COUNTY OF ORANGE

OFFICE OF CARE COORDINATION

Presents:

Coordinated Entry System (CES) Documentation

October 29, 2026



Introduction

County of Orange – Office of Care Coordination:

- James Bacon – CES Staff Specialist
- Julia Davis – CES Staff Specialist
- Daniel Garcia – CES Administrator

PATH – CES Administrators for Individuals, Families, and Survivors

- Marisol Lara – Director of Programs
- Sami Ribaudo – Associate Director

- Nancy Nguyen – CES Administrator for Individuals – Manager
- Jenn Campos – CES Administrator for Individuals (North SPA)
- Melissa Delgleize – CES Administrator for Individuals (South SPA)
- Laura Guerrero – CES Administrator for Individuals (Central SPA)

- Gina Terzoli – CES Administrator for Families/Survivors – Manager
- Jydrianna Colon-Kinlecheenie – CES Administrator for Families/Survivors
- Angela Williams – CES Administrator for Families
- Nicholas Yniguez – CES Administrator for Families

CES Documentation

- Homeless Verification Documents
  - Self-Certification Form
  - Agency Third Party Homeless Verification Form
  - Letters of Attestation
  - Homeless Status Timeline Report
- Disabling Condition Verification
- CES Authorization Form
- At-Risk of Homelessness Certification
- Recommended Documentation

Goals

- Establish clear documentation guidance to mitigate referral holds to the Community Queue and expedite the referral process.

- Review all County of Orange (County) CES forms to ensure compliance with the US Department of Housing and Urban Development (HUD) and County CES Policies and Procedures as approved by the Continuum of Care (CoC) Board.

Homeless Verifications

Homeless Verifications

Verification of Homelessness can include:

- Self-Certification form
- Agency Third Party Homelessness Verification form
- Homeless Status Timeline Report

**Covering the required period may require multiple forms of verification*

CES Administrators will begin to verify the last one (1) year of homelessness beginning on Friday November 6, 2026.

Self-Certification Form

- Can only count for three (3) months of homeless verification.
- Must be signed by the CES Head of Household (HoH) and dated.
- The date that a CES HoH states their current episode of homeless began on the Self-Certification form should match the *Approximate Date this episode of Homelessness Started* as it appears on the CES Enrollment screen in the Homeless Management Information System (HMIS).

Self-Certification of Homelessness

I, John Doe (Your Name), certify that the information below and any other information I have provided is true, accurate and complete.

I have been homeless since 9/1/2026 (Date)

☑ I am currently homeless and living on the street or place not meant for human habitation (i.e. a car, park, abandoned building, bus station, airport, or campground).

☐ I am currently staying in an emergency shelter.

☐ I am currently staying in a motel paid for by a charitable organization, government program, or church.

