate **income or income earning potential** (check at least one below):

Meets Income Threshold (verified above)

Has income earning potential

- Explanation of income potential:

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## VI. HEAD OF HOUSEHOLD ACKNOWLEDGMENT AND CONSENT

I, \_\_\_\_\_ (print full name), the Head of Household, acknowledge that I have been referred by my shelter case manager to be considered for Rapid Rehousing (RRH) through the Coordinated Entry (CE) system.

By signing below, I:

1. Agree to be added to the RRH Waiting List if I meet the eligibility criteria.
2. Understand that CE will coordinate the referral process and share relevant information with RRH providers on my behalf.
3. Consent to the communication and exchange of necessary information between CE and potential RRH providers to support this referral and housing placement process.

**Signature of Head of Household:** \_\_\_\_\_ **Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## VI. Referral Source Signature

I, \_\_\_\_\_ (referral source name), attest that the information in this referral is complete and accurate to the best of my knowledge. All information about earned income and household potential to earn is accurate and truthful.

**Referral Source Signature:** \_\_\_\_\_ **Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_