



Service Coordination And Assessment Network Resource Guide

What is the Service Coordination And Assessment Network (SCAAN)?

The Lower SCAAN and Upper SCAAN subcommittees of the Greater Virginia Peninsula Homeless Consortium (GVPHC) work to address the needs of households experiencing homelessness.

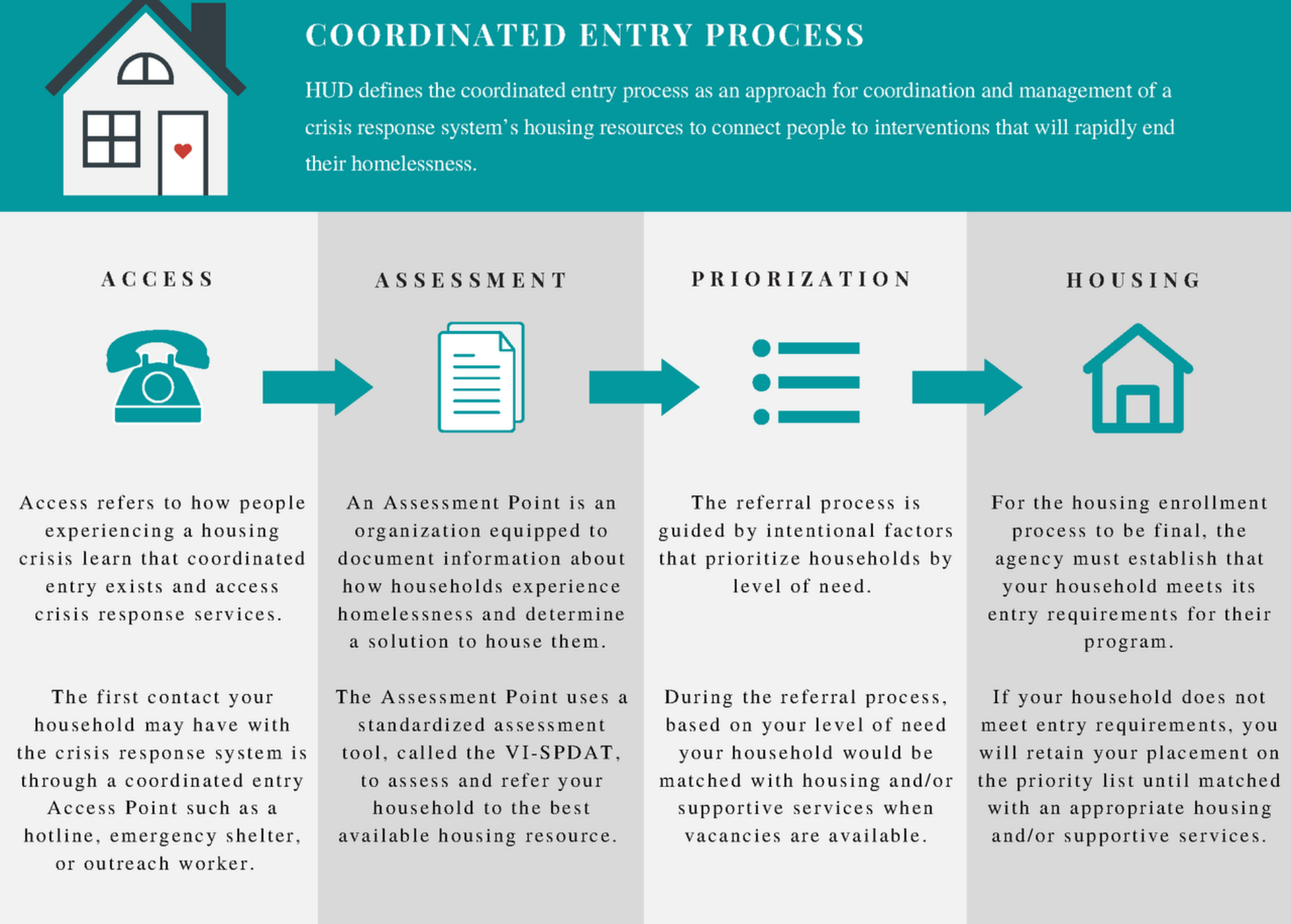
The committee membership consists of social/human service departments, non-profit providers, victim service providers, mental health agencies, school districts and faith-based organizations and other member agencies of the Continuum of Care.

