Ny-603 CoC Provider Decline Form

Agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Staff: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

❑ The household presents with more people than referred by the coordinated entry system

Please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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❑ The household poses a risk for potential harm to staff or participants in the program, specifically:

1. There are families in a congregate site program with at least one child under the age of 18, and a member of the household identifies as a sex offender or identifies as having a criminal record with a history of a violent crime.
2. A member of the household has a prior history of assault or harassment of staff or consumers at this program.

Please explain/attach evidence: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Intake decisions regarding provider decline should be issued to both the participant and the CoC Coordinated Entry Manager, and must include the following:**

* Program Rejection: The reason the client cannot enter the program, with evidence attached whenever applicable
* Instructions for how to appeal a rejection decision, including all relevant contact information and applicable time frames

**Coordinated Entry Coordinator:**

**Gabrielle Fasano**

**631-464-4314 ext. 125**[gfasano@addressthehomeless.org](mailto:gfasano@addressthehomeless.org)

**\*\*ATTACH NECESSARY EVIDENCE / APPEAL INFORMATION TO THIS FORM\*\***