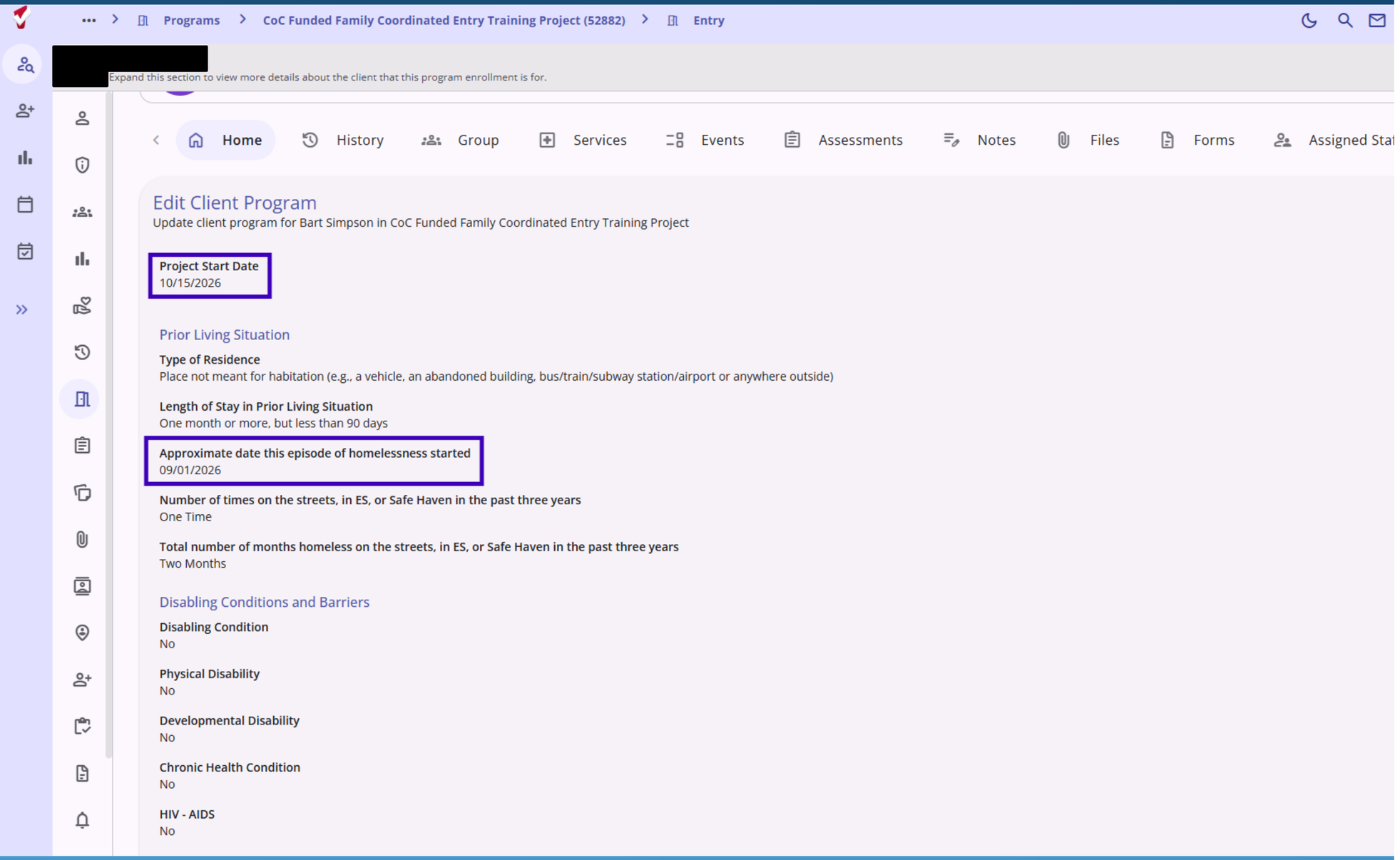
I have been in the above living situation for 2 (# of Months) months.

Additional information I would like to share about my housing status: (Optional)

Sincerely,

Signature: (signed) Date: 10/15/2026

version 2/10/2026


Programs
CoC Funded Family Coordinated Entry Training Project (52882)
Entry
[redacted]
Expand this section to view more details about the client that this program enrollment is for.
Home
History
Group
Services
Events
Assessments
Notes
Files
Forms
Assigned Stat
Edit Client Program
Update client program for Bart Simpson in CoC Funded Family Coordinated Entry Training Project
Project Start Date
10/15/2026
Prior Living Situation
Type of Residence
Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)
Length of Stay in Prior Living Situation
One month or more, but less than 90 days
Approximate date this episode of homelessness started
09/01/2026
Number of times on the streets, in ES, or Safe Haven in the past three years
One Time
Total number of months homeless on the streets, in ES, or Safe Haven in the past three years
Two Months
Disabling Conditions and Barriers
Disabling Condition
No
Physical Disability
No
Developmental Disability
No
Chronic Health Condition
No
HIV - AIDS
No