Purpose of the SCAAN Committees

These agencies participated in the GVPHC Coordinated Entry System (CES) as seen on the diagram on the right. In collaboration with the CES project in HMIS. The committee provides case conferencing to efficiently and effectively leverage community resources to assist individuals and families transitioning out of emergency housing into permanent housing. The committees work to address barriers to self-sufficiency and facilitating connection to wrap around services.

These meetings are closed to the public and non CES – participating agencies to maintain client privacy and confidentiality.

To request to join the meeting, an agency must be GVPHC CES participating agency and have a signed GVPHC Coordinated Entry System: Agency Participation Agreement on file with The Planning Council.



Eligibility and Prioritization Criteria for SCAAN Presentation

Referral to housing intervention program through the SCAAN will be made for households whose current living situation meets the HUD Homeless Definition of Literally Homeless. These households who originate, receive services or are literally homeless in geographic area covered by the GVPHC Continuum of Care to include Hampton, Newport News, Poquoson, Williamsburg, James City County, and York County.

The GVPHC prioritizes veteran and chronic homeless households for intervention placements.

Households who do not meet the HUD Homeless Definition of Literally Homeless can be eligible for housing interventions programs who can serve non-literal homeless households. For reference, please see the Continuum program guide below. Case managers who are recommending households who are eligible for move on programs will need to contact the CoC Coordinator to place the household on SCAAN agenda for committee review and approve.

Key Steps to Refer A household to SCAAN

- **HMIS User Agencies:** Complete required CES Assessment Data Entry. For reference, please see Assessment point section of Coordinated Entry in HMIS training manual pages 18 -24.
- **Non HMIS User Agencies:** Email/Fax GVPHC CES All In Forms to GVPHC CoC Coordinator **by 4:00 pm the Friday before the next scheduled SCAAN committee.** For copies of the documentation mentioned above. Please see [GVPHC Coordinated Entry System](#) tab on [Hampton Roads Ends Homelessness.org](#).

Lower SCAAN

- Single and Family households who originate, receive services or are literally homeless in Hampton, Newport News, Lower York
- Committee meets bi - weekly on Wednesday at 9:00 AM
- **HMIS User Agencies: CES Assessment Data Entry is due by midnight the Friday before the next scheduled SCAAN committee**

Upper SCAAN

- Single and Family households who originate, receive services or are literally homeless in Williamsburg, James City County, Upper York
- Committee meets bi - weekly on Wednesday at 2:00 PM
- **HMIS User Agencies: CES Assessment Data Entry is due by midnight the Friday before the next scheduled SCAAN committee**

SCAAN Presentation Procedure

To present a household at SCAAN, the presenting case manager must present the following information about the household for case conferencing consideration by the committee. The purpose of case conferencing is to provide a holistic and coordinated service delivery of limited resources and to prioritize those most vulnerable for available housing interventions placements within the CoC. Information provide during the case presentation will not eliminate a households from consideration to housing intervention programs. Housing intervention program recommendations can be tailored by the committee based on the committee's assessment of the case and what intervention would best assist the household's strengths and needs at time of presentation. Case Managers must discuss all available housing interventions with the households prior to presenting a recommendation at SCAAN so that the household can make an informed choice regarding programs selection.

All case managers who are recommending a household be assisted with CoC housing intervention programs such as Rapid Rehousing, Permanent Supportive Housing, Supportive Services for Veteran Families RRH, Move On Programs must present the household to the SCAAN committee or as an off - week referral request per the CoC's Coordinated Entry System written standards. If there are no vacancies in the recommended CoC housing intervention program it is the responsibility of the case manger to present the household to appropriate SCAAN committee to be placed on GVPHC Housing Program Waitlist. Once a vacancy has been reported in the recommended housing intervention program. The waitlist will be sorted according to CoC prioritization. If a household is selected as the next prioritized household on the waitlist. the presenting case manager will be contacted by the CoC Coordinator to continue the referral process. If a Household is presented for housing intervention placement but the committee is unable to reach consensus on the household's program recommendation. The household is tabled until further information can be acquired by the presenting case manager

ATTENTION: Please ensure you are excluding any type of specific diagnosis, racial identity, any information that does not directly pertain to housing eligibility criteria or is not targeted toward describing a client's vulnerability or barriers in case conferencing presentations

Off - Week Referral Request Procedure

As the SCAAN meetings are held on a bi - weekly schedule. Households that are identified as in need of specific housing intervention programs resources are eligible for a between meeting off - week RRH, PSH, Voucher referral request. The following eligibility criteria must be met prior to a case manager sending an off - week referral request to the CoC Coordinator for review and approval by the SCAAN committee chairs.

