# CATCH Coordinated Entry Form

CATCH
Central Arkansas Team Care for the Homeless

Screened by: _____ Agency: _____ Date of Screening: _____

**Participant Information**

Name: _____ DOB: _____
Address: _____ Gender: _____
City: _____ State: _____ Zip: _____
Phone: _____ email: _____

**Prioritized Vulnerability Criteria**

Chronically Homeless: ☐ Homeless >12 months ☐ Homeless at least 4 times in the last 3 years
Veteran Status: ☐ Honorable ☐ Dishonorable ☐ N/A
Household Members: Adults: _____ Children: _____

***If client is identified to be a vulnerable population, please contact designated agency.**

*For all families and chronically homeless individuals contact:*
*People Trust Community Housing Program (PTCHP) at 501-404-4857*

Person Contacted: _____ Date and Time: _____

*For **veteran services** contact:*
*CAVHS at 501-244-1900 or St. Francis House (SSVF) at 501-916-2514*

Person Contacted: Date and Time:

Where did the client/family sleep last night? ☐ Shelter ☐ Friend/Family's ☐ Streets/Car
☐ Rental Unit ☐ Owns Home ☐ Other

**Services Needed (Check all that apply):**

Emergency Shelter ☐ Employment ☐ Substance Abuse Treatment ☐ Disability Benefits ☐
Domestic Violence ☐ Mental Health ☐ Medical ☐ Housing and/or Rental Assistance ☐
Transportation (i.e. bus pass) ☐ Birth Certificate and/or ID ☐

**Referrals Out:**

| | | | |
|---|---|---|---|
| Agency Name: | | Phone Number: | |
| Person Contacted: | | Date and Time: | |
| Agency Name: | | Phone Number: | |
| Person Contacted: | | Date and Time: | |
| Agency Name: | | Phone Number: | |
| Person Contacted: | | Date and Time: | |

I/we, _____, authorize the staff of the _____ agency to exchange or release information to agencies within the Central AR Continuum of Care for the purpose of assisting with maintaining or obtaining housing for myself/my family. Signature: _____ Date: _____

*NOTICE: By entering your name in the "Signature" field above you consent to allow the referral to be sent to an agency to assist you.*

If you have any questions, please contact helpdesk@providingequalopportunities.org

Last reviewed 11.22.24