

## NY-603 COC OUTSIDE REFERRAL FORM

Continuum of Care permanent housing programs are for people who are literally homeless. Depending on the household's current situation, different housing options may be available. Please provide information about the household's current living situation and disability status as applicable on page 2 of this form.

<b>Length of Time Requirement</b>				
<b>Literal Homelessness</b>		<b>Continuous Homelessness for chronically homeless households</b>		<b>Episodic Homelessness for chronically homeless households</b>
<p>Household is homeless, in an emergency shelter or place not meant for human habitation.</p> <p style="text-align: center;"><b>OR</b></p> <p>Household is fleeing or attempting to flee domestic violence.</p> <p>*Couch-surfing, doubled-up with family/friends, or staying in a hotel room that household has paid for with their own income is <b>not</b> considered homeless as per HUD regulations for Continuum of Care housing opportunities</p>	<b>OR</b>	<p>Homeless for 12 months or more continuously in an emergency shelter or place not meant for human habitation, with no breaks</p> <p>*Break in homelessness is defined as 7 days or more in a place meant for human habitation or 90 days or more in an institution (substance treatment facility, jail, hospital)</p>	<b>OR</b>	<p>Homeless for 12 months or more over 4 episodes within the last 3 years.</p> <p>*Any part of a month where the household stays in shelter or is unsheltered is sufficient to count the entire month as homeless.</p> <p>Break in homelessness is defined as 7 days or more in a place meant for human habitation or 90 days or more in an institution (substance treatment facility, jail, hospital)</p>

<b>Disabling Condition (if applicable)</b>		
<p>Adult in household has a disabling condition that is expected to be long-term and of indefinite duration (such as severe chronic health conditions, mental health diagnoses, substance use disorders, or HIV/AIDS)</p>	<b>AND</b>	<p>Disabling condition is documented by a credentialed service provider or head of household is willing to work with service providers to get documentation</p>

**Please describe the household's current living situation and disability status (check all that apply):**

- ☐ Literal homelessness
- ☐ Fleeing/attempting to flee domestic violence
- ☐ Continuous homelessness for 12 months or more
- ☐ Episodic homelessness totaling 12 months or more over 4 episodes in 3 years
- ☐ Adult with disabling condition requirement

**Head of household length of time homeless in years/months (ex. 2 years, 3 months):**

\_\_\_\_\_ (approximate start date of homelessness, as per self-report or HMIS).

**Household currently resides in:**

- ☐ Shelter (location)\_\_\_\_\_
- ☐ Place not meant for human habitation (location)\_\_\_\_\_

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Head of Household Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Number of adults in household: \_\_\_\_\_ Number of children in household: \_\_\_\_\_

Referring agency: \_\_\_\_\_ Date: \_\_\_\_\_

Agency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

**Please submit to Coordinated Entry Manager Cody Greenfield**  
**631-464-4314 x119 [cgreenfield@addresssthehomeless.org](mailto:cgreenfield@addresssthehomeless.org)**