Rapid Re- Housing: Household's move in date in between scheduled SCAAN meetings, Household's case summary, Financial funding amounts (Security deposit, 1st month, 2nd month,)

Permanent Supportive Housing: Household's case summary. Household meets eligibility criteria for recommended PSH program, A program vacancy has been reported to the CoC and there are no other households currently on the recommended housing intervention program waitlist.

SSVF RRH Program: Household 's move in date in between scheduled SCAAN meetings, Household meets eligibility criteria for SSVF RRH program,

Move On Voucher Program: Household's case summary, Household meets eligibility criteria for recommended Move On Voucher program, A program vacancy has been reported to the CoC and there are no other households currently on the recommended housing intervention program waitlist.

Case Presentation Summary Rubric

- Provide basic information on the case
 - Household size, Veteran status, chronic status, specific program eligibility criteria (SMI, documented disability, criminal history status, CHAP eligibility)
- Provide a summary of services the household has been connected to prior to presentation
 - Connected to Mainstream Benefits (SNAP, Medicaid/Medicare, TANF, VIEW, WIC, SSI/SSDI, VA Healthcare)
- Provide a summary of gross monthly Income (Earned/Unearned income), rental history and, credit history.
 - Total monthly income, rental judgements/back rent and utility judgements.
- Provide a summary of wrap around services not already in place to assist the household in becoming permanently housed.
 - Employment assistance, apply for benefit programs, disability verification documentation, other identification documents
- Present housing intervention program recommendation.
 - A recommendation can be made based on client’s choice of program, available program vacancies, program specific eligibility criteria and, case manager recommendation of program.
 - If a household has been tabled for consideration by the committee it is the responsibility of the presenting case manager to contact the CoC Coordinator to place the household on the SCAAN agenda for the next scheduled SCAAN meeting to be considered for placement into a housing intervention program.
 - if a household has been placed on the GVPHC housing program waitlist it is the responsibility of the presenting case manager to ensure accurate household's contact information has been provided in HMIS or through encrypted documentation in the event the household is selected off of the waitlist for referral to the recommended housing intervention program.

Do’s and Don’ts of Case Presentation

| | |
|--|---|
| <p>DO, present basic household information: Household size, veteran status, chronic status, income, household’s strengths, and needs.</p> | <p>DON’T use client/household identifying information without an active release of information in HMIS.</p> |
| <p>DO, present needs of household that are not currently being addressed through case management, Community resources are available to assist household with, Food, employment, household items, utility, and rental judgement assistance.</p> | <p>DON’T present personal information such as race, gender identity, specific diagnose that does not directly affect the housing program eligibility criteria or is not targeted toward describing a client’s vulnerability or barriers in case conferencing presentations.</p> |
| <p>DO, communicate a housing intervention recommendation for each household you are presenting. If a recommendation is deemed inconsistent with the client’s strengths and needs, the committee will work with you to establish a recommendation for you to discuss with the client that may better suit their circumstances.</p> | <p>DON’T refer a household to an available housing intervention program vacancy without presentation at the SCAAN committee meeting or submitting an off – week referral request. Housing providers should not attempt to enroll a household into a program prior to a referral being sent in HMIS unless their program guidelines state the program has direct enrollment requirements.</p> |
| <p>DO provide accurate and up-to-date contact information for the client and you as their case manager. Incomplete contact information can affect a housing provider’s ability to contact the client for intake once a referral has been made.</p> | <p>DON’T forget to close client CES project entries. For Assessment Point Presenting agencies, when the client has self – resolved without a referral to a housing intervention program. For Housing provider agencies, when the client has been referred and enrolled in your program. Once the client has moved into the unit. Close the client in the CES project with the appropriate move in date, reason for leaving and exit destination.</p> |

How to place a household on the SCAAN Agenda for HMIS participating agencies.

To complete the CES data entry required to place a client on the SCAAN prioritization list (agenda). An Assessment point agency must complete the following steps prior to the schedule SCAAN meeting date or prior to an Off - Week Referral Request being sent to the CoC Coordinator.

