**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 |