**HOPWA Hartford Coordinate Access Network**

**Matching Meeting Agency Form**

**Section I: Agency Information**

Supervisor(s): Click or tap here to enter text.

Supervisor Contact Information:Click or tap here to enter text.

Case Manager(s):Click or tap here to enter text.

Case Manager Phone Number:Click or tap here to enter text.

Case Manager Email:

Site Name: Click or tap here to enter text.

Description:

[ ] Scattered Site

[ ] Congregate Living

[ ] Shelter

[ ] Rapid Rehousing (RRH)

[ ] Permanent Supportive Housing (PSH)

[ ] Other

Program requirements:

[ ] Must be literally Homeless (category 1)

[ ] Must be At Risk of Homelessness (category 2)

[ ] Cannot have a felony conviction within ten years

[ ] Cannot be a Registered Sex-Offender

[ ] History of Substance-Use Disorder

[ ] History of Mental Health

[ ] Families

[ ] Other

**Section II: Program Openings**

Click or tap here to enter text.

**Section III: Referral Follow-Ups / Matched Clients**

Client HMIS # Case Notes/ Updates Maintain on Waitlist

|  |  |  |
| --- | --- | --- |
|  |  | [ ] Yes[ ] No [ ] Self-Resolved |
|  |  | [ ] Yes[ ] No [ ] Self-Resolved |
|  |  | [ ] Yes[ ] No [ ] Self-Resolved |
|  |  | [ ] Yes[ ] No [ ] Self-Resolved |
|  |  | [ ] Yes[ ] No [ ] Self-Resolved |
|  |  | [ ] Yes[ ] No [ ] Self-Resolved |
|  |  | [ ] Yes[ ] No [ ] Self-Resolved |
|  |  | [ ] Yes[ ] No [ ] Self-Resolved |