1. Administer the appropriate VI-SPDAT (Family, Single Adult, or Transition Aged Youth)
2. Execute written Releases of Information, if not executed during Access
3. Uploading VI-SPDAT and Executed ROIs to Head of Household's (HoH) HMIS profile
4. Update the household's HMIS CES project entry in the CoC's designated HMIS, or comparable database, to include:
 - a. Recording Coordinated Entry Housing Needs Assessment
 - b. Recording Current Living Situation as needed
 - c. Ensuring completion of all other data elements (UDEs)
 - d. Recording any new CES Events (such as referrals, attempted diversion, etc.)
 - e. Contact household if they are referred to a housing intervention
 - f. Contact household if at 45-day mark for no-contact
5. If an Assessment Point comes into contact with a household that has not been triaged, the Assessment Point will have the ability to opt in and fulfill Access Point responsibilities. This allows Assessment Points to continue without the delay of waiting for a referral from an Access Point

How to place a household on SCAAN Agenda for Non - HMIS user agencies

- Agencies with no or limited access to HMIS will complete steps 1 - 3 using the GVPHC All - In - One Form packet and submit the packet via email to gvphcintake@theplanningcouncil.org for processing through the GVPHC Coordinated Entry System Project in HMIS.
- For Additional Resource regarding How to complete CES data entry requirement, please see the resources section at the end of this guide.

For more information on the Coordinated Entry System Access, Assessment and, Housing Providers roles and responsibilities. Please review the GVPHC Coordinated Entry System Agency Participation Guidelines

[GVPHC Coordinated Entry System: Agency Participation Guidelines](#)

[GVPHC CES Assessment Point All In One Form \(Single Household with no minor children\)](#)

[GVPHC CES Assessment Point All In One Form \(Families Household with minor children under the age of 18 \)](#)

Code of Conduct

SCAAN committee members are expected to adhere to a professional code of conduct consistent with any and all applicable laws, regulations, guidelines, or generally accepted practices, established by any Local, State, or Federal agency or department.

Responsibility – You are responsible for navigating your clients through the housing process

Expectations – always remain professional and respectful

Success – It is contingent on your participation, follow through, and implementation of Housing First practices

Presentation – Present only information on immediate housing needs, including shelter, food, etc.

Engagement – It is expected that referring agencies will stay engaged

Confidentiality – Only present on those with an ROI

Task – Stay on task and adhere to the agenda

Virtual and In Person Meeting Guidelines

1. The CoC Coordinator will record attendance as agencies present at time of the meeting as they are listed in alphabetical order.
2. Please allow the presenting case manager to present the household's case and housing stabilization plan first. A request for feedback from the committee will be requested by the SCAAN chair or CoC Coordinator.
3. Please mute your microphone if you are not presenting a client or if you are not giving feedback until after the presentation.
4. Case managers please conclude your presentation by making a housing intervention recommendation for the client. If there is an issue with the sound on the call, please email the CoC Coordinator with your recommendation for housing this household.
5. A request for roundtable updates will be made by the SCAAN chair or CoC coordinator. Case managers can provide updates on households discussed at previous meetings to update the committee on the client's progress or a new recommendation for housing intervention program if the first referral was unsuccessful.

Governing HUD Definitions

HUD Homeless Category 1: Literally Homeless

Individuals or family who lacks a fixed, regular, and adequate nighttime residence, meaning:

1. Has a primary nighttime residence that is a public or private place not meant for human habitation; **or**
2. Is living in a publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state and local government programs); **or**
3. Is exiting an institution where (s)he has resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution.

HUD Definition of Chronic Homelessness

A homeless individual with a disability as defined in section 401(9) of the McKinney-Vento Assistance Act (42 U.S.C. 11360(9)), who:

Lives in a place not meant for human habitation, a safe haven, or in an emergency shelter, and

Has been homeless and living as described for at least 12 months* or on at least 4 separate occasions in the last 3 years, as long as the combined occasions equal at least 12 months and each break in homelessness separating the occasions included at least 7 consecutive nights of not living as described.

An individual who has been residing in an institutional care facility for less, including jail, substance abuse or mental health treatment facility, hospital, or other similar facility, for fewer than 90 days and met all of the criteria of this definition before entering that facility**; or

A family with an adult head of household (or, if there is no adult in the family, a minor head of household) who meets all of the criteria of this definition, including a family whose composition has fluctuated while the head of household has been homeless.

