

Dutchess County Coordinated Entry (DCCE) Referral Denial Form - Provider

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

Form should be returned to 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.

Date _____

Provider Name _____

Program Name _____

Staff Contact _____

Email _____

Phone _____

Client ID Number _____

Referral Date _____

Reason for denial - Check one and provide brief explanation below

- Client refused further participation.
- Client has moved out of the CoC area.
- Client does not meet required criteria for program eligibility
- Client unresponsive to multiple communication attempts (briefly describe # and type of attempts below)
- Unable to locate/contact client after multiple attempts (briefly describe # and type of attempts below)
- Client resolved crisis without assistance
- Safety concerns- Safety of current program participants would be negatively impacted due to staffing, location, or other programmatic issues
- Client/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.
- Property management denial (include specific reason cited by property manager)
- Conflict of interest
- Other (describe) _____

Briefly describe why your agency is unable to accept this referral.