Agency Third Party Homeless Verification

- Template saved to Office of Care Coordination website.
  - Use of table to report all distinct living situations and/or breaks in homelessness
    - Should include different homeless situations:
      - 07/26 – Present: Emergency Shelter in City A
      - 02/26 – 06/26: Unsheltered in vehicle in City B
- Agency Third Party Homeless Verification should be uploaded for the following circumstances:
  - CES household has a change to their living situation
  - Whenever CES household is enrolled into or exits CES
  - Whenever a CES household is enrolled into a new program in HMIS
    - Street Outreach
    - Emergency Shelter
    - Transitional Housing

Agency Third Party Homeless Verification

Client Name: John Doe Date of Birth: 1/1/1990

I, (Name of Homeless Liasion Officer) (Your Name), Homeless Liasion Officer (Title/Position), from Orange County Sherrif's Department (Agency) verify that John Doe (Client Name) is currently homeless and staying in their vehicle (Location Type (i.e. outdoors, vehicle, emergency shelter, motel paid by agency)) in Santa Ana (City). Agency services began on 9/1/2026 (Date) and included the following services: basic needs.

This household reports the following living situations:

Start Date	End Date	Location Type	City
9/1/2026	Present	Outdoors / Vehicle	Santa Ana CA

Attach verification of homelessness for each homeless episode reported in the table above. This can include statements of observed homelessness from community members, physicians, or law enforcement.

Should you have any questions, please contact me at (Phone Number) (Contact Information).

Sincerely,

Signature: (Signature) Date: 9/20/2026

version 2/10/2026

Agency Third Party Homeless Verification

Client Name: John Doe Date of Birth: 1/1/1990

I, Daniel Garcia (Your Name), CES Administrator (Title/Position), from Office of Care Coordination (Agency) verify that John Doe (Client Name) is currently homeless and staying Yale Emergency Shelter (Location Type (i.e. outdoors, vehicle, emergency shelter, motel paid by agency)) in Santa Ana (City). Agency services began on 10/15/2026 (Date) and included the following services: housing navigation, basic needs, CES Assessment.

This household reports the following living situations:

Start Date	End Date	Location Type	City
9/1/2026	10/15/2026	Outdoors / Vehicle	Santa Ana CA
10/15/2026	Present	Yale - Emergency Shelter	Santa Ana CA

Attach verification of homelessness for each homeless episode reported in the table above. This can include statements of observed homelessness from community members, physicians, or law enforcement.

Should you have any questions, please contact me at (Phone Number) (Contact Information).

Sincerely,

Signature: Daniel Garcia Date: 10/15/2026

version 2/10/2026

Agency Third Party Homeless Verification

- An agency should continue to confirm a CES household's enrollment into services (emergency shelter, street outreach, transitional housing, etc.,) by uploading the Agency Third Party Homeless Verification on their respective letterhead.

- Agency Third Party Homeless Verification submitted by non-HMIS participating agencies (community member, religious institution, etc.,) must be signed by that community member and dated.
  - <u>If the Agency Third Party Homeless Verification is not signed and dated by that community member, this may result in a referral hold.</u>

Letter(s) of Attestation

Letter(s) of Attestation

- Must be submitted by the CES Participating Agency in conjunction with an Agency Third Party Homeless Verification submitted by a non-HMIS participating agency or community member.

- Letter(s) of attestation must be signed and dated by the CES Participating Agency.

- <u>If a letter of attestation is not signed and dated, it may result in a referral hold.</u>

- Letter(s) of attestation can be either:
  - Office of Care Coordination template found on Office of Care Coordination's website.
  - Copied and pasted onto CES Participating Agency's letterhead

COUNTY OF ORANGE
OFFICE OF CARE COORDINATION

October 15, 2026

Hello,

My name is Daniel Garcia, and I am currently working with John Doe as their CES Administrator with the Office of Care Coordination. HMIS Program enrollment data confirms that the client was homeless from October 15, 2026, to present. A Third-Party homeless verification form from the Orange County Sherrif's Department stated that client has been receiving basic needs since September 1, 2026.