***A “break” in homeless is considered to be 7 or more nights.**

****An individual residing in an institutional care facility does not constitute a break in homelessness.**

| Permanent Supportive Housing Programs | Eligibility Requirements and Documentation | Preference/Target Population | Services Provided | Case Management Provided | Housing Location Services |
|--|--|--|--|----------------------------|---|
| Hampton Newport News Community Service Board Safe Harbor | Requirements: Referrals from SCAAN Literal Homeless Single Adults. Participants primary diagnosis must be a documented severe mental illness. Participants have Intellectual and developmental disabilities and or substance use disorders a secondary diagnosis. Participants may also have physical disabilities and or serious health conditions. | Priority: Chronically Homeless with documented disability, Non Chronically Homeless if vacancies available | Rental Assistance, Utility Assistance, Counseling/Advocacy, Street Outreach, Case Management, Life Skills, Education, Employment, Childcare, Transportation, Benefit Assistance, Housing Location/Relocation, Financial Counseling, Healthcare, Clothing assistance. | Yes, HNNCSB Staff | Scattered Site in Hampton and Newport News |
| Hampton Newport News Community Service Board Road 2 Home | Requirements: Referrals from SCAAN when vacancies are available Literal Homeless Single Adults. Participants primary diagnosis must be a documented severe mental illness. Documentation: third - party verification of documented diagnosis of severe mental illness | Priority: Chronically Homeless with documented disability | | Yes, HNNCSB Staff | Scattered Site in Hampton and Newport News Household can be referred from outside catchment area but must be willing to live in Hampton/Newport News while in program |
| Hampton Newport News Community Service Board Shelter Plus Care | Requirements: Referrals from SCAAN Literal Homeless Single Adults. Participants must have severe mental illness, intellectual and developmental disabilities and/or substance use disorders. Documentation: third - party verification of documented diagnosis of severe mental illness, intellectual and developmental disabilities and/or substance use disorders. | Literally Homeless | Rental Assistance, Utility Assistance, Case Management, Life Skills, Education, Employment, Child Care, Transportation, Benefit Assistance, Housing Location/Relocation, Financial Counseling, Healthcare, Clothing assistance. | Yes, HNNCSB Staff | Scattered Site in Hampton and Newport News |
| HUD VASH | Requirements: Referrals from SCAAN Literally Homeless Veterans Households (Single Adults and Families), Participants must be eligible for VHA Healthcare | Literally Homeless | | Yes, VA Staff | Scattered Site |
| LGBT Life Center CHAP Peninsula | Requirements: Referrals from SCAAN Literally Homeless Single Adults experiencing/ living with HIV, Participant's income does not exceed the low (80%) income limit | Literally Homeless experiencing/living with HIV | Security Deposit, Rental/ Utility Assistance, Monthly in-home | Yes LGBT Life Center Staff | Scattered Site Hampton, Newport News, Poquoson, York County, James City County, Williamsburg |
| LINK of Hampton Roads CANLINK | Requirements: Referrals from SCAAN Literally Homeless Single Adults and Families Participants must have a documented disability. Documentation: third - party verification of documented diagnosis of a disability | Priority: Chronically Homeless with documented disability Non Chronically Homeless families if vacancies available | Rental and Utility Assistance, Case management, Subsidized Housing with Supportive Services | Yes, LINK Staff | Scattered Site Hampton, Newport News, Poquoson, York County, James City County, Williamsburg |
| Williamsburg House of Mercy Colonial Area Supportive Housing | Referrals from SCAAN Literally Homeless Single Adults and Families Participants must have a documented disability. Documentation: third - party verification of documented diagnosis of a disability | Priority: Chronically Homeless with documented disability | Rental assistance Housing Stabilization | Yes WHOM Staff | Scattered Site Williamsburg, James City County, Upper York |

