



PHAC Coordinated Entry System: Agency Participation Agreement

Submit Agreement by emailing signed document to PHAC CES Co-Chairs. Separate signed agreements will be required if agencies have multiple programs.

Agency Information

Agency Name: _____

Program Name: _____

Mailing Address: _____

City, State, Zip Code: _____

Telephone: _____ Fax: _____

Participation Level (check all that apply):

- Access Point Housing Provider
 Assessment Point Other Supportive Services Agency: _____

Access Point Target Population (check all that apply):

- All Literally Homeless or At Imminent Risk Households or
 Adults without children
 Adults with children
 Unaccompanied youth (under 25)
 Households fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions (including human trafficking)
 Persons at imminent risk of literal homelessness for purposes of administering homelessness prevention assistance

Assessment Point Target Population (check all that apply):

- Adults without children
 Adults with children
 Unaccompanied youth (under 25)
 Households fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions (including human trafficking)
 Persons at imminent risk of literal homelessness for purposes of administering homelessness prevention assistance
 Other: _____

Housing Provider Target Population (check all that apply):

- All Literally Homeless or At Imminent Risk Households
 Adults without children
 Adults with children
 Unaccompanied youth (under 25)
 Households fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions (including human trafficking)
 Persons at imminent risk of literal homelessness for purposes of administering homelessness prevention assistance
 Chronically homeless
 Other: _____

Summary of Services Provided by Agency:

Program Director Information

Program Director's Name/Contact Information: _____

Alternate Name/Contact Information: _____

I acknowledge that I have received, have read, and that our agency agrees to abide by the PHAC Coordinated Entry System (CES) Policy Guidelines as adopted. I acknowledge that person(s) representing our agency at PCAN, will attend scheduled meetings and in the event of staffing changes, our Agency agrees to promptly notify CES Co-Chairs of such changes. Our agency will comply with the HIPAA Privacy Standards and established Code of Conduct and understands that representative(s) may be removed if a participant is found in violation of any of these rules.

Program Director/Representative Signature

Date