## **Minnesota Coordinated Entry System (MN CES)**

## Coordinated Entry Referral for Scattered Site or Voucher Based Housing Programs

To be completed by housing provider describing vacant unit

<u>Agency</u>	Program Name			
Type of Program  □ PH: PSH		□ PH: RRH	□ Other	_
Unit Size (check □Studio □1BR □2BR	x all that apply)		3BR 4BR Other	
		e Adults □Famili cable)Parent(s)		
Parents Ages  □Under 18	□18-21	□18- 24	□No preference	
□First time □Multiple times,	s as Required by  Not LTH  meless (MN define		Chronically Homeless (HUD Defined)	
	ember must have	_	nat impacts their ability to work	
		ED income and/or has Maximum Mont		
		<u>=</u>	ants. If you are excluding people please	e include
Sobriety Client must be so	ober □Yes □	iNo Please elaborate	2	

Please use the back side of this form to add any additional information about the unit or programming available.