| Rapid Rehousing Programs | Eligibility Requirements and Documentation | Preference/Target Population | Services Provided | Case Management Provided | Housing Location Services |
|--|---|---|---|--------------------------|---|
| Hampton Dept. of Human Services Rapid Rehousing Program | Requirements: Referral from SCAAN Literal Homeless Single Adults and Families, No other resources identified. | Literally Homeless | Rental Assistance, Utility Assistance, Counseling/Advocacy, , Case Management, Life Skills, Education, Employment, Child Care, Transportation, Benefit Assistance, Housing Location/Relocation, Financial Counseling Recertification Financial Assistance Every three months Service/Case Management Only Every twelve months | Yes, HDHS Staff | Scattered Site Hampton |
| James City County Office of Housing Rapid Rehousing Program | Requirements: Referral from SCAAN Literal Homeless Single Adults and Families, No other resources identified. | Literally Homeless | Mortgage Assistance, Rental Assistance, Counseling/Advocacy, Street Outreach, Case Management, Education, Employment, Housing Location/Relocation, Financial Counseling Recertification : Financial Assistance Every three months Service/Case Management Only Every twelve months | Yes, JCC Housing Staff | Scattered Site James City County, Williamsburg, Upper York County |
| Newport News Dept. of Human Services Rapid Rehousing Program | Requirements: Referral from SCAAN Literal Homeless Single Adults, No other resources identified | Literally Homeless | Mortgage Assistance, Rental Assistance, Counseling/Advocacy, Street Outreach, Case Management, Education, Employment, Housing Location/Relocation, Financial Counseling Recertification : Financial Assistance Every three months Service/Case Management Only Every twelve months | Yes, NNDHS Staff | Scattered Site |
| Newport News Housing Broker Team | | Literally Homeless, Imminent Risk of Homeless | Rental Assistance, Utility Assistance, Counseling/Advocacy, Case Management, Life Skills, Housing Location/Relocation, Financial Counseling | Yes, NN HBT Staff | Scattered Site |
| Williamsburg House of Mercy OARS Rapid Rehousing | Requirements: Referral from SCAAN Literal Homeless Single Adults age 50+ | Literally Homeless | 1st months' rent/security deposit. | Yes, WHOM Staff | Scattered Site Williamsburg, James City County, Upper York |

| Supportive Services for Veteran Families Programs | Eligibility Requirements and Documentation | Preference/Target Population | Services Provided | Case Management Provided | Housing Location Services |
|---|--|------------------------------|--|--------------------------|---|
| LINK of Hampton Roads | Requirements: Referrals From SCAAN or HUD VASH Team Literally Homeless Veterans Households (Single Adults and Families), | Literally Homeless | | | |
| Virginia Beach Community Development Corporation | Requirements: Referrals From SCAAN, Housing Crisis Hotline, or Direct Client Contact Literally Homeless Veterans Households (Single Adults and Families), discharge status must be any other status than a dishonorable status, must be under 50% of the AMI | Literally Homeless | Intensive case management and temporary financial assistance to include rental assistance, security deposit, utility fees, utility deposit, child care expenses, bus tickets, moving costs, and general housing assistance | Yes, VBCDC Staff | Scattered Site Hampton and Newport News |

| Housing Authority Voucher Programs | Eligibility Requirements and Documentation | Preference/Target Population | Services Provided | Case Management Provided | Housing Location Services |
|---|--|--|--|--------------------------|---------------------------|
| Hampton Redevelopment Housing Authority Emergency Housing Voucher | Requirements: Referral From SCAAN accompanied by 3 months of follow up case management Documentation: Emergency Housing Voucher Program Screening and Prioritization Tool, DHCD Homeless certification or Documentation that the client is currently enrolled in Permanent Supportive Housing (PSH) or Rapid Rehousing (RRH) Program | Priority: Literally Homeless Single Adults and Families, Imminent Risk of Homelessness, Fleeing/ Attempting to Flee DV, Recently Homeless and for whom providing rental assistance will prevent the family's homelessness or having high risk of housing instability | Tenant-based Section 8 vouchers to households who EHV program criteria and are referred through GVPHC coordinated entry system. Assisting with application fees, holding fees, security deposits, owner recruitment and outreach, owner incentive and/ or retention payment, renter's insurance, tenant readiness, household items, moving expenses and utility deposits | No | Scattered Site |
| Newport News Redevelopment Housing Authority Emergency Housing Voucher | Requirements: Referral From SCAAN accompanied by 3 months of follow up case management Documentation: Emergency Housing Voucher Program Screening and Prioritization Tool, DHCD Homeless certification or Documentation that the client is currently enrolled in Permanent Supportive Housing (PSH) or Rapid Rehousing (RRH) Program | Priority: Literally Homeless Single Adults and Families, Imminent Risk of Homelessness, Fleeing/ Attempting to Flee DV, Recently Homeless and for whom providing rental assistance will prevent the family's homelessness or having high risk of housing instability | Tenant-based Section 8 vouchers to households who EHV program criteria and are referred through GVPHC coordinated entry system. Assisting with application fees, holding fees, security deposits, owner recruitment and outreach, owner incentive and/ or retention payment, renter's insurance, tenant readiness, household items, moving expenses and utility deposits | No | Scattered Site |
| York County Housing and Neighborhood Revitalization | Requirements: Referral From SCAAN accompanied by 3 months of follow up case management Documentation: Emergency Housing Voucher Program Screening and Prioritization Tool, DHCD Homeless certification or Documentation that the client is currently enrolled in Permanent Supportive Housing (PSH) or Rapid Rehousing (RRH) Program | Priority: Literally Homeless Single Adults and Families, Imminent Risk of Homelessness, Fleeing/ Attempting to Flee DV, Recently Homeless and for whom providing rental assistance will prevent the family's homelessness or having high risk of housing instability | Tenant-based Section 8 vouchers to households who EHV program criteria and are referred through GVPHC coordinated entry system. Assisting with application fees, holding fees, security deposits, owner recruitment and outreach, owner incentive and/ or retention payment, renter's insurance, tenant readiness, household items, moving expenses and utility deposits | No | Scattered Site |

