

Coordinated Entry Review Panel Request for Additional Information

Client Public ID: _____ Case Manager: _____ Agency: _____

ANSWER EVERY QUESTION- If this form is not completed fully it will not be reviewed.

History of Homelessness	Notes
Date client entered shelter or was identified on the street:	
Is client Chronically homeless? <i>If yes, explain what documentation you have: (VESTA records, other third party, self-declaration, etc.)</i>	
Additional Information	
What was the client's original VI-SPDAT score? Do you agree with the client's VI-SPDAT Score? If "no", explain why.	VI-SPDAT Score:
What do you feel would have been a more accurate score?	
Please explain each question you feel was answered inaccurately.	
What supporting documentation from third parties do you have, or are able to obtain?	
Is there anything else you would like the Review Panel to know about this client's situation?	

FOR COORDINATED ENTRY SUBCOMMITTEE USE ONLY

Date received:
Final Decision:

Date reviewed by CE RP Subcommittee: