

**Dutchess County Coordinated Entry ( D C C E ) Referral Denial Form - Client**

This form should be completed whenever a client denies a referral made by coordinated entry.

Form should be returned to [dutchesscoordinatedentry@gmail.com](mailto:dutchesscoordinatedentry@gmail.com). A new referral will be automatically generated once the denial form is received. A new referral will not be generated without a denial form for an outstanding referral.

**To be completed by the provider:**

Date \_\_\_\_\_  
Provider Name \_\_\_\_\_  
Program Name \_\_\_\_\_  
Staff Contact \_\_\_\_\_  
Email \_\_\_\_\_  
Phone \_\_\_\_\_  
Client ID Number \_\_\_\_\_  
Referral Date \_\_\_\_\_

**To be completed by the client:**

**Reason for denial - Check one and provide brief explanation below**

- I/my household refuse further participation in this program
- I/my household are moving outside of the area that is served by this program
- I/my household are able to resolve my housing crisis without assistance
- I/my household are concerned about my health and safety at this program.
- I/my household needs cannot be addressed by the program. The program does not offer the services and/or housing supports necessary to successfully serve the household.
- Other (describe) \_\_\_\_\_

Briefly describe why you are unable to accept this referral. If you feel this was an inappropriate referral, please indicate that below with an explanation.

Date \_\_\_\_\_ Client Initials \_\_\_\_\_