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|---|---|--|--|----|--|
| Hampton Redevelopment Housing Authority Mainstream Voucher | Requirements: Referral From SCAAN Non - Elderly persons (at least 18 and less than 62 years of age) who have disabilities and their families. Eligible household member does not need to be the head of household. Documentation: HUD verification of Disability Head of Household's contact information and case manager contact information | Transitioning out of institutional or other segregated settings, At serious risk of institutionalization, Literal Homeless, Recently Homeless and currently enrolled in Permanent Supportive Housing (PSH) or Rapid Rehousing (RRH) Program, Imminent Risk of Homelessness | | No | |
| Newport News Redevelopment Housing Authority Mainstream Voucher | Requirements: Referral From SCAAN Non - Elderly persons (at least 18 and less than 62 years of age) who have disabilities and their families. Eligible household member does not need to be the head of household. Documentation: HUD verification of Disability Head of Household's contact information and case manager contact information | Transitioning out of institutional or other segregated settings, At serious risk of institutionalization, Literal Homeless, Recently Homeless and currently enrolled in Permanent Supportive Housing (PSH) or Rapid Rehousing (RRH) Program, Imminent Risk of Homelessness | | No | |
| James City County Office of Housing Mainstream Voucher | Requirements: Referral From SCAAN Non - Elderly persons (at least 18 and less than 62 years of age) who have disabilities and their families. Eligible household member does not need to be the head of household. Documentation: HUD Verification of Disability Head of Household's contact information and case manager contact information | Transitioning out of institutional or other segregated settings, At serious risk of institutionalization, Literal Homeless, Recently Homeless and currently enrolled in Permanent Supportive Housing (PSH) or Rapid Rehousing (RRH) Program, Imminent Risk of Homelessness | | No | |