After reviewing the client's enrollments on HMIS, gathering Third-Party verification from various providers, speaking with the client regarding their history of homelessness, and speaking with previous and current service providers and community members, it is in my professional opinion that this client does meet the definition of literal homelessness since September 1, 2026.

Thank you,

Daniel Garcia

Daniel Garcia
CES Administrator
Office of Care Coordination
Daniel.Garcia@ceo.oc.gov
714-834-5000

Homeless Status Timeline Report (CLNT-127)

Homeless Status Timeline Report

- The Homeless Status Timeline Report is a client-level report available in HMIS that can be generated to help document homeless history based on certain program enrollments.

- Can be used to supplement previously mentioned documentation, Agency Third Party Verification, and/or letter of attestation will still be required to support Homeless Status Timeline Report if necessary to support filling gaps.

- Previously mentioned documentation could still be required because not every program within HMIS will verify HUD literal homeless status.

- The Homeless Status Timeline Report should always be uploaded as a PDF.

Client Reports

Homeless Status Timeline

CLNT-127

Report Date Range

01/01/2026 — 10/31/2026

Report Output Format

Web Page | PDF



Submit Cancel

Homeless Status Timeline

OC Training Agency

Report period 01/01/2026 - 10/31/2026

Client Name [redacted]

Unique ID: EC8044195

	2026									
	10	9	8	7	6	5	4	3	2	1
SUMMARY - Homeless Status (per HUD definition)	Y	?	?	?	?	?	?	?	?	?
[OC Training Agency]CoC Funded Family Coordinated Entry Training Project										
[OC Training Agency]ESG Funded Emergency Shelter Training Program										

Additional Documentation

Episodic Chronic Homelessness status per HUD definition looks at episodes of homelessness in the past year for participants who have four (4) or more episodes of homelessness totaling 12 months over three (3) years.

Additional documentation may be requested to confirm episodic Chronic Homelessness status as needed by either the CES lead, Office of Care Coordination, or the CES Administrator, PATH.

Disabling Condition(s) Verification

Disabling Condition Verification

- Required for confirmation of Chronically Homeless Status for CES Head of Households and verification of disabling condition for accurate prioritization.

- Verification must be completed in its entirety, be clearly visible, or it can result in a referral hold to the Community Queue.

- If uploading a County of Orange Disabling Condition Verification it must be signed by a licensed professional.

- Additional accepted documentation that can confirm disabling condition:
  - SSDI/SSI written verification
  - SSA written verification
  - Veteran Disability Income documentation
  - Receipt of disability check

CES Authorization Form

CES Authorization Form

- When CES participants consent to disclose their information, they enhance the ability of CES to assess needs and make appropriate housing referrals.
- If consent is not obtained, services will not be denied.
- If there is no CES Authorization Form, no referral holds to the Community Queue will be placed.
- If consent is obtained, CES Authorization Forms are to be completed and uploaded within 30 days of CES enrollment.
- As this is in alignment with the current CES Policies & Procedures, this takes immediate effect.

COORDINATED ENTRY SYSTEM (CES)
AUTHORIZATION TO USE & DISCLOSE PROTECTED HEALTH INFORMATION

The Coordinated Entry System (CES) is designed to connect people at-risk of or experiencing homelessness with housing and supportive services. Your authorization will allow CES participating entities to have access to you and your care. Your authorization is required to enroll into CES. For more information about CES, please visit: ceo.ocgov.com/care-coordination/homeless-services/coordinated-entry-system.

