## Rapid Re-Housing Case Conference Request Procedure

Case Conferencing is an opportunity to convene as a team to find solutions for challenging situations involving a participant/family who are in a Rapid Re-Housing (RRH) housing project, assigned by Coordinated Entry System (CES) at Homeless Services Network of Central Florida (HSN). Case Conferencing can occur via telephone, virtually or in person. The process includes the participant, Housing Stability Case Manager and the Program Manager when possible. Other potential team members can include family supports, peer support providers and any other community providers the participant would like to attend.

**Case Conference request procedure:**

1. Complete a Rapid Re-Housing Case Conference Request Form
2. Email the Request Form to the CES team via email at: rrh.support@hsncfl.org
	1. If the reason for the Case Conference is to request an extension in the program for a client, please also include the Extension Request form.
3. Please allow CES up to five (5) business days to coordinate

**Tasks for the Housing Stability Case Manager *before* a Case Conference takes place:**

1. (If Shelter Case Manager) coordinate with Housing Stability Case Manager
2. Complete and email a Rapid Re-Housing Case Conference Request Form
3. Ensure all HMIS case notes are up to date
4. Prepare participant for the Case Conference:
	1. Explain the process and what to expect: share format for the meeting with RRH participant
	2. Complete and obtain signature for consent to the Case Conference and\or consent for the community partner providers to participant form

**Tasks for the Housing Stability Case Manager *after* a Case Conference takes place:**

1. Debrief with the Housing Stability Case Manager, Program Manager (as applicable) and the HSN staff participating in the Case Conference immediately following the staffing
	1. This will be an opportunity to discuss what went well during the staffing and if the purpose of the staffing was achieved

**Tasks for the Homeless Services Network Team during the Case Conference process:**

1. Review the Rapid Rehousing Case Conference Request Form
2. Coordinate and connect with Partner Agencies who family and\or Housing Stability Case Manager has requested attendance
3. Complete a thorough review of the case notes in HMIS
4. Check on housing status and search with Housing Locator Team
5. Conduct follow-up activities and check in’s with Housing Stability Case Manager

## Rapid Rehousing Case Conference Request Form

Person Requesting Case Conference: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Housing Stability CM Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Shelter Case Manager Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (if applicable)

Participant HMIS #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ RRH Entry Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Housing Status: [ ]  Shelter [ ]  Bridge Housing [ ]  Housed-RRH unit [ ]  Literally homeless

 [ ]  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is this Case Conference in person, virtual or via telephone? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 If in person, what is the preferred location? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please provide 3 dates/times for the Case Conference (must be 7 business days out from today’s date):

1. Preferred date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Preferred date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Preferred date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* What is the Purpose of the Case Conference? What are you hoping can happen for the family?
* What is the Participant’s vision for their family (What do they hope for in terms of stable housing and beyond)?
* What is working well (steps taken, achievement, abilities to overcome challenges, supports)?
* What are the barriers/challenges (what is getting in the way of reaching goals, what is difficult)?
* List other community partners who have been involved as applicable:

## CoC FL 507 Rapid Rehousing Case Conference

## Consent to Release and\or Obtain Confidential Information to External Partners (not in the Homeless Management Information System)

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ authorize \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to

 (RRH Participant Name) (RRH Agency Name)

release and/ or obtain information to\from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. This

 (External partner agency)

Information may only be used for the purpose of case planning and/or helping me achieve my vision and goals for family and myself; and I have the right to see my case plan information at any time. I understand the requested or provided information is needed to best support my housing and family stability goals. I understand that I can revoke this consent in writing or verbally to both the person giving and the person receiving the information.

My signature below authorizes the disclosure of the specified information between the parties’ noted above. The cancellation will not affect any services offered in the RRH Program.

Participant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ HMIS #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CM Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CM Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This release will expire 30 days after the case conference takes place, which will be: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_