| Targeted Prevention Programs | Eligibility Requirements and Documentation | Preference/Target Population | Services Provided | Case Management Provided | Housing Location Services |
|--|--|---|---|--------------------------|--|
| Hampton Dept. of Human Services Prevention Programs | Requirements: Referrals From Housing Crisis Hotline, At Imminent Risk of Homelessness Single Adults and Families, Project Participant household income is below 30 percent AMI, The household lack the financial resources and support networks need to remain in existing housing without prevention assistance, Housing stabilization services are being appropriately implemented. Documentation: CoC At Imminent Risk of Becoming Homeless Prevention Program Screening and Prioritization Tool, Project participant head of household have the valid lease with a landlord that is in compliance with tenant/landlord laws in their name. | Imminent Risk of Homelessness Household, who will imminently lose their primary nighttime residence within 14 days a meet all other requirements. The household must have an income below 30 percent of Area Median Income (AMI) and lack the sufficient resources and support networks necessary to retain housing without assistance | Rental assistance, Rent arrears, Housing stabilization financial assistance, Housing stabilization case management, Housing search and placement, Housing stabilization services, Service location costs. | Yes, HDHS Staff | Scattered Site Hampton, Poquoson, Lower York County |
| James City County Office of Housing Prevention Programs | Requirements: Referrals From Housing Crisis Hotline, At Imminent Risk of Homelessness Single Adults and Families, Project Participant household income is below 30 percent AMI, The household lack the financial resources and support networks need to remain in existing housing without prevention assistance, Housing stabilization services are being appropriately implemented. Documentation: CoC At Imminent Risk of Becoming Homeless Prevention Program Screening and Prioritization Tool, Project participant head of household have the valid lease with a landlord that is in compliance with tenant/landlord laws in their name. | Imminent Risk of Homelessness Household, who will imminently lose their primary nighttime residence within 14 days a meet all other requirements. The household must have an income below 30 percent of Area Median Income (AMI) and lack the sufficient resources and support networks necessary to retain housing without assistance | Rental assistance, Rent arrears, Housing stabilization financial assistance, Housing stabilization case management, Housing search and placement, Housing stabilization services, Service location costs. | Yes, JCC Housing Staff | Scattered Site James City County, City of Williamsburg, Upper York County |
| LINK of Hampton Roads SSVF Prevention Program | Requirements: Referrals From Housing Crisis Hotline, At Imminent Risk of Homelessness Veteran Single Adults and Families, Project participant household, anticipate the imminent loss of their current primary nighttime residence (housing an individual or family owns, rents, or lives in with or without paying rent ; housing shared with others; and rooms in hotels or motels paid for by the individual or family) within 30 days or less of applying for SSVF homelessness prevention assistance. Indicate that they are at risk of experiencing literal homelessness but for SSVF assistance. Documentation: SSVF Homelessness Prevention Screening Form | A Veteran family must be "residing in permanent housing" This encompasses many different housing situations, including where a Veteran family is residing (i) a leased unit, (ii) a house with a mortgage, (iii) a unit shared with others (i.e doubled - up) or (iv) a hotel or motel not paid for by federal, state, or local government program for low - income individuals or by charitable organization | | Yes, LINK SSVF Staff | Scattered Site Hampton, Newport News, Poquoson, York County, James City County, Williamsburg |
| Newport News Dept. of Human Services Prevention Programs | Requirements: Referrals From Housing Crisis Hotline, At Imminent Risk of Homelessness Single Adults and Families, Project Participant household income is below 30 percent AMI, The household lack the financial resources and support networks need to remain in existing housing without prevention assistance, Housing stabilization services are being appropriately implemented. Documentation: CoC At Imminent Risk of Becoming Homeless Prevention Program Screening and Prioritization Tool, Project participant head of household have the valid lease with a landlord that is in compliance with tenant/landlord laws in their name. | Imminent Risk of Homelessness Household, who will imminently lose their primary nighttime residence within 14 days a meet all other requirements. The household must have an income below 30 percent of Area Median Income (AMI) and lack the sufficient resources and support networks necessary to retain housing without assistance | Rental assistance, Rent arrears, Housing stabilization financial assistance, Housing stabilization case management, Housing search and placement, Housing stabilization services, Service location costs. | Yes, NNDHS Staff | Scattered Site Newport News |

After the Service Coordination And Assessment Network Meeting

Committee members will work together to complete steps provided by the housing plan established at the meeting.

Program referrals approved by the SCAAN committee will be sent by the CoC Coordinator within 5 business days of the scheduled SCAAN meeting. If the household was referred through the off - week RRH referral process the CoC Coordinator will send a referral for the household prior to move in date included on the off - week referral request.

Housing Providers who receive referrals to their housing intervention program are expected to answer the corresponding Coordinated Entry Event and Service Transaction Referral within 5 business days of the referral being sent in HMIS.

Housing providers will exit the household and all of its members from the GVPHC Coordinated Entry System project once the household has been housed in unit.

Coordinated Entry System Information and Resources

If you have any inquires regarding the Service Coordination And Assessment Network or would like to attend a SCAAN meeting, please reach out to the GVPHC Continuum of Care Coordinator

If you would like to learn more about the Greater Virginia Peninsula Homelessness Consortium, please reach out to the Regional Continuum of Care Program Administrator,

[HUD Exchange CoC and ESG Homeless Eligibility Overview](#)

[Coordinated Entry in HMIS Training Manual](#)

[Hampton Roads Ends Homelessness GVPHC Coordinated Entry System Resource page](#)

HMIS Assistance

If you require Technical Assistance with the Homeless Management Information System (HMIS), please utilize the Technical Assistance form located on the HMIS request tab of Hampton Roads End Homelessness website.

If you would like additional training regarding the HMIS and Coordinated Entry System please visit Hampton Roads Ends Homelessness HMIS page. The What's happening section provides upcoming meeting dates and times including HMIS new user training, quarterly training videos and, Coordinated Entry System learning lab.

[Hampton Roads Ends Homelessness HMIS Request](#)

[Hampton Roads Ends Homelessness HMIS](#)