PART 1: CLIENT/PATIENT INFORMATION

Client/Patient Last Name	Client/Patient First Name	Middle Initial	Date of Birth

Email	CIN#	MRN	Telephone Number with Area Code

Address	City	State	Zip

PART 2: PARTICIPATING ENTITIES WHO WILL **DISCLOSE** THIS INFORMATION

Participating Entities within Coordinated Entry System (CES)			Address
			601 N. Ross St., 5th Floor
City	**State**	**Zip**	**Telephone Number with area code**
Santa Ana	CA	92701	(714) 834-5000

PART 3: PARTICIPATING ENTITIES WHO WILL **RECEIVE** THIS INFORMATION

Participating Entities within Coordinated Entry System (CES)			Address
			601 N. Ross St., 5th Floor
City	**State**	**Zip**	**Telephone Number with area code**
Santa Ana	CA	92701	(714) 834-5000

PART 4: PURPOSE OF THIS AUTHORIZATION

Coordination of care with and between the Coordinated Entry System participating entities.

PART 5: INFORMATION THAT CAN BE RELEASED

A. The minimum amount of information to coordinate care between the Coordinated Entry System participating entities. This includes but is not limited to your history of homelessness, disabling conditions, housing preferences and other eligibility criteria.

PART 6: DATE YOUR AUTHORIZATION EXPIRES

Unless otherwise revoked in writing, this authorization expires upon termination of program, Orange County Coordinated Entry System.

FOR YOUR REVIEW

I have read the contents of this form. I understand, agree, and allow the Coordinated Entry System (CES) to use and release my information as I have stated above. I have the right to revoke this authorization at any time in writing by sending a notice to the CES Program Administrator. The revocation will not affect disclosures the CES participating entities have already made in reliance on the authorization. Information disclosed pursuant to this authorization may be re-disclosed by the recipient and no longer be protected by federal privacy law (HIPAA). Applicable State or other federal law may require the recipient to obtain your written authorization before re-disclosure unless otherwise permitted by such laws. I am entitled to a copy of this form. Fees may apply to certain requests. A copy of the original authorization is valid.

PART 7: **SIGNATURE** - PARTICIPANT OR DESIGNATED PERSONAL REPRESENTATIVE/GUARDIAN	PART 8: DATE
X	

Personal Representative (Print full name)	Personal Relationship to Client / Patient (e.g. conservator, parent, etc.)		
Personal Representative Street Address	**City**	**State**	**Zip**

Disclosures pursuant to this authorization are allowable only among Coordinated Entry System participating entities
All numbered items must be completed for authorization to be valid

FORM - CES (Rev. 02/10/2026)

For Coordinated Entry System (CES) ONLY

At-Risk of Homeless

Those at at-risk of experiencing homelessness are eligible for CES. Please refer to the At-Risk of Homelessness Certification on the Office of Care Coordination's website to determine eligibility.

Please note that those at-risk of homelessness, are the lowest prioritized group within the approved CES Policies & Procedures and may not receive a Permanent Housing program referral.

Recommended Documentation

- Government issued photo ID
- Social Security Card
- Proof of legal residence
  - Birth Certificate
  - United States Citizenship and Immigration Services (USCIS) Number
  - Certificate of Naturalization
- Marriage or divorce documents
- Proof of child(ren) custody
- Proof of income and assets

Documentation Links

- Disabling Condition Form
- Self-Certification of Homelessness
- Agency Third Party Homeless Verification
- CES Authorization Form
- At-Risk of Homelessness Certification
- Letter of Attestation Template (Word Document)

Training and Reference Material

- CES How-tos For Access Points (includes documentation section)
- Documentation and Prioritization Fact Sheet
- Housing Documents Handout
- CES Academy Resource Library
- HMIS Knowledge Based Article on Client Level Reports (such as Homeless Status Timeline Report)

These documentation standards are in alignment with HUD best practices, and the current CES Policies and Procedures.

All forms requiring a signature can be wet or digital.

Questions?

CoordinatedEntry@ceo.oc.gov

ices@epath.org

fces@epath.org

sces@epath.org

Thank You

COUNTY OF ORANGE
OFFICE OF CARE COORDINATION